(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www irs.gov/Form990 for instructions and the latest information. Inspection 07/01 2019 and ending 06/30 20 20

A	or th	ne 2019 calendar year, or tax year beginning	07/01,2019	, and ending		06/30, 20 20
55450		C Name of organization			D Employer ide	ntification number
В	heck if a	applicable: STOCKTON UNIVERSITY FOUNDATION			22-195	7406
	Addre				Farmer Morrow bits	
	-	Number and street (or P.O. box if mail is not delivered to street	et address)	Room/suite	E Telephone nu	mber
	100000000000000000000000000000000000000	alretum 101 VERA KING FARRIS DRIVE		K-204	(609) 62	6-3546
	Final	return/ City or town, state or province, country, and ZIP or foreign po	stal code	1 734 50707	, , , , , , ,	
	termi Amer	inated			G Gross receipt	s\$ 29,768,172.
	Appli	F Name and address of principal officer: DANIEL NU	ICENT		H(a) Is this a gro	OF CANTON SUBSCIENCES OF SUBSCIENCES
93	pend	101 VERA KING FARRIS DRIVE, GALI		205	subordinates	5?
	т	TOURNESS AREAS AND AREAS A		1 6	H(b) Are all subore	
<u>!</u>	100000000000000000000000000000000000000	xempt status: X 501(c)(3) 501(c) () ◀ (insert no	o.) 4947(a)(1)	or 527		ttach a list. (see instructions)
200		ite: ▶ WWW.STOCKTON.EDU/FOUNDATION				ption number
100			O her ▶	L Year of	formation: 1972 M	State of legal domicile: NJ
P	art I	Summary				
	1	Briefly describe the organization's mission or most significant	activities: TO PR	OVIDE LEA	ADERSHIP, OVE	RSIGHT AND TO
JCe		BE RESPONSIBLE FOR RAISING, STEWARDIN	mental Assessment of the protection	RIBUTING	FUNDS IN	
naı		SUPPORT OF STOCKTON UNIVERSITY AND IT				
Governance	2	Check this box if the organization discontinued its or				10000000
Ö	3	Number of voting members of the governing body (Part VI, line	:1a)			3 47.
Activities &	4	Number of independent voting members of the governing bod	y (Part VI, line 1b) .			4 45.
itie	5	Total number of individuals employed in calendar year 2019 (F	Part V, line 2a)			5 0.
ţ	6	Total number of volunteers (estimate if necessary)				6 239.
ĕ	7a	Total unrelated business revenue from Part VIII, column (C), lin				7a 0.
	b	Net unrelated business taxable income from Form 990-T, line 3	39			7b
				36	Prior Year	Current Year
Ф	8	Contributions and grants (Part VIII, line 1h)	contra a activida		2,866,58	81. 8,629,165.
Revenue	9	Program service revenue (Part VIII, line 2g)				0. 0.
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d).			2,435,76	59. 1,383,556.
œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, a			-134,62	2053,922.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, co		151	5,167,73	9,958,799.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3			1,632,33	
	14	Benefits paid to or for members (Part IX, column (A), line 4)				0. 0.
10	15	Salaries, other compensation, employee benefits (Part IX, column				0. 0.
Expenses	10000000	Professional fundraising fees (Part IX, column (A), line 11e)			15,45	28,445.
per		• Total fundraising expenses (Part IX, column (D), line 25) ►				
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			942,48	757,024.
		Total expenses. Add lines 13-17 (must equal Part IX, column (2,590,26	
):	2,577,46	
r s	19	Revenue less expenses. Subtract line 18 from line 12			Beginning of Current	25 45 27 52335
Net Assets or Fund Balances	20	Total accets (Part V. line 46)		22	43,585,13	
Asse	24	Total liabilities (Part X, line 16)			442,15	
Ind /	21	Total liabilities (Part X, line 26)			43,142,98	
	The second second	Net assets or fund balances. Subtract line 21 from line 20 Signature Block			45,142,50	50,504,754.
	irt II	enal ies of perjury, I declare that I have examined this return, including	accompanying echod	ulas and statom	onte and to the heet o	f my knowledge and heliaf it is
true	e, corre	ect, and complete. Declara ion of preparer (other than officer) is based on	all information of wh	ich preparer has	any knowledge.	i my knowledge and beller, it is
		Jennifer M Potter			5.1	3.2021
Sig	ın	Signature of officer			Date	5.2021
He	2007	JENNIFER POTTER	CFO		240	
	STREET	Type or print name and title	CFO			
		Print/Type or print name and title Print/Type preparer's name Preparer's signature	TO.	Date		: PTIN
Paid	ł	RECORDS AND A TOWN AS		Date	Check] II
	parer	RUSSLEE ARMSTRONG		9	self-employ	
	Only	Firm's name GRANT THORNTON LLP				36-6055558
		Firm's address >2001 MARKET STREET, SUITE 700 PHILADELPH			Phone no.	215-561-4200
-		IRS discuss this return with the preparer shown above?	(see instructions))		Yes No
For	Pape	erwork Reduction Act Notice, see the separate instructions.				Form 990 (2019)

