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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

2019

DLN: 93493303008040 OMB No. 1545-0047

Open to Public

Form **990**

Department of the

iterna	l Reve	nue Service	e					Inspection
F	or th	e 2019 d	calendar year, or tax year beg	ginning 01-01-2019 , and ending 12-	31-2019			
Che	ck if a	pplicable:	C Name of organization NYNJ Super Bowl Host Company	Inc		D Employ	er identif	ication number
		change		THE .		27-193	6171	
	me ch	_	% ANDREW LEE Doing business as			-		
	tial ret	turn n/terminated						
		d return		f mail is not delivered to street address) Room/s	uite	E Telephor	ne number	
		on pending	One MetLife Stadium Drive			(201) 8	78-4787	
				ountry, and ZIP or foreign postal code				
			East Rutherford, NJ 07073			G Gross re	ceipts \$ 0	
			F Name and address of princ	ipal officer:	H(a) Is thi	s a group re	turn for	
			ANDREW LEE	-	I	rdinates?		□Yes ☑ No
			ONE METLIFE STADIUM DRIVI		H(b) Are a	II subordina	tes	☐ Yes ☐No
Ta	x-exer	mpt status	: D 501(c)(3)	◀ (insert no.) ☐ 4947(a)(1) or ☐ 527	includ		list (see	instructions)
14/	eheit		vw.nynjsuperbowl.com	4 (msercino.) = 4547(a)(1) or = 327		p exemption	•	•
**	CDSIC	LE.P WV	ww.mymjsuperbown.com		() () ()	p 0.00p 0.0		•
Forr	n of o	raanization	n: 🗹 Corporation 🔲 Trust 🔲 A	ssociation Other	L Year of form	ation: 2010	M State	of legal domicile: NJ
. 1 011	11 01 01	rgariizatioi	i. El corporation El must El A	Sociation — Other P				
Pa	art I	Sum	nmary		•			
			escribe the organization's mission					
				DMINISTRATION & OPERATIONS RELATIN	G TO HOSTING	THE SUPER	BOWL X	LVIII GAME. SEE
2	-	ATTACHI	IENT 1 TO FORM 990, PART III,	LINE 1.				
Ē	-							
	-							
3				discontinued its operations or disposed of		6 of its net a		I -
5	l		•	ning body (Part VI, line 1a)		•	3	3
٥	l		•	of the governing body (Part VI, line 1b)		•	4	2
	5	Total nu	mber of individuals employed in	calendar year 2019 (Part V, line 2a) .		•	5	0
٥	6	Total nu	mber of volunteers (estimate if r	necessary)		•	6	0
•	ı			art VIII, column (C), line 12		•	7a	0
	b	Net unre	elated business taxable income fi	rom Form 990-T, line 39	. <u>.</u>		7b	
					Pr	ior Year		Current Year
Qı	8	Contribu	itions and grants (Part VIII, line 1	lh)			0	0
1	9	Program	service revenue (Part VIII, line 2	2g)			0	0
Rəvenue	10	Investm	ent income (Part VIII, column (A)), lines 3, 4, and 7d)			0	0
_	11	Other re	venue (Part VIII, column (A), line	es 5, 6d, 8c, 9c, 10c, and 11e)			0	0
	12	Total rev	venue—add lines 8 through 11 (r	must equal Part VIII, column (A), line 12)			0	0
	13	Grants a	and similar amounts paid (Part IX	(, column (A), lines 1–3)			0	0
	14	Benefits	paid to or for members (Part IX,	column (A), line 4)			0	0
SS.	15	Salaries	, other compensation, employee	benefits (Part IX, column (A), lines 5-10)		11,	000	13,000
Expenses	16a	Professi	onal fundraising fees (Part IX, co	lumn (A), line 11e)			0	0
<u>σ</u>	ь	Total fund	Iraising expenses (Part IX, column (D	o), line 25) ▶0				
ă	17	Other ex	penses (Part IX, column (A), line	es 11a-11d, 11f-24e)		63,	280	53,442
	18	Total ex	penses. Add lines 13–17 (must e	equal Part IX, column (A), line 25)		74,	280	66,442
	19	Revenue	e less expenses. Subtract line 18	from line 12		-74,	280	-66,442
5 9			·		Beginning	of Current Y	'ear	End of Year
Fund Balances								
Bar	20	Total ass	sets (Part X, line 16)			2,880,	181	2,813,805
<u> </u>	21	Total lial	bilities (Part X, line 26)				0	66
Z	22	Net asse	ets or fund balances. Subtract lin	e 21 from line 20		2,880,	181	2,813,739
	rt II		nature Block					
nder	pena	alties of p	perjury, I declare that I have exa	amined this return, including accompanyin	g schedules an	d statement	s, and to	the best of my
	nowle		er, it is true, correct, and comple	ete. Declaration of preparer (other than of	icer) is based (on all inform	ation of v	which preparer has
		11.						
		*****	** ture of officer		20: Da	20-10-31		
ign		▼ Signa	ture of officer		Da∵	re		
lere	•		EW LEE SECRETARY					
		17	or print name and title					
			Print/Type preparer's name	Preparer's signature	Date Ch		PTIN P0130689:	_ 1
Paid	t	 	<u> </u>		sel	f-employed		
	pare	ا ا	Firm's name EISNERAMPER LLP		Fir	m's EIN ►		
Jse	On	ıly 🏻	Firm's address ► 733 THIRD AVENUE		Ph	one no. (212)	949-8700	
_			NEW YORK NY 100	172702		,		

