efile GRAPHIC print - DO NOT PROCESS As Filed Data -

Return of Organization Exempt From Income Tax

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

2017

DLN: 93493135084539 OMB No 1545-0047

Department of the Treasury

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

Open to Public

		t the Treasur nue Service	► Information about	t Form 990 and its instructions is at	<u>www IRS q</u>	ov/forms	<u>990</u>		Inspection
A Fo	or the	е 2017 са	ılendar year, or tax year begini	ning 07-01-2017 , and ending (06-30-2018	В			
Che	ck ıf a	pplicable	C Name of organization Stony Brook Foundation Inc				D Employ	er identi	fication number
		change	•				11-607	7945	
	me ch tıal ret	-	% JASON HSUEH Doing business as						
		n/terminated							
		d return	Number and street (or P O box if ma 230 Administration	all is not delivered to street address) Roo	om/suite		E Telepho	ne numbe	Г
□ Арі	plication	on pending					(631) 6	32-6536	j
			City or town, state or province, coun Stony Brook, NY 11794	try, and ZIP or foreign postal code					
		ļ						· · · · · · · · · · · · · · · · · · ·	.96,646,384
			F Name and address of principal Dexter Bailey	officer	H(a)		a group re	eturn for	
			230 Administration		ши	subord	ınates [?] subordına	tes	□Yes ☑No
т.,		npt status	Stony Brook, NY 11794		──	include		ces	☐ Yes ☐No
		<u> </u>		nsert no)				•	instructions)
W	ebsit	:e:▶ wwv	stonybrook edu/foundation/		H(C)	Group	exemption	number	•
					I Vear	of format	ion 1965	M State	of legal domicile NY
(Forn	n of or	rganization	Corporation Trust Associ	ciation LJ Other >	Litean	or format	1011 1903	I State	or legal doffliche N1
Pa	rt I	Sumr	narv						
	1 E	= Briefly desc	cribe the organization's mission or	most significant activities					
				ony brook (also referred to as Ston	ny Brook Uni	versity) l	by facılıtat	ing, acce	epting and managing
ׅׅׅׅ֡֝֝֝֝֝֝֡֟֝֝֝	[ohilanthrop	oic girts						
=	-								
	-								
9	2	Check this	s box > 🔲 if the organization disc	continued its operations or disposed g body (Part VI, line 1a)	d of more tha	an 25% (of its net a	assets] 23
ಕ -	l			the governing body (Part VI, line 1				4	23
e l	l		· =	endar year 2017 (Part V, line 2a)	•			5	10
ACUVIUES & GOVERNANCE			• •	essary)				6	10
¥	l		·	VIII, column (C), line 12			•	7a	171,562
	l			Form 990-T, line 34				7a 7b	125,912
	"	Net uniter	ated business taxable income non	11 om 990-1, line 34	· · · ·	Prio	r Year	1,0	Current Year
	R	Contributi	one and grants (Part VIII line 1h)			F110	62,350,	041	58,869,09
Ĕ	l)	-		2,058,		1,932,062
Ravenue	l	-	, , , ,	nes 3, 4, and 7d)			4,501,	_	12,128,47
ď	l		enue (Part VIII, column (A), lines	• • •			2,791,		1,181,17
	l			st equal Part VIII, column (A), line :	12)		71,701,		74,110,807
	-		d sımılar amounts paıd (Part IX, c		/		28,855,	029	19,164,82
	l		, , ,	olumn (A), line 4)				0	
S		·	, ,	nefits (Part IX, column (A), lines 5–	_		9,633,	789	10,595,693
Expenses	l			nn (A), line 11e)	· —			000	70,000
D 66	Ь	Total fundra	aising expenses (Part IX, column (D), lir	ne 25) ▶3,629,685			<u> </u>		
Ă	l		enses (Part IX, column (A), lines :		-		25,018,	759	25,109,33
	18	Total expe	enses Add lines 13–17 (must equa	al Part IX, column (A), line 25)			63,577,	577	54,939,850
	19	Revenue I	ess expenses Subtract line 18 fro	m line 12			8,124,	411	19,170,952
8 9					Beg	ginnıng o	f Current \	/ear	End of Year
net Assets or Fund Balances									
Bag	l		ets (Part X, line 16)				476,542,		509,428,296
			lities (Part X, line 26)				44,318,	_	39,516,11
		_	or fund balances Subtract line 2	1 from line 20			432,223,	519	469,912,179
	t II		ture Block	ned this return, including accompar					
nowl	pena ledge	and belief	, it is true, correct, and complete	Declaration of preparer (other than	n officer) is b	pased on	all inform	iation of	which preparer has
iny ki	nowle	edge							
		*****				2019	-05-15		
Sign		Signatu	re of officer			Date			_
lere		DEXTER	BAILEY EXECUTIVE DIRECTOR						
			print name and title						
			int/Type preparer's name	Preparer's signature	Date	Charl	k 🔲 ıf	PTIN	
aic	k	So	cott Thompsett	Scott Thompsett			k □ if employed	P0074149	· · · · · · · · · · · · · · · · · · ·
	pare	71 <u>⊢</u>	rm's name F GRANT THORNTON LLP			_	s EIN 🟲		
-	On	E	rm's address > 757 THIRD AVENUE 3RI) FLOOR		Phon	e no (212)	599-0100	
			NEW YORK, NY 100172	2013					
1ay t	he IR	S discuss	this return with the preparer show	n above? (see instructions)				. 🔽	Yes 🗌 No

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

Form	990 (2017)					Page 2					
Par	t IIII Statement	of Program Servi	ce Accomplis	hments							
	Check If Sche	dule O contains a resp	onse or note to a	any line in this Part III		🗹					
1		organization's mission		··· , ····							
THE	STONY BROOK FOUND	ATION, INC IS A NOT	-FOR-PROFIT, "N	O MEMBER" CORPORAT	ION ESTABLISHED IN 1965 SBF	exists to advance the					
mıss	on and goals of SUNY	Stony Brook by facilita	atıng, acceptıng a	and managing philanthro	pic gifts (Continued on Schedule	0)					
2	Did the organization	undertake any signific	ant program ser	vices during the year wh	ich were not listed on						
	the prior Form 990 o	or 990-EZ?				☐ Yes 🗹 No					
	If "Yes," describe the	ese new services on Sc	hedule O								
3	Did the organization	cease conducting, or r	nake significant	changes in how it conduc	cts, any program						
	services?					🗌 Yes 🗹 No					
	If "Yes," describe the	ese changes on Schedu	ıle O								
4	Describe the organiz	ation's program servic	e accomplishmer	nts for each of its three la	argest program services, as meas	ured 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										
	expenses, and reven	iue, if any, for each pro	ogram service re	ported							
4a	(Code) (Expenses \$	17,427,466	including grants of \$	9,290,554) (Revenue \$	0)					
	See Additional Data	, (=	,,,,		-,, (- ,					
4b	(Code) (Expenses \$	13,187,777	including grants of \$	4,689,948) (Revenue \$	0)					
	See Additional Data										
4c	(Code) (Expenses \$	2,906,404	including grants of \$	2,815,859) (Revenue \$	0)					
	See Additional Data										
	See Additional Data	Table									
4d	Other program servi	ces (Describe in Sched	lule O)								
	(Expenses \$	6,547,173 ind	luding grants of	\$ 2,368,46	51) (Revenue \$ 1,9	79,179)					
4e	Total program serv	vice expenses ▶	40,068,8	20							

or X as applicable

Checklist of Required Schedules

Section 501(c)(3) organizations.

Yes

Page 3

No

Nο

Nο

No

No

No

Nο

Nο

No

Nο

Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?

Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right

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

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported

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

the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🛸

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

ın Part X, lıne 16? *If "Yes," complete Schedule D, Part IX* 😼

b Was the organization included in consolidated, independent audited financial statements for the tax year?

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

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

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX,

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,

Did the organization receive or hold a conservation easement, including easements to preserve open space,

the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 🛸 🔒 Did the organization maintain collections of works of art, historical treasures, or other similar assets?

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🛸

to provide advice on the distribution or investment of amounts in such funds or accounts?

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

foreign organization? If "Yes," complete Schedule F, Parts II and IV

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

assessments, or similar amounts as defined in Revenue Procedure 98-19?

3 Yes

4 5

6

7

R

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10

11a

11b

11c

11d

11e

11f

12a

12b

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14a

14b

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Yes

Form **990** (2017)

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Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.			

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

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?

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

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

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . 🔀

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 **

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🛸

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

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

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

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

contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

complete Schedule L, Part I 🥞

instructions for applicable filing thresholds, conditions, and exceptions)

25a

25b

26

27

28a

28b

28c

29

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35a

35b

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37

38

Yes

Yes

Yes

Yes

Yes

Yes

Form 990 (2017)

Page 4

No

Nο

Νo

Nο

Νo

No

Nο

Nο

Nο

No

Νo

orm	990 (2017)			Page 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 511			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 2			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
b	Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3а	Did the organization have unrelated business gross income of $$1,000$ or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes	
b	If "Yes," enter the name of the foreign country ►BF , BD , CA , CJ , UC , EI , SW See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
_		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	Yes	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
LO	Section 501(c)(7) organizations. Enter			
а	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			
L 1	Section 501(c)(12) organizations. Enter			
а	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)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
D	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
L3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Par	t VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	" respo	nse to li	nes
		Check if Schedule O contains a response or note to any line in this Part VI			✓
Se	ction	A. Governing Body and Management			
				Yes	No
1a	Enter	the number of voting members of the governing body at the end of the tax year label 1a 23			
		re are material differences in voting rights among members of the governing or if the governing body delegated broad authority to an executive committee or			
		ir committee, explain in Schedule O			
b	Enter	the number of voting members included in line 1a, above, who are independent 1b 20			
2		ny officer, director, trustee, or key employee have a family relationship or a business relationship with any other		V	
_		r, director, trustee, or key employee? ne organization delegate control over management duties customarily performed by or under the direct supervision	2	Yes	
3	of off	icers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did th	ne organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did th	ne organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did th	ne organization have members or stockholders?	6		No
7a	Did th	ne organization have members, stockholders, or other persons who had the power to elect or appoint one or more			
		pers of the governing body?	7a		No
	perso	ny governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or ns other than the governing body?	7b		No
8		ne organization contemporaneously document the meetings held or written actions undertaken during the year by following			
а		overning body?	8a	Yes	
b	Each	committee with authority to act on behalf of the governing body?	8b		No
9	Is the	ere any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
		nization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	,	No
Se	ction	B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Coae	Yes	No
10a	Did th	ne organization have local chapters, branches, or affiliates?	10a	103	No
	If "Ye	s," did the organization have written policies and procedures governing the activities of such chapters, affiliates, ranches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a		he organization provided a complete copy of this Form 990 to all members of its governing body before filing the			
		· · · · · · · · · · · · · · · · · · ·	11a	Yes	
b	Descr	ibe in Schedule O the process, if any, used by the organization to review this Form 990			
		ne organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b		officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to cts?	12b	Yes	
С		ne organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in dule O how this was done</i>	12c	Yes	
13	Did th	ne organization have a written whistleblower policy?	13	Yes	
14	Did th	ne organization have a written document retention and destruction policy?	14	Yes	
15		ne process for determining compensation of the following persons include a review and approval by independent ns, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The o	rganization's CEO, Executive Director, or top management official	15a	Yes	
b	Other	officers or key employees of the organization	15b	Yes	
		s" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did th taxab	ne organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a le entity during the year?	16a		No
b	ın joli	s," did the organization follow a written policy or procedure requiring the organization to evaluate its participation to venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt swith respect to such arrangements?	16b		
Se	ction	C. Disclosure			
17	List tl	ne States with which a copy of this Form 990 is required to be filed CA , FL , GA , HI , KS , KY , MD , MA , MI , OR , SC , UT , WV , WI	MN,N	. си , н	NY,
18	Section	on 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) ible for public inspection. Indicate how you made these available. Check all that apply			
	_	Own website			
19		ribe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest			
	policy	, and financial statements available to the public during the tax year			
20		the name, address, and telephone number of the person who possesses the organization's books and records ON HSUEH 230 ADMINISTRATION Stony Brook, NY 11794 (631) 632-6536			

compensated employees, and former such persons

Part VII

 $\overline{\mathbf{V}}$

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

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

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

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

(A) (C) (F) (B) (D) (E) Name and Title Position (do not check more Reportable Reportable Estimated Average than one how unless nerson amount of other

	hours per week (list any hours for related	1		n of or/t	ficer rust	and a		compensation from the organization (W- 2/1099-MISC)	compensation from related organizations (W- 2/1099-	amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1033-MI3C)	(W- 2/1099- MISC)	organization and related organizations
See Additional Data Table										
										Form 990 (2017)

Name and Title

Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (F) Estimated

amount of other

Yes

Yes

Compensation

1,581,427

881,915

866,576

695,000

602,250

Form 990 (2017)

5

Description of services

COMMUNICATION SVCS

Academic Activities

INVESTMENT Manag

INVESTMENT MANAG

architecture

Page 8

		week (list any hours		ooth a direct			randa ee)	à	from the organization (W-	from related organizations (V		compens from t	he
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)		organizati relate organiza	ed
See	Addıtıonal Data Table												
				$oxed{oxed}$									
				ــــــــ	<u> </u>								
				₩									
				₩	<u> </u>						-		
				\vdash	\vdash						\perp		
1h 9	Sub-Total						<u> </u>		<u> </u>		\perp		
сT	Total from continuation sheets to Pa Total (add lines 1b and 1c)	art VII, Section	nA.				•		2,152,413	(485,878
2	Total number of individuals (including of reportable compensation from the compensation	g but not limited	l to thos			bove	e) who	rece		00,000			
										_		Yes	No
3	Did the organization list any former of line 1a? <i>If "Yes," complete Schedule J</i>								ghest compensated	employee on	3		No
4	For any individual listed on line 1a, is organization and related organizations									n the			

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation

from the organization Report compensation for the calendar year ending with or within the organization's tax year

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

(C)

Position (do not check more

than one box, unless person

Reportable

compensation

Reportable

compensation

Average

hours per

individual .			_			-								•						
Did any persor services rende																	_			
services rende	red to	the	orga	nızatı	ion 🗥	t "Ye	s, " (comp	ilete :	scne	dule	J foi	r suc	cn p	erso	n.				

