DLN: 93493308015849 OMB No 1545-0047 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018 C Name of organization D Employer identification number B Check if applicable NYNJ Super Bowl Host Company Inc ☐ Address change 27-1936171 ☐ Name change % ANDREW LEE Doing business as ☐ Initial return ☐ Final return/terminate E Telephone number ☐ Amended return Number and street (or P O box if mail is not delivered to street address) Room/suite One MetLife Stadium Drive □ Application pending (201) 878-4787 City or town, state or province, country, and ZIP or foreign postal code East Rutherford, NJ $\,$ 07073 $\,$ G Gross receipts \$ 0 Name and address of principal officer H(a) Is this a group return for ANDREW LEE □Yes ☑No subordinates? ONE METLIFE STADIUM DRIVE H(b) Are all subordinates EAST RUTHERFORD, NY 07073 ☐ Yes ☐No included? Tax-exempt status ☐ 501(c)(3) **☑** 501(c)(6) **◄** (insert no) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ▶ www nynjsuperbowl com L Year of formation 2010 **M** State of legal domicile NJ Summary 1 Briefly describe the organization's mission or most significant activities TO ASSIST WITH THE ORGANIZATION, ADMINISTRATION & OPERATIONS RELATING TO HOSTING THE SUPER BOWL XLVIII GAME SEE ATTACHMENT 1 TO FORM 990, PART III, LINE 1

Activities & Governance Check this box ▶ 🔲 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . Number of independent voting members of the governing body (Part VI, line 1b) 4 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) Total number of volunteers (estimate if necessary) . . . 7a Total unrelated business revenue from Part VIII, column (C), line 12 . 7a 7b b Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 0 0 8 Contributions and grants (Part VIII, line 1h) . . 0 0 9 Program service revenue (Part VIII, line 2g) . . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . 0 0 0 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 0 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3). 1,175,000 0 0 **14** Benefits paid to or for members (Part IX, column (A), line 4) . . Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 6,248 11,000 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 53,573 63,280 1,234,821 74,280 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 . -1,234,821 -74,280 Net Assets or Fund Balances **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) . 2,955,955 2,880,181 21 Total liabilities (Part X, line 26) . 1,494 22 Net assets or fund balances Subtract line 21 from line 20 . 2.954.461 2.880.181 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2019-05-13 Signature of officer Sign Here ANDREW LEE SECRETARY Type or print name and title Date Print/Type preparer's name Preparer's signature PTIN Check | If P01306891 Paid self-employed Firm's EIN ▶ Preparer Use Only Firm's address ► 750 THIRD AVENUE Phone no (212) 949-8700 NEW YORK, NY 100172703

May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions.

☑ Yes ☐ No

Form	990 (2018)				Page 2
Pa	rt III Statement	of Program Service Acc	omplishments		
	Check If Sche	dule O contains a response or	note to any line in this Part III		🗹
1		organization's mission			
MANA LEAD OF N	AGEMENT, PROMOTIOI ING UP TO THE GAME EW JERSEY AND THE I ANIZATION MAY PERFO	N AND OPERATIONS RELATIN , THAT WAS HELD IN NEW JE NEW YORK CITY METROPOLIT	EEN FORMED INCLUDE (I) ASSISTING G TO HOSTING THE SUPER BOWL XL' RSEY ON FEBRUARY 2, 2014, AND (I: AN AREA AND SURROUNDING GOVER R FUTURE SUPER BOWL FOOTBALL G	VIII FOOTBALL GAME AND NÚN I) PROMOTING THE PUBLIC INT RNMENTAL ENTITIES AND PUBL	TEROUS OTHER EVENTS TERESTS OF THE STATE LIC PROJECTS THE
2	Did the organization	undertake any significant pro	gram services during the year which	were not listed on	
	the prior Form 990 o	· -			☐ Yes ☑ No
2	•			201/ 000000	
3	services?	- -	gnificant changes in how it conducts,	any program	☑ Yes ☐ No
4	Section 501(c)(3) an		nplishments for each of its three large required to report the amount of gra ervice reported		
4a	(Code See Additional Data) (Expenses \$	including grants of \$) (Revenue \$)
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other program servi	ces (Describe in Schedule O)			
	(Expenses \$	ıncluding	grants of \$	(Revenue \$)
4e	Total program serv	vice expenses ▶			

Form	990 (2018)			Page 3
Par	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section $501(c)(3)$ or $4947(a)(1)$ (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure $98-19^\circ$ If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the righto provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, I or X as applicable	х,		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		No
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes " complete Schedule D. Part X	11f		No

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 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

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,"

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,

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

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 . . .

