Form 990-PF

Department of the Treasury Internal Revenue Service

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

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

So to www.irs gov/Form990PF for instructions and the latest information.

Open to Public Inspection

F	or ca	alendar year 2019 or tax year beginning	0	4/01 , 2019 , :	and ending	3	03/3	1, 20 20
٠N۶	ame o	of foundation	ON			A Employer identif	ication numbe	ır
	C/C	BROADRIDGE FINANCIAL SOLUTION	NS, INC.			26-287048	7	
N	ımbe	r and street (or P O box number if mail is not delivered t	o street address)		Room/suite	B Telephone numb	er (see instructi	ions)
	2 G	SATEWAY CENTER, 283-299 MARKET	ST			(201) 71	14-3505	
Cı	ty or t	town, state or province, country, and ZIP or foreign post	al code					
						C If exemption application pending, check here		▶□
_	NEW	ARK, NJ 07102						
G	Che	eck all that apply Initial return	Initial return	of a former pu	blic charity	D 1 Foreign organiza	tions, check here	▶□
		Final return	Amended re	turn		2 Foreign organiza		
_		Address change	Name chang			85% test, check to computation .	nere and attach	▶□
H	Che	eck type of organization X Section 501	(c)(3) exempt private t	foundation	س مل	E If private foundation	n etatus was term	inated ——
L	5	Section 4947(a)(1) nonexempt charitable trust	Other taxable pr		$\frac{1}{2}$	under section 507(t		~ 1 1
ı	Fair	· · · · · · · · · · · · · · · · · · ·	ounting method $oxedsymbol{oxed{X}}$ C	ash Accr	ual	F If the foundation is	in a 60-month ter	mination
			ther (specify)			under section 507(b)(1)(B), check her	e . ▶
_			column (d), must be on c	ash basis)				
F	art	Analysis of Revenue and Expenses (The	(a) Revenue and	(h) Nat inica	tmont	(a) Adjusted not	(d) Disbu	
		total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in	expenses per	(b) Net inves income		(c) Adjusted net income	purp	oses
_		column (a) (see instructions))	books				(cash ba	isis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)	1,501,200.				1	
	2	Check ► if the foundation is not required to attach Sch	- १९६४ - १ - १ वित्त विकासीति व्यासितिकार सिक्त विभाव विकास स्थित	իսնակերգորի հերթուկային ա				€
	3	Interest on savings and temporary cash investments.						,
	4	Dividends and interest from securities						
	5a	Gross rents						
	ь	Net rental income or (loss)						
Revenue	6a b	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	odos otras ficialmentinilezadii
Š	7	assets on line 6a					†	
ž	8	Net short-term capital gain						
	9	Income modifications				RECEIVE	h	
	10 a	Gross sales less returns and allowances	1 / /// /		l l	REVEIVE	- iol	
	ь	Less Cost of goods sold .			3	6.00000	1. 18	
		Gross profit or (loss) (attach schedule)			0	MAR U & ZU		
	11	Other income (attach schedule)					正	
	12	Total Add lines 1 through 11	1,501,200.		Ì	OGDEN, I	JT T	,
	13	Compensation of officers, directors, trustees, etc	0.					
es	14	Other employee salaries and wages						
Expense	15	Pension plans, employee benefits						
xp	16 a	Legal fees (attach schedule)						
Ē	ь	Accounting fees (attach schedule)]	
ξŠ	o							
Administrative	17	Interest						
iist	18	Taxes (attach schedule) (see instructions)						
μ	19	Depreciation (attach schedule) and depletion.					,	
þ	20	Occupancy						
/ p	21	Travel, conferences, and meetings						
	22	Printing and publications						
Operating	23	Other expenses (attach schedule)						
ati	24	Total operating and administrative expenses						
Jer.		Add lines 13 through 23	0.					
ō	25	Contributions, gifts, grants paid	1,435,755.					435 , 755
	26	Total expenses and disbursements Add lines 24 and 25	1,435,755.				1,	435 , 755
	27	Subtract line 26 from line 12		v		***	,	v v v ¥
	а	Excess of revenue over expenses and disbursements	65,445.			•		· 71
	b	Net investment income (if negative, enter -0-)			0.			# ;

JSA For Paperwork Reduction Act Notice, see instructions. 9E1410 1 000 66728X 2880

o Adjusted net income (if negative, enter -0-). .

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Part i	Balance Sheets	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	End o	of year
		amounts only (See instructions)	(a) Book Value	(b) Book Value	(o) Fair Market Value
¯ ` ₁	Cash - non-interest-bear	ng	1,542,277.	1,607,722.	1,607,722
2	Savings and temporary	cash investments			
3	Accounts receivable				
	Less allowance for dou	btful accounts ▶			
4	Pledges receivable ▶		= 79	T /3	
	Less allowance for dou	btful accounts ▶			
5	Grants receivable				
6	Receivables due from	officers, directors, trustees, and other			
	disqualified persons (at	tach schedule) (see instructions) , , , ,			
7		eceivable (attach schedule)	-		
		btful accounts ▶			
8 IS		e			
ssets 6 8		eferred charges			
ĕ 10a	·	e government obligations (attach schedule).			
ь	Investments - corporate	stock (attach schedule)		.,	
		bonds (attach schedule)			
11	Investments - land, buildings and equipment basis	▶			
	Less accumulated deprecia (attach schedule)	tion >			
12	•	loans			
13	Investments - other (atta	ich schedule)			
14	Land, buildings, and equipment basis	>	7.		
	Less accumulated deprecia (attach schedule)	tion >			
15	Other assets (describe	•)			
16	Total assets (to be	completed by all filers - see the			
	instructions Also, see p	age 1, item I)	1,542,277.	1,607,722.	1,607,722
17	Accounts payable and a	ccrued expenses			
18	, ,				
නු 19					
≅ 20	Loans from officers, directo	rs, trustees, and other disqualified persons			
Liabilities 02 15 16 17		tes payable (attach schedule)			
그 22	Other liabilities (describe				
23	Total liabilities (add line	s 17 through 22)	0.	0.	
တ္ဆ	Foundations that follow	v FASB ASC 958, check here ▶			,
or Fund Balances	and complete lines 24,	25, 29, and 30.			
24	Net assets without dono	r restrictions			
2 5		estrictions			
힏	Foundations that do not fo	ollow FASB ASC 958, check here 🔻 🔀			
리	and complete lines 26 thro	ough 30			
	Capital stock, trust princ	cipal, or current funds			
တ္ကု 27	Paid-in or capital surplus, or	land, bldg, and equipment fund			· · · · · · · · · · · · · · · · · · ·
Net Assets 28 29 30	-	lated income, endowment, or other funds	1,542,277.	1,607,722.	
Ž 29	-	balances (see instructions)	1,542,277.	1,607,722.	
30	Total liabilities and	net assets/fund balances (see			
		· · · · · · · · · · · · · · · · · · ·	1,542,277.	1,607,722.	
	• • • • • • • • • • • • • • • • • • • •	nges in Net Assets or Fund Balar			
		alances at beginning of year - Part I			1 540 000
		d on prior year's return)			1,542,277
		line 27a			65,445
			· · · · · · · · · · · · · · · · · · ·		1 605 555
				f	1,607,722
	reases not included in			5	1 (00 500
6 Tota	al net assets or fund b	alances at end of year (line 4 minus	line 5) - Part II, column (b), line 29 6	1,607,722