1

VERSA-TEL TS INC,

SCGP CAFE LLC

230 Administration STONY BROOK, NY 11794 Studio Daniel Libeskind Architect L,

230 Administration STONY BROOK, NY

150 Broadway 18th Floor NEW YORK, NY 10038 Investment Manager CO SBF,

121 WEST OAK STREET AMITYVILLE, NY 11701

SIMONS CENTER 100 Nicolls Road STONY BROOK, NY 11794 Investment Manager CO SBF,

Section B. Independent Contractors

compensation from the organization ▶ 26

Name and business address

	90 (2017)						Page 9
Part							_
	Check if Schedul	e O contains a resp	onse or note to any l	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
10	1a Federated campaign	ns 1a					
nts ints	b Membership dues	1b	343,200				
ira 10t	c Fundraising events	1c	2,502,609				
s. C An	d Related organizatio	<u> </u>	1				
Sift	e Government grants (co		1 8 000				
ons, Gifts, Grants Similar Amounts		<u> </u>	8,000				
ne is	f All other contributions, and similar amounts no	ot included	56,015,283				
tributio Other	above						
ĒĢ	g Noncash contribution in lines 1a-1f \$		2,956				
Contributions, Gifts, Grants and Other Similar Amounts	h Total.Add lines 1a-1	f		58,869,092			
			Business				
n.	2a CONTRACTUAL AGENCY	FFFS		711300 1,9	32,062 1,932	,062	
¥- \		1223		,	, ,	,	
e.	b —						
er vi	d						
Š	e						
gran	f All other program se	rvice revenue					
Program Service Revenue	gTotal.Add lines 2a-2f	:	1,9	32,062			
	3 Investment income (iii		interest and other	1			
	similar amounts) .	· · · · ·	Interest, and other	1,827,114	1	171,562	1,655,552
	4 Income from investme	ent of tax-exempt b	ond proceeds	(
	5 Royalties			60,627	7		60,627
	C- Curan namba	(ı) Real	(II) Personal				
	6a Gross rents	288,458	3				
	b Less rental expenses						
	c Rental income or	288,458	3 0				
	(loss)	200,430					
	d Net rental income o	r (loss)		288,458	3		288,458
	_	(ı) Securities	(II) Other				
	7a Gross amount from sales of	132,252,248	3				
	assets other than inventory						
	b Less cost or						
	other basis and sales expenses	121,915,89	35,000				
	C Gain or (loss)	10,336,357	-35,000				
	d Net gain or (loss) .		•	10,301,357	7		10,301,357
	8a Gross income from for (not including \$	undraising events 2,502,609 of					
Other Revenue	contributions reporte						
₹ •	See Part IV, line 18	a	,				
Å	b Less direct expense]			
her	c Net income or (loss)	_	vents 🕨	-325,262	2		-325,262
O	9a Gross income from g See Part IV, line 19	aming activities					
		а	25,649				
	b Less direct expense.	s b	4,863				
	c Net income or (loss)		ties	20,786	5		20,786
	10aGross sales of invent returns and allowand						
		ā	28,021				
	b Less cost of goods s	sold Ł	20,841				
	c Net income or (loss)	from sales of inver	tory ►	7,180			7,180
	Miscellaneous		Business Code				
	11aCONTRACTED SERV	ICES	900099	1,025,085	5		1,025,085
	b MUSEUM ADMISSIO	N TO THE PK	900099	47,117	47,117		
	HOUSE						
	c MISCELLANEOUS RE	VENUE	900099	57,186	5		57,186
	d All other revenue .			57,186	5		57,186
	e Total. Add lines 11a	-11d	🗡	1,129,388	3		
	12 Total revenue. See	Instructions				171 540	12 000 060
				74,110,802	1,979,179	171,562	13,090,969 Form 990 (2017)

Form 990 (2017)				Page 10
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all co	Numns All other orga	inizations must comm	Note column (A)	
Check if Schedule O contains a response or note to any	2	•	nete column (A)	🗆
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	13,851,937	13,851,937	-	
2 Grants and other assistance to domestic individuals See Part IV, line 22	3,362,078	3,362,078		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16	1,950,807	1,950,807		
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	1,171,652	750,902	358,244	62,506
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	6,988,336	4,287,605	1,417,458	1,283,273
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	0			
9 Other employee benefits	2,361,515	1,276,969	566,700	517,846
10 Payroll taxes	74,190	74,190		
11 Fees for services (non-employees)				
a Management	0			
b Legal	250,952		250,952	
c Accounting	125,000		125,000	
d Lobbying	60,000	60,000		
e Professional fundraising services See Part IV, line 17	70,000			70,000
f Investment management fees	7,728,857		7,728,857	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	4,490,940	3,396,748	388,802	705,390

353,312

555,529

25,758

825,802

1,761,522

1,581,732

21,807

247,866

132,400

2,820,741

1,206,513

656,021

180,807

328,463

54,939,850

1,755,313

321,094

175,223

25,758

772,539

1,693,145

1,444,090

21,807

241,885

54,885

2,817,121

1,111,726

517,462

180,807

258,644

40,068,820

1,421,398

32,218

297,959

202,314

1,498

60,148

128,042

3,620

79,959

135,696

49,216

3,629,685

Form 990 (2017)

35,956

177,992

51,765

8,229

9,600

5,981

77,515

14,828

2,863

20,603

11,241,345

12 Advertising and promotion 13 Office expenses .

18 Payments of travel or entertainment expenses for any federal, state, or local public officials .

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

25 Total functional expenses. Add lines 1 through 24e 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)

19 Conferences, conventions, and meetings

22 Depreciation, depletion, and amortization

21 Payments to affiliates . . .

expenses on Schedule O)

b EQUIPMENT AND RENTALS

c REPAIRS AND MAINTENANCE

a BUILDING ALTERATION

d INCOME TAX EXPENSE

e All other expenses

14 Information technology

15 Royalties .

17 Travel .

20 Interest .

23 Insurance .

16 Occupancy .

2

3

12

13

14

15

16

17

18

19

20

21

23

24

25

26

27

28

29

31

32

33

34

Liabilities 22

Fund Balances

Assets or 30

Net

Page **11**

12,856,503

52,834,240

98,905,845

127,499

318.434

22.320

744.311

11,785,887

53.838.400

274,994,857

509.428.296

7,157,777

245,039

637,695

30.941.241

3.000.000

0

0

0

0

0

534.365

39,516,117

37,472,154

255,692,040

176.747.985

469,912,179

509.428.296

Form **990** (2017)

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

Beginning of year Cash-non-interest-bearing .

Savings and temporary cash investments . . . Pledges and grants receivable, net . . .

Accounts receivable, net . Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 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 employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L

Notes and loans receivable, net . . Inventories for sale or use .

Prepaid expenses and deferred charges .

10a

basis Complete Part VI of Schedule D 10b Less accumulated depreciation

Investments—publicly traded securities .

Investments—other securities See Part IV, line 11 . . .

Total assets.Add lines 1 through 15 (must equal line 34) . . .

Escrow or custodial account liability Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties . . .

Unsecured notes and loans payable to unrelated third parties .

Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

Assets 10a Land, buildings, and equipment cost or other 11

Investments—program-related See Part IV, line 11 .

Other assets See Part IV, line 11

Tax-exempt bond liabilities

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17-24)

Total liabilities. Add lines 17 through 25 . .

Total liabilities and net assets/fund balances .

complete lines 27 through 29, and lines 33 and 34.

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

and complete lines 30 through 34.

Capital stock or trust principal, or current funds

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

Retained earnings, endowment, accumulated income, or other funds

Intangible assets

Grants payable . . .

Deferred revenue

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Unrestricted net assets

Accounts payable and accrued expenses

3,326,238

15,112,125

19.126 8 875.899 11,984,651

(A)

15,665,930

57,798,382

84,239,087

491,254

0 5

0 6

368.434

1

2

3

4

9 10c 47.902.310 11

254.196.960

476.542.033

8,493,284

35,154

829,005

34.356.424

3.000,000

0 14

0 18

0 22

0

0

604.647

44,318,514

32.641.422

227.124.293

172.457.804

432,223,519

476.542.033

12

13

15

16

17

19

20

21

23

24

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27

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31

32

33

34

1	Total revenue (must equal Part VIII, column (A), line 12)	1	74,110,8
2	Total expenses (must equal Part IX, column (A), line 25)	2	54,939,8
3	Revenue less expenses Subtract line 2 from line 1	3	19,170,9
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	432,223.

5

Form 990 (2017)

Schedule O

separate basis, consolidated basis, or both

Separate basis

consolidated basis, or both

Audit Act and OMB Circular A-133?

Separate basis

Reconcilliation of Net Assets

Part XI

952 .519 18,517,709

☐ Both consolidated and separate basis

☐ Both consolidated and separate basis

Page **12**

Nο

Nο

Form 990 (2017)

2a

2b

2c

3a

3b

Yes

Yes

Net unrealized gains (losses) on investments . Donated services and use of facilities . . . Investment expenses . 7 Prior period adjustments . . .

Other changes in net assets or fund balances (explain in Schedule O) . 9 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 469,912,179 **Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII . . . Yes No

Part XII ☐ Cash ☑ Accrual ☐ Other 1 Accounting method used to prepare the Form 990 If the organization changed its method of accounting from a prior year or checked "Other," explain in

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Consolidated basis

b Were the organization's financial statements audited by an independent accountant?

Consolidated basis

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis,

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

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

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

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Additional Data

Software ID:

Software Version:

EIN: 11-6077945

Name: Stony Brook Foundation Inc.

Form 990 (2017)

Form OOO Bort III Line

Form 990, Part III, Line 4a:

Stony Brook Foundation provided SUNY Stony Brook funds for various institutional support, including but not limited to Funding construction of cutting-edge facilities such as the Medical and Research Translation (MART) as well as substantial renovations of the current existing Stony Brook University Hospital, subsidized funding to support various SUNY Stony Brook strategic academic initiatives, and Stony Brook University departments such as Mathematics, Physics and the Turkana Basin Institute, an academic base for scientific research and training in paleontology and paleoanthropology

Form 990, Part III, Line 4b:

Stony Brook Foundation provided funding to support various SUNY Stony Brook academic programs, Centers and Institutes in order to nurture academic achievement among

SUNY Stony Brook's students and faculty by providing funds to attract and retain exceptional faculty through the use of endowed chairs and endowed professorships, aid in

curriculum enhancement as well as equip classrooms and laboratories with the latest technology

Form 990, Part III, Line 4c: Stony Brook Foundation provided various student financial support to SUNY Stony Brook as well as to SUNY Stony Brooks students to assist in their effort of delivering a world-class education at a remarkably affordable price and to keep recruiting the best young minds and future leaders from across the socio-economic spectrum

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

(Code) (Expenses \$ 3,595,238 including grants of \$ 1,230,723) (Revenue \$

ORGANIZED RESEARCH

(Code) (Expenses \$ 2,951,935 including grants of \$ 1,137,738) (Revenue \$ 47,117)

(Code) (Expenses \$ 2
PUBLIC SERV , ADMIN SUPP & STUDENT SUPPORT

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

(Code) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 1,932,062)

fiscal year agent

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation hours per compensation amount of other week (list person is both an officer from the from related compensation and a director/trustee\ any hours organizations

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

	any hours					ustee)		organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
Mr Richard L Gelfond Trustee, Chair	4 0	×		×				0	0	0
Mr David E Acker Trustee, Vice Chair	1 0	×		х				0	0	0
Dr Laurie Landeau Trustee, Vice Chair	10	×		×				0	0	0
Dr James H Simons Trustee, Chair Emeritus	1 0	×		×				0	0	0
Mr. Carry E Stalley	1 0									

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Mr Cary F Staller Trustee, Secretary

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Dr Nancy Rauch Douzinas

Trustee, Treasurer

Dr Barry S Coller

Mr Guy-Max Delphin

Mr Barry M Fox Esq

TRUSTEE

Trustee

Trustee

Trustee

Dr Ashvin B Chhabra

and Independent Contractors

(A) (D) (B) (C) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless compensation hours per compensation amount of other person is both an officer week (list from the from related compensation

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

	any hours	hours and a director/trustee)						organization	organizations	from the
	for related organizations below dotted line)		Institutional Trustee		Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
Mr Stuart D Goldstein Trustee	0 5	Х						0	0	0
MS KAREN KEOGH Trustee	0 5	х						0	0	0
MR WILLIAM L KNAPP Trustee	0 5	X						0	0	0
DR HENRY B LAUFER Trustee	0.5	×						0	0	0

0 5

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0 5	
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0 5	
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	0 0 0 0 0 0 5 0 0 5 0 0 0 0 0

and Independent Contractors

DR ROBERT LOURIE

DR NIRMAL MATTOO

MR RICHARD T NASTI ESO

MS LOUISE PHANSTIEL CPA

MS CAROLINE RITTER

Trustee

Trustee

trustee

Trustee

Trustee

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average amount of other than one box, unless hours per compensation compensation week (list person is both an officer from the compensation from related any hours and a director/trustee) organization organizations from the

(W-2/1099-

52,056

253,192

302,885

181,891

517,124

183,360

232,152

(W- 2/1099-

0

0

108,438

129,721

77,858

99,206

organization and

for related

37 5

0 0 37 5

0 0

00

0 0

.