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)

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

column (A), line 2? If "Yes," complete Schedule I, Parts I and III

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

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Nο

Nο

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Νo

No

Nο

Nο

Nο

Nο

Nο

Nο

Nο

Nο

Form 990 (2018)

orm	990 (2018)			Page 4
Par	Checklist of Required Schedules (continued)			
			Yes	No
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		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
!5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
6	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
7	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
8	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28 c		No
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
5a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
6	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		
7	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
8	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note. All Form 990 filers are required to complete Schedule O	38	Yes	
Par	Statements Regarding Other IRS Filings and Tax Compliance		I	
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 3			

1b

b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

 ${f c}$ Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

1c

Yes

Page 6 **Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Check if Schedule O contains a response or note to any line in this Part VI

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 1a 3			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 2			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? •	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	e.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to			

	members of the governing body	, u		'10
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	∍.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	12c		No
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	'	No
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶			
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s			

only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest 19 policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records ►ANDREW LEE ONE METLIFE STADIUM DRIVE EAST RUTHERFORD, NJ 07073 (212) 541-2429 20

Form 990 (2018)										Page 7
Part VII Compensation of Officers, D and Independent Contracto		stees,	, Key	/ Er	npl	oyee	s, F	lighest Comper	nsated Employ	ees,
Check if Schedule O contains a resp	oonse or note to	any lir	ne in	thıs	Part	tVII .				<u> \square</u>
Section A. Officers, Directors, Truste	es, Key Emp	loyee	s, ar	nd I	ligl	hest	Cor	mpensated Emp	loyees	
${f 1a}$ Complete this table for all persons required to year	be listed Repo	ort com	pensa	atıoı	n for	the c	alen	dar year ending wi	th or within the or	ganızatıon's tax
 List all of the organization's current officers of compensation Enter -0- in columns (D), (E), a 	and (F) If no cor	mpensa	ition v	was	paid	l				
 List all of the organization's current key em 										
 List the organization's five current highest of who received reportable compensation (Box 5 of organization and any related organizations 										
• List all of the organization's former officers, of reportable compensation from the organization	n and any relate	ed orga	nızatı	ons				·		
• List all of the organization's former directo organization, more than \$10,000 of reportable co	ompensation fro	m the	organ	ıızat	ion a	and ar	ıy re	elated organizations	5	
List persons in the following order individual tru compensated employees, and former such perso		rs, ınst	itutioi	nal t	trust	ees, c	office	ers, key employees	s, highest	
L Check this box if neither the organization no	r any related o	ganızat	tion c	omp	ens	ated a	ny c	current officer, dire	ctor, or trustee	T
(A) Name and Title	(B) Average hours per week (list any hours for related	than o	one b	ox, in of tor/t	t che unle: ficer rust	and a	son	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	related organizations
(1) Jonathan Tisch Trustee	10	х						0	0	o
(2) Ira Akselrad Trustee	10	х						0	0	0
(3) Andrew Lee Executive Director/SECRETARY	2 0	Х		х				0	0	0
(4) Andrea Parks-Schweber	2 0									
Treasurer and CFO	0.0			Х				11,000	0	0

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Part VII Section A	. Officers, Direct	tors, Trustees	, Key I	Empl	loye	es,	and I	ligh	nest Compensate	d Employees (co	ntinued)
(A) Name and	d Title Average hours per than on week (list any hours di	ne b	ox, u n off	t che inles ficer	s pers	on	(D) Reportable compensation from the organization (W-	(F) Estimated amount of other compensation from the			
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations

	-Total							
					>			
d = /						11 000	0	0

1b Sub-Total				>		,	
c Total from continuation sheets to Pa	art VII , Section	Α		▶			
d Total (add lines 1b and 1c)				▶	11,000	0	0
			 	 	1 11	+100.000	