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(i) FMV as of 12/31/69 a b c d e Capital gain net income or	(f) Depreciation allowed (or allowable) wing gain in column (h) and owned (j) Adjusted basis as of 12/31/69	(g) Cost or other basis plus expense of sale I by the foundation on 12/31/69 (k) Excess of col (i) over col (j), if any		(h) Gain or (los ((e) plus (f) minu Gains (Col (h) ga (k), but not less the Losses (from col	is (g))
c d e (e) Gross sales price a b c d e Complete only for assets show (i) FMV as of 12/31/69 a b c d e Capital gain net income or	(or allowable) ving gain in column (h) and owned (j) Adjusted basis	plus expense of sale by the foundation on 12/31/69 (k) Excess of col (i)		((e) plus (f) minu Gains (Col (h) ga (k), but not less th	is (g))
d e (e) Gross sales price a b c d e Complete only for assets show (i) FMV as of 12/31/69 a b c d e Capital gain net income or	(or allowable) ving gain in column (h) and owned (j) Adjusted basis	plus expense of sale by the foundation on 12/31/69 (k) Excess of col (i)		((e) plus (f) minu Gains (Col (h) ga (k), but not less th	is (g))
e (e) Gross sales price a b c d e Complete only for assets show (i) FMV as of 12/31/69 a b c d e Capital gain net income or	(or allowable) ving gain in column (h) and owned (j) Adjusted basis	plus expense of sale by the foundation on 12/31/69 (k) Excess of col (i)		((e) plus (f) minu Gains (Col (h) ga (k), but not less th	is (g))
(e) Gross sales price a b c d e Complete only for assets show (i) FMV as of 12/31/69 a b c d e Capital gain net income or	(or allowable) ving gain in column (h) and owned (j) Adjusted basis	plus expense of sale by the foundation on 12/31/69 (k) Excess of col (i)		((e) plus (f) minu Gains (Col (h) ga (k), but not less th	is (g))
a b c d e Complete only for assets show (i) FMV as of 12/31/69 a b c d e Capital gain net income or	(or allowable) ving gain in column (h) and owned (j) Adjusted basis	plus expense of sale by the foundation on 12/31/69 (k) Excess of col (i)		((e) plus (f) minu Gains (Col (h) ga (k), but not less th	is (g))
c d e Complete only for assets show (i) FMV as of 12/31/69 a b c d e Capital gain net income or	(j) Adjusted basis	(k) Excess of col (i)		(k), but not less the	
c d e Complete only for assets show (i) FMV as of 12/31/69 a b c d e Capital gain net income or	(j) Adjusted basis	(k) Excess of col (i)		(k), but not less the	
Complete only for assets show (i) FMV as of 12/31/69 a b c d e Capital gain net income or	(j) Adjusted basis	(k) Excess of col (i)		(k), but not less the	
Complete only for assets show (i) FMV as of 12/31/69 a b c d e Capital gain net income or	(j) Adjusted basis	(k) Excess of col (i)		(k), but not less the	
(i) FMV as of 12/31/69 a b c d e Capital gain net income or	(j) Adjusted basis	(k) Excess of col (i)		(k), but not less the	
a b c d e Capital gain net income or			col		nan -0-) or
b c d e Capital gain net income or					
c d e Capital gain net income or					
d e Capital gain net income or					
e Capital gain net income or					
Capital gain net income or	<u>-</u>				
· -			ļ		
Not short torm conital acre	(net canital loss)	ain, also enter in Part I, line 7 oss), enter -0- in Part I, line 7	2		
ivet short-term capital dain	or (loss) as defined in sections	,			
		structions If (loss), enter -0- in \mathbf{l}			
	<u> </u>		3		
art V Qualification Und	der Section 4940(e) for Re	duced Tax on Net Investment I	ncome		
	e section 4942 tax on the distribution section 4940(e). [outable amount of any year in the b Do not complete this part	ase period	do	Yes X
		ar, see the instructions before mak	ing any en	tries	
(a) Base penod years alendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of nonchantable-use assets		(d) Distribution rat (col (b) divided by	
2018	1,327,695.	1,662,216.			0.798750
2017	994,666.	1,012,998.		. (0.981903
2016	763,287.	1,103,003.		(0.692008
2015	504,775.	1,801,460.		(0.280203
2014	572,614.	1,934,942.		(0.295933
Total of line 1, column (d)			2		3.048797
Average distribution ratio for	or the 5-year base period - divid	le the total on line 2 by 5 0, or by			
the number of years the fou	undation has been in existence	ıf less than 5 years	3	(0.609759
Enter the net value of nonc	haritable-use assets for 2019 f	from Part X, line 5	4	1,9	991,581.
Multiply line 4 his line 2	· · · · · · · · · · · · · · · · · · ·		5	1,2	214,384.
wullipiy line 4 by line 3			6		
	t income (1% of Part I, line 27b)				
Enter 1% of net investment			7	1,2	214,384.