Form 990 (2019) Page 2 Part III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: ATTACHMENT 1 2 Did the organization undertake any significant program services during the year which were not listed on the If "Yes," describe these new services on Schedule O. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 1,009,493. including grants of \$ 4a (Code:) (Expenses \$ 1,009,493.) (Revenue \$ STOCKTON UNIVERSITY'S SCHOLARSHIP PROGRAM PROVIDES AWARDS TO UNDERGRADUATE AND GRADUATE STUDENTS PRIMARILY ON A COMPETITIVE BASIS (SOME AWARDS ARE RESTRICTED TO NEEDS-BASED CRITERIA). 716 STUDENTS RECEIVED SCHOLARSHIP AWARDS IN FY20. THESE AWARDS ARE MADE FROM THE FOUNDATION'S PERMANENTLY RESTRICTED ENDOWMENT FUNDS AS WELL AS THROUGH CURRENT-USE GIFTS AND THROUGH THE FOUNDATION'S GENERAL SCHOLARSHIP FUNDS. 4b (Code:) (Expenses \$ 387,726. including grants of \$ o.) (Revenue \$ DONOR RESTRICTED FUNDS, BOTH ENDOWED AND CURRENT-USE, PROVIDE PHILANTHROPIC SUPPORT FOR A NUMBER OF UNIVERSITY INITIATIVES INCLUDING, UNDERGRADUATE RESEARCH, VISITING LECTURERS/SCHOLARS, PROGRAMMING IN THE VARIOUS ACADEMIC CENTERS, FACULTY SCHOLARLY ACTIVITY, AND OTHER SPECIAL PROGRAMMING THAT ADVANCES THE ACADEMIC MISSION OF THE UNIVERSITY. 573,216. including grants of \$ 4c (Code:) (Expenses \$ 573,216.) (Revenue \$ DONOR RESTRICTED FUNDS, BOTH ENDOWED AND CURRENT-USE, PROVIDE SUPPORT FOR VARIOUS FACILITY RENOVATION, CONSTRUCTION, AND/OR OPERATION. FACILITIES AND OPERATIONS CURRENTLY SUPPORTED INCLUDE, THE SARA AND SAM SCHOFFER HOLOCAUST RESOURCE CENTER, KRAMER HALL, THE SAM AZEEZ MUSEUM OF WOODBINE HERITAGE, ANNE AZEEZ HALL, STOCKTON UNIVERSITY PERFORMING ARTS CENTER AND THE NOYES ARTS GARAGE STOCKTON UNIVERSITY AND NOYES MUSEUM OF ART STOCKTON UNIVERSITY. ATTACHMENT 2 4d Other program services (Describe on Schedule O.) 71,999. including grants of \$) (Revenue \$ 2,042,434. 4e Total program service expenses ▶

JSA 9E1020 2.000 Form 990 (2019)
Part IV Page 3

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	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	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		1968	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
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.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			201
	complete Schedule D, Part VI	11a		X
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		37	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		37	
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If		X	
40	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Λ	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Λ
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140		
10	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	10		
10	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	10		
1000	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			
utioni	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
Works.	If "Yes," complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
-0000775	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	

Form **990** (2019) PAGE 7

Form 990 (2019) Page 4

Part	Checklist of Required Schedules (continued)		V	
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		37	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated		37	
	employees? If "Yes," complete Schedule J	23	X	
24 a	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			37
	The state of the s	24a		X
	Transferred Control Co	24b	à 5	
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	PARLEMENT PROPERTY AND	24c		
	TO A STATE OF THE	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	٠		X
	The state of contract of the c	25a	S 5	Λ
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	256		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	25b		21
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	20	7	
21	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			1,700
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
		28a		X
b		28b	7	X
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c	7	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30	7	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	7	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32	7	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			2003
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,		-	
	or IV, and Part V, line 1	34	X	37
	The second control of	35a	7	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
20	AND CHICKMEN CONTROL OF THE STANDARD CONTROL OF THE ST	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30	7	
01	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	٠.		
	19? Note: All Form 990 filers are required to complete Schedule O.	38	X	
Part		and a state of	100	
	Check if Schedule O contains a response or note to any line in this Part V		• • 55 • 50 •	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and		Y56.86*	
	reportable gaming (gambling) winnings to prize winners?	1c	X	

Page 5 Form 990 (2019)

Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0.			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			2000
3a	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 on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country ▶			
	$See \ instructions \ for \ filling \ requirements \ for \ FinCEN \ Form \ 114, \ Report \ of \ Foreign \ Bank \ and \ Financial \ Accounts \ (FBAR).$			2443
5a	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		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			37
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b	2 1	
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		v	
	and services provided to the payor?	7a	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Λ	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7=		X
100	required to file Form 8282?	7c	7	Λ
	If "Yes," indicate the number of Forms 8282 filed during the year	70		X
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X
Τ	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7h		
175-27	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	711		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		
9	sponsoring organization have excess business holdings at any time during the year?	_		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			v
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	7	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	45		X
	excess parachute payment(s) during the year?	15	7	Λ
	If "Yes," see instructions and file Form 4720, Schedule N.	16		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	10		2.1
	If "Yes," complete Form 4720, Schedule O.	Form	000	(2010)

Form 990 (2019) STOCKTON UNIVERSITY FOUNDATION 22-1957406 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 47 1a 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 45 1b Enter the number of voting members included on line 1a, above, who are independent

Did any officer, director, trustee, or key employee have a family relationship or a business relationship with

Did the organization delegate control over management duties customarily performed by or under the direct

supervision of officers, directors, trustees, or key employees to a management company or other person?. . . .

4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		21
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:		1228	
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	.)	
		·	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
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?			100000
a	The organization's CEO, Executive Director, or top management official	15a	7	X
b	Other officers or key employees of the organization	15b	7	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			40.07
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
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 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request X Another's website Own website Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records
DANIEL NUGENT 101 VERA KING FARRIS DR. K204 GALLOWAY, NJ 08205 20

9E1042 2.000

JSA

Form 990 (2019)