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

	organizations below dotted line)	ndrødual trustee or director	Institutional Trustee	10	sey employee	Highest compensated employee	Former	`MISC)	`MISC)	related organizations
MR LEONARD A SPIVAK ESQ	0 5	x						0	0	0
Trustee	0 0	l ''								
MRS SUSAN STEINHARDT ESQ Trustee	0 5	x						0	0	0
	0 0			_	-					
DR SAMUEL L STANLEY JR EX-OFFICIO TRUSTEE (VOTING)	0 1	×						264,769	0	0
Mr Dexter A Bailey Ir	1 2									

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EX-OFFICIO TRUSTEE (VOTING)	0 1			
Mr Dexter A Bailey Jr	1 2		x	
Executive Director	1 0			
Mr Jason W Hsueh	37 5		,	
CFO & COO	0.0		^	

and Independent Contractors

Mr David Marcus

Jo-Ann Daniels

Director, Finance & Operations

Dr Lewis PasternakThru 218

CEO & VP for Health Systems

Dir, Simons Ctr Geo & Physics

Mr Luis Alvarez-Gaume

Deborah Lowen-Klein

AVP, Charitable Giving

CIO

and Independent Contractors (A) Name and Title

Danielle Holton

ED Development, SBCH

Average hours per week (list any hours for related organizations below dotted line)
 33 75

(B)

Average

0 0

Position (do not check more than one box, unless person is both an officer and a director/trustee)

Х

Reportable compensation from the organization (W- 2/1099-MISC) 164,984

(D)

(E)

Reportable

compensation

from related

organizations (W- 2/1099-

MISC)

(F)

Estimated

amount of other

compensation

from the

organization and

related

70,655

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

⁷⁵

Institutio organizations employee

efil	e GR/	APHIC pri	nt - DO NO	T PROCESS	As Filed Data -			DLN: 9:	3493135084539
		ULE A		Public (Charity Statu	s and Pul	olic Supp		OMB No 1545-0047
•	m 990	0 or	Con		ganization is a sect	ion 501(c)(3)	organization o		2017
990I	SZ)				4947(a)(1) nonexe ▶ Attach to Form				
•		the Treasury	► Infe	ormation abou	it Schedule A (Form www.irs.a	990 or 990-EZ ov/form990.) and its instru	ictions is at	Open to Public Inspection
Nam	e of th	he organiza Foundation Inc	tion					Employer identific	ation number
,								11-6077945	
	rt I				us (All organization it is (For lines 1 thro			See instructions.	
1 1	organiz		•		•	,	,	/A\/:\	
_		•		•	sociation of churches				
2					1)(A)(ii). (Attach Sch	•	• •		
3		·	•	·	/ice organization desc			•	
4		name, city,	and state _		ed in conjunction with				
5		(b)(1)(A)	(iv). (Comple	ete Part II)	t of a college or unive				ped in section 170
6		•	·	_	governmental unit de				
7	\checkmark	_		mally receives (vi). (Complete	a substantial part of it Part II)	s support from a	governmental u	init or from the genera	al public described in
8		A communi	ty trust desc	ribed in section	170(b)(1)(A)(vi)	(Complete Part I	I)		
9					escribed in 170(b)(1) ee instructions Enter				ege or university or a
10		from activit	ies related to income and	ıts éxempt fun unrelated busın	(1) more than 331/39 ctions—subject to cer ess taxable income (le mplete Part III)	tain exceptions,	and (2) no more	than 331/3% of its su	-
11		An organiza	ition organize	ed and operated	exclusively to test fo	r public safety S	ee section 509	(a)(4).	
12		more public	ly supported:	organizations of	l exclusively for the be described in section 5 the type of supporting	i09(a)(1) or se	ction 509(a)(2). See section 509(a	
a		Type I. A so	supporting or n(s) the pow	ganızatıon oper	ated, supervised, or co appoint or elect a majo	ontrolled by its s	upported organi	zation(s), typically by	
b		Type II. A manageme	supporting on t of the sup	rganızatıon sup portıng organıza	ervised or controlled i ation vested in the sar				
c		Type III f	unctionally		supporting organizatio				ted with, its
d		Type III n	on-function	ally integrate	ons) You must com d. A supporting organi n generally must satis	zation operated	ın connection wı	th its supported orgar	
e		Check this	box if the org	anızatıon receiv	t IV, Sections A and red a written determin	nation from the I		pe I, Type II, Type II	I functionally
f	Enter			ion-functionally l organizations	integrated supporting	organization			
g				_	pported organization((5)			
		Name of supports	orted	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the org in your govern		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
Tota			_		structions for	Cat No 11285		 Schedule A (Form 9	

supported organization

instructions

Page 2

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part

	III. If the organization f	ails to qualify un	der the tests list	ed below, please	e complete Part	III.)		
S	ection A. Public Support							
	Calendar year	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2	017	(f) Total
1	(or fiscal year beginning in) ► Gifts, grants, contributions, and	(,	(=) === :	(-,	(-,	(-, -		(-7
-	membership fees received (Do not	55,707,361	39,770,483	49,531,605	62,350,041	58	,869,092	266,228,582
	include any "unusual grant ")							
2	Tax revenues levied for the							
	organization's benefit and either paid to or expended on its behalf							C
	paid to of experided off its benan							
3	The value of services or facilities							
	furnished by a governmental unit to							С
	the organization without charge Total. Add lines 1 through 3	55,707,361	39,770,483	49,531,605	62,350,041	50	,869,092	266,228,582
	The portion of total contributions by	33,707,301	39,770,483	49,331,003	02,330,041	36	,009,092	200,220,302
3	each person (other than a							
	governmental unit or publicly							
	supported organization) included on							95,906,032
	line 1 that exceeds 2% of the amount shown on line 11, column							
	(f)							
6	Public support. Subtract line 5							170,322,550
	from line 4							170,322,330
<u>S</u>	ection B. Total Support							
	Calendar year (or fiscal year beginning in) ▶	(a)2013	(b) 2014	(c)2015	(d) 2016	(e) 2	017	(f) ⊤otal
7	Amounts from line 4	55,707,361	39,770,483	49,531,605	62,350,041	58	,869,092	266,228,582
8	Gross income from interest,	, ,		, ,				
	dividends, payments received on							
	securities loans, rents, royalties	747,772	748,823	1,391,425	1,549,797	2	,004,637	6,442,454
	and income from similar sources							
9	Net income from unrelated							
	business activities, whether or not	1,014,445	1,215,610	1,465,060	351,184		171,562	4,217,861
	the business is regularly carried on		-,,	_,,				.,,
10	Other income Do not include gain							
10	or loss from the sale of capital	382,357	1,069,691	1,861,894	2,672,081	1	,369,666	7,355,689
	assets (Explain in Part VI)							
11	Total support. Add lines 7 through							284,244,586
12	10 Gross receipts from related activities,	etc (see instructio	ns)		<u>1</u> _	12		11,997,937
							\(2)	
13	First five years. If the Form 990 is for	-			-		· · · · <u>-</u>	nization,
_	check this box and stop here					• • •	<u> ▶ ⊔</u>	
	ection C. Computation of Publi							
	Public support percentage for 2017 (li			olumn (f))		14		59 921 %
	Public support percentage for 2016 Sc					15		58 357 %
16 a	33 1/3% support test—2017. If the				14 is 33 1/3% or	more, cl	neck this b	
	and stop here. The organization qual	ifies as a publicly s	upported organizat	ion				▶ ☑
b	33 1/3% support test—2016. If the	ne organization did	not check a box or	n line 13 or 16a, a	nd line 15 is 33 1/	3% or m	ore, check	this
	box and stop here. The organization							▶ □
17 a	10%-facts-and-circumstances tes							
	is 10% or more, and if the organization							
	in Part VI how the organization meets	une racts-and-circ	umstances test l	me organization q	uaiifies as a public	.ıy suppo	rcea	, —
_	organization	-+ 2016 TELL	عادي المال المراجعين	abaalaa barran l	a 12 16- 16-	. 17	مماليمة	ightharpoons
b	10%-facts-and-circumstances te 15 is 10% or more, and if the organi						iu iinė	
	Explain in Part VI how the organization						cly	
	supported organization			_	•	-	•	►□

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

Р	Support Schedule for						
	(Complete only if you cl the organization fails to						er Part II. If
Se	ection A. Public Support	quality under t	ine tests listed i	below, please co	ompiete Part II.,)	
	Calendar year	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
_	(or fiscal year beginning in) ▶	(a) 2013	(0) 2014	(6) 2015	(4) 2016	(e) 2017	(I) Iotai
1	Gifts, grants, contributions, and membership fees received (Do not						
	include any "unusual grants ")						
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business						
4	under section 513 Tax revenues levied for the						
-	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of						
	\$5,000 or 1% of the amount on line						
	13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
S	from line 6) ection B. Total Support						
	Calendar year						
	(or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9							
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
Ь	Unrelated business taxable income						
	(less section 511 taxes) from						
	businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is						
12	regularly carried on Other income Do not include gain or						
12	loss from the sale of capital assets						
	(Explain in Part VI)						
13	Total support. (Add lines 9, 10c,						
14	11, and 12) First five years. If the Form 990 is for	l r the organization	l 's first, second, th	L urd, fourth, or fift	l lax vear as a sec	ction 501(c)(3) o	l rganization.
	check this box and stop here			,,	,		▶ □
Se	ection C. Computation of Public S	Support Perce	ntage				
15	Public support percentage for 2017 (lin			column (f))		15	
16	Public support percentage from 2016 S	chedule A, Part II	II, line 15			16	
Se	ction D. Computation of Investr	nent Income	Percentage				
17	Investment income percentage for 201	7 (line 10c, colur	nn (f) divided by	lıne 13, column (f	·))	17	
18	Investment income percentage from 20	016 Schedule A, I	Part III, line 17			18	
	331/3% support tests—2017. If the	organization did n	ot check the box	on line 14, and lir	ne 15 is more than		e 17 is not
	more than 33 1/3%, check this box and s						ightharpoons
	33 1/3% support tests—2016. If the						. —
_	not more than 33 1/3%, check this box	-			· ·		ightharpoons
20	Private foundation. If the organization	-	-				ightharpoons

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) Section A. All Supporting Organizations

Yes

5b

5c

7

9b

9с

10a

10b

Schedule A (Form 990 or 990-EZ) 2017

No

1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose,			
	describe the designation If historic and continuing relationship, explain	1	İ	
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)			
	in section 309(a)(1) or (2)	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)			
	below	3a	İ	
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the			
	determination	3b		

b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the	·			
	determination 3				
	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?				
	f "Yes," explain in Part VI what controls the organization put in place to ensure such use				
4a	Nas 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				
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported				

c	Did the organization ensure that all support to such organizations was used exclusively for section $170(c)(2)(B)$ purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use			
		3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you			
	checked 12a or 12b ın 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. 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			
c				
	to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes			
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and			

			, ,		
	as any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you lecked 12a or 12b in Part I, answer (b) and (c) below				
	cnecked 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				
	ızatıon? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or vised 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				
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the				
	organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a			

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)		

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

Substitutions only. Was the substitution the result of an event beyond the organization's control?

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

organization's organizing document?

10a

answer line 10b below

organization had an interest? If "Yes," provide detail in Part VI.

the organization had excess business holdings)

8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"		
	complete Part I of Schedule L (Form 990 or 990-EZ)	8	
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as		

```
defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"
provide detail in Part VI.
```

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

```
9a
Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting
```

Pa	rt IV Supporting Organizations (continued)		•	-9	
	·		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?	11a			
b	A family member of a person described in (a) above?	11b			
	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			
	ection B. Type I Supporting Organizations				
	· · · · · · · · · · · · · · · · · · ·		Yes	No	
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1			
_					
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization				
-	ection C. Type II Supporting Organizations				
	cetion c. Type 11 Supporting Organizations		Yes	No	
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the				
	supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1			
S	ection D. All Type III Supporting Organizations		l		
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?		Yes	No	
		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			
S	ection E. Type III Functionally-Integrated Supporting Organizations				
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction of the organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	·	ctions)		
2	Activities Test Answer (a) and (b) below.		Yes	No	
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2 a			
	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.				
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? 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			

Schedule A (Form 990 or 990-EZ) 2017

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E (A) Prior Year (B) Current Year Section A - Adjusted Net Income (optional)

Page 6

Schedule A (Form 990 or 990-F7) 2017

1 Net short-term capital gain 1 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3 Depreciation and depletion 5 5 Portion of operating expenses paid or incurred for production or collection of gross 6 income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions)

Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (A) Prior Year (B) Current Year Section B - Minimum Asset Amount (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short 1 tax year or assets held for part of year) a Average monthly value of securities 1a **b** Average monthly cash balances **1**b c Fair market value of other non-exempt-use assets 1c 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI)

2 2 Acquisition indebtedness applicable to non-exempt use assets 3 Subtract line 2 from line 1d 3 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see 4 instructions) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 6 Multiply line 5 by 035 7 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 8

Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, Column A) 1 2 Enter 85% of line 1 3 Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3 4 5 Income tax imposed in prior year 6

2 4 5 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

details in Part VI) See instructions Distributable amount for 2017 from Section C, line 6 (ii) (iii)

10 Line 8 amount divided by Line 9 amount Section E - Distribution Allocations (see (i) Underdistributions Distributable instructions) **Excess Distributions** Pre-2017 Amount for 2017 1 Distributable amount for 2017 from Section C, line

2 Underdistributions, if any, for years prior to 2017

(reasonable cause required-- explain in Part VI)

See instructions		
3 Excess distributions carryover, if any, to 2017		
a		
b From 2013		
c From 2014		
d From 2015		
e From 2016		
f Total of lines 3a through e		
g Applied to underdistributions of prior years		
h Applied to 2017 distributable amount		
 Carryover from 2012 not applied (see instructions) 		
j Remainder Subtract lines 3g, 3h, and 3i from 3f		
4 Distributions for 2017 from Section D, line 7		
<u> \$ </u>		
Applied to underdistributions of prior years		

b Applied to 2017 distributable amount c Remainder Subtract lines 4a and 4b from 4

Schedule A (Form 990 or 990-EZ) (2017)

5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI

6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI See instructions 7 Excess distributions carryover to 2018. Add lines

c Excess from 2015.

