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

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

Department of the Treasury

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

Information about Form 990 and its instructions is at www.irs.gov/form990.

ĀĪ	For th	ne 2015 calendar year, or tax year beginning 07/01, 2015,	, and endin	g		06	/30, 20	16	100000000000000000000000000000000000000
_		C Name of organization	The state of the s		D Employer idea	ntifica	tion numb	er	
В	heck if a	STOCKTON UNIVERSITY FOUNDATION			22-195	740	6		
	Adde	SS Dalas husiness as					•		
$\vdash$			Room/suite		E Telephone nu	mber			
	Initial	101 VERA KING FARRIS DRIVE	K-204		(609) 62	6-3	546		
	Final	return/ City or town, state or province, country, and ZIP or foreign postal code			(003)	<u> </u>			
$\vdash$	Lermi Amer	ded CALLOWAY N.T. 08205			G Gross receipts	s	11	315.	679.
		F Name and address of principal officer. PHILTP T FLIMORE			H(a) Is this a grou				X No
ı_	perd	101 VERA KING FARRIS DR, K-204 GALLOWAY, NJ	08205		Subordinates' H(b) Are all subord		Warter#2	Yes	No
ī	Tax-ex	empt status: X 501(c)(3)   501(c) ( )   (insert no.)   4947(a)(1) c		<del>,                                    </del>	if "No," attac		<u> </u>	, ,	
j		te: WWW.STOCKTON.EDU/FOUNDATION	01 [02]	<del></del>	H(c) Group exemp			20113)	
		of organization: X Corporation Trust Association Other	I Voor of	f formati	on: 1972 M			miciles	NJ
	art	Summary	L real of	Torritati	OII. 13/2  M	State	ui tegai do	mcile:	110
		Briefly describe the organization's mission or most significant activities: TO PRO	NIDE LE	ADED	CINK CINS	OVE	DETCHT	1 AME	
ø	'	BE RESPONSIBLE FOR RAISING, STEWARDING, AND DISTR				_ <u> </u>	KSIGIII	AND	
õ		SUPPORT OF STOCKTON UNIVERSITY AND ITS STUDENTS.	TDOTING		DS 111				
ž	2	Check this box ► if the organization discontinued its operations or dispose							
Activities & Governance	3								43.
8	4	Number of voting members of the governing body (Part VI, line 1a)	• • • • • •			3			41.
es	5	Number of Independent voting members of the governing body (Part VI, line 1b),				4			$\frac{41}{0}$ .
Σį	1	Total number of individuals employed in calendar year 2015 (Part V, line 2a)				5			
Act	6	Total number of volunteers (estimate if necessary)				6			35.
	l /a	Total unrelated business revenue from Part VIII, column (C), line 12		• • • •		7a			0.
_	<u> </u>	Net unrelated business taxable income from Form 990-T, line 34		<del></del>	Prior Year	7b	Cur	rent Ye	0.
		Out the Comment of th							
ne ne	8	Contributions and grants (Part VIII, line 1h)			1,846,27		Ζ,	441,	
Revenue	9	Program service revenue (Part VIII, line 2g)			005.44	0.		501	0.
Re	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d),			985,44			501,	
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			-59,13			-60,	
_	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12).			2,772,57			883,	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			1,165,18			998,	
	14	Benefits paid to or for members (Part IX, column (A), line 4)				0.			0.
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10),			110 50	0.		4.5	0.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)			110,53	2.		15,	000.
X	b	Total fundraising expenses (Part IX, column (D), line 25) ▶49,872				_			
_	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			721,54			908,	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			1,997,26	_			217.
- 0	19	Revenue less expenses. Subtract line 18 from line 12			775,31			961,	
ts or					ning of Current Y			of Year	
Net Assets Fund Balanc	20	Total assets (Part X, line 16)			29,293,28		30,	061,	
at A	21	Total liabilities (Part X, line 26)			120,88	_			721.
		Net assets or fund balances. Subtract line 21 from line 20			29,172,39	9.	29,	971,	477.
	rt II	Signature Block							
true	der pei e, corre	nallies of perjury, I declars that I have estimated this return, including accompanying schedu ct, and complete. Declaration of preparation of whice	iles and statem ch preparer has	nents, a s anv kn	nd to the best of owledge.	my k	nowledge :	and bel	ief, it is
		1 Style I State			2/2	2/	17		
Sig	n	( Control of the cont			12/00	1	//		
He		Signature of officer			Daté				
	. •		VE DIRE	CTOR					
		Type or print name and title	I Date				7711		
Palo	i	Print/Type preparer's name Preparer's signature	Date 2-9-2	0017	Check	"	ИΠΥ		
	parer	RUSSLEE ARMSTRONG Busher Unrating	2-9-2	.01/	self-employe		P0028		3
	Only	Firm's name ►GRANT THORNTON LLP			Firm's EIN > 3				
		Firm's address ▶2001 MARKET STREET, SUITE 700 PHILADELPHIA, PA 19103			Phone no. 2	15-	561-42	200	
May	the l	RS discuss this return with the preparer shown above? (see instructions)					X Ye		No
For	Pape	rwork Reduction Act Notice, see the separate instructions.					Forn	n 990	(2015)

# Cumulative e-File History 2015

#### Federal

Tax Return 1332JM

**Return Type** 

990

**Taxpayer** 

Stockton University Foundation

**Submitted Date** 

2017-02-10 10:19:19

Acknowledgement Date 2017-02-10 10:27:47

Status

Accepted

**Submission ID** 

23695320170415000000

IRS e-file Signature Authorization OMB No. 1545-1878 Form 8879-EO for an Exempt Organization For calendar year 2015, or fiscal year beginning 07/01 , 2015, and ending 06/30Do not send to the IRS. Keep for your records. Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo. Department of the Treasury Internal Revenue Service Employer identification number Name of exempt organization 22-1957406 STOCKTON UNIVERSITY FOUNDATION Name and title of officer PHILIP T ELLMORE, EXECUTIVE DIRECTOR Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I. 1a Form 990 check here ▶ X b Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . . 1b Form 990-EZ check here F Total revenue, if any (Form 990-EZ, line 9) . . . . . . . . . 2b b Total tax (Form 1120-POL, line 22) . . . . . . . . . . . . 3b Form 1120-POL check here b Tax based on Investment Income (Form 990-PF, Part VI, line 5). 4b Form 990-PF check here Form 8868 check here b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c) . . . . . 5b Declaration and Signature Authorization of Officer Part II Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2015 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the authorize the U.S. Treasury and its designated in the tax preparation software for payment of the organization's federal taxes owed on this financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN: check one box only as my signature to enter my PIN X | authorize GRANT THORNTON LLP Enter five numbers, but FRO firm name do not enter all zeros on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer of the organization, I will enter my PiN as my signature on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(les) regulating charities as part of the IRS Fed/State program, Lwill enter my PIN on the return's disclosure consent screen. Officer's signature 🕨 Part III Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification 5 number (EFIN) followed by your five-digit self-selected PIN. I certify that the above numeric entry is my PIN, which is my signature on the 2015 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. Russlee Lansting ERO's signature **ERO Must Retain This Form - See Instructions** 

JSA 5E1676 1.000 Form 8879-EO (2015)

Do Not Submit This Form To the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

# Form 8868

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No. 1545-1709

Form 8868 (Rev. 1-2014)

X If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box . . . . . If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868. Electronic filling (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits. Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time Enter filer's identifying number, see instructions to file income tax returns. Employer identification number (EIN) or Name of exempt organization or other filer, see instructions. Type or print 22-1957406 STOCKTON UNIVERSITY FOUNDATION Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) File by the due date for 101 VERA KING FARRIS DRIVE K-204 filing your City, town or post office, state, and ZIP code. For a foreign address, see instructions. return. See instructions. GALLOWAY, NJ 08205 Enter the Return code for the return that this application is for (file a separate application for each return) . . . . . . . . . . . . Application Return Return Application Code Is For Code Is For 07 Form 990-T (corporation) 01 Form 990 or Form 990-EZ 80 02 Form 1041-A Form 990-BL Form 4720 (other than individual) 09 03 Form 4720 (individual) 10 Form 5227 04 Form 990-PF 11 05 Form 6069 Form 990-T (sec. 401(a) or 408(a) trust) 12 Form 8870 Form 990-T (trust other than above) DR. PHILIP ELLMORE The books are in the care of ➤ 101 VERA KING FARRIS DR. K204 GALLOWAY, NJ 08205 Telephone No. ▶ 609 626-3546 FAX No. > If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) , If this is a list with the names and EINs of all members the extension is for. I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 02/15, 2017, to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year 20 \_\_\_\_ or ► X tax year beginning \_\_\_\_\_\_07/01 , 2015 \_, and ending \_\_\_\_\_\_06/30 , 2016 \_. If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Change in accounting period 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any 3a | \$ nonrefundable credits. See instructions. b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 3b|\$ 0. estimated tax payments made. Include any prior year overpayment allowed as a credit. c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment

0193082

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

JSA 5E1020 1.000 1332JM 700P 2/14/2017 2:50:27 PM V 15-7.18

0193082

Page 3

2 3 4 5 6	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 2 3 4 5 5 6 7	X X X	х х х
2 3 4 5 6	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?  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 4 5		X
2 3 4 5 6	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?  Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," complete <i>Schedule C, Part I</i>	3 4 5		X
3 4 5 6 7 8	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 4 5	X	X
4 5 6 7 8	candidates for public office? If "Yes," complete Schedule C, Part I	5		X
4 5 6 7 8	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	5		X
5 6 7 8	election in effect during the tax year? If "Yes," complete Schedule C, Part II	5		Х
5 6 7 8	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.  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.  Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.  Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	5		Х
6 7 8	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	6		
6 7 8	Part III	6		
6 7 8	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		
7	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			X
7 8	"Yes," complete Schedule D, Part I			X
8	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_	Ì	•
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	- 1		Х
	complete Schedule D, Part III			
9				х
9	The state of the s	8		
	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a		,	ľ
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or	9		Х
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9_		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	10	x	l
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	100000	-52504
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.		( perapas	-91-73
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	11a	X	
	complete Schedule D, Part VI	110		$\vdash$
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more	11b		Х
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	(11)		
С	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	- 10	-	
α	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization report an amount for other habilities in Falt X, line 23: It res, complete dishedule 2, rank X	1		
1	the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
40-	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
12a	Schedule D, Parts XI and XII	12a	Х	
L	Was the organization included in consolidated, independent audited financial statements for the tax year? If		<u> </u>	
Ŋ	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	1.3	<u> </u>	
b	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			<del>-</del>
13	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			T
10	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on		i	
1.7	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	L
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?		[	
1.7	If "Yes," complete Schedule G, Part III	19		Х
-		Form	990	(2015)

#### Checklist of Required Schedules (continued) Part IV Yes No Χ 20a 20 a 20b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . . Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 Х 21 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II....... Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 Х 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated Х 23 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 Χ 24a 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?..... Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24¢ 24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . . 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit Χ 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? Х 25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any 26 current or former officers, directors, trustees, key employees, highest compensated employees, or Х 26 disqualified persons? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 27 substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled Χ 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, 28 Part IV instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . . . . X A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete X An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) Х 28c was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV. . . . . . . . . Х Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. . . . 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified Χ 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 Χ 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 Χ Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 X Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 34 Χ 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?........... 35a 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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 Х 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, 37 Χ Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 38 19? Note. All Form 990 filers are required to complete Schedule O. Form 990 (2015)

Page 5

Part	Statements Regarding Other IRS Filings and Tax Compliance  Chock if Schodulo O contains a response or note to any line in this Part V			
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	7/200		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	7:00000 7:0000		
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Х	
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		100	
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 0.		ivie el	N. P.
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	45,,,,,,,	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	310.0		
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
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		
	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	170.05	X
	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).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	G.		Х
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	ļ <del>.</del>	
	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6 h		1
	gifts were not tax deductible?	6b	Habbara.	
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	7a	х	
	and services provided to the payor?	7b	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	1.5	<del> </del>	
Ç	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7c		Х
	required to file Form 8282?	70.07		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e	t tyr ergen	Х
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g	<u> </u>	
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7h		
n	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	475,814	1	(A) (1)
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		
•		XEIK	y day	3/15/
	Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?	9a	]	Ĭ
a	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:		33.4	: 35
10	Initiation fees and capital contributions included on Part VIII, line 12			
a h	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			70.75 70.75
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			172.1 1 - 1
h	Gross income from other sources (Do not net amounts due or paid to other sources			
.,	against amounts due or received from them.)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
.~u b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year [12b]			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		13/6	
	Is the organization licensed to issue qualified health plans in more than one state?	13a		ļ
•	Note. See the instructions for additional information the organization must report on Schedule O.			
ь	Enter the amount of reserves the organization is required to maintain by the states in which		137	
.,	the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
14 a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		<u> </u>
JSA		For	ո 99(	(20

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 thro response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in	ugh 7b below, Schedule O.S	and ee in:	tor a struct	"No" ions.
	Check if Schedule O contains a response or note to any line in this Part VI				x
Secti	on 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	ia 43			
	If there are material differences in voting rights among members of the governing body, or if the governing			Contact	
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1		ABOV SY	
b		1b 41		M. A.	
2	Did any officer, director, trustee, or key employee have a family relationship or a business rela	ionship with	THE STATE	MANN.	T/Wil
_	any other officer, director, trustee, or key employee?		2	Χ	
3	Did the organization delegate control over management duties customarily performed by or und	er the direct			
J	supervision of officers, directors, or trustees, or key employees to a management company or other	person?	3	Х	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was file	17	4	X	
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?	5		Х
6	Did the organization have members or stockholders?		6		Χ
	Did the organization have members, stockholders, or other persons who had the power to ele-	ct or appoint			L
ı a	one or more members of the governing body?		7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval b	v) members.			1
Ŋ	stockholders, or persons other than the governing body?		7b		X
0	Did the organization contemporaneously document the meetings held or written actions under	taken during	14 (2 m) 2 (2 m)	618	
8	the year by the following:	tanon dening			
_	The governing body?		8a	X	l
a	Each committee with authority to act on behalf of the governing body?		8b	X	i
b	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be	e reached at		•	
9	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	· · · · · · ·	9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Inte	rnal Revenue	Code	<del>).)</del>	
Occi	ON B. T OHOLO (TIMO COOLOTI B TOQUECO INTOTALLERI GEORGE			Yes	No
4.0	Did the accomplication have level shorters bronches or officiates?		10a		Х
10a	Did the organization have local chapters, branches, or affiliates?	ich chanters			
b	affiliates, and branches to ensure their operations are consistent with the organization's exempt pur	nnees?	10b		1
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before fili		11a	Х	
11 a		ig the form.		12 mars (34 (3)	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		12a	Х	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests the	at could give			
b		ai coola give	12b	х	
	rise to conflicts?	licyO If "Voe "			
С	Did the organization regularly and consistently monitor and enforce compliance with the po		12c	Х	
	describe in Schedule O how this was done		13	Х	
13	Did the organization have a written whistleblower policy?		14	X	†
14	Did the organization have a written document retention and destruction policy?	Lanneaual his	700005	a.	Exist)
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?	15a	nga ingilawa	X
а	The organization's CEO, Executive Director, or top management official		15b		X
b	Other officers or key employees of the organization		130	113407	1.
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				1.77
16a		arrangement	16a	10.46.0010	x
	with a taxable entity during the year?		10a	1124.51	7
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to	evaluate its	1800	18.46	
	participation in joint venture arrangements under applicable federal tax law, and take steps to		4 Ch	43.54	1400000
	organization's exempt status with respect to such arrangements?		16b		<u> </u>
Sect	ion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 3				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and	990-T (Section	1 501(	c)(3)	s only
	available for public inspection. Indicate how you made these available. Check all that apply.	adula Ol			
	X Own website Another's website X Upon request Other (explain in School				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents	s, conflict of int	erest	polic	y, 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 b DR. PHILIP ELLMORE 101 VERA KING FARRIS DR. K204 GALLOWAY, NJ 08205 609-626-3546	ooks and record	ls:▶		
	DR. PHILIP ELLMORE 101 VERA KING FARRIS DR. K204 GALLOWAY, NJ U8205 609-626-3546	· · · · · · · · · · · · · · · · · · ·		000	(2015
JSA			rom	ロックし	/{ZU15