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

☑ Yes ☐ No

orm	990 (2019)				Page 2
Pa	rt III Statement	of Program Service Acc	omplishments		
	Check if Sche	edule O contains a response or	note to any line in this Part III		🗹
		organization's mission:			
ANA AD - N	AGEMENT, PROMOTIO ING UP TO THE GAME EW JERSEY AND THE ANIZATION MAY PERF	N AND OPERATIONS RELATING F, THAT WAS HELD IN NEW JE NEW YORK CITY METROPOLIT.	EEN FORMED INCLUDE: (I) ASSISTING G TO HOSTING THE SUPER BOWL XLV RSEY ON FEBRUARY 2, 2014, AND (II AN AREA AND SURROUNDING GOVER R FUTURE SUPER BOWL FOOTBALL GA	'III FOOTBALL GAME AND NUN) PROMOTING THE PUBLIC IN' NMENTAL ENTITIES AND PUBI	MEROUS OTHER EVENTS TERESTS OF THE STATE LIC PROJECTS. THE
	Did the organization	undertake any significant pro	gram services during the year which v	vere not listed on	
	'	or 990-EZ?			☐ Yes ☑ No
			gnificant changes in how it conducts, a	anv program	
	services?	ese changes on Schedule O.			☑ Yes ☐ No
ļ	Describe the organiz Section 501(c)(3) ar	ation's program service accom	iplishments for each of its three large required to report the amount of grai ervice reported.		
a	(Code: See Additional Data) (Expenses \$	including grants of \$) (Revenue \$)
b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
d	Other program servi	ces (Describe in Schedule O.) including (grants of \$	(Revenue \$)
e	Total program ser	vice expenses ▶			

16

17

18

19

11f

12a

12b

13

14a

14b

15

16

17

18

19

20a

20b

21

Nο

No

No

Nο

Nο

Nο

Nο

Nο

Nο

Nο

Nο

Nο

No

Form **990** (2019)

Pa	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	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? <i>If "Yes," complete Schedule C, Part II</i>	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? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D,Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <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? <i>If "Yes," complete Schedule D,</i> 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, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a		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
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	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
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No

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 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

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII

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)

lines 1c and 8a? If "Yes," complete Schedule G, Part II

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

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

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

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

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Pai	Checklist of Required Schedules (continued)			
			Yes	No
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		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		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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? <i>If "Yes," complete Schedule L, Part I</i>	25b		
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L</i> ,Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a	Yes	
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	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		
36	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		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
Pa	Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V	. ;		<u> </u>
			Yes	No

1a

1b

1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .

 ${f b}$ Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .

0

1c

Yes

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)		
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		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	No
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	
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	No
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	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?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
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	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	
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	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	
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	
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	
9	Sponsoring organizations maintaining donor advised funds.		
а	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	
10	Section 501(c)(7) organizations. Enter:		
	Initiation fees and capital contributions included on Part VIII, line 12 10a		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
	Gross income from members or shareholders		
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
	Is the organization licensed to issue qualified health plans in more than one state?	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
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess	14b	
	parachute payment(s) during the year?	15	No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	No

Par	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. Check if Schedule O contains a response or note to any line in this Part VI	" respo	onse to i	lines ✓
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 Revenue	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	
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? If "Yes," describe in Schedule O how this was done	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)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records: NOTE: N			

Part VII

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax vear. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount

of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid. • List all of the organization's current key employees, if any. See instructions for definition of "key employee."

- List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the
- organization and any related organizations. • List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000
- of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

☐ Check this box if neither the organization no	r any related or	ganizat	ion c	omp	ens	ated a	ny c	urrent officer, dire	ctor, or trustee.	
(A) Name and title	(B) Average hours per week (list any hours		ne b	ox, ι in of	t che inles ficer	s pers	son	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC)	(W-2/1099- MISC)	organization and related organizations
(1) Andrea Parks-Schweber Treasurer and CFO	2.0 0.0			х				13,000	0	0
(2) Jonathan Tisch Trustee	0.0	Х						0	0	0
(3) Ira Akselrad Trustee	0.0	Х						0	0	0
(4) Andrew Lee Executive Director/SECRETARY	0.0	×		х				0	0	0

Part VII

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

Page 8

		,				-,				•	,	' '	/	
	(A) Name and title	(B) Average hours per week (list any hours	than o is b	ne bo	ox, u n of	t che inles ficer	eck moss pers and a ee)	son	Repo compe fror orgar	D) ortable ensation in the nization	(E) Reportable compensation from related organizations		(F) Estima amount o compens from t	ited f other sation
		for related organizations below dotted line)	Individual trustee or director	Institutio	Officer	Key employee	Highest compens employee	Former		/1099- ISC)	(W-2/1099- MISC)		organizati relate organiza	ed
			l trustee)r	Institutional Trustee		oyee	compensated							
c 1	Sub-Total				•		*			13,000		0		0
2	Total number of individuals (including of reportable compensation from the o	but not limited	to thos			bove	e) who	rece	eived mo	re than \$1	00,000	•		
3	Did the organization list any former of line 1a? If "Yes," complete Schedule J			ee, k	ey e	mplo	oyee, d	or hi	ghest cor	npensated	employee on	3	Yes	No
4	For any individual listed on line 1a, is organization and related organizations individual	the sum of repo	ortable o								n the			No
5	Did any person listed on line 1a receiv services rendered to the organization?										ividual for	5		No No
Se	ection B. Independent Contract	ors											'	
1	Complete this table for your five higher from the organization. Report comper	est compensate nsation for the c									n's tax year.	npen		
	(A) (B) Name and business address Description of services											(C) Compensation		

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

compensation from the organization \blacktriangleright 0

		(2019)	of Doverno						Page 9
Part	VIII								
		Check if Sched	ule O contains	a respo	onse or note to any	/ line in this Part VIII	(B)	(c)	· · · □
						(A) Total revenue	Related or	Unrelated	(D) Revenue
							exempt	business	excluded from
							function	revenue	tax under sections 512 - 514
	1 2	Federated campa	ians	1a			revenue		1 512 - 514
र र				Ia					
ang	ŀ	• Membership dues	5	1 b					
30 E		Fundraising even	ts	1c					
S, A	١,	d Related organizat	tions	1 d					
a if									
Contributions, Gifts, Grants and Other Similar Amounts	•	Government grants	(contributions)	1e					
Sis	f	All other contributio	ns, gifts, grants,						
ë a		and similar amounts above	s not included	1 f					
훂	١	Noncash contributio	ns included in						
E 0		lines 1a - 1f:\$		1 g					
Ņ i	l i	h Total. Add lines 1	1a-1f		•				
					1 1	0			
					Business Code				
	2a								
e H									
en	b								
(
<u>-</u>	С								
rvić	_								
Š	d								
Ĕ					 			1	
Program Service Revenue	е								
<u>ک</u>	_				 			1	+
	f	All other program	service revenue						
		Total. Add lines 2							
									