See instructions

d Excess from 2016. Excess from 2017.

31 and 4c 8 Breakdown of line 7 a Excess from 2013. **b** Excess from 2014.

Additional Data

Software ID: Software Version:

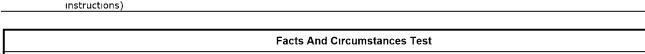
EIN: 11-6077945

Name: Stony Brook Foundation Inc

Page 8

Schedule A (Form 990 or 990-EZ) 2017

remediate // (ray	_
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 F. lines 2.5. and 6. Also complete this part for any additional information. (See	



SCHEDULE C

• Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

Political Campaign and Lobbying Activities

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

DLN: 93493135084539

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

EZ)

(Form 990 or 990-

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

Inspection

• 5	Section 527 organizations Complet			·			
		n Form 990, Part IV, Line 4, or Form 9 t have filed Form 5768 (election under s					3
• 9	Section 501(c)(3) organizations that	t have NOT filed Form 5768 (election ui	nder section 501(h)) Complete Part II-B Do	o not	t complete Pa	art II-A
	e organization answered "Yes" oi xv Tax) (see separate instruction	n Form 990, Part IV, Line 5 (Proxy Ta: s), then	x) (see separate ii	nstructions) or Form 99	10-E	Z, Part V, lin	e 35c
	Section 501(c)(4), (5), or (6) organiz	**					
	me of the organization ny Brook Foundation Inc			Employer ide	entif	fication nun	ıber
	Ty Brook Foundation The			11-6077945			
Par	t I-A Complete if the orga	nization is exempt under section	on 501(c) or is	a section 527 organ	niza	tion.	
1	Provide a description of the organ "political campaign activities")	nization's direct and indirect political car	mpaign activities ir	Part IV (see instructions	for	definition of	
2	Political campaign activity expend	litures (see instructions)		>	\$.		
3	Volunteer hours for political camp	· · ·					
Par		nization is exempt under section	. , , ,				
1	•	ax incurred by the organization under se		>	\$.		
2	•	ax incurred by organization managers u		•	\$.		
3	If the organization incurred a sect	tion 4955 tax, did it file Form 4720 for t	this year?			☐ Yes	□ No
4a	Was a correction made?					☐ Yes	☐ No
b	If "Yes," describe in Part IV						
		nization is exempt under section					
1	·	ed by the filing organization for section	•		\$.		
2	Enter the amount of the filing org function activities	anızatıon's funds contributed to other c	rganizations for se	ection 527 exempt	\$.		
3	Total exempt function expenditure	es Add lines 1 and 2 Enter here and o	n Form 1120-POL,	line 17b ►	\$.		
4	Did the filing organization file For	m 1120-POL for this year?				☐ Yes	□ No
5	organization made payments For of political contributions received	employer identification number (EIN) of each organization listed, enter the am- that were promptly and directly deliver see (PAC) If additional space is needed,	ount paid from the ed to a separate p	filing organization's fund olitical organization, such	ls A	lso enter the	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-		(e) Amount contributions and promp directly deliv separate p organization enter	s received otly and vered to a political of If none,
1							
2							
3							
4							
5							
6	1.0.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1						
ror P	aperwork Reduction Act Notice, see 1	the instructions for Form 990 or 990-EZ.	Cat	No 500845 Schedule C	. (Fo	rm 990 or 990	J-EZ1 2017

Lobbying Expenditures During 4-Year Averaging Period

(a) 2014

1,000,000

180,000

250,000

(b) 2015

1,000,000

180,000

250,000

(c) 2016

1,000,000

120,000

250,000

(d) 2017

1,000,000

60,000

250,000

Schedule C (Form 990 or 990-EZ) 2017

(e) Total

4,000,000

6,000,000

540,000

1,000,000

1,500,000

Calendar year (or fiscal year

beginning in)

Lobbying nontaxable amount

(150% of line 2a, column(e))

Total lobbying expenditures

Grassroots ceiling amount

Grassroots nontaxable amount

(150% of line 2d, column (e))

Grassroots lobbying expenditures

Lobbying ceiling amount

2a

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)). (a) (b) For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity Yes No Amount During the year, did the filing organization attempt to influence foreign, national, state or local legislation, 1 including any attempt to influence public opinion on a legislative matter or referendum, through the use of Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements? Mailings to members, legislators, or the public? d Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes No 1 1 Were substantially all (90% or more) dues received nondeductible by members? 2 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." 1 Dues, assessments and similar amounts from members 1 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2a Current year 2b b Carryover from last year 2c c Total 3 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 4 5 5 Taxable amount of lobbying and political expenditures (see instructions)

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see

instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference Explanation The Foundation does not engage in any direct lobbying activity itself, the foundation hires AN outside Schedule C, Part II-A, Line 1(B) lobbying consultant to advocate on behalf of educational and budget issues impacting Stony Brook University

SCHEDULE D

(Form 990)

Department of the Treasury

Supplemental Financial Statements

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

OMB No 1545-0047

DLN: 93493135084539

Open to Public

	an Revenue Service Information about Schedule D (10)	in 990) and its instructions is at www.i			ispection
	me of the organization ny Brook Foundation Inc		Employer	identificatio	n number
	art I Organizations Maintaining Donor Advis	and Friede or Other Similar Friede	11-607794		
	Organizations Maintaining Donor Advis Complete if the organization answered "Ye		or Account	5.	
	·	(a) Donor advised funds	(b) Fu	ınds and other	· accounts
L	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
1	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisor organization's property, subject to the organization's ex		dvised funds		☐ Yes ☐ No
5	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?				☐ Yes ☐ No
Pa	rt II Conservation Easements. Complete if th	ie organization answered "Yes" on Fori	m 990, Part	IV, line 7.	
Ĺ	Purpose(s) of conservation easements held by the organ	nization (check all that apply)			
	Preservation of land for public use (e g , recreation	n or education)	historically i	mportant land	area
	Protection of natural habitat	Preservation of a	certified histo	oric structure	
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	qualified conservation contribution in the fo		ervation	of the Year
а	Total number of conservation easements		2a		
b	Total acreage restricted by conservation easements		2b		
c	Number of conservation easements on a certified historic	c structure included in (a)	2c		
d	Number of conservation easements included in (c) acqui structure listed in the National Register	red after 8/17/06, and not on a historic	2d		
3	Number of conservation easements modified, transferre tax year ▶	d, released, extinguished, or terminated by	the organiza	tion during the	;
1	Number of states where property subject to conservatio	n easement is located >			
5	Does the organization have a written policy regarding thand enforcement of the conservation easements it holds		of violations,	☐ Yes	□ No
5	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing c	onservation e	easements dur	ing the year
7	Amount of expenses incurred in monitoring, inspecting, \$ \\$	handling of violations, and enforcing conser	rvation easem	nents during th	ıe year
3	Does each conservation easement reported on line 2(d) and section $170(h)(4)(B)(II)^{2}$	above satisfy the requirements of section 1	.70(h)(4)(B)(ı) □ Yes	□ No
•	In Part XIII, describe how the organization reports cons balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemen	footnote to the organization's financial state			
² a1	organizations Maintaining Collections		ner Similar	Assets.	
La	Complete if the organization answered "Ye If the organization elected, as permitted under SFAS 11		atement and	halance sheet	works of
La	art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finan	public exhibition, education, or research in			
b	If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for publ following amounts relating to these items				
((i) Revenue included on Form 990, Part VIII, line 1		▶ \$		20,204
(ii)Assets included in Form 990, Part X		▶ \$		7,022,322
2	If the organization received or held works of art, historic following amounts required to be reported under SFAS 1	•			<u> </u>
а	Revenue included on Form 990, Part VIII, line 1		▶ \$		

Assets included in Form 990, Part X

d Grants or scholarships s	Par	t IIII	Organizations Maintaining Co	llections of Art, Hi	stori	ical T	reas	ures, or	Other:	Similar As	sets (continued)	
Provide a description e Other Other	3			on, and other records, o	check	any of	the fo	ollowing th	at are a	sıgnıfıcant u	se of its	collection	ı
Preservation for future generations Provide a description of the organization solictions and explain how they further the organization's exempt purpose in Part XIII Part XIII During the year, cid the organization solict or receive donations of art, historical treasures or other similar assets to be sold to rise funds rather than to be maintained as part of the organization of collection? Yes No	а	✓	Public exhibition		d		Loar	n or exchar	nge prog	rams			
Preserved and exception of the organizations collections and explain how they further the organization's exempt purpose in Part XIII During the year, cid the organization solict or receive donations of art, historical treasures or other similar saves to be soid to raise funds rather than to be maintained as part of the organization's collection? Ves No	b	✓	Scholarly research		е		Othe	er					
Part XIII	c	✓	Preservation for future generations										
Part IV Section Part IV Section Part Part IV Section Part	4			ollections and explain h	ow the	ey furtl	her th	ie organiza	tion's ex	empt purpos	se in		
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 21.	5									ılar	☐ Ye	s 🗸	No
1a Included an Form 990, Part X?	Pa	rt IV	Complete if the organization ans		n 990), Part	IV,	ıne 9, or	reporte	d an amou	nt on F	orm 990	, Part
C Segn Filt Segn Se	1a		e organization an agent, trustee, custod	lian or other intermedia	ary for	contri	bution	ns or other	assets r	not	☐ Ye	s 🗸	No
Additions during the year Distributions during the year 1	b	If "Y	es," explain the arrangement in Part XII	I and complete the foll	owing	table				Aı	nount		_
Distributions during the year 1e 1f 1f 1 1 1 1 1 1 1	С	Begi	nning balance						1c				
The complete in the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No No	d	Addı	tions during the year						1d				
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	е	Dıstr	butions during the year						1e				
Description Description	f	Endi	ng balance						1f				
Description Description	2a	Did t	the organization include an amount on F	orm 990, Part X, line 2	1, for	escrov	v or c	ustodial ac	count lia	bility?	✓ v _a	<u> </u>	— No
Part V	b	TE "∨	on " evaluation the arrangement in Part VII	T Charly hara if the ave	alanat	ion had	- 600	n newydad	ın Dart \	/111			
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years (
1a Beginning of year balance 233,96,854 219,658,75 207,914,116 196,350,990 154,681,21 154,681,21 154,681,21 154,081,22 154,081,23 19,873,999 40,858,61 154,404,043 18,803,21,40 12,982,642 18,280,843 9,873,999 40,858,61 154,404,044 17,610,964 154,404,044 17,610,964 154,404,044 154,404,044 17,610,964 154,404,044 154,404,044 17,610,964 154,404,044 17,610,964 154,404,044 17,610,964 154,404,044 17,610,964 154,404,044 17,610,964 154,404,044 17,610,964 154,404,044 17,610,964 154,404,044 17,610,964 154,404,044 17,610,964 154,404,044 19,444,388 9,985,414 17,610,964 154,404,044 10,404,044 <	Fα	II C V	Endowment Funds. Complete i									(e)Four ve	ars hack
b Contributions	1a	Beaini	ning of year balance				-						
to Net investment earnings, gains, and losses d Grants or scholarships		-	- '							9.8	373,999		
d Grants or scholarships													5,404,060
Administrative expenses 11,077,413 10,134,900 11,064,534 9,727,041 9,094,81 Administrative expenses 7,632,457 7,982,151 5,458,964 6,194,796 5,498,00 But of year balance 244,955,670 233,966,854 219,656,875 207,914,116 196,350,915 Permanent endowment 2 810 %			- · · · · · · · · · · · · · · · · · · ·										
## Administrative expenses			•				\rightarrow						
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as Board designated or quasi-endowment ▶ 2 810 % The percentages on lines 2a, 2b, and 2c should equal 100% The percentages	·		•	11,077,413		10,134	4,900	11	,064,534	9,7	727,041	ë	9,094,839
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as Board designated or quasi-endowment ▶ 2 810 % Permanent endowment ▶ 72 110 % The percentages on lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations	f	Admir	nistrative expenses	7,632,457		7,982	2,151	5	,458,964	6,1	194,796	ļ	5,498,063
Board designated or quasi-endowment ▶ 2 810 % Permanent endowment ▶ 72 110 % Temporarily restricted endowment ▶ 25 080 % The percentages on lines 2a, 2b, and 2c should equal 100%	g	End of	f year balance	244,955,670		233,966	6,854	219	,656,875	207,9	914,116	196	5,350,990
Temporarily restricted endowment 25 080 % The percentages on lines 2a, 2b, and 2c should equal 100% 3a			•		line 1	g, colu	mn (a	a)) held as					
Temporarily restricted endowment ▶ 25 080 % The percentages on lines 2a, 2b, and 2c should equal 100% Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations (ii) related organizations If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?	Ь	Perm	nanent endowment ► 72 110 %										
The percentages on lines 2a, 2b, and 2c should equal 100% Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations Are there endowment funds not in the possession of the organization that are held and administered for the organization by (ii) unrelated organizations Are there endowment funds Are there endownent endownent funds Are there endownent funds Are there endownent endownent funds Are there endownent endownent endownent endownent endownent endownent endownent endownent endownent endownent endownent endownent endownent endownent endownent endownent end		Tem	porarily restricted endowment > 25	080 %									
A retail remains a minimum or m	Ĭ		•										
Sa(i) No No No No No No No N	За			•	on tha	t are h	eld ar	nd adminis	tered for	the			
Sa(ii) Rolated organizations Rolated organization R		_	•								_		
b If "Yes" on 3a(II), are the related organizations listed as required on Schedule R?						•							
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (investment) (a) Equipment (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book v	L		_			ا اعداد الحد							No
Land, Buildings, and Equipment.							•				L.	ן עפ	<u> </u>
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value					inenc	iuiius							
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 1,122,854 2,815,371 3,960,766,168 b Buildings 6,776,168 2,815,371 3,960,766,168 c Leasehold improvements 157,462 118,307 39,760,168 d Equipment 7,055,641 392,560 6,663,463,463	FQ	I C V L			n 990). Part	IV.	ine 11a. :	See For	m 990. Par	rt X. lır	ne 10.	
b Buildings 6,776,168 2,815,371 3,960,760,760,760 c Leasehold improvements 157,462 118,307 39,760,760,760,760 d Equipment 7,055,641 392,560 6,663,663,660,760,760,760		Descr	ription of property (a) Cost or of	ther basis (b) Cost o									lue
b Buildings 6,776,168 2,815,371 3,960,760,760,760 c Leasehold improvements 5 157,462 118,307 39,760,760,760,760,760 d Equipment 7,055,641 392,560 6,663,663,663,663,660,760,760,760,760,760,760,760,760,760	1a	Land				1,1	22,854	1					1,122,854
c Leasehold improvements 157,462 118,307 39, e Other 7,055,641 392,560 6,663,4						-		_		2,815,371			3,960,797
d Equipment 157,462 118,307 39, e Other 7,055,641 392,560 6,663,4			-			•	-	1		•			•
e Other			· -			1.	57,462	!		118.307			39,155
													6,663,081
				<u> </u>	, colui	•							11,785,887