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

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

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

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

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

Check this box if neither the organization n	or any related	orga	nizat	ion	cor	npens	sate	d any current offic	er, director, or trus	tee.
(A) Name and Title	(B) Average hours per week (list any hours for related	box,	not ch unless er and	s pe	ition more rson irect	than o is both or/trust emplo	an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional trustee	37	Key employee	Highest compensated employee	er	(W-2/1099-MISC)		organization and related organizations
(1)RICHARD H. WALKER JR. ESQ:	2.00								·	
BOARD MEMBER	<b></b>	X		Х				0.	0.	0.
(2)RICHARD S. DOVEY	5.00									
CHAIR		Х		Х				0.	0.	0.
(3)DR. JOHANNA R. JOHNSON	2.00									
1ST VICE CHAIR		Х		Х		<u> </u>		0.	0.	0
(4)MICHAEL C. EPPS, ESQ.	2.00	[						_		_
SECRETARY		X		X			<u> </u>	0.	0.	0.
(5)DONNA H. BUZBY, CPA	4.00			i						
2ND VICE CHAIR/TREASURER		X.	<del>  </del>	X		ļ <u> </u>	ļ	0.	0.	0
(6)DONNA M. ALBANO	2.00									
BOARD MEMBER	·	X	$\sqcup$			ļ	ļ	0	. 0.	0
_(7)DR. PETER A. CAPORILLI	2.00	٠							.) o.	0
BOARD MEMBER		X			-		<del> </del>	0	· <u> </u>	
_(8)TIMOTHY_CAREW	2.00	- 1	1							0
BOARD MEMBER		X	<del>  </del>			ļ	-	0	·  <u> </u>	
_(9)ANTHONY J. COPPOLA, SR.	2.00	┥	'					0	. 0.	0
BOARD MEMBER	2.00	X	+			-	<del> </del>	0	·	
(10)DAVID A. DELIZZA		- X						0	. 0.	0
BOARD MEMBER	2.00		+		├	<del> </del>	$\vdash$	<u> </u>	·	
(11)MICHAEL L. ALBRECHT BOARD MEMBER		×						0	.) 0.	0
(12) JOSEPH FUSCO, ESQ.	2.00				<del> </del>		1	<u> </u>		<u> </u>
BOARD MEMBER		$  \mathbf{x}  $						0	. 0.	0
(13)BARBARA GOMES	2.00		+-	<u> </u>			1			
BOARD MEMBER		\ x		1				0	.] 0.	0
(14)L.GAYLE GROSS	2.00					T				
BOARD MEMBER	<del> </del>	×		}				0	. 0.	0
27.1.2 112.12.11.								<u></u> ,		= 000 (0045)

Form 990 (2015)

Part VII Section A. Officers, Directors, T	rustees, Ke	y Em	ıplo	ye	es,	and F	ligl	hest Compensat	ed Employ	ees (co	ntinued)	
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	untes	heck ss pe d a d	ition more rson	n oth the strain of the strain	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportat compensatio related organizati (W-2/1099-	n from ons	Estimamou oth compe from organization organization (Figure 1997)	nated int of ier insation the zation elated
		Ö	tee		]	sated						
15) DAVID HARRISON	2.00											0.
BOARD MEMBER	2.00	X	┈					0.		0.		0.
16) LORI S. HERNDON BOARD MEMBER		Х						0.		0.		0.
17) DR. JUANITA HIGH	2.00		<u>├</u>		<u> </u>							
BOARD MEMBER		Х	<u> </u>					0.		0.		0 .
18) DAVID R. HUGHES	2.00						ļ					
BOARD MEMBER		X	⊬	<u> </u>	ļ	ļ	}	0.		0.	<del>-</del> · · · ·	0
19) MICHAEL A. HYETT, ESQ.	2.00	v						0.		0.		0
BOARD MEMBER 20) MICHAEL JACOBSON	2,00	X		<del> </del>	<del> </del>			ļ	<del> </del>			
BOARD MEMBER		x	ļ					0.		0.		0
21) MICHELLE LENZMEIER KEATES	2.00		<del>                                     </del>				<b> </b>					
BOARD MEMBER		Х						0.		0.		0
22) CHARLES W. KRAMER	2.00		1									_
BOARD MEMBER		X	<u> </u>		<del> </del>	ļ	<u> </u>	0.	<u> </u>	0.		0
23) CLAIRE KUHAR	2.00	-}								ا م		0
BOARD MEMBER	2.00	Х	<del> </del>	-	$\vdash$		┾	0.		0.		
24) THOMAS KUHAR	2.00	X				ļ		0		0.		0
BOARD MEMBER 25) RITA MACK	2.00	+	1	H	-	<del> </del>	T		<u> </u>			
BOARD MEMBER		Х		ļ.			}	0	.	0.		0
1b Sub-total							<b>&gt;</b>	. 0		0.		0
c Total from continuation sheets to Part VII,							▶	0		745.		3,840
d Total (add lines 1b and 1c)							<b>&gt;</b>	0	<u> </u>	745.	11	3,840
2 Total number of individuals (including but ne reportable compensation from the organization)	ot limited to∃ tion ▶	those 0		ed a	ibov	e) wh	o re	eceived more than	\$100,000 6	)†		
Topolitado compensado, nos esguinos			•									res No
3 Did the organization list any former of	fficer, direct	or, o	r tr	uste	ee,	key	em	ployee, or highes	st compens	ated	14164	
employee on line 1a? If "Yes," complete School	edule J for su	ch ine	divid	lual							3	X
4 For any individual listed on line 1a, is the	e sum of re	porta	ble	con	npe	nsatio	n a	and other comper	sation from	the		
organization and related organizations	greater than	1 \$1	50,0	000	? /	f "Ye	S, "	complete Schedu	ule J for a	such	4	X
individual										dual	1,27,317	
5 Did any person listed on line 1a receive for services rendered to the organization? If	or accrue co "Yes." comple	anpei ete Sc	hed	uun lule	J fo	r such	y ui i pe	rson	THE PERSON		5	Х
Section B. Independent Contractors												
<ol> <li>Complete this table for your five highest compensation from the organization. Report year.</li> </ol>	ompensated rt compensat	indep ion fo	end or th	ient e ca	cor alen	ntracte dar ye	ors ear	that received mor ending with or wit	e than \$100 thin the orga	,000 o inizatio	f n's tax	
(A)								(B)			(C) Compensa	tion
Name and business	address						+	Description of s	EI VICES		ompense	atori
							+					
			-				+					
			-				+					
							I					
2 Total number of independent contractors	(including b	out no	ot li	mite	ed 1	o the	se	listed above) who	received			

Part VII Section A. Officers, Directors, Tru (A) Name and title	(B) Average hours per			(C Pos	C) ition	than o		(D) Reportable compensation	(E) Reportable compensation from	(F) Estimated amount of
	week (list any hours for related organizations below dotted line)	box,	unles	s pe	rson	both Highest compensated employee	an	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
6) KENNETH OREGGIO	2.00		ě			ated				
BOARD MEMBER		X	_		<u> </u>			0.	0.	<u></u>
7) JOHN OVERPECK	2.00					!		0.	0.	
BOARD MEMBER	2.00	X	-	-	$\vdash$					<del> </del>
8) BONNIE D. PUTTERMAN, ESQ. BOARD MEMBER		Х				}	<u> </u>	0.	0	
9) RICK RICCIARDI	2.00		<del>                                     </del>	ļ						
BOARD MEMBER	†	Х	_				<u> </u>	0.	0	
0) HON. JOHN SCHULTZ	2.00							_		
BOARD MEMBER		<u>X</u>	4	ļ	-l	<u> </u>	1	0.	0	<u> </u>
1) JEFFREY P. SEELIG	2.00	1						0		
BOARD MEMBER	2 00	X	+	╁	+	-	}		<u> </u>	<u> </u>
2) TRIBHUVAN SINGH	2.00	$\frac{1}{x}$							.  0	,
BOARD MEMBER  3) JOEL STEELE	2.00		+	+		1	-			
BOARD MEMBER	<del></del>	X				-		0	. <u> </u>	
4) THOMAS J. SYKES	2.00	1		1-						•
BOARD MEMBER		X		1		<u> </u>	$\perp$	0	. 0	·
35) MELVIN J. TARNOPOL, ESQ.	2.00				ŀ		ł			+
BOARD MEMBER	<u> </u>	X	-	1_	-	ļ	ļ	0	. 0	·
36) CAROLINE TILL	2.00	۲ x	Į	ļ	ļ		Ì	0	.) 0	.]
BOARD MEMBER		1_^			ــــــــــــــــــــــــــــــــــــــ	_l				
to Sub-total  c Total from continuation sheets to Part VII, d Total (add lines 1b and 1c)							<b>&gt;</b>	-		
Total number of individuals (including but no reportable compensation from the organization)	t limited to	those	e list	ed :	abo	ve) wh	10 r	eceived more than	1 \$100,000 of	Yes
3 Did the organization list any former off employee on line 1a? If "Yes," complete Sche	dule J for si	uch in	divi	dua	Ι.		• •			3
<ul> <li>4 For any individual listed on line 1a, is the organization and related organizations of individual</li></ul>	reater tha	.n. \$⊺ •••		000		// Y€	∌S,			4 X
for services rendered to the organization? If '	Yes," compl	ete S	ched	lule	Jto	or suc	n pe	erson		5
Complete this table for your five highest co- compensation from the organization. Report year.	mpensated compensa	inde tion f	pend or th	den ne d	t cc cale	ntract	tors rear	that received mo ending with or wi	re than \$100,000 (thin the organizal	
(A) Name and business a	ddress							(B) Description of	services	(C) Compensation
							_			
					-					
2 Total number of independent contractors more than \$100,000 in compensation from	(including	but r	ot	imi	ted	to th	ose	listed above) wh	o received	

Part VII Section A. Officers, Directors, Tru (A)	(B)	<u>y 1-11</u>	pio	(C		una n	3	(D)	(E)		(F)
Name and title	Average			Posi	ition			Reportable	Reportable		Estimated
<u>;</u>	hours per week (list any					e than or is both a		compensation from	compensation related	trom	amount of other
	hours for	office	r and	ad	irect	or/truste	e)	the	organization		compensation
	related	Indi)	Insti	Officer	ę	amp High	Former	organization	(W-2/1099-MI	ISC)	from the organization
	organizations below doited	dividual I	t t	ğ	emp	est o	द्	(W-2/1099-MISC)			and related
	line)	Individual trustee or director	ňai t		Key employee	6 CO II					organizations
		stee	Institutional trustee		0	Highest compensated employee					
			(0)			ēd					
7) DR. PHILIP T. ELLMORE	6.00	₹		.,					167,2	27	26,98
EXECUTIVE DIRECTOR	34.00			X	ļ	<del> </del>		0.	107,2	27.	20, 90
8) DR HARVEY KESSELMAN	4.00 36.00	1						0.	309,5	18.	86,852
UNIVERSITY PRESIDENT	2.00		-						30373		
9) DR EDWARD WROBLESKI BOARD MEMBER	2.00	Х	1					0.		0.	
0) DR. BRIGID C. HARRISON	2.00	<del> </del>			<del>                                     </del>						
BOARD MEMBER		X				1		0.		0.	
1) LISA JOHNSON	2,00				1		•				
BOARD MEMBER		X	1		<u> </u>			0.		0.	
2) CAMILLE E. SAILER, ESQ.	2.00					'	1		ļ		
BOARD MEMBER		X			<u> </u>	<u> </u>		0		0.	
3) CHARLES C. WEEKS, JR., JD, CFP	2.00	Ⅎ									
BOARD MEMBER		X	ļ	ļ		ļ		0	•	0.	
	<b> </b>	-				}					
		ļ . <u> </u>	-		┼	-					
	<del> </del>	-							}	-	
	<u></u>	+	-	<del> </del>	-	<del> </del>			<del>                                     </del>		
	<del> </del>	1		ļ							
	<u> </u>	1		1-	1	<u> </u>	<u> </u>				
	† <b></b>	1				}			<u></u>		
1b Sub-total							>	<u> </u>	ļ <u> </u>		
c Total from continuation sheets to Part VII, S	ection A .						<b>&gt;</b>		<del></del>		
d Total (add lines 1b and 1c)		* * <u>*</u>				· · ·	•	·	£100 000 of	<del></del>	
2 Total number of individuals (including but not	limited to	those	liste	ed a	ibov	/e) wn	o r	eceived more than	1 \$ 100,000 01		
reportable compensation from the organization	u -	0	•		••						Yes
3 Did the organization list any former office	cer direct	or. o	r tri	uste	ee.	kev (	em	plovee, or highe	st compensa	ted	<b>建筑基础</b>
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched	lule J for su	ıch in	divid	lual	• •			,,,,,,,,,,,,			3
4 For any individual listed on line 1a, is the											
organization and related organizations gr	eater that	n \$1	50,0	000	? .	f "Ye.	s,"	complete Sched	ule J for su	ıch	
individual										• •	4 X
5 Did any person listed on line 1a receive or	accrue co	ompe	nsati	lon	fro	m any	/ UI	nrelated organizat	ilon or Individ	uai	<b>E</b>
for services rendered to the organization? If ")	es," comple	ete So	chedi	ule	J fo	r suçn	pe	erson	<u> </u>	· ·	5
Section B. Independent Contractors  1 Complete this table for your five highest con	anonastad	indor	ond	ont		ntracto	are.	that received more	re than \$100.	000 o	
1 Complete this table for your five highest cor- compensation from the organization. Report	compensa	tion fo	or the	e ca	aler	ndar ye	ear	ending with or wi	thin the organ	nizatio	n's tax
year.											
(A)								( <b>8)</b> Description of s	enrices .	(	(C) Compensation
Name and business ac	aress						+	Description of s	301 11003		- Chipoliodion
							+				
							+				
							$\prod_{i}$	11-1-1-1-1-1-1	- rocalizad III	inter	
2 Total number of independent contractors ( more than \$100,000 in compensation from t	including I	out n ation	ot lii ▶	mile	ed	to tho	se	iistea above) wh	o received	74450E 74450E	
more than \$100,000 in compensation from the	.,5 5,941112		<u>-</u>					·			Form 990

	Check if Schedule O con			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from ta under sections 512-514
g 1a	Federated campaigns	, 1a	Reflects pulses of 1 to 2				
and Other Similar Amounts	Membership dues						
₹  c	Fundraising events	1c	447,421.				
g d	Related organizations						
E e	Government grants (contributi						
ਬੂ f	All other contributions, gifts, g		1,994,207.				
ŏ	and similar amounts not included a Noncash contributions included in						
ğ h	Total. Add lines 1a-1f	i ilines ta-ti. \$		2,441,628.			
<u> </u>	Total, Add times for the service		Business Code				
5 2a							
2 D							<del> </del>
ğ   c							<del> </del>
d d		- <del></del>					
Program vervice revenue				<u> </u>			
စ္မ်ား ၂၂	All other program service reve	enue		0.			
	Total. Add lines 2a-2f			<i>.</i>			
3	Investment income (income and other similar amounts).	alviaeri alviaeri	ds, interest,	848,246.		ļ	848,24
	Income from investment of	tav-exempt bond	proceeds	0.			
4	Royalties			0.			/ 101939 W 7 D 7 1
	[	(i) Real	(ii) Personal				
6a	Gross rents						
b							
c	B (111)						i Light, Ha sing Alli
d		<u> </u>		0.			
7a		(i) Secunties	(ii) Other				
	assets other than inventory	7,905,028.					
b	Less: cost or other basis						
	and sales expenses		1				
C	Gain or (loss)	653,541.		653,541			653,5
q	(1127)			633,341			
≗ 8a							
Ven	events (not including \$						
8	of contributions reported on		120,777.				
Other Revenue	See Part IV, line 18						
δ b		undraising events		-60,307			-60,3
9a	Gross income from gaming	activities.					
	See Part IV, line 19			1			
b			▶	0			
405							
10a	returns and allowances						
t			• L				yanı və marqara sərəti.
	c Net income or (loss) from sa Miscellaneous Reven		Business Code				47.547.87
			24311633 0000	1			
11a							
	b						
'							
					).		
1 (	Total revenue. See instructi			3,883,108	. \	İ	1,441,

# Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Total expenses  Total expenses  Program service expenses  Management and general expenses  Fundralsing expenses  Total expenses  Total expenses  Program service expenses  Management and general expenses  Fundralsing expenses  Total expenses  Total expenses  Total expenses  Program service expenses  Management and general expenses  Fundralsing expenses  Suppose the program service expenses  Total expenses  Total expenses  Program service expenses  Fundralsing expenses  Suppose the program service expenses  Suppose the program service expenses  Fundralsing expenses  Suppose the program service expenses  Suppose	Check if Schedule O contains a resp	oonse or note to any line	in this Part IX		
Grants and other assistance to dumestic individuals. See Part IV, line 21	Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service		
Grants and other assistance to demostic included sizes. See Part N, line 21	Grants and other assistance to domestic organizations				
individuals. See Part IV, line 2 (2	_	334,233.	334,233.		
3 Grants and other assistance to foreign organizations, favoring post protections, favoring operations, and foreign organizations, favoring operations, and foreign on individuals. See Pert IV, lines 15 and 16 0. 0. 4  8 Benefits paid to or for members		663,814.	663,814.	·	
organizations, foreign governments, and foreign individuals. So part IV, lines 15 and 16 . 0					
5 Compensation of current officers, directors, trassless, and key employees  6 Compensation on Included above, to disquisited persons (es defined under section 4958(P(11)) and persons described in acction 4958(P(11)) and 402(b) employer contributions (include section 401(b) and 402(b) employer contributions (include section 401(b) and 402(b) employer contributions (include section 401(b) and 402(b) employer contributions)  9 Contraction of the management of the section of the section 401(b) and 402(b) employer contributions)  10 Contraction of the section	organizations, foreign governments, and foreign				
trustees, and key employees . 0. 6 Compensation not included above, to disqualified persons (se defined under seation 4585(f)(11) and persons described in section 4585(f) and pers	4 Benefits paid to or for members	0.			
presons (as defined under section 4958(x)(1)) and persons described in section 4958(x)(3)(8) 0.	•	0.			
7 Other salaries and varges 8 Pension plan accrusis and contributions (include section 401k) and 403(b) and ployer contributions) 9 Other employee benefits	persons (as defined under section 4958(f)(1)) and				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Foes for services (non-employees): a Management 0 Logal 11, 799 4, 922 6, 877 11, 799 4, 922 6, 877 11, 799 11, 790 121, 300 11, 799 121, 300 11, 799 121, 300 11, 799 121, 300 11, 799 129, 279 129, 279 129, 279 129, 279 129, 279 129, 279 129, 279 129, 279 129, 279 13, 602 14 Information technology 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Conferences, conventions, and meetings 10 Insurance 11 In 799 12, 300 12, 300 13, 659 13, 659 14 Information technology 16 Conferences, conventions, and meetings 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Linears 10 Linears 11, 649					
Section 401(k) and 403(b) employer contributions   0					
10   Payrol texes   0   0   1   1   1   1   1   1   1   1	•				
10   Fayrol (axios)   10   Fees for services (non-employees):   a Management	9 Other employee benefits				
a Management   0   11,799   4,922   6,877     b Legal   21,300   21,300   21,300   d Lobbying   0   0     e Professional fundraising services. See Part IV, line 17   15,000   15,000     f Investment management fees   129,279   129,279     g Other (if line 11g amount exceeds 10% of line 25, column (A) amount, list line 19 reparase and Schedule O.)   6,825   6,825     13 Office expenses   85,699   61,375   7,274   17,050     14 Information technology   0   0     15 Royalites   0   0     16 Occupancy   0   0     17 Travel   97,169   96,870   299     18 Payments of travel or entertainment expenses for any federal, state, or local public officials of any federal, state, or local public officials   0     19 Conferences, conventions, and meetings   0     21 Payments to affiliates   0     21 Payments to filliates   0     21 Payments to filliates   0     22 Depreciation, depletion, and amortization   0     23 Insurance   1,649   1,649     24 Other expenses Itonize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e expenses on Schedule O.) a ACADEMIC SUPPORT   101,880   101,880   101,880     24 Other expenses. Itonize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e expenses on Schedule O.) a ACADEMIC SUPPORT   101,880   101,880   101,880     24 Other expenses. Itonize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e expenses on Schedule O.) a ACADEMIC SUPPORT   101,880   101,880   101,880     2 EFES & LICENSES   22,138   2,337   19,801     2 Other expenses   16,901   101,800   101,800     2 Other expenses   15,730   15,730   15,730   15,730   15,730   15,730   15,730   15,730   15,730   15,730   10,7	•	0.			
b Legal	• • • •				
2			4 922	6.877	
d Lobbyring			1, 7221		
8 Professional fundralsing services. See Part IV, line 17, 15,000. 129,279					· ·
Forestablish Indicating Services (See Part N, min 1)   1		}			15,000.
S Other, (if line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.).	-			129,279.	
(A) amount, list line 11g expenses on Schedule O.).  72, 719					
Advertising and promotion   6,825   6,825   .	- · · · ·		67,223	3,621.	1,875.
13 Office expenses					
14				7,274.	17,050.
15 Royalties	•	2 (50			
16 Occupancy					
17 Travel		1 0 1			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials  19 Conferences, conventions, and meetings		07 160 1	96,870.	299.	
for any federal, state, or local public officials  19 Conferences, conventions, and meetings					
19 Conferences, conventions, and meetings		0.			_
20 Interest		322,184.	281,264.	40,703.	217.
21 Payments to affiliates		0.			
Depreciation, depletion, and amortization		1 0 1			
23 Insurance	•	( · · ·			
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 ACADEMIC SUPPORT  b ARTISTS & LECTURERS  cFEES & LICENSES  dMEMBERSHIPS  e All other expenses. Add lines 1 through 24e  25 Total functional expenses. Add lines 1 through 24e  26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here  if		1 640 1		1,649.	
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 ACADEMIC_SUPPORT					
(A) amount, list line 24e expenses on Schedule O.)  a ACADEMIC_SUPPORT  b ARTISTS & LECTURERS  cFEES & LICENSES  22,138. 2,337. 19,801.  dMEMBERSHIPS  2,065. 450. 1,615.  e All other expenses  15,730. 15,730.  25 Total functional expenses. Add lines 1 through 24e 1,921,217. 1,638,927. 232,418. 49,872.  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	•				•
a ACADEMIC_SUPPORT bARTISTS & LECTURERS cFEES & LICENSES 22,138. 2,337. 19,801. dMEMBERSHIPS 2,065. 450. 1,615. e All other expenses 15,730. 15,730.  25 Total functional expenses. Add lines 1 through 24e 1,921,217. 1,638,927. 232,418. 49,872.  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	line 24e amount exceeds 10% of line 25, column				
bARTISTS & LECTURERS  cFEES & LICENSES  dMEMBERSHIPS  e All other expenses	(A) amount, list line 24e expenses on Schedule O.)				
cFEES & LICENSES  dMEMBERSHIPS  e All other expenses	aACADEMIC_SUPPORT				
dMEMBERSHIPS  e All other expenses	bARTISTS & LECTURERS				
e All other expenses					
25 Total functional expenses. Add lines 1 through 24e 1,921,217. 1,638,927. 232,418. 49,872.  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	dMEMBERSHIPS		450.	1,615.	45 500
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				000 110	
organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here	25 Total functional expenses. Add lines 1 through 24e		1,638,927.	232,418.	49,872.
	organization reported in column (B) joint costs from a combined educational campaign and				

JSA 5E1052 1.000

art X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Pa	rt X	• • • •	
		(A) Beginning of year	į	<b>(B)</b> End of year
1	Cash - non-interest-bearing	0.	1	0.
2	Savings and temporary cash investments	105,742.	2	291,793.
3	Pledges and grants receivable, net	1,054,687.	3	791,566.
4	Accounts receivable, net	8,211.	4	14,842
5	Loans and other receivables from current and former officers, directors,			
*	trustees, key employees, and highest compensated employees.		ļ	
1		į.	5	0 .
6	Complete Part II of Schedule L  Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary	0.	6	0
ņ	organizations (see instructions). Complete Part II of Schedule L	0.1	7	0
7 8	Notes and loans receivable, net	0.		0
8	Inventories for sale or use	0.	8	0
9	Prepaid expenses and deferred charges , , ,	U .	9	0
10 a	Land, buildings, and equipment: cost or			
	other basis. Complete Part VI of Schedule D 11, 575.	0	40-	0
b	•		10c	28,948,376
11	Investments - publicly traded securities	28,123,425.		
12	Investments - other securities. See Part IV, line 11	0.	12	. 0
13	Investments - program-related. See Part IV, line 11	0.	13	0
14	Intangible assets	0.	14	
15	Other assets. See Part IV, line 11	1,215.	15	14,621
16	Total assets. Add lines 1 through 15 (must equal line 34)	29,293,280.	16	30,061,198
17	Accounts payable and accrued expenses	111,155.	17	88,710
18	Grants payable	0.	18	0
19	Deferred revenue	9,726.		1,011
20	Tax-exempt bond liabilities	0.	20	0
21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0
တ္က 22	Loans and other payables to current and former officers, directors,			
<u> </u>	trustees, key employees, highest compensated employees, and		ļ <sub></sub>	
Liabilities 22	disqualified persons. Complete Part II of Schedule L		22	0
23	Secured mortgages and notes payable to unrelated third parties	0.	23	0
24	Unsecured notes and loans payable to unrelated third parties	0.	24	0
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D	0.	25	0
26	Total liabilities. Add lines 17 through 25	120,881.	26	89,721
sao	Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34.	2 204 050	07	2 264 502
<u>R</u> 27	Unrestricted net assets	2,284,050.	1	2,264,503 8,265,003
<u>සි</u> 28	Temporarily restricted net assets	8,814,490.	28	19,441,971
일 29	Permanently restricted net assets	18,073,859.	29	19,441,911
립	Organizations that do not follow SFAS 117 (ASC 958), check here  and complete lines 30 through 34.			
0	and the state of t		30	
क्षे 30	Capital stock or trust principal, or current funds			
30 31 31	Paid-in or capital surplus, or land, building, or equipment fund		31	<del></del>
30 31 32 32 32 32 32 32 32 32 32 32 32 32 32	Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds		32	00.031.455
8 31	Paid-in or capital surplus, or land, building, or equipment fund	29,172,399. 29,293,280.	<del> </del>	29,971,477

Page	1	1
raue		

Part	Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		,			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3,88	83,1	08.
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,9	21,2	17.
3	Revenue less expenses. Subtract line 2 from line 1	3		1,9	61,8	91.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2	9,1	72,3	99.
5	Net unrealized gains (losses) on investments	5		1,1	62,8	13.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
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	29,9	71,4	177.
Part						
	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: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplair	ı in	1		
	Schedule O.		l			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		<i>.</i> ]	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	or	Į		
	reviewed on a separate basis, consolidated basis, or both:			j	į	
	Separate basis Consolidated basis Both consolidated and separate basis					
h	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted o	n a 🐪	j		
	separate basis, consolidated basis, or both:		1			
	Separate basis Consolidated basis X Both consolidated and separate basis			.		
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for	overs	ight			1
v	of the audit, review, or compilation of its financial statements and selection of an independent accounts.	count	ant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year,	explai	n in			ł
	Schedule O.					
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t fort	h in			
va	the Single Audit Act and OMB Circular A-133?			3a_		X
b	If "Yes" did the organization undergo the required audit or audits? If the organization did not undergo	lergo	the			
~	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits.		3b	L	
				Form	990	(2015

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

# Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Van	ne of the organization					Employer ident	ification number
STOCKTON UNIVERSITY FOUNDATION							1957406
	rt Reason for Public Char						·
The	organization is not a private four						
1	A church, convention of chu						
2	A school described in section						
3	A hospital or a cooperative						
4	A medical research organization		conjunction with a hos	pital des	cribed in	section 170(b)(1)(A)	(iii). Enter the
	hospital's name, city, and sta			<del></del>			
5	An organization operated for		a college or university	y owned	or oper	rated by a governme	ntal unit described in
	section 170(b)(1)(A)(iv). (C						
6	A federal, state, or local government						
7	X An organization that norma			pport fro	m a gov	ernmental unit or tro	om the general public
	described in section 170(b)						
8	A community trust describe						
9	An organization that norma	illy receives: (1) m	ore than 331/3 % of 1	ts suppo	ort from	contributions, member	ersnip tees, and gross
	receipts from activities rela						
	support from gross invest						tax) Itolli busilesses
	acquired by the organization						
10	An organization organized a	and operated excit	isively to test for public	t to not	See Sec	functions of ortocor	ory out the numbers of
11	one or more publicly support						
	the box in lines 11a through						
а	Type I. A supporting orgating the supported organization						
	* * ·			iect a m	ajority of	the directors or trus	tees or the supporting
<b>L</b>	organization. You must co Type II. A supporting organization.			nnection	with ite	supported organization	on(s) by having
b	control or management o						
	organization(s). You must			the oath	o porcon	o mar com, or or man	ago ma cappana
С				ted in co	nnection	n with, and functional	ly integrated with.
	its supported organization						,,,
d							ted organization(s)
Ĭ	that is not functionally inte						
	requirement (see instructi						
e							I, Type III
	functionally integrated, or						,
f	Enter the number of supported						
ç	Provide the following information	on about the suppo	orted organization(s).	•			
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of other support (see
			(described on lines 1-9 above (see instructions))		ur governing nent?	support (see instructions)	instructions)
				Yes	No		
(A)							
				<u> </u>			
(B)							
(C)	i			1			}
(D)	ı						
(E)							
_		1	!	1		· · ·	1

Page 2

chicadic 11 (i	citi 000 di 000 cci / co 10	
Part II	Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and	170(b)(1)(A)(vi)
	(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization	failed to qualify under
	Part III. If the organization fails to qualify under the tests listed below, please complete	Part III.)