Par	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 49	48 - see	instru	uction	s)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1)				.
•	Date of ruling or determination letter (attach copy of letter if necessary - see instructions)			, , , , , , , , , , , , , , , , , , ,	
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check				0.
`	here $\blacktriangleright X$ and enter 1% of Part I, line 27b			.'	1
٥	All other domestic foundations enter 2% of line 27b Exempt foreign organizations, enter 4% of				
	Part I, line 12, col (b)				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)				
3	Add lines 1 and 2				0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)				0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0				0.
6	Credits/Payments				- (
a	2019 estimated tax payments and 2018 overpayment credited to 2019 6a				- {
b	Exempt foreign organizations - tax withheld at source				
0	Tax paid with application for extension of time to file (Form 8868) 60				
d	Backup withholding erroneously withheld				
7	Total credits and payments Add lines 6a through 6d				0.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed				0.
10	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid)			
11	Enter the amount of line 10 to be Credited to 2020 estimated tax ▶ Refunded ▶ 11	1			
Par	t VII-A Statements Regarding Activities			,	
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation of	or did it	,	Yes	No
	participate or intervene in any political campaign?		1 a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes?	See the			1
	instructions for the definition		1 b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any	materials			
	published or distributed by the foundation in connection with the activities			*	
٥	Did the foundation file Form 1120-POL for this year?		10		Х
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year				
	(1) On the foundation \blacktriangleright \$ (2) On foundation managers \blacktriangleright \$	-			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax im	posed			
	on foundation managers \$				لــــا
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		X
	If "Yes," attach a detailed description of the activities		1.		
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument	•			البيدا
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes $\dots\dots$		3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a		Х
Ь	If "Yes," has it filed a tax return on Form 990-T for this year?		4 b	N/A	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		X
	If "Yes," attach the statement required by General Instruction T				
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either				
	By language in the governing instrument, or				
	By state legislation that effectively amends the governing instrument so that no mandatory directively.	ions that	1		
	conflict with the state law remain in the governing instrument?		6	X	<u> </u>
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and	l Part XV	7		<u>-</u>
	Enter the states to which the foundation reports or with which it is registered. See instructions CA, CO, DE, MA, NJ, NY,				
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney	General			
	(or designate) of each state as required by General Instruction G? If "No," attach explanation		8 b	Х	<u> </u>
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942	2(j)(3) or		·	
	4942(j)(5) for calendar year 2019 or the tax year beginning in 2019? See the instructions for Part XIV	If "Yes,"			: !
	complete Part XIV		9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule list				_ _
	names and addresses	-	10		Х
			- 00	A DE	

orm	990-PF (2019	BROADRIDGE FOUNDATION	26-2870	487	F	Page 5
Par	t VII-A	Statements Regarding Activities (continued)				
	•				Yes	No
11	At any ti	me during the year, did the foundation, directly or indirectly, own a controlled entity	within the			
	meaning of	section 512(b)(13)? If "Yes," attach schedule. See instructions		11		X
12	Did the fo	oundation make a distribution to a donor advised fund over which the foundation or a	disqualified			
	person had	advisory privileges? If "Yes," attach statement See instructions		12	ļ	Х
13	Did the fo	undation comply with the public inspection requirements for its annual returns and exemption a	application?	13	X	L
	Website add					
14		are in care of ▶ BROADRIDGE FINANCIAL SOLUTIONS Telephone no ▶	201-714-	350	5	
	Located at	▶2 GATEWAY CENTER, 283-299 MARKET ST NEWARK, NJ ZIP+4 ▶	07102			
15		947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here.	1 1		🕨	· []
	and enter th	he amount of tax-exempt interest received or accrued during the year	▶ 15			
16	-	ne during calendar year 2019, did the foundation have an interest in or a signature or oth	- 1		Yes	
	over a bank	s, securities, or other financial account in a foreign country?		16	L	X
	See the ii	nstructions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter th	e name of			
	the foreign					
Par		Statements Regarding Activities for Which Form 4720 May Be Required			V	I NI -
		4720 if any item is checked in the "Yes" column, unless an exception applies.			Yes	No
1a		year, did the foundation (either directly or indirectly)	ਹਿ			
		e in the sale or exchange, or leasing of property with a disqualified person? Yes	X No			
	• •	money from, lend money to, or otherwise extend credit to (or accept it from) a	₩			
		Ified person?	X No	,		.
		n goods, services, or facilities to (or accept them from) a disqualified person?	X No	;		}
	1	mpensation to, or pay or reimburse the expenses of, a disqualified person?	X No		,]
		r any income or assets to a disqualified person (or make any of either available for	X No		١.	"
		nefit or use of a disqualified person)?	X No			. [
		to pay money or property to a government official? (Exception. Check "No" if the				
		tion agreed to make a grant to or to employ the official for a period after	X No			1
_		ation of government service, if terminating within 90 days)				
D		swer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions de		1b	N/A	
		s section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions		10	<u> </u>	i
	•	ns relying on a current notice regarding disaster assistance, check here	acts that	,	1	
٠		proceed before the first day of the tax year beginning in 2019?		1c		$\frac{1}{x}$
2		failure to distribute income (section 4942) (does not apply for years the foundation was				
-		pundation defined in section 4942(j)(3) or 4942(j)(5))	u private			
2		I of tax year 2019, did the foundation have any undistributed income (Part XIII, lines				
_		for tax year(s) beginning before 2019? Yes	X No			1
	•	the years				
b	· •	any years listed in 2a for which the foundation is not applying the provisions of section	4942(a)(2)	•		
		o incorrect valuation of assets) to the year's undistributed income? (If applying section 494				
		led, answer "No" and attach statement - see instructions)		2b	N/A	
c		isions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years he	1			- 1
	_					
3a	Did the for	undation hold more than a 2% direct or indirect interest in any business enterprise				
		during the year? Yes	X No	1		
ь		III it have excess business holdings in 2019 as a result of (1) any purchase by the fou	ndation or			
		persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approve				
	Commission	ner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the	a lapse of			
	the 10-,	15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine	ne if the]
	foundation t	had excess business holdings in 2019)		3b	N/A	

charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019? 4b Form 990-PF (2019)

4a

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? **b** Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its Х

Х

Page 6

Pai	t VII-B	Statements Regarding Activities	tor which Form	4/20 May Be Rec	uirea (cont	inueu)			
5a	During the	year, did the foundation pay or incur any amo	ount to				,	Yes	No
	(1) Carry	on propaganda, or otherwise attempt to influe	ence legislation (section	on 4945(e))?	. Yes	X No			Ì
	(2) Influe	nce the outcome of any specific public ele	ection (see section	4955), or to carry or	 n,		ļ		
•	direct	y or indirectly, any voter registration drive?			Yes	X No			
		le a grant to an individual for travel, study, or o				X No	'		
	. ,	le a grant to an organization other than a			_				
	• •	n 4945(d)(4)(A)? See instructions		•	Yes	X No			
		le for any purpose other than religious, ch			. —				
		ses, or for the prevention of cruelty to children		•		X No			
ь		swer is "Yes" to 5a(1)-(5), did any of the				scribed in			
		ns section 53 4945 or in a current notice regar					5b	N/A	
	-	ions relying on a current notice regarding disa	•	-				1.4/ 1.1	1
		swer is "Yes" to question 5a(4), does the						ŀ	` {
•		t maintained expenditure responsibility for the		•		No			
		ttach the statement required by Regulations s	-						
6a	•	oundation, during the year, receive any fur	. ,	rectly to hav bremiur	ns]]
		onal benefit contract?	•	• • • • •	Yes	X No			
ь		undation, during the year, pay premiums, dire			. —		6ь	Indiana on t	X
-		6b, file Form 8870	,,,	, p				1	- 1
7 a		e during the tax year, was the foundation a p	arty to a prohibited ta	x shelter transaction?	Yes	X No			_
ь		id the foundation receive any proceeds or ha					7b		
8	Is the fou	ndation subject to the section 4960 tax on pay	ment(s) of more that	an \$1,000,000 in				 	
	remunera	tion or excess parachute payment(s) during the	year?		. Yes	X No			1
Pai	t VIII	Information About Officers, Directo	rs, Trustees, Fou	ındation Manager	s, Highly Pa	aid Emp	loyees,		
1	List all of	and Contractors ficers, directors, trustees, and foundat	on managers and	their compensation	See instruc	tions.			
			(b) Title, and average	(c) Compensation	(d) Contribut	ions to	(e) Expen	se accoi	unt,
	_	(a) Name and address				ions to	(e) Expendent		
	-		(b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	(d) Contribut employee bene	ons to efit plans npensation			es
ATCI	-		(b) Title, and average hours per week	(c) Compensation (If not paid,	(d) Contribut employee bene	ions to			
ATCI	-		(b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	(d) Contribut employee bene	ons to efit plans npensation			es
ATCI	-		(b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	(d) Contribut employee bene	ons to efit plans npensation			es
ATCI	-		(b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	(d) Contribut employee bene	ons to efit plans npensation			es
ATCI	-		(b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	(d) Contribut employee bene	ons to efit plans npensation			es
ATCI	-		(b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	(d) Contribut employee bene	ons to efit plans npensation			es
ATCI	H 1	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contribut employee bent and deferred cor	ions to efit plans npensation	other al	lowance	0 .
ATCI	I 1		(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contribut employee bent and deferred cor	ions to efit plans npensation	other al	lowance	0 .
ATCI	H 1	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contribut employee bening and deferred cor	nstructio	ons). If n	one,	0.
2	Compens	(a) Name and address	(b) Title, and average hours per week devoted to position (other than those hours per week hours per week hours per week	(c) Compensation (If not paid, enter -0-)	(d) Contribute and deferred cor	nstructio	other al	one,	O. enter
2	Compens	(a) Name and address ation of five highest-paid employees	(b) Title, and average hours per week devoted to position (other than those)	(c) Compensation (lf not paid, enter -0-) 0.	(d) Contribut employee bent and deferred cor	nstructio	ons). If n	one,	O. enter
2 (a)	Compens "NONE."	(a) Name and address ation of five highest-paid employees	(b) Title, and average hours per week devoted to position (other than those hours per week hours per week hours per week	(c) Compensation (lf not paid, enter -0-) 0.	(d) Contribute and deferred cor	nstructio	ons). If n	one,	O. enter
2 (a)	Compens	(a) Name and address ation of five highest-paid employees	(b) Title, and average hours per week devoted to position (other than those hours per week hours per week hours per week	(c) Compensation (lf not paid, enter -0-) 0.	(d) Contribute and deferred cor	nstructio	ons). If n	one,	O. enter
2 (a)	Compens "NONE."	(a) Name and address ation of five highest-paid employees	(b) Title, and average hours per week devoted to position (other than those hours per week hours per week hours per week	(c) Compensation (lf not paid, enter -0-) 0.	(d) Contribute and deferred cor	nstructio	ons). If n	one,	O. enter
2 (a)	Compens "NONE."	(a) Name and address ation of five highest-paid employees	(b) Title, and average hours per week devoted to position (other than those hours per week hours per week hours per week	(c) Compensation (lf not paid, enter -0-) 0.	(d) Contribute and deferred cor	nstructio	ons). If n	one,	0. enter
2 (a)	Compens "NONE."	(a) Name and address ation of five highest-paid employees	(b) Title, and average hours per week devoted to position (other than those hours per week hours per week hours per week	(c) Compensation (lf not paid, enter -0-) 0.	(d) Contribute and deferred cor	nstructio	ons). If n	one,	O. enter
2 (a)	Compens "NONE."	(a) Name and address ation of five highest-paid employees	(b) Title, and average hours per week devoted to position (other than those hours per week hours per week hours per week	(c) Compensation (lf not paid, enter -0-) 0.	(d) Contribute and deferred cor	nstructio	ons). If n	one,	O. enter
2 (a)	Compens "NONE."	(a) Name and address ation of five highest-paid employees	(b) Title, and average hours per week devoted to position (other than those hours per week hours per week hours per week	(c) Compensation (lf not paid, enter -0-) 0.	(d) Contribute and deferred cor	nstructio	ons). If n	one,	O. enter
2 (a)	Compens "NONE."	(a) Name and address ation of five highest-paid employees	(b) Title, and average hours per week devoted to position (other than those hours per week hours per week hours per week	(c) Compensation (lf not paid, enter -0-) 0.	(d) Contribute and deferred cor	nstructio	ons). If n	one,	O. enter
2 (a)	Compens "NONE."	(a) Name and address ation of five highest-paid employees	(b) Title, and average hours per week devoted to position (other than those hours per week hours per week hours per week	(c) Compensation (lf not paid, enter -0-) 0.	(d) Contribute and deferred cor	nstructio	ons). If n	one,	0. enter
(a)	Compens "NONE." Name and a	(a) Name and address ation of five highest-paid employees	(b) Title, and average hours per week devoted to position (other than those hours per week devoted to position	(c) Compensation (lf not paid, enter -0-) 0.	(d) Contribute and deferred cor	nstructio	ons). If n	one,	O. enter