(a) Discoption of accurately or category (b) Book value (c) Method of valuations (control discounts) (d) Francisco	Part VII Investments—Other Securities. Complete if the	he organization answ	vered "Yes" on Form 990	, Part IV, line 11b.
11 Francis deniatives		(b) Book value		
13 Octors	(1) Financial derivatives		cost of cha of y	car market value
(a) DINVESTMENTS IN PRIVATE EQUITY (b) INVESTMENTS IN COCKE PROPERTY (c) INVESTMENTS IN COCKE PROPERTY (d) DINVESTMENTS IN COCKE PROPERTY (e) DINVESTMENTS IN COCKE PROPERTY (f) INVESTMENTS IN COCKE PROPERTY (e) DIRECTIONS IN INVESTMENTS (f) OTHER LONG-TERM INVESTMENTS (f) OTHER LONG-TERM INVESTMENTS (f) OTHER LONG-TERM INVESTMENTS (f) OTHER LONG-TERM INVESTMENTS (f) OTHER LONG-TERM INVESTMENTS (f) OTHER LONG-TERM INVESTMENTS (f) DEscription of investment (f) Sock value (g) Description of investment (g) Description (g) Description of investment (g) Description	(3) Other			_
CC INVESTMENTS IN PRIVATE EQUITY 33,299,189 F	(A) INVESTMENTS IN US EQUITY FUNDS	116,018,153		
O) INVESTMENTS IN CLORE-PROPERTY	(B) INVESTMENTS IN MULTI-STRATEGY	87,147,557		F
(a)	(C) INVESTMENTS IN PRIVATE EQUITY	38,259,189		F
F Investments In Diversified PIX 528,538 F	(D) INVESTMENTS IN GLOBAL EQUITY	32,278,911		F
10,000 1	(E) INVESTMENTS IN CORE-PROPERTY	890,249		F
(c) REDEPTIONS IN TRANSIT 1-327,740 TOTAL (Cabura (b) state qual Form 990, Part X, cot (b) line 12) (a) Description of investments—Program Related. Complete if the organization answered Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (b) Book value (c) Method of valuation Cost or end-of-year market value (c) See Form 990, Part X, line 13. (d) Cost or end-of-year market value (e) Book value (f) Cost or end-of-year market value (g) Cost or end-of-year market value (h) Book value (h) Book value (h) Book value (h) Book value (h) Book value (h) Book value (h) Federal insome taxes (h) Book value (h) Book value (h) Federal insome taxes (h) Federal insome taxes (h) Book value (h) Federal insome taxes (h) Federal i	(F) INVESTMENTS IN DIVERSIFIED FIX	628,538		F
Total Column (b) must equal form 980, Part X, of (8) fine 12	(G) OTHER LONG-TERM INVESTMENTS	100,000		
Investments—Program Related. Complete if the organization answered Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.	(H) REDEMPTIONS IN TRANSIT			
(a) Description of investment: (b) Book value Cost or end-of-year market value (c) Method of valuation Cost or end-of-year market value (d) (d) (d) (d) (d) (e) (f) (e) (f) (e) (f) (f) (f) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g	Part VIII Investments—Program Related.			
Cost or end-of-year market value				
(2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (2) (3) (4) (4) (5) (5) (6) (7) (7) (8) (9) (9) (9) (1) (1) (1) (1) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (1) (1) (1) (1) (1) (1) (2) (3) (4) (5) (5) (6) (7) (8) (9) (1) (1) (1) (1) (1) (2) (3) (4) (5) (5) (6) (7) (8) (9) (1) (1) (1) (1) (1) (2) (1) (2) (3) (4) (5) (5) (6) (7) (8) (9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1		(2) 23011 13113		
(3) (4) (5) (6) (7) (8) (9) (9) Fotal. (Column (0) must equal form 990, Part X, col (8) Ine 13) (9) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal form 990, Part X, col (8) Ine 15) (9) Fotal. (Column (b) must equal form 990, Part X, col (8) Ine 15) (9) Fotal. (Column (b) must equal form 990, Part X, col (8) Ine 15) See Form 990, Part X, line 15 See Form				
(4) (5) (6) (7) (8) (9) Iotal. (Column (b) must equal form 990, Part X, col (8) line 13) Part IV, line 11d See Form 990, Part X, line 15 (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Iotal. (Column (b) must equal form 990, Part X, col (8) line 15) Part X (6) (7) (8) (9) Iotal. (Column (b) must equal form 990, Part X, col (8) line 15) Part X (9) Iotal. (Column (b) must equal form 990, Part X, col (8) line 15) Part X (a) Description of liability (b) Book value (b) Book value (c) (d) Book value (d) Description of liability (b) Book value (e) Description of liability (b) Book value (f) Description of liability (b) Book value (g) Description of liability (b) Book value (h) Book value (l) Description of liability (l)				
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(6) (7) (8) (9) Total. (Column (b) must equal form 990, Part X, col (8) line 13) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line 15 (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (8) line 15) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (4) (5) (6) (6) (7) (8)				
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, cot (8) line 13) (a) Description (b) Book value (c) (c) (d) (d) (d) (d) (e) (e) (e) (e) (e) (f) (f) (f) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g	(5)			
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Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15 (a) Description (b) Book value (c)	(7)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 (a) Description (b) Book value (b) Book value (c) B	(8)			
Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15 (b) Book value (c) B	(9)			
(a) Description (b) Book value (c) (c) (c) (c) (c) (d) (d) (d) (d) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e	Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	d 'Vos' on Form 000. Bo	et IV line 11d. Con Form 00	O Davit V line 15
(2) (3) (4) (5) (6) (7) (8) (9) (9) (10tal. (Column (b) must equal Form 990, Part X, col (B) line 15) See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes 0 ANNUITIES PAYABLE 534,365 (2) (3) (4) (5) (6) (7) (8)	(a) Description		ictv, iiile 11u See Foriii 99	
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes 0 ANNUITIES PAYABLE 534,365 (2) (3) (4) (5) (6) (7) (8)	(1)			
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (8) line 15) Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (4) (5) (6) (7) (8)	(2)			
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes QANNUTTIES PAYABLE 534,365 (2) (3) (4) (5) (6) (7)	(3)			
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15) See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes 0 ANNUITIES PAYABLE 534,365 (2) (3) (4) (5) (6) (7)	(4)			
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	(5)			
(8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	(6)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes 0 ANNUITIES PAYABLE 534,365 (2) (3) (4) (4) (5) (6) (6) (7) (8)	(7)			
Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value	(8)			
Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes 0 ANNUITIES PAYABLE 534,365 (2) (3) (4) (5) (6) (7)	(9)			
See Form 990, Part X, line 25.	Total. (Column (b) must equal Form 990, Part X, col (B) line 15)			
(1) Federal income taxes (1) Federal income taxes (2) 534,365 (3) (4) (5) (6) (7) (8)	See Form 990, Part X, line 25.			or 11f.
ANNUITIES PAYABLE 534,365 (2) (3) (4) (5) (6) (7)		(b) Bo	_	
(3) (4) (5) (6) (7)	ANNUITIES PAYABLE			
(4) (5) (6) (7) (8)	(2)			
(5) (6) (7) (8)	(3)			
(6) (7) (8)	(4)			
(8)	(5)			
(8)	(6)			
	(7)			
	(8)			
	(9)			
Total, (Column (h) must equal Form 990, Part X, col. (R) line 25.)	Total. (Column (b) must equal Form 990, Part X, col (B) line 25)		534 365	
2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	2. Liability for uncertain tax positions In Part XIII, provide the text o	of the footnote to the or	ganızatıon's fınancıal statem	· —

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Total revenue, gains, and other support per audited financial statements . . .

Amounts included on line 1 but not on Form 990, Part IX, line 25

Investment expenses not included on Form 990, Part VIII, line 7b . . .

Other (Describe in Part XIII)

Supplemental Information

Add lines 4a and 4b . .

Return Reference

Other (Describe in Part XIII) Page 4

93,256,767

628,256

54,939,850

54,939,850

Schedule D (Form 990) 2017

1

51,465

576.791

2e

3

4c

5

d 2d 2e 18,569,174 3 74,687,593

Amounts included on Form 990, Part VIII, line 12, but not on line 1 4 Investment expenses not included on Form 990, Part VIII, line 7b. b 4b -576.791 -576,791 4c

5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 74,110,802 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 55,568,106

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part

2a

2b

2c 2d

4a

4b

Explanation

Amounts included on Form 990, Part IX, line 25, but not on line 1:

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Schedule D (Form 990) 2017

Part XI

1

2

3

4

c 5

Part XIII

See Additional Data Table

а

Page 5		Schedule D (Form 990) 2017
	ormation (continued)	Part XIII Supplemental Info
	Explanation	Return Reference

Schedule D (Form 990) 2017

Additional Data

(A) INVESTMENTS IN US EQUITY FUNDS

(A) INVESTMENTS IN MULTI-STRATEGY

(B) INVESTMENTS IN PRIVATE EQUITY

(C) INVESTMENTS IN GLOBAL EQUITY

(D) INVESTMENTS IN CORE-PROPERTY

(E) INVESTMENTS IN DIVERSIFIED FIX

(F) OTHER LONG-TERM INVESTMENTS

(G) REDEMPTIONS IN TRANSIT

Software ID: Software Version: **EIN:** 11-6077945 Name: Stony Brook Foundation Inc

Form 990, Schedule D, Part VII - Investments Other Securities

(a) Description of security or category (b)Book value (including name of security)

32,278,911

890,249 628,538

100,000

-327,740

116,018,153

87,147,557

38,259,189

F

(c) Method of valuation

Cost or end-of-year market value

F

F

F

Supplemental Information	
Return Reference	Explanation
ORGANIZATIONS COLLECTIONS OF ART, HISTORICAL TREASURES OR OTHER ASSETS	SCHEDULE D, Part III, Line 4 The foundation owns the Pollock-krasner house and study cente r The center operates as a museum and library. The extensive research collections develop ed at the center attract scholars, students and researchers from around the world. The United States department of the interior has designated it as a national historic landmark. The foundation also owns various books, photographs, journal collections, and fine arts use d to further the mission of suny stony brook by nurturing academic instruction, research,

library and public service

Supplemental Information	
Return Reference	Explanation
ESCROW AND CUSTODIAL ARRANGEMENTS	SCHEDULE D, Part IV, Line 2b The foundation holds funds as a trustee/disbursing agent for auxiliary agencies of stony brook university, which amounted to \$30,941,241 as of June 30, 2018 Such amounts are included in cash and cash equivalents and other investments in the accompanying combined statements of financial position. The foundation charges fees to the ese agencies for administrative costs, which amounted to \$1,932,062 for fiscal year 2018, which is included in contracts and other support in the combined statement of activities.

Supplemental Information	
Return Reference	Explanation
ENDOWMENT FUNDS	SCHEDULE D, Part V, Line 4 The Foundation's endowment is intended to subsidize its charita ble mission of supporting Stony Brook University's educational programs. Although the Foun dations adopted policies allow for the appropriation for expenditure of the principal of e ndowment funds in certain cases where doing so is deemed prudent, the Foundation generally leaves the endowment assets untouched, while using investment income therefrom to fund va rious charitable programs and initiatives.

Supplemental Information	
Return Reference	Explanation
ASC 740 FOOTNOTE	SCHEDULE D, Part X, Line 2 The Foundation follows guidance that clarifies the accounting f or uncertainty in tax positions taken or expected to be taken in a tax return, including i ssues relating to financial statement recognition and measurement. This guidance provides that the tax effects from an uncertain tax position can only be recognized in the financia. I statements if the position is "more-likely-than-not" to be sustained if the position were to be challenged by a taxing authority. The assessment of the tax position is based sole. If you have technical merits of the position, without regard to the likelihood that the tax position may be challenged. The Foundation is exempt from federal income tax under IRC section 501(c)(3), though it is subject to tax on income unrelated to its exempt purpose, unless that income is otherwise excluded by the Code. The Foundation has processes presently in place to ensure the maintenance of its tax-exempt status, to identify and report unrelated income, to determine its filing and tax obligations in jurisdictions for which it has nexus, and to identify and evaluate other matters that may be considered tax positions. The Foundation has determined that there are no material uncertain tax positions that require recognition or disclosure in the financial statements.