	Fart III. II the organization fail	o to quality att			· · · · · · · · · · · · · · · · · · ·			
Secti	on A. Public Support	T	<del></del>		100011	1-1-2045	(A) Total	
Calen	dar year (or fiscal year beginning in) 🕨 📗	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total	
	Gifts, grants, contributions, and membership fees received. (Do not nclude any "unusual grants.")	7,989,519.	1,759,240.	1,500,373.	1,846,270.	2,441,628.	15,537,030.	
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.	
	The value of services or facilities furnished by a governmental unit to the organization without charge	138,448.	199,014.	264,008.	335,993.	394,514.	1,331,977.	
4	Total. Add lines 1 through 3	8,127,967.	1,958,254.	1,764,381.	2,182,263.	2,836,142.	16,869,007.	
	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						5 (52 222	
	shown on line 11, column (f)						5,657,227. 11,211,780.	
	Public support. Subtract line 5 from line 4.						11,211,700.	
	ion B. Total Support	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total	
	ndar year (or fiscal year beginning in)	8,127,967.	1,958,254	1,764,381.	2,182,263.	2,836,142.	16,869,007.	
7 8	Amounts from line 4	445,118.	512,510.	620, 355.	739,714.	848,246.	3,165,943.	
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.	
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . ATCH. 1	82,248.	102,543.	103,786.	126,890.	120,777.	536,244. 20,571,194.	
11	Total support. Add lines 7 through 10				<u>                                     </u>	12	20,5/1,194.	
12	Gross receipts from related activities, etc. (						E01/a)/2)	
13	First five years. If the Form 990 is 1 organization, check this box and stop here			nd, third, fourth,	or fifth tax ye	ear as a section	501(c)(3) ▶	
Sec	tion C. Computation of Public Sup			44		14	54.50%	
14	Public support percentage for 2015 (I					15	54.09%	
15	Public support percentage from 2014 331/3% support test - 2015. If the	Schedule A, P	art II, line 14	hov on line 13	and line 14 is			
16a	this box and stop here. The organizat	organization did	a nut theck the	rted organizatio	n		<b>&gt;</b> X	
b	331/3% support test - 2014. If the	organization did	d not check a b	ox on line 13	or 16a, and line	e 15 is 331/3%	or more,	
	check this box and stop here. The org	janization qualif	ies as a publicly	supported orga	anization	andth and l	ing 1/1 is	
17a	17a 10%-facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in							
	Part VI how the organization meets	the "facts-and-	circumstances"	test. The organ	ization qualifies	s as a publicly s	upported	
	organization							
b	10%-facts-and-circumstances test -	2014. If the or	rganization did i	not check a box	x on line 13, 18	oa, 160, or 17a,	and line	
	15 is 10% or more, and if the org Explain in Part VI how the organization	tion meets the	"facts-and-circu	mstances" test.	The organizati	on qualifies as a	a publicly	
	supported organization						▶ ∟	
18	Private foundation. If the organizatio	n did not check	a box on line 1:	3, 16a, 16b, 17a	a, or 17b, checi	k this box and se	•	
	instructions		<u> </u>	<u></u>	<u> </u>	Schedule A (Form	990 or 990-EZ) 201	

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sect	ion A. Public Support					<del></del>	
	dar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")					-	
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the					ļ	
	organization's benefit and either paid						
	to or expended on its behalf					ļ	
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge				· · · · · · · · · · · · · · · · · · ·		
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3				ļ		
	received from disqualified persons	<u></u>		ļ			
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year			ļ		<u> </u>	
c	Add lines 7a and 7b		ļ				<del> </del>
8	Public support. (Subtract line 7c from	-		<u> </u>			
	line 6.)			<u> </u>			<u> </u>
	tion B. Total Support	T	T	(100:5	100011	163 0045	(f) Total
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6			<u> </u>			
10 a	Gross income from interest, dividends, payments received on securities loans,						Ì
	rents, royalties and income from similar					•	
	sources		<u></u>				
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b			<u> </u>	<u> </u>		
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on		<del> </del>	<del> </del>		<del>  </del>	
12	Other income. Do not include gain or						
	loss from the sale of capital assets			1		1	
	(Explain in Part VI.)		<del> </del>	<del> </del>	<u> </u>		
13	Total support. (Add lines 9, 10c, 11,				1		
	and 12.)		<u> </u>	1	1		- F01/a)/2)
14	First five years. If the Form 990 is						
	organization, check this box and stop here						· · · · · · · · · · · · · · · · · · ·
	tion C. Computation of Public Su			Imp (f))		15	%
15	Public support percentage for 2015 (line						%
16	Public support percentage from 2014 Sch					.   16	
Sec	ction D. Computation of Investme			40		47	%
17	Investment income percentage for 2015 (						<del>70</del> %
18	Investment income percentage from 2014	Schedule A, Par	t III, line 17			. 18	
19 a	331/3% support tests - 2015. If the c	organization did i	not check the bo	ox on line 14, a	na line 15 is ma	ore than 331/3%,	and line
	17 is not more than 331/3%, check t	this box and ste	op here. The or	ganization qualifi	es as a publicly	supported organ	iization 🚩 🛄
b	331/3% support tests - 2014. If the org	ganization did no	t check a box on	line 14 or line 1	iya, and line 16	is more than 331	ra 76, and
	line 18 is not more than 331/3 %, chec	ck this box and	stop here. The c	organization quali	nes as a publici	y supported organ	tructions -
20	Private foundation. If the organization	did not check	a box on line	14, 19a, or 19	ou, check this t	Schedule A (Form	990 or 990-EZ1 201
JSA							

# Part IV

**Supporting Organizations** (Complete only if you checked a box in line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete

	Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part	<u>V.)</u>		<del></del>
Section	on A. All Supporting Organizations		Yee	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	165	140
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		-
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		<u> </u>
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		_
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		ļ
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5а	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	<u>5</u> a		
b c	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?  Substitutions only. Was the substitution the result of an event beyond the organization's control?	5b 5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	_6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		-
b	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b	-	-
С	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9с	-	-
10 a	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a	1	-
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	١	Ì	1

10b

determine whether the organization had excess business holdings.)

acnedu	e A (Form 990 of 990-E2) 2010			
Part	Supporting Organizations (continued)		Yes	No
	the fellowing paragraph	$\dashv$		
11	Has the organization accepted a gift or contribution from any of the following persons?	ļ	1	
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	l1a		
	below, the governing body of a supported organizations	11b		
b	A family member of a person described in (a) above:	11c		
С	A 35% controlled entity of a person described in (a) of (b) above: ii 103 to a, o,	10		
<u>Secti</u>	on B. Type I Supporting Organizations		Yes	No
	Γ			
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
<del></del>				
Sect	ion C. Type II Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	_1_		
Sect	ion D. All Type III Supporting Organizations		- <del></del>	<del></del>
000			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		_
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally-Integrated Supporting Organizations	<del>-</del>		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	truc	tions).	
	The organization satisfied the Activities Test. Complete line 2 below.			
. 1	The organization is the parent of each of its supported organizations. Complete line 3 below.			
	The supported a governmental entity. Describe in Part VI how you supported a government entity (see	instri	uctions	).   N.
	The state of the s		1 6	No
2	Activities Test. Answer (a) and (b) below.  Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b	,	
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3 <u>a</u>	1	
	b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3 k	,	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ						
1 Check here if the organization satisfied the Integral Part Test as a qualifying	trust on	Nov. 20, 1970. See in	structions. All			
other Type III non-functionally integrated supporting organizations must com	piete Se	ections A through E.	(B) Current Year			
Section A - Adjusted Net Income (A) Prior Year						
1 Net short-term capital gain	1					
2 Recoveries of prior-year distributions	2					
3 Other gross income (see instructions)	3					
4 Add lines 1 through 3	4					
5 Depreciation and depletion	5					
6 Portion of operating expenses paid or incurred for production or						
collection of gross income or for management, conservation, or	}					
maintenance of property held for production of income (see instructions)	6	····				
7 Other expenses (see instructions)	7					
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8					
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
1 Aggregate fair market value of all non-exempt-use assets (see			•			
instructions for short tax year or assets held for part of year):						
a Average monthly value of securities	1a					
b Average monthly cash balances	1b					
c Fair market value of other non-exempt-use assets	1c_					
d Total (add lines 1a, 1b, and 1c)	1d					
e Discount claimed for blockage or other			-			
factors (explain in detail in Part VI):						
2 Acquisition indebtedness applicable to non-exempt-use assets	2					
3 Subtract line 2 from line 1d	3					
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,						
see instructions).	4	. <u></u>	. <u> </u>			
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
6 Multiply line 5 by .035	6					
7 Recoveries of prior-year distributions	7					
8 Minimum Asset Amount (add line 7 to line 6)	8					
Section C - Distributable Amount			Current Year			
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		<u> </u>			
2 Enter 85% of line 1	2					
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3					
4 Enter greater of line 2 or line 3	4					
5 Income tax imposed in prior year	5					
6 Distributable Amount. Subtract line 5 from line 4, unless subject to						
emergency temporary reduction (see instructions)	6					
7 Check here if the current year is the organization's first as a non-functional	ly-integr	ated Type III supportir	ng organization (see			
instructions)						

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015

Part	Type III Non-Functionally Integrated 509(a)(3) S	Supporting Organizat	ions (continued)	
Secti	on D - Distributions	· · · · · · · · · · · · · · · · · · ·		Current Year
	Amounts paid to supported organizations to accomplish ex			
2	Amounts paid to perform activity that directly furthers exen			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI). See instructions.			······································
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			ann ann
;	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			<del></del>
a				
b				
C			<del></del>	-
ď	From 2013			
ее	From 2014			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount	<u> </u>		<u> </u>
<u>i</u>	Carryover from 2010 not applied (see instructions)	<u> </u>	-	
<u>i</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section			
	D, line 7: \$			
<u>a</u>	Applied to underdistributions of prior years	<u> </u>		
b	Applied to 2015 distributable amount  Remainder, Subtract lines 4a and 4b from 4.			
C	Remaining underdistributions for years prior to 2015, if			
5	any. Subtract lines 3g and 4a from line 2 (if amount			E .
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
Ü	and 4b from line 1 (if amount greater than zero, see			
	instructions).		į	
7	Excess distributions carryover to 2016. Add lines 3j	<del> </del>		
,	and 4c.			
8	Breakdown of line 7:			
a	Distriction of the Fr			
a				
C	Excess from 2013			
d				
е	Excess from 2015			
	PHYSICA HOUSE AND LAKE LAKE LAKE LAKE LAKE LAKE LAKE LAKE	1	Schedule	A (Form 990 or 990-EZ) 201

Page 8

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE A, PART II -	ATTACHMENT	1				
DESCRIPTION	2011	2012	2013	2014	2015	TOTAL
FUNDRAISING EVENTS	82,248.	102,543.	103,786.	126,890.	120,777.	536,244.
TOTALS	82,248	102,543	103,786	126,890	120,777_	536,244

# Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

# **Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2015

Employer identification number

STOCKTON UNIVERSITY	FOUNDATION		22-1957406					
Organization type (check one	):		22 1337.100					
Filers of:	Section:							
Form 990 or 990-EZ	X 501(c)(3 ) (enter number) organization							
	4947(a)(1) nonexempt charitable trust not treated	d as a private fou	undation					
	527 political organization							
Form 990-PF	501(c)(3) exempt private foundation							
1 OHH 330-1 1	4947(a)(1) nonexempt charitable trust treated as	s a private founda	ition					
	501(c)(3) taxable private foundation	, a pillata isani						
	50 I(c)(s) taxable private foundation							
Note. Only a section 501(c)(instructions.	covered by the General Rule or a Special Rule.  7), (8), or (10) organization can check boxes for both the Ge	eneral Rule and a	Special Rule. See					
General Rule								
For an organization or more (in money contributor's total or	n filing Form 990, 990-EZ, or 990-PF that received, during or property) from any one contributor. Complete Parts I are contributions.	the year, contribind II. See instructi	utions totaling \$5,000 ions for determining a					
Special Rules								
regulations under s 13, 16a, or 16b, a	n described in section 501(c)(3) filing Form 990 or 990-EZ sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Sche nd that received from any one contributor, during the year, of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form	edule A (Form 990 total contribution	or 990-EZ), Part II, line as of the greater of (1)					
contributor, during	For an organization described in section 501(c)(7), (8), or (10) filling 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. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year								
990-EZ, or 990-PF), but it ma	it is not covered by the General Rule and/or the Special Ruust answer "No" on Part IV, line 2, of its Form 990; or chec to certify that it does not meet the filing requirements of Sc	ck the box on line	H of its Form 990-EZ or on its					

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) (2015)

Employer identification number 22-1957406

PartI	Contributors (see instructions). Use duplicate copies of P	ar	rt I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
1			\$58,525.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.			(c) Total contributions	(d) Type of contribution
2			\$71,372.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.		T	(c) Total contributions	(d) Type of contribution
3			\$300,000.	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.		T	(c) Total contributions	(d) Type of contribution
4			\$255,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.			(c) Total contributions	(d) Type of contribution
5_			\$250,900.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.			(c) Total contributions	(d) Type of contribution
6			\$100,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number 22-1957406

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
7		\$ 60,000.	Person X Payroll X 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		
		<b>\$</b>	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.)		

Employer identification number

22-1957406

No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	URITIES- PUBLICLY TRADED		
7		\$\$	05/06/2016
) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
n) 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 receive
		\ \$	

	(Form 990, 990-EZ.( PF) (2015) rganization STOCK FON UNIVERSITY FOUNDA	TION	Employer identification number 22-1957406
Part III	(10) that total more than \$1,000 for the v	ear from any one conto completing Part III, enter ar. (Enter this information	ributor. Complete columns (a) through (e) and the total of exclusively religious, charitable, etc.,
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, and ZIP	+ 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how glft is held
	Transferee's name, address, and ZIP	(e) Transfer of gift	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, and ZIF	>+4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, and Zli	P+4	Relationship of transferor to transferee
			Schedule B (Form 990, 990-EZ, or 990-PF) (2015

### **SCHEDULE D** (Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990. ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Open to Public Inspection

Name	of the organization		Employer identification number
	CKTON UNIVERSITY FOUNDATION		22-1957406
Pa		ised Funds or Other Similar Funds o	r Accounts.
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 6.	
	Oompiete ii tiio organization anavoloa	(a) Donor advised funds	(b) Funds and other accounts
	Total number of and of year		
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year  Did the organization inform all donors and donor	advisors in writing that the assets held	in donor advised
5	funds are the organization's property, subject to the	o organization's exclusive legal control?	Yes No
_	Did the organization inform all grantees, donors, a	and donor advisors in writing that grant	funds can be used
6	only for charitable purposes and not for the bene	fit of the denot or denot advisor or for	any other purpose
	conferring impermissible private benefit?	all the donor of donor devisor, or for	Yes No
ra	Conservation Easements. Complete if the organization answered	"Yes" on Form 990. Part IV. line 7.	
1	Purpose(s) of conservation easements held by the	e organization (check all that apply).	
1	Preservation of land for public use (e.g., red		n of a historically important land area
	Protection of natural habitat	,, , , , , , , , , , , , , , , , , , , ,	n of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization h	eld a qualified conservation contribution i	in the form of a conservation
2	easement on the last day of the tax year.		Held at the End of the Tax Year
_	Total number of conservation easements		2a
a	Total acreage restricted by conservation easement	le	2b
b	Number of conservation easements on a certified	historic structure included in (a)	2c
C	Number of conservation easements on a certified Number of conservation easements included in (	c) acquired after 8/17/06, and not on a	
d	historic structure listed in the National Register	o) doquinos artor o recordende de la companya de la	2d
•	Number of conservation easements modified, tra	nsferred released extinguished or term	inated by the organization during the
3	tax year >	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-
1	Number of states where property subject to cons	ervation easement is located >	
4 5	Does the organization have a written policy re	egarding the periodic monitoring, inspe-	ction, handling of
,	violations, and enforcement of the conservation ea	asements it holds?	,,,,, Yes No
6	Staff and volunteer hours devoted to monitoring, inspe	ecting, handling of violations, and enforcing co	onservation easements during the year
Ü	Stan and voluntees nous devotes to mesticing, maps	, , , , , , , , , , , , , , , , , , , ,	
7	Amount of expenses incurred in monitoring, inspe-	cting, handling of violations, and enforcing	conservation easements during the year
•	>\$	3,11	
8	Does each conservation easement reported on line	2(d) above satisfy the requirements of sec	ction 170(h)(4)(B)(i)
Ü	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports	s conservation easements in its revenue a	nd expense statement, and
•	balance sheet, and include, if applicable, the text	of the footnote to the organization's finar	ncial statements that describes the
	organization's accounting for conservation easem	ents.	
Pa	organizations Maintaining Collection	is of Art, Historical Treasures, or Oth	er Similar Assets.
	Complete if the organization answere	d "Yes" on Form 990, Part IV, line 8	
1a	If the organization elected, as permitted under sworks of art, historical treasures, or other sim public service, provide, in Part XIII, the text of the	SFAS 116 (ASC 958), not to report in it	s revenue statement and balance sheet
	works of art, historical treasures, or other sim	ilar assets held for public exhibition, ed footnote to its financial statements that d	escribes these items.
	If the organization elected, as permitted under	SEAS 116 (ASC 958) to report in its	revenue statement and balance shee
b	works of art, historical treasures, or other sim	ilar assets held for public exhibition, ed	ducation, or research in furtherance of
	- public capical provide the following amounts rela	ating to these items:	
	(1) Payonus included in Form 990 Part VIII line	1	
	/iii Assets included in Form 990, Part X		
2	If the organization received or held works of	art, historical treasures, or other simila	r assets for financial gain, provide the
4	fallowing amounts required to be reported under	SEAS 116 (ASC 958) relating to these ite	ims:
2	Payanua included in Form 990 Part VIII, line 1		· · · · · · · · · · · · · · · · · · ·
a h	Assets included in Form 990, Part X		<b>. ▶ \$</b>