X

X

2

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

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. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week	box,	unle	Pos heck ss pe	erson	e han o	an	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation	
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institu ional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations	
(1) DR. HARVEY KESSELMAN	4.00										
UNIVERSITY PRESIDENT	31.00	X			107 5			0.	438,536.	157,822.	
(2) DANIEL NUGENT	6.00										
EXECUTIVE DIRECTOR	29.00	X		X	1 102 S		10 S	0.	180,027.	34,620	
(3) DONNA H. BUZBY, CPA	4.00										
CHAIR	0.	X		X	1 102 - 5			0.	0.	0	
(4) MICHAEL L. ALBRECHT	4.00										
FIRST VICE CHAIR	0.	X		X				0.	0.	0	
(5) JOSEPH FUSCO, ESQ.	4.00										
SECOND VICE CHAIR	0.	X		X				0.	0.	0	
(6) MICHAEL C. EPPS, ESQ.	4.00										
SECRETARY	0.	X		X				0.	0.	0	
(7) CLAIRE B. KUHAR, CPA	4.00										
TREASURER	0.	X		X	(Z 5			0.	0.	0	
(8) RICHARD H. WALKER, JR., ESQ.	2.00										
BOARD MEMBER	0.	X						0.	0.	0	
(9) RICHARD S. DOVEY	2.00										
BOARD MEMBER	0.	X						0.	0.	0	
(10) DONNA M. ALBANO	2.00										
BOARD MEMBER	0.	X						0.	0.	0	
(11) DR. PETER A. CAPORILLI	2.00										
BOARD MEMBER	0.	X						0.	0.	0	
(12) TIMOTHY CAREW	2.00										
BOARD MEMBER	0.	X	, ,					0.	0.	0	
(13) ANTHONY J. COPPOLA, SR.	2.00										
BOARD MEMBER	0.	X						0.	0.	0	
(14) DAVID A. DELIZZA	2.00										
		1 626	1	1	1	1	1				

JSA

Form 990 (2019)

BOARD MEMBER

Form 990 (2019) Page **8**

Part VII Section A. Officers, Directors, (A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average hours per week (list any hours for	box,	unles	ss pe	more	han o	an	Reportable compensation from	Reportable compensation from related	Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
15) DR. JOHANNA R. JOHNSON	2.00	10000	9 3				3 6		2000	
BOARD MEMBER	0.	X						0	0.	(
16) BARBARA GOMES	2.00		9 5				8 8			
BOARD MEMBER	0.	X						0	0.	
17) L. GAYLE GROSS	2.00		9 - 5							
BOARD MEMBER	0.	X						0	0.	
18) ROXANNE PASSARELLA, ESQ.	2.00		9 3		3 6		8			
BOARD MEMBER	0.	X						0	0.	
19) LORI S. HERNDON	2.00	70.5	9 - 5		3 6		3 8			
BOARD MEMBER	0.	X						0	0.	
20) DR. JUANITA J. HIGH	2.00	1900								
BOARD MEMBER	0.	X						0	0.	
21) DAVID R. HUGHES	2.00	1900								
BOARD MEMBER	0.	X						0	0.	
22) MICHAEL A. HYETT, ESQ.	2.00									
BOARD MEMBER	0.	X						0	0.	
23) MICHELLE LENZMEIER KEATES	2.00	1900						5334		
BOARD MEMBER		X						0	0.	
24) CHARLES W. KRAMER	2.00	850					1	1.50		
BOARD MEMBER	0.	X						0	0.	
25) THOMAS KUHAR	2.00	55)					2 3			
BOARD MEMBER	0.	X						0	0.	
			8		2 9			0.	27.34	192,442
1b Sub-total	0-4: 0			e de la				0.	100000000000000000000000000000000000000	0
c Total from continuation sheets to Part VII d Total (add lines 1b and 1c)								0.	Parties and a second	192,442
										132, 112
2 Total number of individuals (including but n reportable compensation from the organiza				u ai	JOVE	e) Will	o ie	ceived more man	\$ 100,000 OI	
3 Did the organization list any former of employee on line 1a? If "Yes," complete Sch	officer, directo	r, or ch ind	tru Iividi	uste ual	e, I	key e	emp	oloyee, or highes	t compensated	Yes No
4 For any individual listed on line 1a, is the organization and related organizations individual	ne sum of rep greater than	ortab \$15	ole o	com 00?	pen	sation "Yes	n ai	nd other compen- complete Schedu	sation from the	4 X
5 Did any person listed on line 1a receive										

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

for services rendered to the organization? If "Yes," complete Schedule J for such person

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 4		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 1

X

(E)

(B)

Form 990 (2019) Page

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

(C)

(D)

Name and title	Average hours per week (list any hours for	box,	unles	heck ss pe	erson	e han o	an	Reportable compensation from	Reportable compensation from related	Estimated amount of other compensation		f
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	fro orga and	om the inizatio related nization	on d
26) RITA MACK	2.00		9 5		S :		8 8		-			10
BOARD MEMBER	0.	X						0	0.			0
27) KENNETH O'REGGIO	2.00		9 - 9		- E		6 6		-			- 5
BOARD MEMBER	0.	X						0	0.			0
28) BONNIE D. PUTTERMAN, ESQ.	2.00		9				8 8		4			
BOARD MEMBER	0.	X						0	0.			0
29) RICK RICCIARDI	2.00		9 - 5		. 6.		8 8		6			**
BOARD MEMBER	0.	X						0	0.			0
30) LOUIS T. BARBERIO III	2.00		9		8 .		8 8					
BOARD MEMBER	0.	X						0	0.			0
31) THOMAS L. GLENN III	2.00											
BOARD MEMBER	0.	X			g -		g 8	0	0.			0
32) TRIBHUVAN SINGH	2.00								ware.			
BOARD MEMBER	0.	X	N.					0	0.			0
33) THOMAS J. SYKES	2.00							1000	100077			
BOARD MEMBER	0.	X			g :		g 8	0	0.			0
34) MELVIN J. TARNOPOL, ESQ.	2.00	177000						1000	5000			-
BOARD MEMBER	0.	X			(Z)		g 8	0	0.			0
35) CAROLINE TILL	2.00							1000	9,000			-
BOARD MEMBER	0.	X			102 1		10 A	0	0.			0
36) HARSHAVARDHANA JAYAKAR	2.00							197	190			000
BOARD MEMBER	0.	X	8 3	4			G 5	0	0.			0
c Total from continuation sheets to Part V d Total (add lines 1b and 1c) Total number of individuals (including but reportable compensation from the organiz	II, Section A		 Iiste			• • • •	▶□In the control of the	0 .	0. \$100,000 of			0.
Teportable compensation from the organiz	ation >	U,	•								V	NI-
3 Did the organization list any former employee on line 1a? If "Yes," complete Sc	officer, directo	r, or ch ind	tru Iividi	uste ual	e, 	key e	emp	oloyee, or highes	t compensated	3	Yes	No X
4 For any individual listed on line 1a, is to organization and related organizations individual	greater than	\$15	50,0	00?	lt It	"Yes	5,"	complete Schedu	le J for such	4	X	

for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VII

(A)