1b Sub-Total	 	<u> </u>		<u> </u> ▶[

1b Sub-Total	 		•			
c Total from continuation sheets to Pa						

1b Sub-Total				>			
c Total from continuation sheets to Pa	rt VII , Section	Α		>			
d Total (add lines 1b and 1c)				•	11,000	0	0

1b Sub-Total				•			
c Total from continuation sheets to Pa	art VII , Section	Α		▶			<u> </u>
d Total (add lines 1b and 1c)				•	11,000	0	

1b :	Sub-Total						•			
С.	Total from continuation sheets to Pa	art VII , Section	Α				▶			
d·	「otal (add lines 1b and 1c)					1	▶	11,000	0	0
2	Total number of individuals (including	but not limited	l to thos	e list	ed a	above) wh	o received more than	\$100,000	

10 3	sub-lotal		į ,			
c 1	Total from continuation sheets to Part VII, Section A	▶				
d 7	Total (add lines 1b and 1c)	>	11,000	0	0	
2	Total number of individuals (including but not limited to those listed above	ve) wh	o received more than	\$100,000		

С	Total from continuation sheets to Part VII, Section A	>			
d	Total (add lines 1b and 1c)	>	11,000	0	0
2	Total number of individuals (including but not limited to those listed about of reportable compensation from the organization ▶ 0	ove) wh	no received more than	\$100,000	

	otal (add lines 1b and 1c)	•	11,000	0	0
2	Total number of individuals (including but not limited to those listed above) of reportable compensation from the organization \blacktriangleright 0	who	o received more than	\$100,000	

a	Total (add lines 1b and 1c)		
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 0		
		Yes	No

2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 0	•		
			Yes	No
2	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on			

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

	of reportable compensation from the organization ▶ 0			
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule 1 for such			

	organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	No
Se	ection B. Independent Contractors		

	municular	4	No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	No
S	ection B. Independent Contractors		

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

(B)
Description of services

(C) Compensation

Form **990** (2018)

(A) Name and business address

compensation from the organization ▶ 0

Part	VIII	Statement of R	evenue						
		Check if Schedule () contains a	respon	se or note to ar	ny line in this Part VII			🗆
						(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	1	ederated campaigns		4-			revenue		512 - 514
nts nts		Membership dues .		1a 1b					
Grai nou		Fundraising events		1c		-			
ts, (Related organizations		1d		-			
Gif Jia	e (Government grants (cont	ributions)	1e		-			
ıns, Sir	f A	All other contributions, gil and similar amounts not i	fts, grants,	ĺ		-			
tributions, Gifts, Grants Other Similar Amounts		above	nciuded	1f		-			
E E	g N	Noncash contributions n lines 1a - 1f \$	included						
Contributions, Gifts, Grants and Other Similar Amounts		otal. Add lines 1a-1f			>	0			
					Busine	ss Code			
Service Revenue	2a								
3	b —								
٦ ٢	c —			_					
Ser	d —								
ranı	e —	l other program com							
Program		other program servi				0			
		tal. Add lines 2a-2f estment income (incl			toract and other	r	1		1
	sım	ılar amounts)				 	0		
		ome from investment				>	0		
	5 Koy	/alties	(ı) Real		(II) Personal	<u>▶ </u>	1		+
	6a Gr	ross rents	(1) 11041		(ii) i cissilai				
	h la	ess rental expenses				_			
	ט בי	ess Tental expenses							
		ental income or oss)		0		0			
	d N	 let rental income or (l	oss)			_	0		
			(ı) Securit	ies	(II) Other				
	frc	oss amount om sales of							
		sets other an inventory							
		ess cost or				\dashv			
		ther basis and ales expenses							
		ain or (loss)				_	0		
		let gain or (loss) . ross income from fund		_	<u> </u>	_			
e E	(n	ot including \$		of					
<u></u>		entributions reported on Part IV, line 18		a		0			
Re	b Le	ess direct expenses		ь		0			
Other Revenue		et income or (loss) fro		_	nts 🕨		0		
Ö		ross income from gam ee Part IV, line 19 .		es					
				a		0			
		ess direct expenses et income or (loss) fro		b _	c .	0	0		
		ross sales of inventor			<u> </u>				
		turns and allowances				0			
	b Le	ess cost of goods sold	1	a b		0			
		et income or (loss) fro		ᆫ	ry >		0		
		Miscellaneous Re			Business Code				
	11a								
	. –								
	b								
	d Al	l other revenue .		+					
		otal. Add lines 11a-1			•				
	12 To	otal revenue. See In	structions				0		1
							0		Form 990 (2018)