_	4
Page	4

(ii) related organizations  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation  1a Land  b Buildings  c Leasehold improvements  d Equipment  11,575.  11,575	Superment to vita	ule D (Form 990) 2015			. <del> </del>	0.0	0111	A 1	( - /	1 age	
collection items (check all that apply): a Preview and the Scholarly research b Scholarly research c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to relies funds rather than to be maintained as part of the organization's collection? Yes No Part XI inc 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, Inc 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, Inc 21.  1b Is the organization in Part XIII and complete the following table:  C Beginning balance  C Beginning balance  1c Amount  C Beginning balance  1d Additions during the year  1 Ending balance  1 Distributions during the year  1 Ending balance  2 Dit the organization include an amount on Form 990, Part X, Ilino 21, for escrow or custodial account liability? Yes No If Yes, explain the arrangement in Part XIII, Check here if the explanation has been provided on Part XIII  Beginning of year balance  2 Dit the organization include an amount on Form 990, Part IV, Iline 40.  1a Beginning of year balance  25, 386, 046, 23, 987, 519, 20, 875, 610, 18, 827, 939, 11, 624, 461, 61, 624, 461, 625, 659, 994, 889, 617, 847, 631, 297, 632, 223, 61, 624, 626, 627, 840, 1, 163, 180, 3, 159, 044, 5, 976, 511, 63, 65, 659, 994, 889, 617, 847, 631, 297, 639, 247, 652, 233, 610, 610, 610, 610, 610, 610, 610, 610											
a Public exhibition d Loan or exchange programs    Diter		•		other records, ch	neck any of t	he follow	ing that are	a sign	ificant u	se of it	is
b Scholarly research Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Part IV Excrow and Custodial Arrangements. Complete if the organization answered "Yos" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  Is is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.  Is it he organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.  It is the organization and agent, trustee, custodian or other intermediary for contributions or other assets not include an arrangement in Part XIII and complete the following table:  Beginning balance  Beginning balance  Bibritholiuns during the year  Finding balance  Bibritholiuns during the year  Finding balance  Complete if the organization answered "Yos" on Form 990, Part X, line 21, for eserow or custodial account liability? Yes No III Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII  Beginning of year balance  Complete if the organization answered "Yos" on Form 990, Part IV, line 10.  Complete if the organization answered "Yos" on Form 990, Part X, line 10.  Contributions  Complete if the organization answered "Yos" on Form 990, Part IV, line 10.  Contributions  Complete if the organization answered "Yos" on Form 990, Part IV, line 10.  Contributions  Confidence organization and the providence of the current year and balance (line 1g, column (s)) held as:  Complete if the organization organization answered "Yos" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Contributi		` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	y):	<del></del> -							
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive denations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Real Yes Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  1b If "Yes," explain the arrangement in Part XIII and complete the following table:  1c Amount	а	harmonia (		<del></del> 1		ge prograr	ns				
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assests to be solid to raise funds rather than to be maintained as part of the organization's collection?	b								-		
XIII.											
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part									
Section   Part V   Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 10, Part IV, line 10, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 10, Pa											
Escrow and Custodial Arrangements.	5										
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?.    If "Yes," explain the arrangement in Part XIII and complete the following table:	Cold tending	CONTRACTOR OF THE PROPERTY OF		ained as part of t	he organization	on's collec	tion?		Yes	N	0
Included on Form 990, Part X7	Par	Complete if the organizati	rangements. on answered "Yes	s" on Form 990	, Part IV, line	e 9, or re	ported an a	amount	on For	n	
No.	1 a	Is the organization an agent, truste	e, custodian or othe	er intermediary fe	or contribution	ns or other	r assets not				_
b If "Yes," explain the arrangement in Part XIII and complete the following table:  c Beginning balance d Additions during the year f Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  2b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.  Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  1a Beginning of year balance 25,386,046. 23,987,539. 20,875,610. 18,827,939. 11,624,466 b Contributions 27,840. 1,163,180. 3,159,044. 1,976,511. 559,273 and losses. 450,781. 463,229. 322,533. 247,619. 1366,552 c Other expenditures for facilities and programs 450,781. 463,229. 322,533. 247,619. 1366,552 g End of year balance. 26,157,527. 25,386,046. 23,987,539. 20,875,610. 18,827,939 f Administrative expenses 26,157,527. 25,386,046. 23,987,539. 20,875,610. 18,827,939 f Administrative expenses 26,157,527. 25,386,046. 23,987,539. 20,875,610. 18,827,933 provide the estimated porcontage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 74.3200 % f Temporarily restricted endowment ▶ 18.8800 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organizations b If "Yes" on line 3afi), are the related organizations listed as required on Schedule R7.  4 Doscribe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part X, line 10.  Bescribton depreciation of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation (d) Book value (d) Book value  1a Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part X, line 10.  Bescribton depreciation of property (a) Cost or other basis								[	Yes	N [	ło
C Beginning balance  d Additions during the year  e Distributions during the year  1	b							_			
d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?		, ,	·				Am	ount			
d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	С	Beginning balance			1	С					_
e Distributions during the year						d					
f Ending balance   1						e	<u> </u>		•		
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	f					f					
Description of property   Description of	2a					custodial	account liab	ility?	Yes	N	10
Part V   Endowment Funds.										$\Box$	
Complete if the organization answered "Yes" on Form 990, Part IV, Iine 10.  (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (e) Four years back (d) Three years back (e) Four years back (d) Three years back (d) Three years back (e) Four years back (d) Three y											
(a) Current year   (b) Prior year   (c) Two years back   (d) Tirce years   (d) Tirce years back   (d) Tirce years   (d			ion answered "Yes	s" on Form 990	, Part IV, line	<del>∍</del> 10.					
Beginning of year balance   1,365,659   994,889   617,047   831,297   6,962,226	-						(d) Three year	ars back			
b Contributions	10	Reginning of year halance	25,386,046.	23,987,53	9. 20,87	5,610.	18,827	,939.	11,6	24,46	60
c Net investment earnings, gains, and losses	_		1,365,659.	994,88	9. 61	7,047.	831	,297.	6,9	62,22	28
d Grants or scholarships											
d Grants or scholarships	C	<del>-</del> -	207,840.	1,163,18	3,15	9,044.	1,976	,511.	Ę	559,27	75
e Other expenditures for facilities and programs	и	l l	450,781.	463,22	29. 32	2,533.	247	,619.	1	36,55	53
and programs		•									
f Administrative expenses	e	,	351,237.	296,33	33. 34	1,629.	247	,652.	1	181,4	71
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment ► 7.6000 %  b Permanent endowment ► 74.3200 %  c Temporarily restricted endowment ► 18.0800 %  The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations		, -					264	,866.			
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment ▶ 7.6000 %  b Permanent endowment ▶ 74.3200 %  c Temporarily restricted endowment ▶ 18.0800 %  The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations	•	-	26,157,527.	25,386,04	6. 23,98	7,539.	20,875	,610.	18,8	327,93	39
a Board designated or quasi-endowment ► 7.6000 % b Permanent endowment ► 74.3200 % c Temporarily restricted endowment ► 18.0800 % The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations . 3a(ii)			of the current year	and balance /line	1a column (s	al) held as	•				
b Permanent endowment ▶ 74.3200 %  c Temporarily restricted endowment ▶ 18.0800 %  The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations . 3a(i) X  (ii) related organizations . 3a(ii) X  (ii) related organizations . 3a(ii) X  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? . 3b		Board designated or quasi-endown	tent $\triangleright$ 7.6000	) %	19, 00101111 (0	1,,, 110,0 00					
Temporarily restricted endowment   18.0800 % The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations	b			<del></del>							
The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations.  (ii) related organizations.  (iii) related organizations.  (iii) related organizations.  (iii) related organizations.  (iv) Inelated organizations.  (iv) related organizations.  (iv) are the related organizations listed as required on Schedule R?  (iv) related organization in a squip in a squ	C										
Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations.  (ii) related organizations.  (iii) related organizations.  (iii) related organizations.  (iii) related organizations.  (iv) Inelated organizations listed as required on Schedule R?.  (iv) Inelated organiza	_	•		100%.							
organization by:  (i) unrelated organizations.  (ii) related organizations.  (ii) related organizations.  (iii) related organizations.  (ii) In elated organizations.  (iii) related organizations.  (iii) x x 3a(iii) x x 3a(iii) x x 4 2a(iii) x 2a(	3a				that are held :	and admir	nistered for t	he	_		
(ii) related organizations			•	· ·						Yes N	lo
(ii) related organizations		· ·							3a(i)		X
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?									3a(ii)		X
Describe in Part XIII the intended uses of the organization's endowment funds.  Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (b) Cost or other basis (other)  Land  b Buildings  c Leasehold improvements  d Equipment  11,575.  11,575	b	If "Yes" on line 3a(ii), are the relat-	ed organizations liste	ed as required on	Schedule R?		<i></i> .		3b		
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (b) Cost or other basis (other)  Land  Buildings  C Leasehold improvements  G Equipment  11,575.	4										
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (b) Cost or other basis (other)  Land  Buildings  C Leasehold improvements  d Equipment  11,575.  11,575.	Pal	W. Land Buildings and Equ	inment		·					40	
(investment)         (other)         depreciation           1a Land            b Buildings            c Leasehold improvements            d Equipment            11,575		Complete if the organiza	tion answered "Ye					190, Pa	rt X, line	10.	
1a Land          b Buildings          c Leasehold improvements          d Equipment          11,575		Description of property						(	<b>а)</b> воок va	.ue	
b Buildings	1a	Land	······································			<u> </u>					
c Leasehold improvements											
d Equipment	c										
	d				11,575		11,575				
e Other	e										
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)	Tota	al. Add lines 1a through 1e. (Column	ı (d) must equal For	m 990, Part X, co	olumn (B), line	10c.)	, ▶				

Schedule D (	Form 990) 2015		,	Page 3
Part VII	Investments - Other Securities.			
and the second second second	Complete if the organization answered	"Yes" on Form 990,	Part IV, line 11b. See Form 990, Par	t X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market val	ue
(1) Financ	ial derivatives , , , , , , , , , , , ,			
	y-held equity interests			
(3) Other_				
<u>(B)</u>				
<u>(C)</u>				
<u>(D)</u>				
<u>(E)</u>				
<u>(F)</u> (G)				
<u>\()</u> (H)				
	nn (b) must equal Form 990, Part X, col. (B) line 12.) 🕨			
Part VIII	Investments - Program Related.			
	Complete if the organization answered	d "Yes" on Form 990,	Part IV, line 11c. See Form 990, Par	t X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market val	lue
(1)				
(2)				
(3)				
_(4)				
(5)				
(6)				
_(7)				
(8)		-		
(9)	nn (b) must equal Form 990, Part X, col. (B) line 13.)	1		
Part IX	Other Assets.	11		
	Complete if the organization answered	d "Yes" on Form 990,	Part IV, line 11d. See Form 990, Pa	rt X, line 15.
	(a) De	escription		(b) Book value
(1)		<u> </u>		
(2)				
_(3)				
(4)				
(5)				
(6)				
(8)				
(9)				
Total, (Co	olumn (b) must equal Form 990, Part X, col. (B)	line 15.)		
Part X	Other Liabilities. Complete if the organization answere	d "Yes" on Form 990	, Part IV, line 11e or 11f. See Form 9	90, Part X,
	line 25.			73.5 Erg 55.7 (5) V6767 CV5
1.	(a) Description of liability	(b) Book valu	e	
	eral income taxes			
(2)				
<u>(3)</u> (4)				
(5)				
(6)				
(7)				
(8)				
/01				

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII JSA 5E 1270 1.000

	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	••	
	Total revenue, gains, and other support per audited financial statements	1	3,081,159.
1 2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		·
z a	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	-891,438.
3	Subtract line 2e from line 1	3_	3,972,597.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)	4c	-89,489.
C	Add lines 4a and 4b	5	3,883,108.
5 Part	- 14 1 M 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
ган	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
	Total expenses and losses per audited financial statements	1	2,282,081.
1 2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
z a	Donated services and use of facilities		
b	2b	[	
Ç	Other losses	]	
d	Other (Describe in Part XIII.)		400 140
е	Add lines 2a through 2d	2e	490,143.
3	Subtract line 2e from line 1	3	1, /91, 930.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	[ [	
а		}	
b	Other (Describe in Part XIII.)	4c	129,279.
Ę C	Add lines 4a and 4b	5	1,921,217.
5 Dari	VIII Supplemental Information	<del></del>	
Drovi	do the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; P.	art V, I	ine 4: Part X. line
2; Pa	rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional infor	17	
		nation	i.
SE	E PAGE 5	nation	i.
SE		nation	i.
SE		nation	
SE:		nation	
SE		mation	
SE		mation	
SE		nation	
SE		nation	
SE		nation	
SE		mation	

# Part XIII Supplemental Information (continued)

#### PART V, LINE 4:

TO PROMOTE AND FURTHER HIGHER EDUCATION AND TO PROVIDE SCHOLARSHIPS, FACILITIES, PROGRAM AND OTHER SUPPORT TO STOCKTON UNIVERSITY.

#### PART X, LINE 2:

THE FOUNDATION DOES NOT BELIEVE ITS FINANCIAL STATEMENTS INCLUDE ANY UNCERTAIN TAX POSITIONS FOR WHICH RECOGNITION OR DISCLOSURE IS WARRANTED. THE FOUNDATION'S POLICY IS TO RECOGNIZE INTEREST RELATED TO UNRECOGNIZED TAX BENEFITS IN INTEREST EXPENSE AND PENALTIES IN OPERATING EXPENSES. NO INTEREST OR PENALTIES WERE RECOGNIZED IN 2016 OR 2015.