X

Form 990 (2019) Page **8**

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

(A) Name and title	Average hours per week (list any hours for	box,	unles	Pos heck ss pe	rson	e han o	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	Esti	(F) mated ount of ther ensatio	
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	fror organ and	n the nization related ization	n I
37) CHARLES C. WEEKS, JR., JD, CFP	2.00	2000	9 9		3 8		8		2007			
BOARD MEMBER	0.	X						0.	0.			0
38) DR. EDWARD WROBLESKI	2.00	2750										
BOARD MEMBER	0.	X						0.	0.			0
39) DR. BRIGID C. HARRISON	2.00	2700										(CE)
BOARD MEMBER	0.	X						0.	0.			0
40) LISA JOHNSON	2.00	2750						100				-
BOARD MEMBER	0.	X						0.	0.			0
41) CAMILLE E. SAILER, ESQ.	2.00							2000	EXAMPLE 1			
BOARD MEMBER	0.	X	N S				9 5	0.	0.			0
42) VINCENT PAPACCIO	2.00							20007	SOURT STATES			
BOARD MEMBER	0.	X	N S					0.	0.			0
43) PAMELA A. THOMAS, MAS	2.00											
BOARD MEMBER	0.	X			g 8		g 5	0.	0.			0
44) EDWARD H. MARSHALL III	2.00											
BOARD MEMBER	0.	X	N. S					0.	0.			0
45) HAK J. KIM	2.00											
BOARD MEMBER	0.	X						0.	0.			0
46) JOHN GRAY	2.00											
BOARD MEMBER	0.	X			G 5		10 S	0.	0.			0
47) JOSEPH R. JINGOLI, JR.	2.00											
BOARD MEMBER	0.	X			G 5		S 5	0.	0.			0
1b Sub-total							-	0.	0.			0.
c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)							>		-			
2 Total number of individuals (including but not reportable compensation from the organization)		hose 0		d a	bov	e) who	о ге	ceived more than	\$100,000 of			
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched	cer, directo	or, or ch ind	tru lividi	uste ual	e, 	key e	emp	loyee, or highest	t compensated	3	Yes	No X
4 For any individual listed on line 1a, is the organization and related organizations grindividual	eater than	\$15	50,0	00?	If	"Yes	,"	complete Schedu	le J for such	4	X	1
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y	accrue co	mpen	sati	on t	fron	any	uni	related organization	on or individual	5		Х

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VII

22-1957406

rai	L VII	Check if Schedule O contains a response or note to an	v line in this Part \	/111		
		Check if Schedule O contains a response of note to al	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts	1a	Federated campaigns 1a				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b				
	c	Fundraising events 1c 454,358.				
ir A	d	Related organizations 1d				
<u>n</u>	e	Government grants (contributions) 1e				
ons,	f	All other contributions, gifts, grants,				
or fi		and similar amounts not included above . 1f 8,174,807.				
호돈	g	Noncash contr butions included in				
d it		lines 1a-1f 1g \$ 142,428.				
S E	h	Total. Add lines 1a-1f	8,629,165.			
		Business Code				
ice	2a					
e S	b					
Su	С					
eve	d					
Program Service Revenue	e	2				
ď	f	All other program service revenue				
	g	Total. Add lines 2a-2f	0.			
	3	Investment income (including dividends, interest, and				
		other similar amounts)	1,246,637.			1,246,637
	4	Income from investment of tax-exempt bond proceeds .	0.			
	5	Royalties	0.			
		(i) Real (ii) Personal				
	6a	Gross rents 6a				
	b	Less: rental expenses 6b				
	c	Rental income or (loss) 6c				
	d	Net rental income or (loss)	0.			
	7a	Gross amount from (i) Securities (ii) Other				
		sales of assets				
		other than inventory 7a 19,834,991.				
0	b	Less: cost or other basis				
evenue		and sales expenses 7b 19,698,072.				
eve	c	Gain or (loss) 7c 136, 919.				
Other R	d	Net gain or (loss)	136,919.			136,919
the	8a	Gross income from fundraising				
0		events (not including \$454,358.				
		of contributions reported on line				
		1c). See Part IV, line 18 8a 57,379.				
	b	Less: direct expenses				
	c	Net income or (loss) from fundraising events	-53,922.			-53,922
	9a	NEW EX EX EX				
	-	activities. See Part IV, line 19 9a 0.				
	b	Less: direct expenses 9b 0.				
	c	Net income or (loss) from gaming activities	0.			
	10a	Gross sales of inventory, less				
		returns and allowances 10a				
	b	Less: cost of goods sold 10b 0.				
	c	Net income or (loss) from sales of inventory.	0.			
S		Business Code				
Miscellaneous Revenue	11a					
ane	b					
eve						
SS.	d	All other revenue				
Σ	e	Total. Add lines 11a-11d	0.			
	12	Total revenue. See instructions	9,958,799.			1,329,634

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).