	e highest-paid independent contractors for professional services. See instructions. If none, enter "NONE	
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NON	E	
		
	ber of others receiving over \$50,000 for professional services	
art IX-/		
	pundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of ions and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
NONE	3	
²		
3		
*		
art IX-E	Summary of Program-Related Investments (see instructions)	
	the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 NON		
2		
2		
	program-related investments. See instructions	
	program-related investments. See instructions	

Page	٤

Pai	rt X . Minimum Investment Return (All domestic foundations must complete this part. Fore see instructions.)	ign fou	ndations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes		
а	Average monthly fair market value of securities	1a	
b	Average of monthly cash balances	1b	2,021,910.
C	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	2,021,910.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)] [
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	2,021,910.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see		
	instructions),	4	30,329.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	1,991,581.
6	Minimum investment return. Enter 5% of line 5	6	99,579.
Pai	TEXI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating four	ndations	
	and certain foreign organizations, check here ▶ and do not complete this part)	,	
1	Minimum investment return from Part X, line 6	1	99,579.
	Tax on investment income for 2019 from Part VI, line 5 2a	1 1	
	Income tax for 2019 (This does not include the tax from Part VI) 2b]	
C	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments Subtract line 2c from line 1		99,579.
4	Recoveries of amounts treated as qualifying distributions	T T	
5	Add lines 3 and 4	5	99,579.
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1	7	99,579.
Pai	rt XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
•	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	1,435,755.
	Program-related investments - total from Part IX-B	1b	1,100,1001
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.	10	
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the	-	· · · · · · · · · · · · · · · · · · ·
_	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	1,435,755.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income	 	_,,
	Enter 1% of Part I, line 27b See instructions.	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	1,435,755.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when ca		
	qualifies for the section 4940(e) reduction of tax in those years		J

Page 9

Pa	rt XIII Undistributed Income (see instru	ctions)			Page 3
		(a)	(b)	(c)	(d)
1	Distributable amount for 2019 from Part XI, line 7	Corpus	Years prior to 2018	2018	2019 99,579.
2	Undistributed income, if any, as of the end of 2019				
	Enter amount for 2018 only				-
	Total for pnor years 20 17 ,20 16 ,20 15				
	Excess distributions carryover, if any, to 2019				
	From 2014 475,867.				
	From 2015 414,702.				
	From 2016				
	From 2017 944,016.				
	From 2018 1,244,584.				
	Total of lines 3a through e	3,787,306.			1
	Qualifying distributions for 2019 from Part XII, line 4 > \$ 1,435,755.				
9	Applied to 2018, but not more than line 2a				
					i
	Applied to undistributed income of prior years (Election required - see instructions)				
•	Treated as distributions out of corpus (Election required - see instructions)				
•	Applied to 2019 distributable amount				99,579.
	Remaining amount distributed out of corpus	1,336,176.			,
5	Excess distributions carryover applied to 2019 (If an amount appears in column (d), the same amount must be shown in column (a))				
6	Enter the net total of each column as indicated below:		•		,
8	Corpus Add lines 3f, 4c, and 4e Subtract line 5	5,123,482.			
t	Prior years' undistributed income Subtract				
	line 4b from line 2b				
G	Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				·
d	Subtract line 6c from line 6b Taxable				}
e	amount - see instructions				
	4a from line 2a Taxable amount - see instructions				
f	Undistributed income for 2019 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2020				
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (Election may be		}		
	required - see instructions)			· · · · · · · · · · · · · · · · · · ·	
8	Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions)	475,867.			
9	Excess distributions carryover to 2020.				
	Subtract lines 7 and 8 from line 6a	4,647,615.			
10	Analysis of line 9				
a	Excess from 2015 414,702.				
ь	Excess from 2016				
	Excess from 2017 944,016.				
d	Excess from 2018 1,244,584.				
•	Excess from 2019 1,336,176.				