PART XI

LINE 2D:

INVESTMENT EXPENSES - RECLASS (\$129,279)

LINE 4B:

PORTION OF SPECIAL EVENT EXPENSES - RECLASS (\$89,489)

PART XII

LINE 2D:

PORTION OF SPECIAL EVENT EXPENSES - RECLASS \$89,489

LINE 4B:

INVESTMENT EXPENSES - RECLASS \$129,279

### **SCHEDULE G** (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming A

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Name of the organization					Employer identification	n number
STOCKTON UNIVERSITY FOUNDATIO					22-1957406	
Part Fundraising Activities. Con				"Yes" on Form 9	990, Part IV, line	17.
Form 990-EZ filers are not  1 Indicate whether the organization ra				activities Check a	Il that apply	
[v]	e e			non-government g		
a X Mail solicitations b X Internet and email solicitations	f			government grants		
c X Phone solicitations	g			ising events	•	•
d X In-person solicitations	ម	opo.	sidi ranara	onig overno		
2a Did the organization have a written or key employees listed in Form 996 b If "Yes," list the ten highest paid inc	0, Part VII) or entity	in connec	tion with p	rofessional fundrai	ising services?	X Yes No
compensated at least \$5,000 by the	organization.	(ranaraioa	no, paroac	in to agreement		
(i) Name and address of individual or enlity (fundraiser)	(ii) Activity	custody o	draiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vI) Amount paid to (or retained by) organization
		Yes	No			
1					·	
ATTACHMENT 1						
2						
			ļ <del></del>			
3						
4	_					
5						
6						
7						
8						
9						
10						
Total				189,382	. 15,000	174,382.
3 List all states in which the organiz				t contributions or	has been notified	it is exempt from
registration or licensing.						
AL, AK, AZ, AR, CA, CO, CT, DE, DC, F						
IA, KS, KY, LA, ME, MD, MA, MI, MN, M			NM, NY, N	C, ND, OH,	<del></del> -	· · · · · · · · · · · · · · · · · · ·
OK, OR, PA, RI, SC, SD, TN, TX, UT, V	T, VA, WA, WV, WI	, WY,				
			<del></del>	,		<del></del>
		· <del></del> ·				
			-			
						· · · · · · · · · · · · · · · · · · ·
		-				

2000	2
age	4

Sche	dule	G (Form 990 or 990-EZ) 2015				Page Z
Pai		than \$15,000 of fundraising ever	nt contributions and gros	vered "Yes" on Form 99 ss income on Form 990-	0, Part IV, line 18, or i EZ, lines 1 and 6b. L	eported more ist events with
		gross receipts greater than \$5,0	00.	Y		
ļ			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			BENEFIT GALA	ANNUAL FUND	1.	(add col. (a) through col. (c))
ļ			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	326,535.	119,382.	122,281.	568,198
~   ~	2	Less: Contributions	260,915.	112,852.	73,654.	447,421
		Gross income (line 1 minus				
	٠	line 2)	65,620.	6,530.	48,627.	120,777
	_					
	4	Cash prizes				-
	5	Noncash prizes				
ses	6	Rent/facility costs				
Expenses	7	Food and beverages	80,715		42,138.	122,853
Direct I					4,813.	23,783
Ö	8	Entertainment				
	9	Other direct expenses	15,301	13,606.	5,541.	34,448
	10	Direct expense summary. Add lines	4 through 9 in column (c	d)		181,084
	44	Not income summary. Subtract line.	10 from line 3, column (	d)	<u> </u>	-60,307
- 2		III Gaming. Complete if the org	nanization answered "	Yes" on Form 990, Pa	rt IV, line 19, or rep	orted more
I (	U.	than \$15,000 on Form 990-	EZ, line 6a.	· · · · · · · · · · · · · · · · · · ·		
9		, , , , , , , , , , , , , , , , , , , ,	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue						
æ	١.	4. Cross royanus				
	1	1 Gross revenue , , ,				
'n	Ι,	2 Cash prizes				
enses	<b>\</b> '	2 Oddin prizod				
xper	;	3 Noncash prizes				
Direct Exp	١,	4 Rent/facility costs				
ä		, , , , , , , , , , , , , , , , , , , ,				
	;	5 Other direct expenses			1	
		6. Maluntaar lahar	-   -   -   -   -   -   -   -   -	% Yes%	Yes%	) <u> </u>
		6 Volunteer labor				
		7 Direct expense summary. Add lines	s 2 through 5 in column	(d)		
		8 Net gaming income summary. Sub	tract line 7 from line 1, c	olumn (d)	<u>,,,,</u> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		Enter the state(s) in which the organiz	ration conducts gaming	activities:		
9	а	Is the organization licensed to conduc	t gaming activities in ea	ch of these states?		Yes N
	b	If "No," explain:				
10		Were any of the organization's gamin				Yes N
	þ	If "Yes," explain:				

Schedule G (Form 990 or 990-EZ) 2015

	( STOCKTON UNIVERSITY FOUNDATION ( 22-1957406
Schedi	Page 3
11	Does the organization conduct gaming activities with nonmembers? Yes No
12	Le the expanization o granter, heneficiary or trustee of a trust or a member of a partnership or other entity
	formed to administer charitable gaming?
13	Indicate the percentage of gaming activity conducted in:
а	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and
	records:
	Name ▶
	Address ►
15 a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?
	revenue?
b	amount of gaming revenue retained by the third party > \$
	If "Yes," enter name and address of the third party:
·	II 100, Office frame and database of the first party
	Name >
	Address ▶
16	Gaming manager information:
	Name ▶
	Gaming manager compensation ► \$
	Description of services provided ▶
	Director/officer Employee Independent contractor
17	Mandatory distributions:
· · a	the daming proceeds to
	retain the state daming license?
t	s Enter the amount of distributions required under state law to be distributed to state some state and the state law to be distributed to state some state law to be distributed to state some state law to be distributed to state some state some state law to be distributed to state some
	or spent in the organization's own exempt activities during the tax year ▶ \$
Pa	Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information
	Part III, lines 9, 90, 100, 150, 15c, 16, and 17b, as applicable. Also provide any additional
	(see instructions).

Schedule G (Form 990 or 990-EZ) 2015

ALO NOEL LEVITZ	990, SCHEDULE G, PART I - HIGHEST PAID FUNDRAISER NAME AND ADDRESS OF FUNDRAISER	
ANNUAL FUNDRAISING	PAID FUNDRAISER ACTIVITY	
×	DID FUNDRAISER HAVE CUSTODY OR CONTROL OF CONTRIBUTIONS? YES NO	
189,382.	GROSS RECEIPTS FROM ACTIVITY	
15,000.	AMOUNT PAID TO (OR RETAINED BY FUNDRAISER	
174,382.	AMOUNT PAID TO (OR RETAINED BY ORGANIZATION	

025 KIRKWOOD PARKWAY SW CEDAR RAPIDS

IA 52404

### **SCHEDULE I** (Form 990)

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

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

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

2015

pen to Public

Employer identification number

Name of the organization						1111000	•
STOCKTON UNIVERSITY FOUNDATION						22-1957406	
General Information on Grants and Assistance	Assistance	0					
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees'	stantiate th	e amount of the	grants or assistan	nce, the grantees	eligibility for the grant	s or assistance, and	X Yes No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	ires for mor	itoring the use	ring the use of grant funds in the United States.	United States.			
H	mestic Ore	ganizations an eived more tha	id Domestic Gov an \$5,000. Part II	ernments. Com can be duplicat	plete if the organizated if additional space	tion answered "Ye te is needed.	s" on Form
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(c) Amount of non- cash assistance	(f) Mothod of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
			104 022				SUPPLEMENTAL
(2) STOCKTON AFFILIATED SERVICES INC.	2000						MDESIM ZEEZ MES
(3)	94-3435466	201(0)(3)	630,211.				
(4)							
(5)							
(6)							
(7)							
(8)							
(9)			·				
(10)	i						
11)							
(12)							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	governmer	nt organizations	listed in the line 1	table		· · · · · · · · · · · · · · · · · · ·	2.
3 Enter total number of other organizations listed in the line 1 table.	sted in the li	ine 1 table					200 (500) (2015)
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ons for Form	990.				Sci	Schedule I (Form 990) (2015)

Schedule I (Form 990) (2015)

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

1				\	1		1	
Part IV	7	၈	5	4	ω	2	1 STOCK	
<b>Part IV</b> Supplemental Information. Complete this part to provide the information required in Part information							STOCKTON UNIVERSITY SCHOLARSHIP PROGRAM	(a) Type of grant or assistance
nis part to pro							400.	(b) Number of recipients
vide the informa			, in		:		663,814.	(c) Amount of cash grant
tion required in				-				(d) Amount of non-cash assistance
Part I, line 2, Part III,			3					(c) Method of valuation (book, FMV, appraisal, other)
l, line 2, Part III, column (b), and any other additional				- 1000				(f) Description of non-cash assistance

PART I, LINE 2:

THE STOCKTON UNIVERSITY SCHOLARSHIP PROGRAM IS ADMINISTERED BY THE OFFICE

OFFICE OF DEVELOPMENT AND ALUMNI AFFAIRS. THE SCHOLARSHIP PROGRAM, MADE

OF ENROLLMENT MANAGEMENT OF STOCKTON UNIVERISTY IN CONJUNCTION WITH THE

POSSIBLE BY BOTH UNIVERSITY FUNDING AND PRIVATE DONATIONS TO THE STOCKTON

UNIVERSITY FOUNDATION, PROVIDES AWARDS TO OUTSTANDING FRESHMAN,

UPPERCLASSMEN, AND GRADUATE STUDENTS OF STOCKTON UNIVERSITY. AWARDS TO

UPPERCLASSMEN AND GRADUATE STUDENTS ARE DETERMINED BY A

PRESIDENTIAL-APPOINTED SCHOLARSHIP SELECTION COMMITTEE. THIS COMMITTEE

INCLUDES REPRESENTATIVES OF THE FACULTY AND ADMINISTRATION OF STOCKTON

Schedule I (Form 990) (2015)

Schedule I (Form 990) (2015)

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(c) Mothod of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
		ļ			
		}		į	
n 4		:		3.00	
1 0					
Partive Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	is part to prov	vide the informa	tion required in	Part I, line 2, Part III,	column (b), and any other additional

STUDENTS MAY APPLY TO THE SCHOLARSHIP PROGRAM ON AN ANNUAL BASIS.

UNIVERSITY AND BOARD OF DIRECTORS OF THE STOCKTON UNIVERSITY FOUNDATION.

SUCCESSFUL APPLICANTS EXHIBIT HIGH ACADEMIC ACHIEVEMENT AS WELL AS

LEADERSHIP AND SERVICE TO THE UNIVERSITY AND COMMUNITY, AWARD RECIPIENTS

MUST MAINTAIN A MINIMUM GRADE POINT AVERAGE OF 3.0 AND ARE FULLY

MATRICULATED STUDENTS

STUDENTS WHO RECEIVE SCHOLARSHIPS DO NOT RECEIVE THE FUNDS DIRECTLY.

ACCORDINGLY, THERE IS NO PROCEDURE FOR MONITORING THE USE OF THE FUNDS

Schedule I (Form 990) (2015)

Page 2

	Part III	Schedule I (
Part III can be duplicated if additional space is needed.	Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.	Schedule I (Form 990) (2015)

				ĺ	•		_	
PartIV	7	6	ហ	4	ယ်	20	<u> </u>	
<b>Part IV</b> Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.								(a) Type of grant or assistance
nis part to pro								(b) Number of recipients
vide the informa			2004				,	(c) Amount of cash grant
tion required in								(d) Amount of non-cash assistance
Part I, line 2, Part III,								(c) Mathod of valuation (book, FMV, appraisal, other)
column (b), and any other additional								(f) Description of non-cash assistance

BECAUSE THE UNIVERSITY AND FOUNDATION ARE BOTH 501 (C) (3) ORGANIZATIONS

AND USE THE FUNDS IN ACCORDANCE WITH THEIR CHARITABLE MISSIONS.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: STOCKTON UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE:

\$50,842 FROM CONTRIBUTOR FOR HOLOCAUST RESOURCE CENTER

\$53,180 FROM CONTRIBUTOR TO KRAMER HALL.

Schedule I (Form 990) (2015)

### **SCHEDULE J** (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

Compensation Information
For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