Check if Schedule O contains a respo Do not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B)	(C)	(D)
8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1 Grants and other assistance to domestic organizations	2	1000 Proposed 5.70	June material (1.7117.77)	and the position of the second
and domestic governments. See Part IV, line 21	573,216.	573,216.		
2 Grants and other assistance to domestic		i e		
individuals. See Part IV, line 22	1,009,493.	1,009,493.		
3 Grants and other assistance to foreign				
organizations, foreign governments, and foreign	20.00			
individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors,	2027			
trustees, and key employees	0.			
6 Compensation not included above to disqualified				
persons (as defined under section 4958(f)(1)) and	192			
persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	0.			
8 Pension plan accruals and contributions (include	191			
section 401(k) and 403(b) employer contributions)	0.			
9 Other employee benefits	0.	\\		
Payroll taxes	0.			
1 Fees for services (nonemployees):	0			
a Management	0.	-	4 620	
b Legal	4,628.	5	4,628.	
c Accounting	32,000.		32,000.	
d Lobbying	28,445.			28,445
e Professional fundraising services. See Part IV, line 17.	171,653.	8	171,653.	20,445
f Investment management fees	171,055.	\\	1/1,055.	
g Other. (If line 11g amount exceeds 10% of line 25, column	44,358.	36,224.	8,134.	
(A) amount, list line 11g expenses on Schedule O.)	10,387.	3,487.	6,900.	
2 Advertising and promotion	59,136.	54,895.	4,241.	
3 Office expenses	8,444.	8,444.	7,241.	
4 Information technology	0.	0,111.		
5 Royalties	0.			
6 Occupancy	108,747.	91,926.	16,821.	
7 Travel	100//1/	31,320.	10/021.	
Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
A STATE OF THE STA	116,212.	100,514.	15,698.	
9 Conferences, conventions, and meetings	0.			
Interest	0.			
2 Depreciation, depletion, and amortization	0.			
3 Insurance	2,174.	388.	1,786.	
4 O her expenses. Itemize expenses not covered			87.50 BASE 1858	
above (List miscellaneous expenses on line 24e. If				
line 24e amount exceeds 10% of line 25, column				
(A) amount, list line 24e expenses on Schedule O)				
aACADEMIC SUPPORT	128,593.	127,593.	1,000.	
bLICENSES AND FEES	23,543.	2,756.	20,787.	
cSPEAKER FEES	19,605.	19,605.		
dBAD DEBT	1,983.		1,983.	
e All other expenses	25,561.	13,893.	11,668.	
5 Total functional expenses. Add lines 1 through 24e	2,368,178.	2,042,434.	297,299.	28,445
6 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				•
following SOP 98-2 (ASC 958-720)	0.			E 990 (201

Form 990 (2019)

Form 990 (2019) Page 11

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	art X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	0.	1	0.
	2	Savings and temporary cash investments	474,010.	2	496,156.
	3	Pledges and grants receivable, net	752,896.	3	6,064,506.
	4	Accounts receivable, net	32,755.	4	59,340.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined		7	
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0.	6	0.
S	7	Notes and loans receivable, net	0.	7	0.
Assets	8	Inventories for sale or use	0.	8	0.
As	9	Prepaid expenses and deferred charges	30,824.	9	109,979.
	12.000	Land, buildings, and equipment: cost or other	185201 3 25 (548 324 667		
		basis. Complete Part VI of Schedule D 10a			
	h	Less: accumulated depreciation	650,000.	10c	0.
	11	Investments - publicly traded securities	41,642,391.		43,944,266.
	12	Investments - other securities. See Part IV, line 11	0.		0.
	13	Investments - program-related. See Part IV, line 11.	0.		0.
	14	Intangible assets	0.		0.
	15	Other assets. See Part IV, line 11	2,263.		165.
	16		43,585,139.		50,674,412.
		Total assets. Add lines 1 through 15 (must equal line 33)	25,449.		37,265.
	17	Accounts payable and accrued expenses	0.		0.
	18	Grants payable	0.		0.
	19	Deferred revenue.	0.		0.
	20	Tax-exempt bond liabilities.	0.		0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
Liabilities	22	Loans and other payables to any current or former officer, director,			
Ē		trustee, key employee, creator or founder, substantial contributor, or 35%	0		0
la.		controlled entity or family member of any of these persons	0.	22	0.
and.	23	Secured mortgages and notes payable to unrelated third parties	0.		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	416 707		120 252
		of Schedule D	416,707.		132,353.
_	26	Total liabilities. Add lines 17 through 25	442,156.	26	169,618.
Secu		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
alar	27	Net assets without donor restrictions	2,844,596.	27	2,889,583.
ä	28	Net assets with donor restrictions	40,298,387.	28	47,615,211.
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33.			
0	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds		31	
to	32	Total net assets or fund balances	43,142,983.	32	50,504,794.
ž	33	Total liabilities and net assets/fund balances	43,585,139.	33	50,674,412.
	2000				Form 990 (2019)

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Part :	XI 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		9,9	58,	799.
2	Total expenses (must equal Part IX, column (A), line 25)	2		2,3	68,	L78.
3	Revenue less expenses. Subtract line 2 from line 1	3		7,5	90,6	521.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	ř	43,1	1000	
5	Net unrealized gains (losses) on investments	5		-2	28,8	310.
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 on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10		50,5	04,	794.
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain	in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.		2000 O	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were con					
	reviewed on a separate basis, consolidated basis, or both:	in the second				
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?	9 000000000	0.000 100	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi					
	separate basis, consolidated basis, or both:					
	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 over	ersiah	t of			
	the audit, review, or compilation of its financial statements and selection of an independent accounta	150775		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, ex					
	Schedule O.	P				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in	the			
	Single Audit Act and OMB Circular A-133?	a distribution	(2)(2) 10	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	ergo	the			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such at			3b		
	,			Form	990	(2019)

SCHEDULE A

(Form 990 or 990-EZ)

Department of he Treasury Internal Revenue Service

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.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number 22-1957406