	3]	Investment income imilar amounts) .	(including divid	ends, i		\	О		
		Income from invest					0		
							0		
	3 I	Royalties				•	9		
			(i) Re	al	(ii) Personal				
	62	Gross rents	6a						
			-			_			
	b	Less: rental expenses	6b						
	_	Rental income				-			
	C	or (loss)	6c	(0			
	d	Net rental income	or (loss)			-	0		
		İ	(i) Secur		(ii) Other				+
	_	C	(1) Seedi	1005	(II) Other				
	/a	Gross amount from sales of	7a						
		assets other than inventory							
	b	Less: cost or other basis and	7b						
		sales expenses							
	_	Gain or (loss)	7c						
						ᆜ	0		
		Net gain or (loss)			· · · >	'	0		
a	8a	Gross income from fu (not including \$	indraising events of						
nu		contributions reported							
Ş		See Part IV, line 18		8a		0			
Other Revenue	h	Less: direct expen	ses -	8b		<u> </u>			
er		Net income or (los			onto		0		
ŧ		income of (105	e, nom runurals	y ev	ents >	<u> </u>			
	9a	Gross income from	gaming activities	.					
	- u	See Part IV, line 19		9a					
	h	Less: direct expen		9b		2			
		Net income or (los					0		
	C	Net income or (los	s) Irom gaming	activit	ies >		0		
	10-	Gross sales of inve	entory less						
	106	returns and allowa	inces	10a		o			
		Less: cost of good		10a		2			
							0		
	С	Net income or (los		invent		<u> </u>	1		
		Miscellaneo	us Kevenue		Business Code	4			
	11	a							
	b	,							
	C								
	'n	All other revenue					+		
							+		+
	е	Total. Add lines 1	ia-ilu		•		0		
	12	Total revenue. S	ee instructions				0		
					<u> </u>		٧		

Р	Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must of	complete all columns.	All other organizati	ons must complete col	lumn (A).
	Check if Schedule O contains a response or note to ar		_		· · · · · · · · · · · · · · · · · · ·
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to 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, lines 15 and 16.	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	13,000			
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	a Management	0			
b	Legal	30,000			
c	Accounting	5,000			
c	1 Lobbying	0			
e	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0		[
ç	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	5,441			
15	Royalties	0			
16	Occupancy	0			
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	12,533			
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	378		1	
	b OTHER EXPENSES	90			
	C				
	d All other symptoms				
	e All other expenses	CC 443			
	Total functional expenses. Add lines 1 through 24e	66,442			
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).				Form 990 (2019)

Form 990 (2019)

2

3

Fund Balances

ō 29

Assets 30

27

28

31

32

33

2,803,200 0

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66

2.813,739

2,813,739

2,813,805

Form 990 (2019)

2,813,805

10,605

(B)

End of year

Beginning of year

2,880,181

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2

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12 0 13

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2,880,181

2,880,181

2,880,181

2,880,181

Page **11**

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

Cash-non-interest-bearing	•	•	•	•			
Savings and temporary cash investments							
Pledges and grants receivable, net							

Accounts receivable, net

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). Notes and loans receivable, net Inventories for sale or use . . .

Prepaid expenses and deferred charges .

basis. Complete Part VI of Schedule D

10a 10b

10a Land, buildings, and equipment: cost or other b Less: accumulated depreciation 11 Investments—publicly traded securities . 12 Investments—other securities. See Part IV, line 11 . . . 13 Investments—program-related. See Part IV, line 11

Assets

14 Intangible assets . . .

Other assets. See Part IV, line 11 . . .

15 16 17 Accounts payable and accrued expenses .

Total assets. Add lines 1 through 15 (must equal line 34) . . 18 Grants payable . 19 Deferred revenue . . .

20 Tax-exempt bond liabilities . . . 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity Secured mortgages and notes payable to unrelated third parties . . . Unsecured notes and loans payable to unrelated third parties . Other liabilities (including federal income tax, payables to related third parties,

Liabilities 23 24 25 and other liabilities not included on lines 17 - 24).

Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 . .

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances

complete lines 27, 28, 32, and 33.

Capital stock or trust principal, or current funds .

Total liabilities and net assets/fund balances .