➤ Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

STOCKTON UNIVERSITY FOUNDATION

Employer identification number 22-1957406

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.  First-class or chartor fravel  Travel for companions  Tax indemnification and gross-up payments  Discretionary spending account  Personal servicos (e.g., maid, chaufleur, chef)  b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or rolimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.  2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?  3 Indicate which, if any, of the following the filing organization used to establish the componsation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for mothods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.  Compensation committee  Compensation committee  Under the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:  Receive a severance payment or change-of-control payment?  4a During the year, did any person isted on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization.  The organization?  If "Yes" to line 5a or 5b, describe in Part III.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  a The organization?  If "Yes" to line 5a or 6b, describe in Part III.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III.  Were any	Part	Questions Regarding Compensation			
990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.  First-class or charter travel Travel for companions Tax indemnification and gross-up payments Discretionary spending account  b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or relimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.  2 Did the organization require substantiation prior to reimbursing or allowing exponses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?  3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director, Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.  Compensation committee Independent compensation consultant Form 990 of other organizations  Approval by the board or compensation committee Independent compensation consultant Form 990 of other organizations  Approval by the board or compensation committee Independent compensation or change-of-control payment?  4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization.  5 Participate in, or receive payment from, an equily-based compensation arrangement?  6 Participate in, or receive payment from, an equily-based compensation arrangement?  7 Preprisons itsed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  8 The organization?  1 Proves to line 5a or 5b, describe in Part III.  9 Participate in, or receive payment from, an equily-based compensation arrangement?  6 The organization?  1 Proves to line 5a or 5b, describe in Part III.  9 Proves to line 5a, did the organizati		and the second s	7097A	Yes	No
First-class or charter travel Travel for companions Tax indemnification and gross-up payments Discretionary spending account  If any of the boxes on line 1 are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the oxpenses described above? If "No," complete Part III to explain  If any of the boxes on line 1 are checked, did the oxpenses described above? If "No," complete Part III to explain  If any of the boxes on line 1 are checked, did the oxpenses described above? If "No," complete Part III to explain  If any of the boxes on line 1 are checked, did the oxpenses described above? If "No," complete Part III to explain  If any of the boxes on line 1 are checked, did the oxpenses described above? If "No," complete Part III to explain  If any of the boxes on line 1 are checked, did the oxpenses described above? If "No," complete Part III to explain  If any of the boxes on line 1 are checked, did the oxpenses described above? If "No," complete Part III to explain any line and the part III.  If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each itom in Part III.  Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  Tax the organization?  If "Yes" to line 6 a	1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form			
Travel for companions Tax indemnification and gross-up payments Tax indemnification and gross-up payment or receive payment from and gross-gross				ATTAC	
Tax indemnification and gross-up payments Discretionary spending account Personal services (e.g., maid, chauffeur, chef)  If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to oxplain  Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?  Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for mothods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.  Compensation committee  Compensation committee  Independent compensation consultant  Form 990 of other organizations  Receive a severance payment or change-of-control payment?  Participate in, or receive payment from, an equity-based compensation arrangement?  Participate in, or receive payment from, an equity-based compensation arrangement?  Participate in, or receive payment from, an equity-based compensation arrangement?  Participate in, or receive payment from, an equity-based compensation arrangement?  Participate in, or receive payment from, an equity-based compensation arrangement?  Participate in, or receive payment from, an equity-based compensation arrangement?  Payments are accessed as a compensation contingent on the revenues of:  The organization?  Payments of the payments of the applicable amounts for each item in Part III.  Pror persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:  The organization?  Properson listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 8? If "Yes,"					
Discretionary spending account  Personal services (e.g., maid, chauffeur, chef)  If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.  Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?  Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.  Compensation committee  Independent compensation consultant  Compensation survey or study Approval by the board or compensation committee  During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:  Receive a severance payment or change-of-control payment?  Participate in, or receive payment from, a supplemental nonqualified retirement plan?  Participate in, or receive payment from, a supplemental nonqualified retirement plan?  Participate in, or receive payment from, an equity-based compensation arrangement?  Participate in, or receive payment from, an equity-based compensation arrangement?  Participate in, or receive payment from, an equity-based compensation arrangement?  Participate in, or receive payment from, an equity-based compensation arrangement?  Participate in, or receive payment from, an equity-based compensation arrangement?  Participate in, or receive payment from, an equity-based compensation arrangement?  Participate in, or receive payment from, an equity-based compensation payments or death in the payment of the compensation contingent on the revenues of:  Payment in the payment in the paym				Mig	
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.  2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?  3 Indicate which, if any, of the following the filling organization used to establish the compensation of the organization's CEO/Executive Director, but explain in Part III.  Compensation committee  Compensation committee  North explain in Part III.  Compensation committee  Written employment contract  Compensation survey or study  Approval by the board or compensation committee  During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization: a Receive a severance payment or change-of-control payment?  4 Participate in, or receive payment from, a supplemental nonqualified retirement plan?  5 Participate in, or receive payment from, an equity-based compensation arrangement?  6 Participate in, or receive payment from, an equity-based compensation arrangement?  7 If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.  Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:  a The organization?  If "Yes" to line 5a or 5b, describe in Part III.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yos," describe in Part III.  Were any amounts reported on Form 990, Part VII, section 6 accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4		Tax made and a second s			
or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.  Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?  Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.  Compensation committee  Compensation committee  Independent compensation consultant  Form 990 of other organizations  Approval by the board or compensation committee  During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:  Receive a severance payment or change-of-control payment?  Participate in, or receive payment from, an equilty-based compensation arrangement?  Participate in, or receive payment from, an equilty-based compensation arrangement?  If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.  Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  The organization?  If "Yes" to line 5a or 5b, describe in Part III.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on line to earnings of:  The organization?  If "Yes" to line 5a or 6b, describe in Part III.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.  Were any amounts reported on Form 990, Part		Discretionary spending account Personal services (e.g., maid, chauleur, cher)			
or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.  Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?  Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.  Compensation committee  Compensation committee  Independent compensation consultant  Form 990 of other organizations  Approval by the board or compensation committee  During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:  Receive a severance payment or change-of-control payment?  Participate in, or receive payment from, an equilty-based compensation arrangement?  Participate in, or receive payment from, an equilty-based compensation arrangement?  If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.  Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  The organization?  If "Yes" to line 5a or 5b, describe in Part III.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on line to earnings of:  The organization?  If "Yes" to line 5a or 6b, describe in Part III.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.  Were any amounts reported on Form 990, Part	b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment	1844)	1900	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?  3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.    Compensation committee		or reimbursement or provision of all of the expenses described above? If "No," complete Part III to	1b		
directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?  Indicate which, if any, of the following the filling organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.  Compensation committee  Written employment contract Independent compensation consultant Form 990 of other organizations  Approval by the board or compensation committee  During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filling organization or a related organization:  Receive a severance payment or change-of-control payment?  Participate in, or receive payment from, a supplemental nonqualified retirement plan?  Participate in, or receive payment from, an equity-based compensation arrangement?  Participate in, or receive payment from, an equity-based compensation arrangement?  Pres" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.  Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  The organization?  If "Yes" to line 6a or 6b, describe in Part III.  Any related organization?  If "Yes" on line 6a or 6b, describe in Part III.  Were any amounts reported on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III.  Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.  If "Yes" to line 8, did the organization also follow the robuttable presumption p		explain	J. A. A. A.	1535	÷ 1,3
1a?  3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.    Compensation committee	2	Did the organization require substantiation prior to relimbolishing of allowing expenses mounted by all	1		1. 7
Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.    Compensation committee			2	Į	
organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.    Compensation committee			7,145.7		
related organization to establish compensation of the CEO/Executive Director, but explain in Part III.  Compensation committee  Independent compensation consultant  During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:  Receive a severance payment or change-of-control payment?  Participate in, or receive payment from, a supplemental nonqualified retirement plan?  Participate in, or receive payment from, an equity-based compensation arrangement?  Participate in, or receive payment from, an equity-based compensation arrangement?  Participate in, or receive payment from, an equity-based compensation arrangement?  Participate in, or receive payment from, an equity-based compensation arrangement?  Participate in, or receive payment from, an equity-based compensation arrangement?  Participate in, or receive payment from, an equity-based compensation arrangement?  Participate in, or receive payment from, an equity-based compensation arrangement?  Participate in, or receive payment from, an equity-based compensation arrangement?  Participate in, or receive payment from, an equity-based compensation arrangement?  Participate in, or receive payment from, an equity-based compensation arrangement?  Participate in, or receive payment from, an equity-based compensation arrangement?  Participate in, or receive payment from, an equity-based compensation arrangement?  Participate in, or receive payment from, an equity-based compensation arrangement?  Participate in, or receive payment from Part III.  Pro persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:  The organization?  Participate in, or receive payment from, an equity-based compensation accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.  Propersons listed on Form 990, Part VI	3	Indicate which, it any, of the following the filing organization used to establish the compensation of the			
Compensation committee Independent compensation consultant Form 990 of other organizations Approval by the board or compensation committee  4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:  a Receive a severance payment or change-of-control payment?  b Participate in, or receive payment from, an equity-based compensation arrangement?  c Participate in, or receive payment from, an equity-based compensation arrangement?  de c 2  If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.  Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  a The organization?  b Any related organization?  f "Yes" to line 5a or 5b, describe in Part III.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:  a The organization?  b Any related organization?  f "Yes" on line 6a or 6b, describe in Part III.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III.  Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.  g If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in		organization's GEO/Executive Director. Check all that apply. By not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		History Miles	
Independent compensation consultant Form 990 of other organizations  During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization.  Receive a severance payment or change-of-control payment?  Participate in, or receive payment from, an equity-based compensation arrangement?  Participate in, or receive payment from, an equity-based compensation arrangement?  Participate in, or receive payment from, an equity-based compensation arrangement?  Participate in, or receive payment from, an equity-based compensation arrangement?  Participate in, or receive payment from, an equity-based compensation arrangement?  Participate in, or receive payment from, an equity-based compensation arrangement?  Participate in, or receive payment from, an equity-based compensation arrangement?  Participate in, or receive payment from, an equity-based compensation arrangement?  Participate in, or receive payment from, an equity-based compensation arrangement?  Participate in, or receive payment from, an equity-based compensation arrangement?  Participate in, or receive payment from, an equity-based compensation arrangement?  Participate in, or receive payment from, an equity-based compensation arrangement?  Participate in, or receive payment from, an equity-based compensation arrangement?  Participate in, or receive payment from, an equity-based compensation arrangement?  Participate in, or receive payment from, an equity-based compensation and payments on the revenues of:  Participate in, or receive payment from, an equity-based compensation arrangement?  Participate in, or receive payment from, an equity-based compensation arrangement?  Participate in, or receive payment from, an equity-based compensation arrangement?  Participate in, or receive payment from, an equity-based compensation arrangement?  Participate in, or receive payment from, an equity-based compensation arrangement?  Participate in, or receive payments for each title.  Participate in,					
Form 990 of other organizations  Approval by the board or compensation committee  During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filling organization or a related organization:  Receive a severance payment or change-of-control payment?					311
During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:  Receive a severance payment or change-of-control payment?					-0.00
organization or a related organization:  Receive a severance payment or change-of-control payment?			A CHOVE		
a Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.  Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? f "Yes" to line 5a or 5b, describe in Part III.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? f "Yes" on line 6a or 6b, describe in Part III.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III.  Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.  If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			20.
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?.  c Participate in, or receive payment from, an equity-based compensation arrangement?.  if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.  Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  The organization?  If "Yes" to line 5a or 5b, describe in Part III.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:  The organization?  Any related organization?  If "Yes" on line 6a or 6b, describe in Part III.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III.  Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.  If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	_	organization or a related organization.	4a		>
c Participate in, or receive payment from, an equity-based compensation arrangement?  If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.  Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  The organization?  If "Yes" to line 5a or 5b, describe in Part III.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:  The organization?  Any related organization?  If "Yes" on line 6a or 6b, describe in Part III.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III.  Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.  If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	a	Posticinate in as receive payment from a supplemental nonqualified retirement plan?		X	<u> </u>
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.  Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  The organization?	D	Participate in or receive payment from an equity-based compensation arrangement?	4c		>
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  The organization?  Any related organization?  If "Yes" to line 5a or 5b, describe in Part III.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:  The organization?  Any related organization?  If "Yes" on line 6a or 6b, describe in Part III.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III.  Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.  If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	C	If "Vos" to any of lines date, list the persons and provide the applicable amounts for each item in Part III.		VIII.	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  a The organization?		il les to any of files 42-0, list the persons and provide the applicable and and any	1533	12000	0.00
For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  a The organization?		Only coation 504(a)(3), 504(a)(4), and 504(a)(29) organizations must complete lines 5-9.	N.		
compensation contingent on the revenues of:  a The organization?	E	For parsons listed on Form 990, Part VII. Section A line 1a, did the organization pay or accrue any			
a The organization?  b Any related organization?  If "Yes" to line 5a or 5b, describe in Part III.  6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:  a The organization?  b Any related organization?  If "Yes" on line 6a or 6b, describe in Part III.  7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III.  8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.  9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	S .				
b Any related organization?  If "Yes" to line 5a or 5b, describe in Part III.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:  a The organization?  b Any related organization?  If "Yes" on line 6a or 6b, describe in Part III.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III.  Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.  If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	_		5a		;
If "Yes" to line 5a or 5b, describe in Part III.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:  The organization?  Any related organization?  If "Yes" on line 6a or 6b, describe in Part III.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III.  Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.  If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	h	Any related organization?	5b		) :
For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:  a The organization?	.,		70.00	33.5	
compensation contingent on the net earnings of:  a The organization?  b Any related organization?  If "Yes" on line 6a or 6b, describe in Part III.  7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III.  8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.  9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	6				
a The organization?	U				
b Any related organization?	9		6a		:
If "Yes" on line 6a or 6b, describe in Part III.  7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III	a h	Any related organization?	6b		] :
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III	, ij	if "Yes" on line 6a or 6b, describe in Part III.			
payments not described on lines 5 and 6? If "Yes," describe in Part III	-		(Mary	1 14 44	
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	1	navments not described on lines 5 and 6? If "Yes." describe in Part III.	_ 7		] :
to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	Ω	Were any amounts reported on Form 990. Part VII. paid or accrued pursuant to a contract that was subject			
in Part III	o	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe	1		
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			8		] :
9 it les to the o, and the organization also renow the resemble pre-	n	If "Ves" to line 8 did the organization also follow the rebuttable presumption procedure described in		985	
	IJ	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2015

Schedule J (Form 990) 2015

Page 2

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

							0
							15 (ii)
							(3)
							14 (ii)
							(6)
							13 (ii)
							12 (ii)
·		1					(0)
							11
							(1)
							10 (ii)
							0
				3			9 (ii)
			į				(0)
							8 (ii)
							9
							7 (ii)
							9
							6 (1)
							(3)
							5 (ii)
\$							(0)
							4 (ii)
							(i)
							3 (ii)
							(1)
0.	396,370.	652.	86,200.	8,004.	0.	301,514.	PRESIDENT
	0.	0.	0.	0.	0.	0.	Ŋ
	194,215.	13,250.	13,738.	2,639.	0.	164,588.	CUTIVE DIRECTOR
0.	0	0.	0.	0.	0.	0.	DR. PHILIP T. ELLMORE (i)
as deferred on prior Form 990	(1)() (e)	( ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (	compensation	(iii) Other reportable compensation	(ii) Bonus & incentive compensation	(i) Base compensation	(A) Name and Title
(F) Compensation in column (B) reported	(E) Total of columns	(D) Nontaxable	(C) Retirement and	compensation	(B) Breakdown of W-2 and/or 1099-MISC compensation	(B) Breakdown of	1

Page 3

## Schedule J (Form 990) 2015 Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 4B

DR. KESSELMAN PARTICIPATES IN TWO IRC SECTION 457(F) PLANS. STOCKTON

UNIVERSITY, A RELATED ORGANIZATION, CONTRIBUTED \$65,000 DURING THE

CALENDAR YEAR TO THE PLANS.

(

### **SCHEDULE M** (Form 990)

**Noncash Contributions** 

▶ Complete If the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

➤ Attach to Form 990.

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

OMB No. 1545-0047

Open To Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

Employer identification number

22-1957406

art	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contrib	terminin ution amo	g ounts
1 /	Art - Works of art,						
2 /	Art - Historical treasures						
3 /	Art - Fractional interests						
4 1	Books and publications			<u> </u>			
5 (	Clothing and household						
	goods, , ,						
6	Cars and other vehicles						
7	Boats and planes					··· <del>-</del> ·	
8	Intellectual property			102 065	FMV		
9	Securities - Publicly traded	X	6	102,965.	EDIV		
0	Securities - Closely held stock			<u>                                     </u>			
1	Securities - Partnership, LLC,						
	or trust interests						
2	Securities - Miscellaneous				<u> </u>		
3	Qualified conservation						
	contribution - Historic				<b>.</b> .		
	structures						
4	Qualified conservation			Į.			
	contribution - Other				<del> </del>		
5	Real estate - Residential				<u> </u>	<del> </del>	_
3	Real estate - Commercial						
7	Real estate - Other				<del> </del>		
8	Collectibles				<del> </del>	<del></del> .	
9	Food inventory						
0	Drugs and medical supplies						
1	Taxidermy				<del> </del>		
2	Historical artifacts						
3	Scientific specimens				ļ		
<u>!</u> 4	Archeological artifacts			25,632.	FMV		_
5	Other ►( AUCTION ITEMS )	X	38.	25, 632.	EMA		
6	Other ►()	<u>                                   </u>			<u> </u>		
7	Other ►()			<del> </del>			
8:	Other ►(				<u> </u>		<u>.</u>
9	Number of Forms 8283 received	d by the or	ganization during the tax	year for contributions for	20		
	which the organization completed	Form 8283	i, Part IV, Donee Acknowled	dgement	29	Ye	s N
					_	-   ' -	<del>*   '</del>
30a	During the year, did the organiza	ation receiv	e by contribution any prop	perty reported in Part I, III	es i inrough	1	
	28 that it must hold for at least	three years	from the date of the initial	contribution, and which is	Hot required	200	
	to be used for exempt purposes for	or the entire	holding period?		• • • • • • • •	30a	+
b	If "Voc." describe the arrangement	in Part II.			Į.	[	
31	Does the organization have a	gift acce	ptance policy that requi	ires the review of any	non-standard	31	$\mathbf{x}$
	contributions?					31	
32a	Door the organization hire or u	se third na	rties or related organizati	ons to solicit, process, or	sell noncash	322	$_{x}$
	contributions?				}	J44	
b	If "Voc." docoribo in Dart II						
33	If the organization did not report	an amount i	in column (c) for a type of p	property for which column	(a) is checked,	ļ	
	describe in Part II.						

Part II Supplem

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

LINE 32B

TO THE EXTENT THAT THE FOUNDATION RECEIVES DONATIONS OF SECURITIES, ITS INVESTMENT BROKER/MANAGER IS TASKED WITH SELLING THOSE SECURITIES IN EXCHANGE FOR CASH.

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

### Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

2015
Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

STOCKTON UNIVERSITY FOUNDATION

Employer identification number 22-1957406

FORM 990, PART VI, SECTION A, LINE 1: THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS SHALL CONSIST OF THE FOLLOWING MEMBERS AND EX OFFICIO MEMBERS: THE CHAIR OF THE FOUNDATION; THE PRESIDENT OF THE UNIVERSITY; THE CHIEF DEVELOPMENT OFFICER OF THE UNIVERSITY; VICE CHAIRS OF THE FOUNDATION; AND THE TREASURER AND SECRETARY OF THE FOUNDATION. IN ADDITION, THE BOARD AT ITS ANNUAL MEETING SHALL ELECT OTHER OF ITS MEMBERS TO SERVE ON THE EXECUTIVE COMMITTEE FOR A TERM OF ONE (1) YEAR. IT SHALL BE THE RESPONSIBILITY OF THE EXECUTIVE COMMITTEE TO CONDUCT THE ACTIVITIES OF THE FOUNDATION BETWEEN THE DATES OF THE FOUR MEETINGS OF THE BOARD OF DIRECTORS. THE EXECUTIVE COMMITTEE SHALL HAVE FULL AUTHORITY OF THE BOARD TO PERFORM SUCH ACTS AND TO UNDERTAKE SUCH ACTIVITIES AS SHALL BE DEEMED BY THE EXECUTIVE COMMITTEE TO BE NECESSARY OR PRUDENT, PROVIDED HOWEVER, THAT SUCH ACTS AND ACTIVITIES SHALL BE DULY AND COMPLETELY REPORTED TO THE BOARD OF DIRECTORS AT EACH MEETING OF THE BOARD, AND SUCH ACTIONS THAT REQUIRE BOARD APPROVAL SHALL BE CONFIRMED BY VOTE OF THE BOARD OF DIRECTORS AT THE NEXT MEETING FOLLOWING THE ACTION, THE EXECUTIVE COMMITTEE SHALL ENGAGE IN REGULAR AND CONTINUING DIALOGUE WITH THE PRESIDENT OF THE UNIVERSITY AND THE BOARD OF TRUSTEES OF THE UNIVERSITY SO THAT, INSOFAR AS POSSIBLE, FOUNDATION ACTIONS WILL BE CONSISTENT WITH THE POLICIES AND GOALS ESTABLISHED BY THE BOARD OF TRUSTEES OF THE UNIVERSITY. THE CHAIR OF THE FOUNDATION SHALL SERVE AS THE CHAIR OF THE EXECUTIVE COMMITTEE. MINUTES SHALL BE PREPARED BY A MEMBER OF COMMITTEE APPOINTED BY THE CHAIR OF ALL DELIBERATIONS AND ACTIONS TAKEN AT EXECUTIVE COMMITTEE MEETINGS

AND SHALL BE DISTRIBUTED TO THE MEMBERS OF THE BOARD OF DIRECTORS AT THE NEXT MEETING OF THE BOARD FOLLOWING THE MEETING OF THE EXECUTIVE COMMITTEE.