Part IX Statement of Functional Expenses				Page 1
Section 501(c)(3) and 501(c)(4) organizations must complete all co	-			
Check if Schedule O contains a response or note to any	line in this Part IX .			<u> U</u>
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	0			
2 Grants and other assistance to domestic individuals See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	11,000			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	0			
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	0			
9 Other employee benefits	0			
10 Payroll taxes	0			
11 Fees for services (non-employees)				
a Management	0			
b Legal	30,000			
c Accounting	5,000			
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0			
12 Advertising and promotion	0			
13 Office expenses	0			
14 Information technology	5,244			
15 Royalties	0			
16 Occupancy	9,251			
17 Travel	0			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .	0			
19 Conferences, conventions, and meetings	0			
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	0			
23 Insurance	11,569			
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a BANK SERVICE CHARGES	478			
b OTHER EXPENSES	1,738			
С				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	74,280			
Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Page **11**

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Form **990** (2018)

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Form 990 (2018)

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Liabilities 22

Assets or Fund Balances

Net

Grants payable .

Deferred revenue .

Tax-exempt bond liabilities . . .

persons Complete Part II of Schedule L .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Unrestricted net assets

and other liabilities not included on lines 17 - 24)

Capital stock or trust principal, or current funds

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 > \quad \text{and complete lines 30 through 34.}

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

Retained earnings, endowment, accumulated income, or other funds

Total liabilities. Add lines 17 through 25 .

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

		Beginning of year		End of year
1	Cash-non-interest-bearing	2,948,125	1	2,880,181
2	Savings and temporary cash investments	0	2	0
3	Pledges and grants receivable, net	0	3	0
4	Accounts receivable, net	0	4	0
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	0
6		0	6	0

		Part II of Schedule L			L°		
	6	Loans and other receivables from other disqualisection 4958(f)(1)), persons described in sectio contributing employers and sponsoring organizations voluntary employees' beneficiary organizations.	0	6			
Assets	7	Notes and loans receivable, net	•		0	7	
SS	8	Inventories for sale or use	0	8			
۸	9	Prepaid expenses and deferred charges			7,830	9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a				
	b	Less accumulated depreciation	10 b		0	10c	
	11	Investments—publicly traded securities .			0	11	
	12	Investments—other securities See Part IV, line	0	12			

eţ	7	Notes and loans receivable, net	0	7		
Ass	8	Inventories for sale or use	0	8		
4	9	Prepaid expenses and deferred charges		7,830	9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a			
	ь	Less accumulated depreciation	10b	0	10 c	
	11	Investments—publicly traded securities .	0	11		
	12	Investments—other securities See Part IV, line	11	0	12	
	13	Investments—program-related See Part IV, line	11	0	13	
	14	Intangible assets		0	14	
	15	Other assets See Part IV, line 11	0	15		
	16	Total assets.Add lines 1 through 15 (must equ	al line 34)	2,955,955	16	2
	17	Accounts payable and accrued expenses	1,494	17		

Form	990 (2018)				Page 12
Pa	Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			0
2	Total expenses (must equal Part IX, column (A), line 25)	2			74,280
3	Revenue less expenses Subtract line 2 from line 1	3			-74,280
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		2	,954,461
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			-
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		2	,880,181
Pa	TXII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
	Accounting method used to prepare the Form 990				ī
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both	on a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		No
	If `Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both	basıs,			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule C)		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si Audit Act and OMB Circular A-133?	ngle	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requadit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	ired	3b		

Form **990** (2018)

Additional Data

Software ID:

Software Version:

EIN: 27-1936171

Name: NYNJ Super Bowl Host Company Inc

Form 990 (2018)

(2018)

Form 990, Part III, Line 4a:

FULFILLMENT OF CONTRACT OBLIGATIONS TO THE ORGANIZATION'S SPONSORS INCLUDING FULFILLMENT OF MARKETING OBLIGATIONS TO THE ORGANIZATION'S SPONSORS AND THE NATIONAL FOOTBALL LEAGUE PURSUANT TO THEIR RESPECTIVE CONTRACTS

efile GRAPHI	C print - DO	NOT PROCES	SS As	Filed Data -					DL	N: 93	4933	080	15849
Schedule L (Form 990 or 990	-EZ) ► Com	plete if the org	anizatio	ons with Ir	on Form 9	90, Part IV, li	nes 2	.5a, 2	25b, 26		МВ No	1545	-0047
			► At	28c, or Form 99 tach to Form 990	or Form 99	90-EZ.					20	11	8
Department of the Tre Internal Revenue Serv	I	⊳ Go t	to <u>www.</u>	irs.gov/Form990	for the late	st information	n.			(Open		ıblic
Name of the org NYNJ Super Bowl H	anızatıon	-					Er	nplo	yer ide	ntifica			
									6171				
				01(c)(3), section 5 on Form 990, Part 1						ne 40b			
		qualified person		b) Relationship be	tween disqua		$\overline{}$	(c) [escript	on of			ected?
				C	organization		+	tr	ansactı	on	Y	es	No
							-						
							+						
Cor	nplete if the or orted an amou (b) Relations	int on Form 990, ship (c) Purpose	Part X, II (d) Lo	" on Form 990-EZ, ne 5, 6, or 22 an to or from the rganization?	Part V, line 38 (e)Original principal amount	8a, or Form 99 (f) Balance due	(g) defa	0, Part IV, line 26, (g) In (h) default? Approve board commit			d by agreement? or tee?		
			To	From			Yes	No	Yes	No	Yes		No
Total				<u> </u>	\$								
				terested Perso									
				"Yes" on Form 9			ef 200	ctano		(a) Du		of 200	otanca
(a) Name of interested person		interested perso	on and th			(а) туре с	(d) Type of assistance (e			(e) Pu	e) Purpose of assistance		
									_				
									_				
For Paperwork Red	luction Act Noti	ice, see the Instru	ictions foi	Form 990 or 990-E	Z. C.	at No 50056A		Scl	redule l	(Form	990 0	r 990-	EZ) 2018

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?		
				Yes	No	
(1) ANDREW LEE	EXECUTIVE DIRECTOR/SECRETARY OF THE BOARD	30,000	LEGAL SERVICES		No	

Explanation

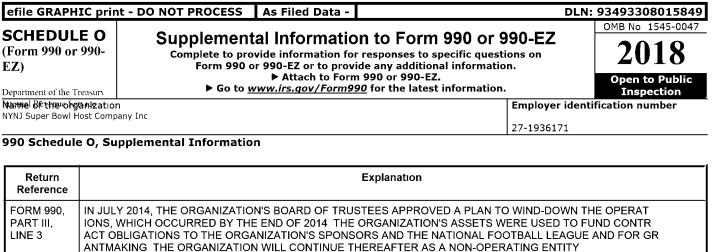
Schedule L (Form 990 or 990-EZ) 2018

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

Return Reference

Supplemental Information

Part V



Return Explanation
Reference

990 Schedule O, Supplemental Information

FORM 990,	MANAGEMENT OF THE ORGANIZATION PROVIDES COPIES OF THE FORM 990 TO THE BOARD OF TRUSTEES B
PART VI,	ASED ON ITS OWN REVIEW, THE BOARD OF TRUSTEES MOVES FOR APPROVAL OF THE RETURN FORM 990,
SECTION B,	PART VI, LINE 12C THE ORGANIZATION HAS 4 OFFICERS/EMPLOYEES/CONTRACTORS ALL ARE MONITORED
LINE 11A	FOR CONFLICT OF INTEREST

Return Explanation Reference

990 Schedule O, Supplemental Information

FORM 990,	COMPENSATION OF OFFICERS/EMPLOYEES/CONTRACTORS IS CONSISTENT WITH MARKET RATES FOR THE GEO
PART VI,	GRAPHIC LOCATION FORM 990, PART VI, SECTION C, LINE 19 EXCEPT TO THE EXTENT THAT GOVERNIN
SECTION B,	G DOCUMENTS ARE AVAILABLE THROUGH THE NJ SECRETARY OF STATE, THE ORGANIZATION GENERALLY DO
LINE 15B	ES NOT MAKE ANY OF THESE DOCUMENTS AVAILABLE TO THE PUBLIC