Supplemental Information	
Return Reference	Explanation
RECONCILIATION OF REVENUE	SCHEDULE D, Part XI, Line 4b Special Events Expenses Reclassed to Revenue \$(558,987) Gamin

RECONCILIATION OF REVENUE	SCHEDULE D, Part XI, Line 4b Special Events Expenses Reclassed to Revenue \$(558,987) Gamin
WITH AFS	g expenses RELATED TO FUNDRAISING ACTIVITIES reclassed to Revenue (4,863) COGS Expenses Re
	classed to Revenue (12,941) Total \$(576,791) ========

Supplemental Information	
Return Reference	Explanation
RECONCILIATION OF EXPENSES	SCHEDULE D, Part XII, Line 4b Special Events Expenses Reclassed to Revenue \$558,987 Gaming

RECONCILIATION OF EXPENSES

WITH AFS

SCHEDULE D, Part XII, Line 4b Special Events Expenses Reclassed to Revenue \$558,987 Gaming
expenses RELATED TO FUNDRAISING ACTIVITIES reclassed to Revenue 4,863 COGS Expenses Recla
ssed to Revenue 12,941 ------- Total \$576,791 =========

efile GRAPHIC prin	t - DO NOT P	ROCESS	As Filed Data	a - DLN: 9349313508453				
SCHEDULE F (Form 990)	State	ment of A	Activities (Outside the United States OMB No. 1545-0				
(1 01111 330)	► Comple	ete if the organi		Yes" to Form 990, Part IV, I to Form 990.	ıne 14b, 15, or	16.	2017	
Department of the Treasury Internal Revenue Service	► Informat	ion about Sched	dule F (Form 990) :	and its instructions is at wv	vw.irs.gov/for	m990.	Open to Public Inspection	
Name of the organization					Em	ployer iden	tification number	
Stony Brook Foundation I	.nc				11-	6077945		
	Information of Part IV, line :		Outside the U	Jnited States. Comple	te if the org	anızatıon aı	nswered "Yes" to	
other assistance, to award the gran	the grantees' e its or assistanc s. Describe in F	eligibility for the	ne grants or assis	substantiate the amount stance, and the selection dures for monitoring the	criteria used	İ	✓ Yes □ No ler assistance	
3 Activites per Regio	n (The following	g Part I, line 3	table can be dupli	cated if additional space is	needed)			
(a) Region		(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity li program serv specific service(s)	ice, describe type of	(f) Total expenditures for and investments in region	
(1) See Add'l Data				-				
(2)								
(3)								
(4)								
(5)								
3a Sub-total b Total from continual Part I c Totals (add lines 3a	L		0 0				179,071,958 179,071,958	
For Paperwork Reduction			9		No 50082W	Schedul	e F (Form 990) 2017	

	IV, line 1	5, for any rec	ipient who received	more than \$5,000.	Part II can be dupli	cated if additional s	space is needed.		
C	a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)	See Add'l Data								
(2)									
(3)									
(4)									
(5)								Schedule	F (Form 990) 2017
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

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

Part III

(4) (5) (6)

(7)

(8) (9)

(10) (11) (12) (13) (14) (15) (16)

(17) (18) Page **3**

Schedule F (Form 990) 2017

Part III can be duplicated if additional space is needed.								
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)	
	Europe (Including Iceland and Greenland)	1	23,781	wire				

		recipients	casii granc	uispuisement	assistance	assistance	(book, FMV, appraisal, other)
(1) GENERAL SUPPORT	Europe (Including Iceland and Greenland)	1	23,781	wire			
2) GENERAL SUPPORT	Sub-Saharan Africa	1	22 000	wire			

					assistance	assistance	(book, FMV, appraisal, other)
	Europe (Including Iceland and Greenland)	1	23,781	wire			
(2) GENERAL SUPPORT	Sub-Saharan Africa	1	22,000	wire			

					assistance	assistance	(book, FMV, appraisal, other)
	Europe (Including Iceland and Greenland)	1	23,781	wire			
(2) GENERAL SUPPORT	Sub-Saharan Afrıca	1	22,000	wire			
(3)							

Sche	dule F (Form 990) 2017		Page 4
Par	t IV Foreign Forms		
1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	☑ Yes	□No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)	Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)	✓ Yes	□No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	☑ Yes	□No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	✓ Yes	□No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)	Yes	☑ No

Schedule F (Form 990) 2017	7 Page 5							
Provide the i amounts of i method); an	tal Information nformation required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; nivestments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting d Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide all information (see instructions).							
Return Reference Explanation								
ORGANIZATION'S PROCEDURES FOR MONITORING THE USE OF GRANTS OUTSIDE U S	SCHEDULE F, Part I, Line 2 The foundation makes grants outside of the U S only to organizations affiliated with stony brook university. In the case of a grant from funds of the foundation designated for a particular purpose, the designated account manager submits a requisition for the grant, together with supporting documentation, to the foundation's procurement department. A detailed justification for the grant is required, including the purpose of the grant. The grant request is reviewed, including for compliance with the terms of instrument designating the funds for a particular purpose, and approved. In the case of a request for more than \$5,000, review, approval and manual check signature by the foundation's business office is required. In the case of grants from the foundation's unrestricted funds, a grantee submits a request, together with supporting documentation. A detailed justification for the grant is required, including the purpose of the grant. The budget committee, together with the foundation's executive director, reviews and							

approves grant request from the foundation's unrestricted funds. In all cases, at the end of the grant term, a final report regarding the use of the grant funds is submitted by the grantee to the foundation.

Return Reference	Explanation
FOREIGN FORMS	Schedule F, Part IV Stony Brook Foundation, Inc. INVESTS DIRECTLY IN VARIOUS ALTERNATIVE INVESTMENTS THAT MAY BE ORGANIZED AS EITHER FOREIGN CORPORATIONS OR FOREIGN PARTNERSHIPS, IT, LIKEWISE, INVESTS IN DOMESTIC LIMITED PARTNERSHIPS THAT MAY, IN TURN, INVEST IN FOREIGN CORPORATIONS OR PARTNERSHIPS NEVERTHELESS, THE FOUNDATIONS INVESTMENT ACTIVITIES MAY NOT REACH THE THRESHOLDS REQUIRED FOR THE FILING OF FORMS 926, 5471, 8621, OR 8865 TO THE EXTENT THAT THE FOUNDATION IS REQUIRED TO COMPLETE ONE (OR MORE) OF THESE FOREIGN FORMS, IT IS FILED WITH THE Foundation'S FORM 990-T FILING

Additional Data

Europe (Including Iceland and

Greenland)

Software ID: Software Version:

EIN: 11-6077945

Name: Stony Brook Foundation Inc

69,707

Form 990 Schedule F Par	t I - Activities	Outside The U	Jnited States		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Sub-Saharan Africa	0	0	Grantmaking		1,841,177

0 Grantmaking

0

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i e , is a program service, for region describe specific type of agents in fundraising, program region service(s) in region services, grants to region recipients located in the region) Fast Asia and the Pacific 22.753 0 |Grantmaking South America 0 |Grantmaking 8,560

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i e , is a program service, for region describe specific type of agents in fundraising, program region service(s) in region services, grants to region recipients located in the region) Middle East and North Africa 8.000 0 |Grantmaking North America 0 |Grantmaking 610

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i e , is a program service, for region fundraising, program describe specific type of agents in region service(s) in region services, grants to region recipients located in the region) Central America and the lInvestments 174,121,151 Caribbean program related loan 3,000,000 Sub-Saharan Africa Investments

Form 990 Schedule F Part II - Grants or Entities Outside The United States (I) Method of (b) IRS code (h) Description (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region cash (book, FMV, non-cash and EIN(If cash grant organization arant non-cash disbursement assistance appraisal, applicable) assistance other) Sub-Saharan 40,397 Wire |General Africa Isupport Sub-Saharan 271.703 WIRE laeneral Africa ISUPPORT

Form 990 Schedule F Part II - Grants or Entities Outside The United States (ı) Method of (h) Description l(b) IRS codel (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV. non-cash cash and EIN(If cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) Sub-Saharan OPERATIONS 1,475,000 WIRE lAfrica South America GENERAL 8,560 WIRE ISUPPORT

(i) Method of (b) IRS code (h) Description (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash organization and EIN(If cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) 31,642 WIRE **IGENERAL** Europe (Includina ISUPPORT Iceland and Greenland)

14,000 WIRE



Europe (Includina

> Iceland and Greenland)

ISUPPORT

NEWS ILITERACY

Form 990 Schedule F Part II - Grants or Entities Outside The United States

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (b) IRS code (h) Description (f) Manner of (q) Amount of valuation (d) Purpose of | (e) Amount of (a) Name of section (c) Region non-cash (book, FMV, cash organization and EIN(If cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) East Asia and ISUPPORT 19,000 WIRE Ithe Pacific NEWS ILITERACY Middle East IGENERAL 8.000 WIRE land North ISUPPORT Africa

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of l(b) IRS codel (h) Description (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, cash non-cash and EIN(If organization arant cash grant non-cash disbursement assistance appraisal, applicable) assistance other) Sub-Saharan 22,310 WIRE lAfrica

efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

DLN: 93493135084539 OMB No 1545-0047

> Open to Public Inspection

Department of the Treasury

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

Internal Revenue Service Name of the organization **Employer identification number** Stony Brook Foundation Inc 11-6077945 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply ✓ Mail solicitations Solicitation of non-government grants ✓ Internet and email solicitations Solicitation of government grants ✓ Phone solicitations ✓ Special fundraising events ✓ In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ✓ Yes ☐ No If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (i) Name and address of individual (ii) Activity (iii) Did (iv) Gross receipts (v) Amount paid to (vi) Amount paid to fundraiser have (or retained by) or entity (fundraiser) from activity (or retained by) custody or fundraiser listed in organization control of col (i) contributions? Yes No **FUNDRAISING** Event Associates Inc 162 W No 2,072,400 70,000 2,002,400 EVENT 56th 6 10 70,000 Total 2,072,400 2,002,400 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (b) Event #2 (c)Other events (a)Event #1 (d) Total events **SB GALA 2018** LISVH GOLF 19 (add col (a) through (total number) (event type) (event type) col (c)) Revenue 1 Gross receipts. 2,072,400 165,052 498,882 2,736,334 2 Less Contributions. 1,988,065 140,548 373,996 2,502,609 3 Gross income (line 1 minus 84,335 24,504 124,886 line 2) 233,725 4 Cash prizes 5 Noncash prizes Direct Expenses Rent/facility costs 12,923 500 13,423 7 Food and beverages 165,179 25,587 103,012 293,778 8 Entertainment 19,030 40,214 59,244 Other direct expenses 131,049 14,550 46,943 192,542 10 Direct expense summary Add lines 4 through 9 in column (d) 558,987 11 Net income summary Subtract line 10 from line 3, column (d) . -325,262 Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. Revenue (b) Pull tabs/Instant (d) Total gaming (add (a) Bingo (c) Other gaming bingo/progressive bingo col (a) through col (c)) 1 Gross revenue . 25,649 25,649 Expenses | 2 Cash prizes 4,494 Noncash prizes 4,494 Direct 4 Rent/facility costs 369 5 Other direct expenses 369 % Yes Yes % Yes 6 Volunteer labor No No Direct expense summary Add lines 2 through 5 in column (d) 4,863 Net gaming income summary Subtract line 7 from line 1, column (d). 20,786 Enter the state(s) in which the organization conducts gaming activities NY ☑ Yes ☐ No Is the organization licensed to conduct gaming activities in each of these states? If "No," explain . Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a ☐ Yes ☑ No If "Yes," explain _

Sche	dule G (Form 9	990 or 990-EZ) 2017					Page 3
11	Does the org	anızatıon conduct gamıng	activities with nonmem	bers?		Yes	✓ No
12	Is the organi formed to ad	zation a grantor, beneficia minister charitable gamin	ary or trustee of a trust o	or a member of a partnership or other entity		□Yes	
13	Indicate the	percentage of gaming act	ıvıty conducted ın				NO
а	The organiza	tion's facility			13a		100 000 %
b	An outside fa	icility			13b		%
14	Enter the nar	me and address of the per	rson who prepares the o	rganization's gaming/special events books and	records		
	Name ►	Jo-Ann Daniels					
	Address ►	230 Administration Bld Stony Brook, NY 11794					
	revenue?			whom the organization receives gaming		□Yes	✓ No
Ь		er the amount of gaming raming raming revenue retained by		organization • \$ and	the		
С	If "Yes," ente	er name and address of th	e third party				
	Name 🟲						
	Address ▶						
16	Gaming man	ager information					
	Name 🟲	Jonathan Spier					
	Gaming man	ager compensation ► \$		0			
	Description o	of services provided M	lember in Charge				
	☐ Director,	/officer	☑ Employee	☐ Independent contractor			
17	Mandatory di	stributions					
а	Is the organi		te law to make charitable	e distributions from the gaming proceeds to		☐Yes	✓ No
b	Enter the am	ount of distributions requ	ired under state law dist	tributed to other exempt organizations or spent		LI Tes	I NO
	ın the organı	zation's own exempt activ	rities during the tax year	r▶ \$			
Pai				nations required by Part I, line 2b, colum applicable. Also provide any additional info			
	Retur	n Reference		Explanation			
GAM:	ING MANAGER	INFORMATION		line 16 The individual in charge of overseeing the compensated for that job responsibility, he uneavors			

Schedule G (Form 990 or 990-EZ) 2017

efile GRAPHIC print - DC	NOT PROCESS	As Filed Data -					DL	N: 934931350	84539
Schedule I (Form 990) Department of the Treasury	Cc ▶ Infor		OMB No 1545-0047 2017 Open to Public Inspection						
Internal Revenue Service Name of the organization						Emplo	ver identific	ation number	
Stony Brook Foundation Inc							77945		
	mation on Grants					'			
the selection criteria used Describe in Part IV the or	d to award the grants ganızatıon's procedu	or assistance? res for monitoring the u	se of grant funds in the U	nited States			Doub IV luna	✓ Yes	□ No
			ditional space is needed	ents. Complete if the o	rganızatıon answered "Yes	on Form 990, i	Part IV, line	21, for any recip	ient
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Descrij noncash as:		(h) Purpose of or assistance	f grant
(1) See Additional Data									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
2 Enter total number of sec3 Enter total number of oth		-					▶		6
For Paperwork Reduction Act Not				Cat No 50055			Sch	edule I (Form 990) 2017

Page 2

Schedule I (Form 990) 2017

(4) Scholarships 1055 2.026.214 (4) (5) (6)

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

and/or other benchmarks identified by the Committee

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

SCHEDULE I, PART I, LINE 2 When the Foundation issues grants from funds with a purpose restriction, the designated account manager submits a requisition for the

grant, together with supporting documentation, to the foundation's procurement department. A detailed justification for the grant is required, including the purpose of

the grant. The grant request is reviewed, including for compliance with the terms of instrument designating the funds for a particular purpose, and approved. When the Foundation issues a grant for more than \$5,000. Review, approval and manual check signature by the foundation's business office is required. When the Foundation issues a grant from unrestricted funds, A grantee submits a request, Together with supporting documentation. A detailed justification for the grant or direct payment, As applicable, is required including the purpose of the grant or direct payment, As applicable. The budget committee, together with the foundation's executive director, reviews and approves requests from the foundation's unrestricted funds. Depending on the type of grant and the grant recipient, at the end of the grant term, a final report regarding the use of the grant funds is submitted by the grantee to the foundation. In lieu of making grant payments, the foundation may pay expenses directly on behalf of a grantee For the academic prizes and awards, the funds are distributed incrementally, and the increments shall be based on business plan milestones

Schedule I (Form 990) 2017

Part III can be duplicated if additional space is needed

ORGANIZATION'S PROCEDURES FOR MONITORING THE USE OF GRANTS IN U.S.