FORM 990, PART VI, SECTION A, LINE 2: CLAIRE KUHAR AND THOMAS KUHAR, FAMILY RELATIONSHIP.

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990, PART VI, SECTION A, LINE 3: THROUGHOUT THE YEAR, VARIOUS MANAGEMENT DUTIES ARE DELEGATED TO STOCKTON UNIVERSITY. THIS RELATIONSHIP IS DISCLOSED IN SCHEDULE R.

FORM 990 IS INITIALLY REVIEWED BY THE CHAIRS OF THE AUDIT AND FINANCE COMMITTEES, AND THEN SUBMITTED TO THE EXECUTIVE COMMITTEE. WHEN THEIR REVIEW IS COMPLETED, THE EXECUTIVE COMMITTEE PROVIDES THE RETURN TO THE FULL BOARD OF DIRECTORS FOR THEIR REVIEW AND DISCUSSION. IT IS APPROVED BY THE FULL BOARD OF DIRECTORS PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C: THE CONFLICT OF INTEREST POLICY APPLIES TO EACH MEMBER OF THE BOARD OF DIRECTORS AND TO ALL OFFICERS OF STOCKTON UNIVERSITY FOUNDATION. IT IS THE RESPONSIBILITY OF EACH DIRECTOR AND OFFICER TO ENSURE THAT THE BOARD IS MADE AWARE OF ANY AND ALL SITUATIONS THAT INVOLVE PERSONAL, FAMILY, OR BUSINESS RELATIONSHIPS THAT COULD BE DEEMED AS A PERCEIVED OR ACTUAL CONFLICT OF INTEREST. THE BOARD REQUITES EACH DIRECTOR AND FOUNDATION OFFICER ANNUALLY TO (1) REVIEW THIS POLICY, (2) DISCLOSE POTENTIAL PERSONAL, FAMILY, OR BUSINESS RELATIONSHIPS THAT COULD GIVE RISE TO A

CONFLICT OF INTEREST WITH THE FOUNDATION OR STOCKTON UNIVERSITY, OR WHICH COULD RESULT IN A SUBSTANTIAL BENEFIT AS A CONSEQUENCE OF ACTIONS BY THE FOUNDATION OR STOCKTON UNIVERSITY, AND (3) SIGN AN ACKNOWLEDGEMENT OF THE POLICY AND AGREE TO CONFORM TO ITS REQUIREMENTS. EACH DIRECTOR HAS AN ONGOING DUTY TO DISCLOSE CONFLICTS OF INTEREST OR THE PROSPECT OF SUBSTANTIAL BENEFIT. IN THE EVENT YOU ARE UNCERTAIN AS TO THE APPROPRIATENESS OF LISTING A PARTICULAR RELATIONSHIP, THE CHAIR OF THE BOARD OF DIRECTORS AND/OR THE VICE CHAIR OF THE FOUNDATION SHOULD BE CONSULTED.

DIRECTORS OR OFFICERS WHO HAVE DECLARED OR FOUND TO HAVE A CONFLICT OF

INTEREST SHALL REFRAIN FROM PARTICIPATING IN CONSIDERATION OF PROPOSED

TRANSACTIONS INVOLVING OR RELATING TO THE ENTITY CREATING THE CONFLICT,

UNLESS FOR SPECIAL REASONS THE BOARD OR ADMINISTRATION REQUESTS

INFORMATION OR INTERPRETATION. WITH RESPECT TO SUCH TRANSACTIONS, PERSONS

WITH A CONFLICT SHALL NEITHER VOTE NOR BE PRESENT AT THE TIME OF VOTE.

FORM 990, PART VI, SECTION B, LINE 15:

STOCKTON UNIVERSITY PARTICIPATES IN THE NEW JERSEY ASSOCIATION OF STATE

COLLEGES AND UNIVERSITIES (NJASCU). EACH OF THE SCHOOLS IN THE SYSTEM HAS

A FOUNDATION WITH AN EXECUTIVE DIRECTOR WHO IS ALSO AN OFFICIAL OF THE

ASSOCIATED SCHOOL. THE PRESIDENTS OF THE MEMBER SCHOOLS OF NJASCU

REGULARLY SHARE INFORMATION AND CONFER ABOUT THE SALARIES OF THE

TOP-LEVEL POSITIONS AT THEIR INSTITUTIONS, INCLUDING EXECUTIVE DIRECTORS

OF THEIR FOUNDATIONS. IN ADDITION, AS WITH ALL PUBLIC EMPLOYEES IN NEW

JERSEY, THE SALARY OF THE EXECUTIVE DIRECTOR IS SUBJECT TO PUBLIC

STOCKTON UNIVERSITY FOUNDATION

Employer identification number 22-1957406

DISCLOSURE AND REVIEW.

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICIES AND FINANCIAL

STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

ATTACHMENT 1

### FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

THE FOUNDATION WAS ESTABLISHED IN 1972 BY FRIENDS OF THE UNIVERSITY

TO PROVIDE FOR THE PHILANTHROPIC NEEDS OF STOCKTON UNIVERSITY. THE

FOUNDATION PROVIDES LEADERSHIP AND OVERSIGHT AND IS RESPONSIBLE FOR

RAISING, STEWARDING, AND DISTRIBUTING FUNDS IN SUPPORT OF STOCKTON

UNIVERSITY AND ITS STUDENTS. THE FOUNDATION'S PRIMARY FOCUS IS TO BE

A SUBSTANTIAL SOURCE OF FINANCIAL ASSISTANCE FOR A SIGNIFICANT NUMBER

OF STUDENTS AND FOR STRENGTHENING THE EDUCATION CAPACITY OF THE

UNIVERSITY.

		ATTACHMENT 2	
FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES	<del></del>		
DESCRIPTION	GRANTS	EXPENSES	REVENUE
FACULTY SUPPORT		86,331.	
OTHER DIRECT SUPPORT		77,865.	
TOTALS		164,196.	
		ATTACHMENT 3	

FORM 990, PART VI, LINE 17 - STATES

AK, CA, CO,

KY, ME, MD, MA, MI,

Schedule O (Form 990 or 990-EZ) 2015

Page 2

Name of the organization
STOCKTON UNIVERSITY FOUNDATION

Employer identification number 22-1957406

ATTACHMENT 3 (CONT'D)

FORM 990, PART VI, LINE 17 - STATES

MN, NH, NJ, NY, ND, OH, OK, OR,

SC, UT, WA, WI,

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

► Attach to Form 990.

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

OMB No. 1545-0047

Open to	20	
T	<u></u>	Ì
듄	CI	ľ
ਨੂੰ	•	ŀ
X.		l

STOCKTON UNIVERSITY FOUNDATION Name of the organization Part II (1) STOCKTON UNIVERSITY (3) 3 5 **4** 12 6 ত 4 3 ω 2 6 101 VERA KING FARRIS DRIVE Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Name, address, and EIN of related organization (a)
Name, address, and EIN (if applicable) of disregarded entity GALLOWAY, NJ 08205 22-2832788 HIGHER Primary activity ΕĐ Primary activity Ŋ Legal domicile (state or foreign country) ô (c)
Legal domicile (state or foreign country) 501 (C) (3) Exempt Code section <u>@</u> 0 (if section 501(c)(3)) Public charity status (d) Total income N/A (c) End-of-year assets Direct controlling Employer identification number 22-1957406 (f)
Direct controlling
entity (g) Section 512(b)(13) controlled Yes entity? S O ×

Schedule R (Form 990) 2015

22-1957406

Page 2

Schedule R (Form 990) 2015

Schedule R (Form 990) 2015	le R (Forn	Schedul									JSA
							<b>1</b>				(7)
											(6)
											(5)
											(4)
											(3)
											(2)
											(1)
Yes No				trust)	7.0	country)					
Soction Soction 512(b)(13) hip controlled	Percentage ts ownership	Share of end-of-year assets	(t) Share of total income	pp. or	(d) Direct controlling   7 entity   (C	(c) Legal domicile ( state or foreign	(b) Primary activity		) V of related organization	(a) Name, address, and EIN of related organization	
-	art IV,	1 Form 990, P	ed "Yes" on	ization answere	plete if the organ or trust during the	Trust Com corporation	Corporation or lons treated as a	s Taxable as a ated organizat	ted Organization d one or more rel	Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.	Part IV
									•		(7)
											(6)
					1						(5)
						}					(4)
											(3)
											(2)
											(1)
	No	Yes	Yes No			ions 512-514)	secti	country)			
Percentage ownership	General or P managing o partner?	Code V-UBI Go amount in box 20 ma of Schedule K-1 pc (Form 1065)	(h) Disproportunite ellocations? Of	(g) Share of end-of- year assets	(f) Share of total income	(c) Predominant income (related, unrelated, excluded from tax under	Direct controlling Pentity income	(c) Legal Direct domicile (state or foreign	(b) Primary activity	(a) Name, address, and EIN of related organization	Nan
È	e 34	90, Part IV, line	on Form 99	nswered "Yes" c	e organization ar	mplete if the	Partnership Conted as a partners	Taxable as a anizations trea	ted Organizations more related org	Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.	Part III
	, ,	)	3								01.000.0

JSA 5E1308 1.000

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

!	(6)	(5)	(4)	(3)	1	<u>ું</u>	(1)		2 If th		r Oth	Ω Xei				n Sha	בים בים בים		ν Τ	רכמ	-, - B &		P 02 04 0		, Divi	ה ריטמ				2 T		During the tax year did the organization engage in any of the following to
	į	ı							ne answer	ner transfe	er transfe	Imbursem	imbursem	•	aring of pa	aring of fa	formance	formance	ise of faci	200 01 1901	se of faci	hance of	chase of	o of asset	idends fro	2113 01 1041	aris or load	י אומיזל ט	drant of	orant or	vaint of (i)	ing the ta
									If the answer to any of the above is "Yes," see the instructions for information on who must complete this lin	Other transfer of cash or property from related organization(s).	Other transfer of cash or property to related organization(s)	Reimbursement paid by related organization(s) for expenses	Reimbursement paid to related organization(s) for expenses		Sharing of paid employees with related organization(s)	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	m Performance of services or membership or fundraising solicitations by related organization(s)	of sprvice	Lease of facilities, equipment, or other assets from related organization(s)	mues, equ	Lease of facilities equipment or other assets to related organization(s)	Evokanne of assets with related organization(s)	assats from	Sale of assets to related organization(s)	m related	בטמוזא טי ושמון פושימווניפיא בין יפושיפט טופטויצמויטיוניאיייייייייייייייייייייייייייייייי	Loans or loan guarantees to or for related organization(s)	, captal c	Giff grant or capital contribution from related organization(s)	City graph or capital contribution to related organization(s)	Receipt of (i) interest (ii) annuities (iii) rovalties or (iv) rent from a controlled entity	During the tax year, did the organization engage in any of the following transactions with one or more related
									the above	or proper	or proper	y related	o related o		yees with i	uipment,	es or men	be or man	ioment or	- C. C.	inment of	th related	m related v	d organiza	organizati	ses by tele		or to perfe	ontribution	ontribution	ii) annuitie	the organ
				}				Name	e is "Yes,"	ty from rel	ty to relate	organizauk	organizatio		related org	mailing lis	nbership o	therehin o	other ass	2	Organization	omanizatio	organizatio	tion(s)	ion(s)	red or year		or rolated	from rela	to related	s fill) row	nization er
	:							(a) Name of related organization	see the i	ated orga	ed organiz	on(s) for e	on(s) for ex		ganization	ts, or othe	or fundrais	or fundrais	sets from a	0000	sets to rela	m(e)	, n(e)	:		ZaliOn(3)	organizan		ited organ	d organiza	alties or (	ngage in a
								rganization	nstruction	nization(s	ation(s)	xpenses	xpenses.		(s)	er assets	sing solici	sing solici	related ord	7,00	eted organ	•	•			•	). ·	An/e)	nization(s)	ation(s)	iv) rent fr	any of the
		ļ	:	446					ns for info		•		:		· · ·	with relate	tations by	tations for	panization:		ization(s)		•	•					•		om a con	following
									rmation o		• • •	•			· · ·	ed organiz	related or	related o	(s)				:	•				•	•	9	trolled en	transact
					į			1	n who me		• • • •		:			zation(s).	ganization	rganizatio		•		•				•		•			Ħ.	ions with
									ust comp								າ(s)	n(s)	•							•			:	•		one or m
									ete this li				•						•	•	•	•	•		: : :	•	•	•			:	ore relate
		<u> </u>		Š				(b) Transaction type (a-s)	ne, including			•							•	•	•	•			, , ,			•			. (	ed organiz
			i					ion s)	ding covered	,		:	•				, .  		•	•		:			•	•	•	•			· · · · · · · · · · · · · · · · · · ·	ations list
								Ап	red relati		•		•							:	•		•			•	•	•			•	d organizations listed in Parts II-IV?
								(c) Amount involved	relationships a							•			•		•	•				•	•				•	ts   - V?
Sc)								red.	and trans										•	•			•			•	•				•	
Schedule R (Form 990) 2015								Methoc amo	transaction thresholds.			•	:						•						•							
(Form 990								(d) Method of determining amount involved	esholds.	1s			10		10 ~	1n		=	÷		<u></u> ;	<b>∴</b>	1 h	ĵ Q	<b></b>		1 e	1d	1c	<del>ე</del>	1a	
<b>)) 2015</b>								ining		×	×		× >	< .	×	×	×	×	×		×	×	×	×	×		×	×	×		×	

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Namo, address, and EIN of ontity	(b) Primary activity	(c) Logal domicile (state or foreign country)	Prodominant incomo (rolatod, unrolated, excluded from tax under sections 512-514)	Are all partners section 501(c)(3) organizations?	(f) Share of total income	(g) Share of ond-of-year assets	(h) Disproportionate allocations?	(Form 1065)	Gonoral or managing partner?	(k) Percontage ownership
(1)										
(2)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1									
(3)	}									
(4)										
(5)									-	
(6)										
(7)	e de la companya de									
(8)										
(9)										
(10)										
(11)										
(12)										
(13)								L. C.		
(14)										
(15)										
(16)										
JSA 5E1310 1.000								Sch	Schedule R (Form 990) 2015	n 990) 2015

Schedule R (Form 990) 2015

Page 5

### Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

PART II, RELATED TAX-EXEMPT ORGANIZATIONS

FOR TRANSPARENCY, THE FOUNDATION HAS CHOSEN TO LIST STOCKTON UNIVERSITY

AS A RELATED TAX-EXEMPT ORGANIZATION. HOWEVER, PURSUANT TO THE BYLAWS OF

THE FOUNDATION AND THE FORM 990, SCHEDULE R INSTRUCTIONS THAT DEFINE

'RELATED' AND 'CONTROL', THE UNIVERSITY IS TECHNICALLY NOT A RELATED

TAX-EXEMPT ORGANIZATION OF THE FOUNDATION AND THEREFORE, THE UNIVERSITY'S

AFFILIATES ARE NOT DISCLOSED.