STO	OCK'	TON UNIVERSITY FOUND	DATION				22-19574	06
Pa	rt I	Reason for Public Cha	rity Status (All o	rganizations must o	omplet	e this pa	art.) See instructions	
The	orga	anization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)	100
1		A church, convention of chu	urches, or associat	tion of churches desc	ribed in s	ection 1	70(b)(1)(A)(i).	
2		A school described in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90 or 990)-EZ).)	
3		A hospital or a cooperative	hospital service or	rganization described	in sectio	n 170(b)	(1)(A)(iii).	
4		A medical research organiz	zation operated in o	conjunction with a ho	spital de	scribed in	section 170(b)(1)(A)	(iii). Enter the
		hospital's name, city, and st						ALL CONTROL CO
5		An organization operated t	Control of the contro	a college or universit	v owne	d or ope	erated by a governme	ntal unit described in
278		section 170(b)(1)(A)(iv). (C				70. 65a6 65.45a3		
6	- 6	A federal, state, or local go		rnmental unit describe	d in sect	ion 1700	b)(1)(A)(v)	
7	X	An organization that norma	deliberate and recommendation of the second second			Market Bo Hall China	SCHOOL STATE OF STATE	om the general public
e.		described in section 170(b)		seed out the seed of the seed	pport III	om a go	romandia dine or m	om the general pashe
8		A community trust describe			Part II \			
9	1	An agricultural research org	and the second s				l in conjunction with a	land-grant college
3		or university or a non-land-	- market and the control of the cont			A STATE OF THE PARTY OF THE PAR	e : neuros sucres garantenen properties com	District and Service Property Street
		university:	grant college or ag	inculture (see instruc	ilons). Li	inter the	name, city, and state of	the college of
10		An organization that norma	Ily rocoivos: (1) m	oro than 331/2 % of ite	cupport	from co	ntributions mombores	nin foos and gross
10		receipts from activities rela	ted to its exempt f	unctions - subject to	certain e	exception	s, and (2) no more tha	n 331/3% of its
		support from gross investm	ent income and ur	nrelated business tax	able inco	ome (les	s section 511 tax) from	businesses
44	- 4	acquired by the organization			(C) (A) (C)	NEW YORK	SALES LANGUAGES PROPERTY.	
11		An organization organized a	error Sall Contraction and Street Street Contraction	reducing Secretarian collections	AND DESCRIPTION OF THE PARTY OF		processing part of the state of	arm, out the numeroon
12		An organization organized a	er er er er er i Marie er i Marie er	ALCOHOL: CONTROL DESCRIPTION OF THE PROPERTY O				
		of one or more publicly su				AT DOUBLE SHOP IN THE	the state of the s	
	5	Check the box in lines 12a t		AND	Wignes on house 19		NAME OF THE PROPERTY OF THE PR	SOURCE STREET STATES STATES AND SOURCE STREET
a		Type I. A supporting orga						
		the supported organization				ajority of	the directors or truste	es of the
	5	supporting organization.		•				
b		Type II. A supporting org						
		control or management of			the sam	e persor	ns that control or man	age the supported
	6	organization(s). You must						
C		Type III functionally integ						ly integrated with,
	5	its supported organization						
d		Type III non-functionally			•			
		that is not functionally inte						an attentiveness
	-	requirement (see instruct	ALVADADAS PIR NE ODVERNOUNCE SANDADAS ESCRICTOR	VOCAS - NAVA VIII. SELECTION SELECTI		and the second second		
е		Check this box if the orga						I, Type III
100	_	functionally integrated, or			porting o	organizat	tion.	
ī		ter the number of supported			* * * * * *		ROPOR & ESPONOR & ESPONO	
g	188	ovide the following information	120000	1,200				
	(I) N	ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10		organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
				above (see instructions))		ment?	instructions)	instructions)
			N	<i>a</i>	Yes	No		
(A)								
10 E			8	8				
(B)								
SC 25								
(C)								
100 EE								
(D)								
- W			.8	S				
(E)								
AND DESCRIPTION OF THE PERSON	2007							
Tota	al							

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

Schedule A (Form 990 or 990-EZ) 2019 Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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.)

Sec	Section A. Public Support									
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total			
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,441,628.	4,782,889.	4,331,618.	2,866,581.	8,629,165.	23,051,881.			
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf				y.		0.			
3	The value of services or facilities furnished by a governmental unit to the organization without charge	394,514.	452,731.	542,056.	563,846.	1,018,055.	2,971,202.			
4	Total. Add lines 1 through 3	2,836,142.	5,235,620.	4,873,674.	3,430,427.	9,647,220.	26,023,083.			
5	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									
85000	shown on line 11, column (f)					3	3,230,963.			
6	Public support. Subtract line 5 from line 4						22,792,120.			
-	tion B. Total Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total			
8	Amounts from line 4	2,836,142. 848,246.	5,235,620. 742,224.	4,873,674. 970,237.	3,430,427. 1,210,022.	9,647,220. 1,246,637.	26,023,083. 5,017,366.			
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	120,777.	99,493.	136,055.	115,146.	57,379.	528,850.			
11	Total support. Add lines 7 through 10						31,569,299.			
12	Gross receipts from related activities, etc. (s	ee instructions) .				12				
13	First five years. If the Form 990 is forganization, check this box and stop here			d, third, fourth,	or fifth tax yea	ar as a section	501(c)(3) ▶			
	tion C. Computation of Public Sup						72.20%			
14	Public support percentage for 2019 (lin						70.64%			
15	Public support percentage from 2018					15				
168	331/3% support test - 2019. If the organization of						3.7			
h	box and stop here. The organization qu 331/3% support test - 2018. If the org	173	100 EU	57						
D	this box and stop here . The organization									
17a	10%-facts-and-circumstances test - 2									
	10% or more, and if the organization									
	Part VI how the organization meets to organization	he "facts-and-c	ircumstances" te	est. The organiz	zation qualifies	as a publicly su	pported			
b	10%-facts-and-circumstances test - 2									
	15 is 10% or more, and if the orga	- T				30 III II				
	Explain in Part VI how the organization supported organization	on meets the "	facts-and-circum	stances" test.	The organizatio	n qualifies as a	publicly			
18	Private foundation. If the organization instructions	did not check a	a box on line 13,	16a, 16b, 17a,	, or 17b, check	this box and see				
	modeliono terres y terres y terres		o. A COMMENT X CO	CONTRACT IN BOUNDARDE IN		chedule A (Form 99				