Organizations that follow FASB ASC 958, check here <a> \square and

Organizations that do not follow FASB ASC 958, check here ightharpoonup and

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

Retained earnings, endowment, accumulated income, or other funds

27

Form	990 (2019)				Page 12
Pa	Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			
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			66,442
3	Revenue less expenses. Subtract line 2 from line 1	3			-66,442
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		2	,880,181
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	,813,739
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990:				
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 of separate basis, consolidated basis, or both:	n 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:	basis,			
	☐ 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 Sched	dule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir Audit Act and OMB Circular A-133?	gle	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	red	3b		

Additional Data

Software ID:

Software Version:

EIN: 27-1936171

Name: NYNJ Super Bowl Host Company Inc

Form 990 (2019)

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 GRAPHIC	C print - DO NO	OT PROCES	S As	As Filed Data -					DLN: 93493303008040				
Schedule L Transac			sactio	tions with Interested Persons					OI	OMB No. 1545-0047			
(Form 990 or 990-EZ) ► Complete if the organizati 27, 28a, 28b, 6				or 28c, or Form 990, Part IV, lines 25a, 2 or 28c, or Form 990-EZ, Part V, line 38a or 40b. Attach to Form 990 or Form 990-EZ.					25b, 26	2019			
Department of the Trea		Go to <u>www.ii</u>		o <u>rm990</u> for inst			forma	tion.			Open t Insp	o Pub ection	
Name of the orga NYNJ Super Bowl H								mplo 7-193	-	entifica	ition n	umber	1
	ss Benefit Trai						(29)	orga	nizatior				
	Name of disquali		on Form 990, Part IV, line 25a or 25b, or Form 99 (b) Relationship between disqualified person and				 						
			•	organization							Ye		No
4958 3 Enter the ar Part II Loa Con	mount of tax incur mount of tax, if an ans to and/or nplete if the organ orted an amount or (b) Relationship	From Interization answer	ested Pered "Yes" Part X, line	nbursed by the cersons. on Form 990-EZ	organization .	88a, or Form 99	90, Pa	: :	line 26	\$ —— \$ ——		anizatio	
	with organization			anization?	principal amount	due	default? A		Appro boa	Approved by board or committee?			
			То	From	1		Yes	No	Yes	No	Yes	N	o
Total .					<u> </u> ▶ \$								
	nts or Assistaı	nce Benefit	ting Inte		<u>'</u>								
Com (a) Name of inter) Relationship erested perso	o between on and the		990, Part IV, of assistance	(d) Type	of assi	istanc	e	(e) Pu	rpose o	f assist	ance
		organizat											
									\perp				
						1							
or Paperwork Red	uction Act Notice,	see the Instru	ctions for F	orm 990 or 990-	EZ. Ca	<u>I</u> at. No. 50056A		Scl	nedule l	L (Form	990 or	990-F7	') 201

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

Explanation

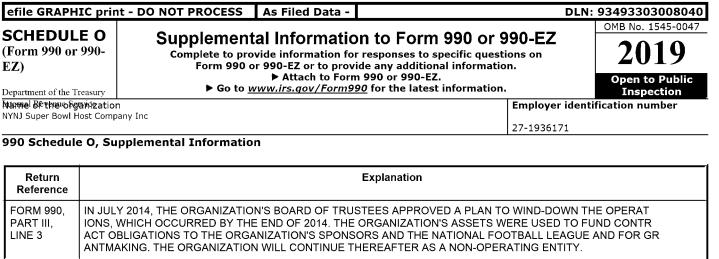
Schedule L (Form 990 or 990-EZ) 2019

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

Return Reference

Part V

Supplemental Information



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, AND IT IS
SECTION B,	SUBSEQUENTLY FILED WITH THE IRS. FORM 990, PART VI, LINE 12C THE ORGANIZATION HAS 4 OFFICE
LINE 11A	RS/EMPLOYEES/CONTRACTORS. ALL ARE MONITORED FOR CONFLICT OF INTEREST.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15B	COMPENSATION OF OFFICERS/CONTRACTORS IS CONSISTENT WITH MARKET RATES FOR THE GEOGRAPHIC LO CATION. THE ORGANIZATION DOES NOT HAVE EMPLOYEES. FORM 990, PART VI, SECTION C, LINE 19 EX CEPT TO THE EXTENT THAT GOVERNING DOCUMENTS ARE AVAILABLE THROUGH THE NJ SECRETARY OF STAT E, THE ORGANIZATION GENERALLY DOES NOT MAKE ANY OF THESE DOCUMENTS AVAILABLE TO THE PUBLIC