Additional Data

RESEARCH FOUNDATION -

STONY BROOK UNIVERSITY

STONY BROOK UNIV S5422 FRANK MELVILLE Stony Brook, NY 11794

261 ADMIN BLDG Stony Brook, NY 11794

OFFICE

Software ID: **Software Version:**

EIN: 11-6077945

Name: Stony Brook Foundation Inc

1,593,392

10,466,593

1,665,910 book

Form 990, Schedule I, Part	II, Grants and	Other Assistance to	Domestic Organiza	tions and Domest	ic Governments.
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)

Equipment

(g) Description of (h) Purpose of grant non-cash assistance or assistance

Research Awards

Educational Support

501(C)(3)

GOVERNMENT

14-1368361

14-6013200

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 51-0160098 501(C)(3) 36.603 ALUMNI ASSOC OF THE Operation Support StUNIV OF NY at stony brook 1315 FM JRMEMLIBR Stony Brook, NY 11794

Educational Support

31.806

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

501(C)(3)

FACULTY STUDENT

ASSOCIATION W SIDE DINING FL 2 Stony Brook, NY 11794 11-1986378

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 46-1787308 501(c)(3) 20.000 RESEARCH AWARDS SB CLINICAL PRACTICE MANGEMENT PLAN INC

PO BOX 1554 STONY BROOK, NY 11790 LETS CAPER LLC 82-1777480 7.500

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

STONY BROOK, NY 11790

academic prizes 600 CIRCLE ROAD WHITMAN A33C

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant **(b)** EIN organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 501(c)(3) 26.470 suffolk community college 11-2983422 lacademic prizes foundation 533 college road

selden, NY 11784

efil	e GRAPHIC pr	int - DO NOT PROCESS As Filed Data -		DLN: 934	9313	5084	539	
Sch	edule J	Compensatio	n Information	ОМ	B No	1545-0)047	
(Fori	n 990)	For certain Officers, Directors, Trus Compensated	d Employees	nest	20	17	7	
▶ Attach to Form 990.								
Department of the Treasury Information about Schedule J (Form 990) and its instructions is at Open to Public								
	al Revenue Service ne of the organiza			Employer identificati				
	ny Brook Foundation			11-6077945				
Pa	rt I Questi	ons Regarding Compensation		11-607/945			—	
	- Quiosui	g compensation				Yes	No	
1a		piate box(es) if the organization provided any of the ection A, line 1a Complete Part III to provide any re						
	First-class	or charter travel	ousing allowance or residence for p	personal use			ì	
	_	· — — — —	lyments for business use of persor				1	
		· · · · · ·	ealth or social club dues or initiatio				1	
	☐ Discretion	ary spending account LJ Pe	ersonal services (e g , maid, chaufi	eur, chef)			ì	
b		es in line 1a are checked, did the organization follo Il of the expenses described above? If "No," comple		ent or reimbursement	1b		No	
2		tion require substantiation prior to reimbursing or a		1-2	2		No	
	directors, truste	es, officers, including the CEO/Executive Director, re	egarding the items checked in line	la,				
3		f any, of the following the filing organization used to		e			ı	
	_	EO/Executive Director Check all that apply Do not doing an included by the CEC doing at the CEC and a stablish compensation of the CEC	•	n Part III			ı	
							ı	
			ritten employment contract ompensation survey or study				i	
		· —	oproval by the board or compensat	ion committee			1	
4		did any person listed on Form 990, Part VII, Sectio					1	
	related organiza		,				ı	
а	Receive a sever	ance payment or change-of-control payment?			4a		No	
b	Participate in, o	receive payment from, a supplemental nonqualified	d retirement plan?		4b		No	
С		receive payment from, an equity-based compensat			4c		No	
	If "Yes" to any o	f lines 4a-c, list the persons and provide the applica	able amounts for each item in Part	III			Í	
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations mu	ıst complete lines 5-9.				Í	
5	For persons liste	d on Form 990, Part VII, Section A, line 1a, did the ontingent on the revenues of	•				ı	
а	The organization	?			5a		No	
b	Any related orga	nization?			5b		No	
	If "Yes," on line	5a or 5b, describe in Part III						
6		d on Form 990, Part VII, Section A, line 1a, did the ontingent on the net earnings of	organization pay or accrue any				ı	
а	The organization	?			6 a		No	
b	Any related orga			[6b		No	
	•	6a or 6b, describe in Part III					İ	
7		d on Form 990, Part VII, Section A, line 1a, did the escribed in lines 5 and 6? If "Yes," describe in Part I			7		No	
8		nts reported on Form 990, Part VII, paid or accured itial contract exception described in Regulations sec		scribe	8		No	
9	If "Yes" on line 53 4958-6(c)?	3, did the organization also follow the rebuttable pre	esumption procedure described in l	Regulations section	9			
For I	Danerwork Bedi	ction Act Notice, see the Instructions for Form	QQQ Cat No 5	0053T Schedule J	Form	990)	2017	

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

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

Part II instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII Note. The sum of columns (B)(1)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual (A) Name and Title (B) Breakdown of W-2 and/or 1099-MISC compensation (C) Retirement and (D) Nontaxable (E) Total of columns (F) Compensation in other deferred benefits (B)(i)-(D)column (B) reported (iii) Other (i) Base (ii) Bonus & incentive compensation as deferred on prior reportable compensation compensation Form 990 compensation 1 DR SAMUEL L STANLEY JR 264.769 (i) 0 0 0 264,769 **EX-OFFICIO TRUSTEE** (VOTING) 0 0 0 0 0 0 (ii) 2 Mr Jason W Hsueh (i) 253,192 0 0 0 0 108,438 361,630 CFO & COO 0 0 0 0 0 0 0 (ii) 3 Mr David Marcus 302,885 (i) 0 0 0 129,721 432,606 0 CIO 0 0 0 0 0 0 0 (ii) 4 Jo-Ann Daniels 181,891 0 0 0 77,858 0 (i) 259,749 Director, Finance & Operations 0 0 0 0 0 0 0 (ii) 5 200,000 (i) 0 0 0 0 317,124 517,124 Dr Lewis PasternakThru 218 CEO & VP for Health Systems 0 0 0 0 0 0 0 (ii) 6 Mr Luis Alvarez-Gaume 100,000 (i) 0 83,360 0 0 183,360 0 Dir, Simons Ctr Geo & Physics 0 0 0 0 0 0 0 (ii) 7 Deborah Lowen-Klein (i) 232,152 0 0 0 99,206 331,358 0 AVP, Charitable Giving 0 0 0 0 0 0 0 (ii) 8 Danielle Holton (i) 164,984 0 0 0 70,655 235,639 0 ED Development, SBCH 0 0 0 0 0 0 0 (ii)

Part III Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information Return Reference Explanation HOUSING ALLOWANCE OR RESIDENCE SCHEDULE J, PART I, LINE 1A Stony Brook Universitys Director of the Simons Center for Geometry & Physics resides at a Stony Brook Foundation property rent & expense free The fair market value of residing at the property was included in taxable income on his SBF form W-2. This amount is included in Schedule J. Column FOR PERSONAL USE B(III) METHOD OF ESTABLISHING COMPENSATION OF THE CEO/EXECUTIVE DIRECTOR SCHEDULE J. PART I. LINE 3 Stony Brook Foundations EXECUTIVE

Page 3

Schedule J (Form 990) 2017

DIRECTOR IS A STATE UNIVERSITY EMPLOYEE, AND AS SUCH, THE STATE (AN UNRELATED GOVERNMENT ENTITY) DETERMINES APPROPRIATE COMPENSATION FOR THE EXECUTIVE DIRECTOR AND REQUESTS THAT THE FOUNDATION AGREE TO BEAR A PORTION OF THE COMPENSATION. THE FOUNDATION'S BOARD IRELIES ON THE STATE'S DETERMINATION OF APPROPRIATE OVERALL COMPENSATION FOR THE EXECUTIVE DIRECTOR AND DETERMINES WHETHER TO APPROVE PAYMENT OF A PORTION OF THE COMPENSATION BY THE FOUNDATION ACCORDINGLY, SINCE THE FOUNDATION DOES NOT ESTABLISH THE EXECUTIVE DIRECTOR'S COMPENSATION, FORM 990, SCHEDULE J, QUESTION 3 IS LEFT BLANK

Schedule J (Form 990) 2017

NONFIXED BONUS PAYMENTS

SCHEDULE J. PART I. LINE 7 In accordance with Employment contracts, bonuses are determined by the guidelines outlined for each individual based on performance and merit. The bonuses are approved by each respective department, followed by approval from SBF CFO before the bonus is issued.

efile GRAPHI	C print - DO N	OT PROCES	S As Fi	led Data -					DI	N: 93	4931	.350	84539
Schedule L (Form 990 or 990	Comple	te if the orga 27, 28a,	nization a 28b, or 28 ▶ Attac	OS With II nswered "Yes Ic, or Form 99 In to Form 99	s" on Form 9 0-EZ, Part V 0 or Form 99	90, Part IV, I , line 38a or 0-EZ.	ines 2 40b.				^{18 No}		7
Department of the Trea	asurs	ormation abo	out Schedu	ile L (Form 99 <u>www.irs.gov</u>) and its inst	ructio	ns is	at	C	pen		ublic
Name of the org							En	nplo	yer ide	entifica	tion r	ıumb	er
									7945				
	ss Benefit Tra									ne 40h			
) Name of disqual			Relationship be					escrip		(d) Cor	rected?
				(organization			tr	ansact	ion	Y	es	No
Part II Los Cor rep (a) Name of	ans to and/or nplete if the organ orted an amount of (b) Relationship with organization	From Interdization answer	ested Per red "Yes" or Part X, line! (d) Loan	rsons. n Form 990-EZ 5, 6, or 22	rganization .		90, Par (g) defa	In	(Appro	\$6, or if h) oved by rd or nittee?	(ganıza i) Writ greem	ten
			То	From			Yes	No	Yes	No	Yes		No
										-			
										<u> </u>			
Total					<u> </u> ▶ \$		\vdash						
	nts or Assista	nce Benefit	ina Inter		<u>'</u>								
	nplete if the org					line 27.							
(a) Name of Inter	rested person (b	n) Relationship erested perso organizati	n and the	(c) Amount	of assistance	(d) Type	of assi	stanc	ce	(e) Pu	rpose (of ass	istance
									+				
									\dashv				
	luction Act Notice	Al T*	f -	000 000	- 7	at No. 500564				I (Form			

transaction

Explanation

members, Dr James Simons and Henry B Laufer have an ownership interest and where they both sit on the

Board of Directors The value of the Foundations holdings with the firm is \$47,340,790, for the year ending June 30, 2018, the Foundation paid the investment firm \$717,780 in investment management fees

Page 2

organization's

Schedule L (Form 990 or 990-EZ) 2017

	organization			reven	iues?
				Yes	No
(1) Dr James SımonsHenry Laufer	Board members/Substantial Contributors	47,340,790	Investments Held		No
(2) Dr James SımonsHenry Laufer	Board members/Substantial Contributors	717,780	Investment Fees		No

BUSINESS TRANSACTIONS INVOLVING Schedule L. Part IV The Foundation holds investments with an investment firm where Board of Trustees