Pa	rt XIV Private Op	erating Foundations	s (see instructions a	ind Part VII-A, quest	tion 9)	NOT APPLICABLE
1 a	If the foundation has	received a ruling or d	etermination letter tha	it it is a private oper	rating	
	foundation, and the ruling	=	-		<u> </u>	/
. p	Check box to indicate v	whether the foundation	is a private operating	foundation described in	n section 4942())(3) or 4942(j)(5)
2 a	Enter the lesser of the ad-	Tax year		Prior 3 years		(e) Total
	justed net income from Part I or the minimum investment	(a) 2019	(b) 2018	(c) 2017	(d) 2016	, ,
	return from Part X for each					
	year listed					
b	85% of line 2a					
0	Qualifying distributions from Part					
	XII, line 4, for each year listed .					
d	Amounts included in line 2c not used directly for active conduct of exempt activities					
e	Qualifying distributions made					
	directly for active conduct of exempt activities Subtract line					
	2d from line 2c					
3	Complete 3a, b, or c for the alternative test relied upon					
a	"Assets alternative test - enter"					
	(1) Value of all assets					
	(2) Value of assets qualifying under section					
Ь	4942(j)(3)(B)(i)			 		
	enter 2/3 of minimum invest-					
	ment return shown in Part X					
٥	line 6 for each year listed 'Support' alternative test - enter					
	(1) Total support other than					
	gross investment income					
	(interest, dividends, rents, payments on secunties					
	loans (section 512(a)(5)), or royalties)					
	(2) Support from general					
	public and 5 or more exempt organizations as					
	provided in section 4942					
	(j)(3)(B)(iii)					
	port from an exempt organization					
	(4) Gross investment income.					-
Pa	rt XV Supplemen	tary Information (omplete this part	only if the found	ation had \$5,000 o	r more in assets at
1		uring the year - see	instructions.)			
	List any managers of			e than 2% of the tota	al contributions receiv	ed by the foundation
	before the close of any	tax year (but only if th	ey have contributed r	nore than \$5,000) (S	ee section 507(d)(2))	rea by the roundation
		FINANCIAL SOLUT		, , ,		
- b	List any managers of			f the stock of a corn	oration (or an equally	/ large portion of the
	ownership of a partners					, large portion of the
		•		· ·		
	N/A					
2	Information Regarding	Contribution, Grant.	Gift, Loan, Scholarsh	ip. etc Programs:		
	Check here ▶ ☐ If th			• • •	itable organizations (and door not poor
	unsolicited requests for	or funds If the found	ation makes gifts gra	ents etc to individua	ilable organizations ur	and does not accep
	complete items 2a, b, c	, and d See instruction	ns	,,	or organizations an	
а	The name, address, ar	nd telephone number	or email address of th	ne person to whom and	olications should be add	ressed
_	ATCH 2	Ta terepriene maniper	or oman address or a	o porcon to unom app	onodiono onodia de dae	
b	The form in which appli	ications should be sub	mitted and information	on and materials they	should include	
				and metallians into		
c	Any submission deadlin	nes				
	· · · · · · · · · · · · · · · · · · ·					
d	Any restrictions or lin	nitations on awards	such as by geogra	aphical areas charita	able fields kinds of	institutions or other
-	factors			are areas, charte	and the second second	strations, or other

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Page **11**

Recipient Trecipient sain individual show any relationship to say foundation stanger or substantial contributor Purpose of grant or contribution Amount	
a Paid during the year	
a Paid during the year	
a Paid during the year	
SEE ATTACHMENT 2A NONE PC CHARITABLE 1,435,	
	755.
Total	755.
b Approved for future payment	
Total	

Page **12**

Part _® XVI-A Analysis of Income-Prod	ucing Act	ivities		.	· ·
Enter gross amounts unless otherwise indicated	Unrela (a)	ated business income (b)	Excluded by	y section 512, 513, or 514 (d)	(e) Related or exempt function income
Program service revenue	Business code	Amount	Exclusion code	Amount	(See instructions)
a					
b					
o					
d					
•	<u> </u>		 		
1					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments •	ļ				
4 Dividends and interest from securities					i
5 Net rental income or (loss) from real estate					
a Debt-financed property b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory					
9 Net income or (loss) from special events · · ·					
10 Gross profit or (loss) from sales of inventory.					
11 Other revenue a					
b					
6					
d			ļ		
e	<u> </u>				
12 Subtotal Add columns (b), (d), and (e)			<u> </u>		
13 Total. Add line 12, columns (b), (d), and (e)				13	
(See worksheet in line 13 instructions to verify calc		i-bm-out of F	Seemant Deem		
Part XVI-B Relationship of Activitie	S to the A	ccomplishment of E	xempt Pur	poses	
Line No Explain below how each activit	-				
▼ accomplishment of the foundation	on's exemp	t purposes (other than	by providing	funds for such purpose	s) (See instructions)
					