Page 3 Schedule A (Form 990 or 990-EZ) 2019

Part III Support Schedule for Organizations Described in Section 5	509(a	(2)	١
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(Complete only if you checked the box on line 10 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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees				*		
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise				2		
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activi ies that are not an						
	unrelated trade or business under section 513 .						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5				8		
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons				,		
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b				1		
8	Public support. (Subtract line 7c from						
	line 6.)				6		3
Sec	tion B. Total Support	No. of the Control of			None - Thursday Control		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties, and income from similar						
	sources				s		
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975				.8		
C	Add lines 10a and 10b				3		
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on				,s		
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	The state of the s						22. 1
	organization, check this box and stop here	0514-0N KC		****** * ******* *	KOMMON A KOMMO	e e komona e kor	
William .	tion C. Computation of Public Sup	THE THEORY IN THE	CO BANCOL MODERN CONTRACT CONTRACT	page of		1 1	
15	Public support percentage for 2019 (line 8						%
16	Public support percentage from 2018 Sche	Q1 (C) 2015Q1	0.00		****** * *****	16	%
	tion D. Computation of Investmen		_				
17	Investment income percentage for 2019 (li						%
18	Investment income percentage from 2018						%
19 a	331/3% support tests - 2019. If the or			and and the second			
	17 is not more than 331/3%, check th	is box and stop	here. The org	anization qualifies	s as a publicly	supported organ	ization . >
b	331/3% support tests - 2018. If the org	anization did not	check a box on	line 14 or line 1	19a, and line 16	is more than 33	1/3 %, and
	line 18 is not more than 331/3 %, check	this box and st	top here. The or	ganization qualifi	es as a publicly	supported organ	ization 🕨
20	Private foundation. If the organization of	did not check a	hox on line 1	4 19a or 19b	check this box	and see instru	ctions -

Schedule A (Form 990 or 990-EZ) 2019 Page **4**

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

•	on A. A. Supporting Organizations		Yes	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		
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		
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	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)			
5а	purposes. 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).	4c		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already	5b		
C	designated in the organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control?	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 (as 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	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b	7	
C	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
10 a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

Schedule A (Form 990 or 990-EZ) 2019

Part	IV Supporting Organizations (continued)			
10			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		2	
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	, .	
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.			
Ossti		2	2 3	
Secu	on C. Type II Supporting Organizations		Vaa	
			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		
Secti	on D. All Type III Supporting Organizations	1	2 3	
Occu	on B. All Type in Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	IVO
	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		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructi	ons).	
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instruc	J-070051	127733757
2	Activities Test. Answer (a) and (b) below.		Yes	NO
а	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	0-		
	that these activities constituted substantially all of its activities.	2a	7	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	26		
1211	APPRIADE TRANSPORT OF TRANSPORT	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	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>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Jd		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Page 6 Schedule A (Form 990 or 990-EZ) 2019

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	S	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	g trust or	Nov. 20, 1970 (expla	
instructions. All other Type III non-functionally integrated supporting organization	zations n	nust complete Sectio	To the second se
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		3
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		S
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		3
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		3
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		2
b Average monthly cash balances	1b		7
c Fair market value of other non-exempt-use assets	1c		7
d Total (add lines 1a, 1b, and 1c)	1d		7
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			3
2 Acquisition indebtedness applicable to non-exempt-use assets	2		7
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		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		7
6 Multiply line 5 by .035.	6		7
7 Recoveries of prior-year distributions	7		7
8 Minimum Asset Amount (add line 7 to line 6)	8		į.
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		23
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		27
4 Enter greater of line 2 or line 3.	4		2
5 Income tax imposed in prior year	5		2
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-functionall instructions).	y integra	ted Type III supportino	g organization (see

Schedule A (Form 990 or 990-EZ) 2019 Page **7**

Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	xempt purposes		
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo			
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 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019		fa C	
	(reasonable cause required - explain in Part VI). See			
	instructions.		7	
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
C	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)		0	
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		0	
4	Distributions for 2019 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
H11074	Part VI. See instructions.		8	
7	Excess distributions carryover to 2020. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
b	Excess from 2016			
c	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2019

Excess from 2018....

Schedule A (Form 990 or 990-EZ) 2019

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART II	- OTHER INCOME	7.			ATTACHMENT 1	
DOINDOND II, IIIKI II	OTHER TROOF	■109 Bibbo				
DESCRIPTION	2015	2016	2017	2018	2019	TOTAL
SPECIAL EVENTS	120,777.	99,493.	136,055.	115,146.	57,379.	528,850.
TOTALS	120,777.	99,493.	136,055.	115,146.	57,379.	528,850.

Schedule B

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

Department of he Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

2019

Employer identification number

STOCKTON UNIVERSITY FOUNDATION 22-1957406 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ **501(c)(**3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** [X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

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

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

Name of organization STOCKTON UNIVERSITY FOUNDATION

Employer identification number 22–1957406

Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_		\$\$.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3_		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	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.)