Return Reference

Supplemental Information

Part V

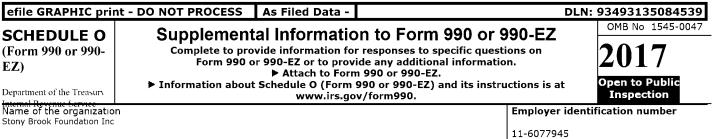
INTERESTED PERSONS

Schedule L (Form 990 or 990-EZ) 2017

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

between interested person and the

efil	e GRAPHIC pr	int - DO NOT Pi	ROCESS	As Filed Data -			DLN:	9349313	5084	539
	IEDULE M		- N	loncash Contri	hutions			OMB No 1	545-0	047
(For	m 990)	▶Complete if the		ons answered "Yes" on F		9 or 3	0.	20	17	•
		► Attach to Form								
Intern	tment of the Treasury al Revenue Service		out Schedu	ile M (Form 990) and its i				Inspe	ction	
	e of the organizat Brook Foundation Ii					Emplo	yer iden	tification n	umbei	•
		-				11-60	77945			
Pa	rt I Types	of Property								
			(a) Check ıf applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	1		(d) d of determin ontribution a		s
1	Art—Works of art	t	X	10	-	FMV				
2	Art—Historical tr	easures .								
3	Art—Fractional in	nterests								
4	Books and public	ations								
5	Clothing and hou									
_	goods									
6 7	Cars and other v Boats and planes		X	2	4,500	1 fm v				
8	Intellectual prope				4,300	11111				
9	Securities—Public	•	X	32	730,546	FMV				
10	Securities—Close	•		32	730,510	1				
11	Securities—Partr	nership, LLC,								
	or trust interest									
13	Securities—Misco Qualified conserv contribution—Hi	/ation								
4.4	structures .									
14	Qualified conserve contribution—Of									
15	Real estate—Res	idential .								
16	Real estate—Cor									
17	Real estate—Oth									
18	Collectibles .									
19	Food inventory									
20 21	Drugs and medic	.ai supplies .								
	Historical artifact	• • • •								
	Scientific specim									
	Archeological art									
25	Other ▶ (Х	23	1,860	FMV				
	lies)									
	Other ► (& drink)		X	1	5,847	' fmv				
27	Other ▶ ()								
28	Other ▶ ()								
29				ation during the tax year for 3, Part IV, Donee Acknowled		29				2
		1.1.1							Yes	No
30a	must hold for at		rom the date	y contribution any property is a contribution, a contribution, a				mpt		١
ь	If "Yes," describ	e the arrangement	ın Part II					30a		No
31	,	-		olicy that requires the review	v of any nonstandard contril	bution	s?	31	Yes	
32a	_	-		or related organizations to s	•					
				· · · · · · · · ·	· · · · · ·	•		32a	Yes	
	•		amount in	column (c) for a type of pro	nerty for which column (a)	is char	rked			
	describe in Part	·	i aimount iff	colamin (c) for a type of pro	percy for wither column (a)	اع دا الاز	.neu,			
Ear D		nn Act Notice, see th	e Instruction	os for Form 990	Cat. No. 512271		Schar	dule M (Form	999)	2017)



Return Reference	Explanation
AMOUNTS REPORTED ON LINE 15	FORM 990, PART I, LINE 15 Salaries, other compensation, AND employee benefits are comprise d of support for campus programs, administrative offices and fundraising offices. For fisc all year 2018, the total support of \$10,595,693 includes \$6,389,666 related to campus programs, \$2,342,402 related to administrative offices and \$1,683,625 related to fundraising of fices organization's mission continued form 990, part iii, line 1 THE PURPOSES OF THE FOU NDATION ARE AS FOLLOWS A TO ASSIST IN DEVELOPING AND INCREASING THE RESOURCES OF THE STA TE UNIVERSITY OF NEW YORK AT STONY BROOK ("STONY BROOK UNIVERSITY") IN ORDER TO PROVIDE MO RE EXTENSIVE EDUCATIONAL OPPORTUNITIES AND SERVICES BY MAKING AND ENCOURAGING GIFTS, GRANT S, CONTRIBUTIONS AND DONATIONS OF REAL AND PERSONAL PROPERTY TO OR FOR THE BENEFIT OF STON Y BROOK UNIVERSITY B TO RECEIVE, HOLD, ADMINISTER AND DISPOSE OF GIFTS AND GRANTS, AND TO ACT WITHOUT PROFIT AS TRUSTEE OF EDUCATIONAL OR CHARITABLE TRUSTS OF BENEFIT TO AND IN K EEPING WITH THE EDUCATIONAL PURPOSES AND OBJECTIVES OF STONY BROOK UNIVERSITY C TO FINAN CE THE CONDUCT OF STUDIES AND RESEARCH OF ANY AND ALL FIELDS OF INTELLECTUAL INQUIRY OF BE NEFIT TO AND IN KEEPING WITH THE EDUCATIONAL PURPOSES AND OBJECTIVES OF STONY BROOK UNIVER SITY AND/OR ITS CONSTITUENT SCHOOLS, AND TO ENTER INTO CONTRACTUAL RELATIONSHIPS AND FELLO WITHING AND ITS CONSTITUENT SCHOOLS, AND TO ENTER INTO CONTRACTUAL RELATIONSHIPS AND FELLO WITHING AND TO ENGAGE IN EXPERIMENTAL EDUCATION ACTIVITIES AND RESEARCH PROJECTS Other Pro gram Services Form 990, Part III, line 4d ORGANIZED Research Stony Brook Foundation provided support to SUNY Stony Brook in its efforts to maintain their reputation as a public res earch university that thrives on the forefront of discovery As such, Stony Brook Foundation provided funding to support various areas of research, nencury exposure through the consumption of marine fish, re search in New Conjugated Materials and many other various research, environmental and sustainability research (Shinneco

Return Reference	Explanation
AMOUNTS REPORTED ON LINE 15	s (none is presently paid) including any board committees, to amend, repeal or adopt new f oundation bylaws, TO ELECT OR REMOVE ANY OFFICER OR TRUSTEE, TO APPROVE ANY PLAN OF MERGER OR DISSOLUTION, TO AUTHORIZE THE SALE, LEASE, EXCHANGE OR OTHER DISPOSITION OF ALL OR SUB STANTIALLY ALL OF THE ASSETS OF THE FOUNDATION OR TO APPROVE AMENDMENTS TO THE FOUNDATIONS CERTIFICATE OF INCORPORATION THE Executive committee will also carry out any other responsibilities and duties delegated to it FROM the Board from time to time The executive committee is responsible for overseeing the foundation's accounting and financial reporting processes, administering the foundation of conflict of interest and whistleblower policies, and procurement or termination and o verseeing the foundation's trusteesofficers' insurance coverage. THE AUDIT COMMITTEE IS OB LIGATED TO REPORT ITS ACTIVITIES AND DECISIONS AT THE NEXT REGULARLY-SCHEDULED MEETING OF THE FULL BOARD. THe Foundation's budget committee is responsible for the general supervisi on of the Foundation's financial affairs and annual budget and will also carry out any oth er responsibilities and duties delegated to it by the board from time to time. THE BUDGET COMMITTEE IS OB LIGATED TO REPORT ITS ACTIVITIES AND DECISIONS AT THE NEXT REGULARLY-SCHEDULED MEETING OF THE FULL BOARD. The foundation's investment committee is responsible for the esupervision of the foundation's investments and any individuals or entities to which investment management responsibility is delegated, the review of compensation of foundation investment managers who are also trustees or officers of the foundation and will also carry out any other responsibilities and duties delegated to it by the board from time to time. THE INVESTMENT COMMITTEE IS OBLIGATED TO REPORT ITS ACTIVITIES AND DECISIONS AT THE NEXT REGULARLY-SCHEDULED MEETING OF THE FULL BOARD. The Foundation's nominating committee provi des assistance to the board as requested from time to time, including by establishing crit eria for the selectio

990 Schedule O, Supplemental Information

Return Reference Explanation

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

Return Reference Explanation

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return

Reference	—
ENFORCEMENT OF CONFLICT OF INTEREST POLICY	Form 990, Part VI, Section B, Line 12c Pursuant to the Foundation's bylaws (article IV, Section 11), all Trustees, officers and key persons are required to complete an annual conflict of interest certification. The Annual Certification requires each Trustee, officer and key employee of the Foundation to disclose in writing the existence of any potential conflicts of interest, to certify compliance with the conflict of interest policy and to agree to abide by it. The signed Certifications are reviewed by the chair of the audit committee. If an individual becomes aware that he or she may be involved in a potentially conflicted transaction, he or she will immediately disclose the existence and material facts of his or her interest in the conflicted transaction to the executive director of the foundation, who will report the matter to the chair of the Audit Committee. Board discussions pertaining to the conflict (and its resolution) are documented in the Board Minutes.

Explanation

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

Return

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

Explanation

	,
Return Reference	Explanation
COMPENSATION	Form 990, Part VII In the interest of clarity, the Foundation is providing context on the compensation reported in both Part VII and Schedule J of the Form 990. The Foundation's Ex ecutive Director, Dexter Bailey, is a State University employee who undertakes two different job responsibilities. SENIOR VICE PRESIDENT FOR UNIVERSITY ADVANCEMENT at the State University of Stony Brook and as Executive Director of the foundation Mir Bailey's compensation reported on Part VII of the Form 990 represents compensation paid by the Foundation for services rendered by Mir Bailey in his capacity as Executive Director and not for any services he renders to the State University of Stony Brook BENEFITS NOT DISCLOSED ON SCHEDU LE J ARE PROVIDED BY THE STATE UNIVERSITY OF STONY BROOK. The funding to support State emp loyee compensation is approved by the Foundation's Board of Directors Dr. Samuel Stanley, ex-efficio trustee, is a NY state university employee. In 2009, The Stony Brook Foundation is was asked by the SUNY Chancellor and SUNY Board of Trustees to supplement the President's compensation. Consistent with its mission to help advance the mission of the University, the Stony Brook Foundation Board approved this expense and continues to provide annual sa lary support. This compensation arrangement is reported in his annual conflict of interest disclosure that is shared with the Foundation's Board of Directors to ensure absolute transparency. Dr. Stanley's compensation, as reported on the Form 990, Part VII, represents the amount paid by the Foundation, to the extent Dr. Stanley is compensated by SUNY, it is not disclosed on this Form 990 as SUNY is not a related party and the services for which he was compensated were not rendered to the Foundation Finally, it should be noted that Dr. Stanley is directly involved in fundraising of the Foundation's behalf, however, the compensation reported on the Form 990 is not specifically tied to those fundraising efforts. CFO & COO, Jason Hsueh, and CIO, David Marcus spend 100% of the

990 Schedule O, Supplemental Information Return Explanation

Reference	
COMPENSATION	ATION AND ANOTHER PORTION FROM THE UNIVERSITY, CAUSING CERTAIN EMPLOYEES TO RECEIVE TWO W-

2'S BENEFITS ARE PROVIDED BY THE STATE UNIVERSITY OF STONY BROOK

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE R**

Related Organizations and Unrelated Partnerships

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

Employer identification number

2017 Open to Public

DLN: 93493135084539

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Stony Brook Foundation Inc.

(Form 990)

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

11-6077945 Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I (b) (c) (d) (e) (f) Name, address, and EIN (if applicable) of disregarded entity Primary activity Legal domicile (state Total income End-of-year assets Direct controlling or foreign country) entity Part II Identification of Related Tax-Exempt Organizations Complete If the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. (a)
Name, address, and EIN of related organization (b) (c) (d) (g) (e) Primary activity Legal domicile (state Exempt Code section Public charity status Direct controlling Section 512(b) or foreign country) (if section 501(c)(3)) entity (13) controlled entity? Yes No (1)Stony Brook Foundation Realty Real Estate NY 501(c)(3) 12-I SBF Yes 230 Administration Stony Brook, NY 11794 11-2622814 (2)Long Island High Tech Incubator Inc Develop Tech NY 501(c)(3) 10 NΑ No 25 east loop road Stony Brook, NY 11790 11-3059018 Schedule R (Form 990) 2017 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50135Y

			1		1	1				ı .			
(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related unrelated, excluded fron tax under sections 512- 514)	d, total income	Share of end-of-year assets	Disprop		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gene mana parti	ral or iging	(k) Percenta ownersh
					314)			Yes	No		Yes	No	
Identification of Related Organization because it had one or more related organizations.						ization ans	wered "Yes	" on F	orm 99	90, Part IV,	line	34	
(a)	(b)		(c)		(d)	(e)	(f)	Т	(g)	(1	1)	Т	(1)
Name, address, and EIN of related organization	Primary activity	do (state	egal omicile or foreign untry)		entity (C	pe of entity corp, S corp, or trust)	Share of total income		e of end- year assets	of- Percel owne		(1	ction 51 3) contr entity
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Schedule R (Form 990) 2017		Pag		
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		Y€	es No	
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?				
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity	. [1a	No	
b Gift, grant, or capital contribution to related organization(s)	. [1b	No	
c Gift, grant, or capital contribution from related organization(s)	[1c	No	
d Loans or loan guarantees to or for related organization(s)	H.	1d Ye	s	
e Loans or loan guarantees by related organization(s)	[]	1e	No	
f Dividends from related organization(s)		1f	No	
g Sale of assets to related organization(s)	[7	1g	No	
h Purchase of assets from related organization(s)	Ī	1h	No	
i Exchange of assets with related organization(s)		1i	No	
j Lease of facilities, equipment, or other assets to related organization(s)	[-	1j	No	
k Lease of facilities, equipment, or other assets from related organization(s)	-	1k	No	
l Performance of services or membership or fundraising solicitations for related organization(s)	📑	1l Ye	s	
m Performance of services or membership or fundraising solicitations by related organization(s)	[7	1m	No	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	[1n Ye	s	
o Sharing of paid employees with related organization(s)	[7	1o Ye	.s	
p Reimbursement paid to related organization(s) for expenses	. [1p	No	
q Reimbursement paid by related organization(s) for expenses	. [1q	No	

h	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	1 i		No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		No
ı	Performance of services or membership or fundraising solicitations for related organization(s)	11	Yes	
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o	Sharing of paid employees with related organization(s)	10	Yes	
р	Reimbursement paid to related organization(s) for expenses	1 p		No
q	Reimbursement paid by related organization(s) for expenses	1 q		No
r	Other transfer of cash or property to related organization(s)	1r		No
s	Other transfer of cash or property from related organization(s)	1s		No
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds			

(b) Transaction type (a-s)

d

(c) Amount involved

318,434

cost

(a) Name of related organization

(1)Stony Brook Foundation Realty Inc

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

- See management of garileactors see and accords regarding exclusion															
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	section 501(c)(3) organizations? m		(e) Are all partners section 501(c)(3) organizations?		(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No			
Schedule R (Form 990) 2017												0) 2017			

Schedule R (Form 990) 2017 Part VII Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions) Schedule R (Form 990) 2017