					·
					
					
		·		-	
			·		·
					
					
		· · · · · · · · · · · · · · · · · · ·			

Form 99	0-PF (2	019)	BROADKI	DGE FOUNDAT	ION				26-287	0407	Pa	ge 13
Part	XVII	Information R Organizations	egarding Tra	insfers to and	d Transactio	ns and	l Rolationship	s With	Noncha	ritabl	e Ex	emp
1 D	ld the	organization direc	tly or indirectly	engage in any	of the follows	ng with	any other organ	nization o	described		Yes	No
, ir	sec	tion 501(c) (other	r than section	501(c)(3) org	janizations) o	r in se	ction 527, rela	ating to	political			
0	rganız	ations?										
a T	ransfe	ers from the reporti	ng foundation to	o a noncharitabl	le exempt orga	ınızatıon	of					
-	-	sh										Х
(3	2) Oth	er assets								1a(2)		X
b C	ther t	ransactions										
-	-	es of assets to a no										X
-	-	chases of assets fr										X
-	-	ntal of facilities, equ	•									X
_	-	mbursement arrang										X
•	•	ins or loan guarante										X
_		formance of service			_							X
	_	g of facilities, equipn	_								<u> </u>	
		answer to any of the			_		• •		•			
		of the goods, other in any transaction o										
(a) Line		(b) Amount involved	· 1	noncharitable exem			Description of transfe					
(a) Cirie	110	N/A	(c) Name or	TIOTICITATILABLE EXERT	prorgamzation	N/A		is, dansaci	uons, and sne	ining and	ingenie	1110
			-			1						
			+			+						
	+	•	 			+						
			1			+						
	-		+			+						
	-											
					. <u> </u>		·····					
-												
d	escrib	foundation directly ed in section 501(c " complete the follo	;) (other than se	· ·	•		•	organiza	ations		es X] No
		(a) Name of organization	on	(b) Typ	e of organization		(c) Descripti	on of relation	ship		
	10-2		land the state of					the best o	4 and the soule of		-14 -4	
		penalties of perjury, I deci , and complete Declaration of						the best o	r my knowled	ge and t	peliel, it	is true
Sign		Doge a Oldat	~	1 2/10/	/2021	. .			May the IR	S discus	s this	retum
Here	<u> </u>	Cel (le co)			/2021	· ——	& General Counsel			eparer		below?
	*	ature of officer or trustee		Date		Title			See instruction	ns X	Yes	No.
	J Ad	am D Amsterdam		Prendorle size	nature		Date	1	.	DTIN		
Paid		Print/Type preparer's na		Preparer's sign	nature -	.	Date	Che	<u>~ Ш " </u>	PTIN DO15	0054	0
Prepa	rer	KELLY FIOREN		1,700	- Crow	<u>~~~</u>	02/09/2			P015		0
•			PMG LLP	KENNEDY DAT	D K M V A			Firm's EIN	▶13-5	J0321	<i>J /</i>	
Use C	ziiiy	Firm's address 🕨 🕸	JU JUHN F.	KENNEDY PAI	LUMAI							

973-467-9650

SHORT HILLS, NJ

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Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No 1545-0047

2019

Name of the organization Employer identification number BROADRIDGE FOUNDATION C/O BROADRIDGE FINANCIAL SOLUTIONS, INC. 26-2870487 Organization type (check one) Filers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

JSA

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Name of organization BROADRIDGE FOUNDATION

C/O BROADRIDGE FINANCIAL SOLUTIONS, INC.

Employer identification number 26-2870487

Part I	Contributors (see instructions) Use duplicate copies	of Part I if additional space is ne	eeded
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	BROADRIDGE FINANCIAL SOLUTIONS, INC. GATEWAY CENTER, 283-299 MARKET ST NEWARK, NJ 07102	\$1,500,000.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	<u> </u>		Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization BROADRIDGE FOUNDATION

C/O BROADRIDGE FINANCIAL SOLUTIONS, INC.

Employer identification number

26-2870487

Part II	Noncash Property (see instructions) Use duplicate copies	s of Part II if additional space is ne	eded
(a) No. from Part i	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\ \\ \\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		 \$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of o	organization BROADRIDGE FOUNDATION		···	Employer identification number
	C/O BROADRIDGE FINANCI	AL SOLUTIONS, IN	C.	26-2870487
Part III	Exclusively religious, charitable, etc., (10) that total more than \$1,000 for the following line entry. For organization contributions of \$1,000 or less for the Use duplicate copies of Part III if additional and the copies of	the year from any or ons completing Part li e year (Enter this info	ne contributor. Co II, enter the total o rmation once Se	omplete columns (a) through (e) and f exclusively religious, charitable, etc
(a) No. from Part I	(b) Purpose of gift	(o) Use of		(d) Description of how gift is held
Parti_				
		(e) Transfer	of gift	
	Transferee's name, address, an	d ZIP + 4	Relations	hip of transferor to transferee
(a) No from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Description of how gift is held
	Transferee's name, address, an	(e) Transfer d ZIP + 4		hip of transferor to transferee
		.		
(a) No. from Part I	(b) Purpose of gift	(o) Use of	gift	(d) Description of how gift is held
		(e) Transfer	of gift	
	Transferee's name, address, an	d ZIP + 4	Relations	hip of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(o) Use of	gift	(d) Description of how gift is held
				· · · · · · · · · · · · · · · · · · ·
		(e) Transfer	of gift	
	Transferee's name, address, and	d ZIP + 4	Relations	hip of transferor to transferee
	1	1	·	

BROADRIDGE FOUNDATION

2019 FORM 990-PF

26-2870487

FORM 990FE, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES	ERS, DIRECTORS, AND TRUSTEES		ATTACHMENT	IMENT 1
NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
ADAM AMSTERDAM 2 GATEWAY CENTER, 283-299 MARKET ST NEWARK, NJ 07102	DIRECTOR, SECRETARY .50	Ö	0.	0.
JOHN HOGAN 2 GATEWAY CENTER, 283-299 MARKET ST NEWARK, NJ 07102	DIRECTOR, CHAIRMAN .25	·	.0	.0
EDMUND REESE 2 GATEWAY CENTER, 283-299 MARKET ST NEWARK, NJ 07102	DIRECTOR, TREASURER .25	·	.0	.0
	GRAND TOTALS	0.	0	0.

66728X 2880

2456145

i .

ATTACHMENT 2

FORM 990PF, PART XV - NAME, ADDRESS AND PHONE FOR APPLICATIONS

ADAM AMSTERDAM C/O BROADRIDGE FOUNDATION NEWARK, NJ 07102 201-714-3505

> 66728X 2880 V 19-7.7F 2456145 PAGE 23

Broadridge Foundation 26-28707487

• Form 990-PF, Part XV, Line 3a - Grants and Contributions paid during the year or approved for future payment

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Name of Organization	Location	Relationship to	Foundation Status	Check Amount
ACTORS THEATRE WORKSHOP INC	United States	NONE	501(c)(3)	500
AMERICAN FRIENDS OF CHRIST CHURCH INC	United States	NONE	501(c)(3)	5.000 00
AMERICAN HEART ASSOCIATION INC	United States	NONE	501(c)(3)	5,000 00
AMERICAN RED CROSS	United States	NONE	501(c)(3)	500
AUTISM SPEAKS LONG ISLAND	United States	NONE	501(c)(3)	1,500 00
BLAK & BLUE DANCE PROJECT	United States	NONE	501(c)(3)	3,500 00
BOYS & GIRLS CLUB BELLPORT	United States	NONE	501(c)(3)	500
BOYS & GIRLS CLUB OF GREENWICH	United States	NONE	501(c)(3)	700
CARDOZO SCHOOL OF LAW YESHIVA UNIVERSITY	United States	NONE	501(c)(3)	500
CATHOLIC CHARITIES CYO	United States	NONE	501(c)(3)	5.000 00
CHILDRENS SPECIALIZED HOSPITAL FOUNDATION INC	United States	NONE	501(c)(3)	500
COLLEGE OF MOUNT SAINT VINCENT	United States	NONE	501(c)(3)	5,000 00
COLORADO COLLEGE	United States	NONE	501(c)(3)	500
COMMUNITY FOOD BANK OF NEW JERSEY INC	United States	NONE	501(c)(3)	500
CONNECTICUT PUBLIC BROADCASTING INC	United States	NONE	501(c)(3)	500
CRYSTAL SPRINGS UPLANDS SCHOOL	United States	NONE	501(c)(3)	3,500 00
DOWNTOWN COMMUNITY TELEVISION CENTER INC	United States	NONE	501(c)(3)	10,000 00
FOOD BANK OF LOWER FAIRFIELD COUNTY INC	United States	NONE	501(c)(3)	800
FOOD BANK OF LOWER FAIRFIELD COUNTY INC	United States	NONE	501(c)(3)	2,500 00
FRIENDS OF THE BASS MUSEUM INC	United States	NONE	501(c)(3)	500
FUTURES IN EDUCATION FOUNDATION	United States	NONE	501(c)(3)	1,500 00
GETTYSBURG COLLEGE	United States	NONE	501(c)(3)	5,000 00
HOFSTRA SCHOOL OF MEDICINE	United States	NONE		50,000 00
HOPE FOR A HEALTHIER HUMANITY	United States	NONE	501(c)(3)	2,500 00
INSTITUTE OF CONTEMPORARY ART MIAMI INC	United States		501(c)(3)	
JK GROUP	United States	NONE	501(c)(3)	500 22,540 95
JK GROUP	United States	NONE	501(c)(3)	26,607 45
JK GROUP	United States	NONE	501(c)(3)	
JK GROUP	United States	NONE	501(c)(3) 501(c)(3)	46,046 20 9,505 25
JK GROUP	United States	NONE		16,387 20
JK GROUP	United States	NONE	501(c)(3) 501(c)(3)	3,000 00
JK GROUP	United States	NONE		
JK GROUP	United States	NONE	501(c)(3) 501(c)(3)	17,328 28
JK GROUP		NONE	501(c)(3)	58,297 50
JK GROUP	United States	NONE		31,510 05 35,186 16
JK GROUP		NONE	501(c)(3)	85,711 02
JK GROUP			501(c)(3)	
JOHNS HOPKINS MEDICAL UNIVERSITY		NONE	501(c)(3) 501(c)(3)	59,135 39 5,000 00
JORGE M PEREZ ART MUSEUM OF MIAMI DADE COUNTY I		NONE	501(c)(3)	5,000 00
JOYCE THEATER FOUNDATION INC		NONE		
JUVENILE DIABETES RESEARCH FOUNDATION		NONE	501(c)(3)	2,500 00
JUVENILE DIABETES RESEARCH FOUNDATION			501(c)(3)	10,000 00
KING SCHOOL		NONE NONE	501(c)(3)	1,000 00
LEUKEMIA & LYMPHOMA SOCIETY			501(c)(3)	5,000 00
LONG ISLAND CADDIE SCHOLARSHIP FUND		NONE	501(c)(3)	1,000 00
MAKE A WISH FOUNDATION		NONE	501(c)(3)	500
MAKE A WISH FOUNDATION		NONE	501(c)(3)	20,000 00
MASSACHUSETTS GENERAL HOSPITAL		NONE	501(c)(3)	10,000 00
	-	NONE	501(c)(3)	2,500 00
MEMORIAL SLOAN KETTERING CANCER CENTER		NONE	501(c)(3)	500
MEMORIAL SLOAN KETTERING CANCER CENTER		NONE	501(c)(3)	500
MGH HOME HEALTH SERVICES INC		NONE	501(c)(3)	2,500 00
NEW JERSEY PERFORMING ARTS CENTER	United States	NONE	501(c)(3)	50,000 00

Broadridge Foundation 26-28707487

• Form 990-PF, Part XV, Line 3a - Grants and Contributions paid during the year or approved for future payment

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ted States Ited States Ite	NONE NONE NONE NONE NONE NONE NONE NONE	501(c)(3) 501(c)(3) 501(c)(3) 501(c)(3) 501(c)(3) 501(c)(3)	500 2,500 00 5,000 00 10,000 00 25,000 00 150,000 00 25,000 00
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ted States Ited States Ite	NONE NONE NONE NONE NONE	501(c)(3) 501(c)(3) 501(c)(3) 501(c)(3) 501(c)(3)	500 2,500 00 5,000 00 10,000 00 25,000 00
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ted States I	NONE NONE	501(c)(3) 501(c)(3)	500 2,500 00
ted States	NONE	501(c)(3)	500
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ted States I	NONE !	501(c)(3)	2,500 00
			
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			10,000 00
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