Employer identification number 22-1957406

Part II	Noncash Property	(see instructions)	. Use duplicate cop	ies of Part II if additional	space is needed.
---------	------------------	--------------------	---------------------	------------------------------	------------------

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	£
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
P:		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
P:		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
P		\$	

Name of organization STOCKTON UNIVERSITY FOUNDATION

Employer identification number 22-1957406

Part III	Exclusively religious, charitable, etc.,	contributions to organiza	ations described in section 501(c)(7), (8), or		
		ons completing Part III, ent e year. (Enter this informat	ontributor. Complete columns (a) through (e) an ter the total of exclusively religious, charitable, etc ion once. See instructions.) ▶ \$		
(a) No.	ose adplicate copies of Fart III II addition	orial space is necaca.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
÷					
	Transferee's name, address, an	(e) Transfer of gift	Relationship of transferor to transferee		
	Transferee 3 name, address, and		reductionship 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			
13	Transferee's name, address, and		Relationship of transferor to transferee		
	7				
(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	d ZIP + 4	Relationship of transferor to transferee		
(a) No. from					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
ñ					
	Transferse's resure address	Delationship of transferor to transferoe			
	Transferee's name, address, and	M 21F T 4	Relationship of transferor to transferee		

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.

Attach to Form 990.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

Open to Public Inspection

Ivaiii	e of the organization	Employer Identification number
STO	OCKTON UNIVERSITY FOUNDATION	22-1957406
Pa	Organizations Maintaining Donor Advised Funds or Other Similar Funds or	Accounts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
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	
5	Did the organization inform all donors and donor advisors in writing that the assets held i	n donor advised
	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant full	
•	only for charitable purposes and not for the benefit of the donor or donor advisor, or for ar	
	conferring impermissible private benefit?	
Da	art II Conservation Easements.	
Г с	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
•		of a historically important land area
		of a certified historic structure
		or a certified historic structure
•	Preservation of open space	the form of a concentation
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in	Held at the End of the Tax Year
	easement on the last day of the tax year.	
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
C	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminate	nated by the organization during the
	tax year >	
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspection	50
	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing of	conservation easements during the year
	<u> </u>	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing co	nservation easements during the year
	▶ \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	on 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?	Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and	expense statement and
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial	al statements that describes the
	organization's accounting for conservation easements.	
Pa	organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue	statement and balance sheet works
	of art, historical treasures, or other similar assets held for public exhibition, education, of service, provide in Part XIII the text of the footnote to its financial statements that describes the	or research in furtherance of public
h		
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue start, historical treasures, or other similar assets held for public exhibition, education, or rese	
	provide the following amounts relating to these items:	
	(i) Revenue included on Form 990, Part VIII, line 1	> \$
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar a	
_	following amounts required to be reported under FASB ASC 958 relating to these items:	gan, provide the
a	Revenue included on Form 990, Part VIII, line 1	▶ \$
b	Assets included in Form 990, Part X	
-	Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2019

STOCKTON UNIVERSITY FOUNDATION 22-1957406 Schedule D (Form 990) 2019 Page 2 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply): Public exhibition Loan or exchange program a Scholarly research Other b Preservation for future generations C Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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? No Yes **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 X, line 21. 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: Amount 1c 1d 1e 1f 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. **Endowment Funds.** Part V Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (c) Two years back (d) Three years back (a) Current year (b) Prior year (e) Four years back 30,830,537. 29,031,414. 25,499,684. 33,262,296. 26,261,896. 1a Beginning of year balance 7,616,383. 1,200,204. 739,727. 879,756. 1,365,659. Contributions c Net investment earnings, gains, 793,136. 2,211,717. 2,103,952. 2,720,014. 208,570. and losses 564,771. 550,533. 502,427. 421,502. 460,780. d Grants or scholarships Other expenditures for facilities 292,501. 366,686. 482,638. 408,750. 351,237. and programs 62,943. 55,195. 59.491. f Administrative expenses 40,759,348. 29,031,414. 26,261,896. 33,262,296. 30,830,537. a End of year balance..... Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment > b Permanent endowment ► 73.1000 % Term endowment ▶ 21.0000 % 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 Ves No organization by: (i) Unrelated organizations...........

300		
3a(i)	,	X
3a(ii)	,	X
3b	,	

Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI	Land, Buildings, and Equipment.				
. art vi	Complete if the organization answered	"Yes" on Form 990.	Part IV. line 11a.	See Form 990.	Part X. line 10
	complete in the organization constitution				

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		- 2		
b Buildings		2	8	
c Leasehold improvements		2	N	
d Equipment		2	N	
e Other		ÿ.	8	
otal. Add lines 1a through 1e. (Column (d) musi		X. column (B), line 10	Oc.) >	

Schedule D (Form 990) 2019

Page 3 Schedule D (Form 990) 2019

Part VII	Investments - Other Securities. Complete if the organization answered	"Yes" on Form 990	. Part IV. line 11b. See Form 990.	Part X. line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuat Cost or end-of-year mark	ion:
(1) Financia	al derivatives			
	held equity interests			
(3) Other	3			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Column	n (b) must equal Form 990, Part X, col. (B) line 12)。 ▶			
Part VIII	Investments - Program Related.			
	Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11c. See Form 990,	Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuate Cost or end-of-year mark	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13).			
Part IX	Other Assets. Complete if the organization answered	"Yes" on Form 990	. Part IV. line 11d. See Form 990.	Part X. line 15.
	THE RESERVE OF THE PROPERTY OF	scription	, ,	(b) Book value
(1)		2000 / * 0 170002		* N * 17000 C THE STORY OF THE STORY
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	umn (b) must equal Form 990, Part X, col. (B) li	ne 15.)		
Part X	Other Liabilities. Complete if the organization answered line 25.			m 990, Part X,
1.	THE BOOK STATE WITH	tion of liability		(b) Book value
	ral income taxes	,		1-1
	TO THE UNIVERSITY			132,353.
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
THE RESERVED	nn (b) must equal Form 990, Part X, col. (B) line 25.)		-	132,353.
. Juli. (John)	in portion equal to the over, t at A, cor. (D) line 20.)	EL ESSENDE DE M. ESSENDE DE M. ES		102,000.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2019

Page 4 Schedule D (Form 990) 2019

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Retur Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	10,619,079.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12: Not unrealized gains (losses) on investments 2a -228,810		
а	Net diffedized gains (losses) of fivesurients		
b	Donated services and use of identities		
C	60 612		
d e	Other (Describe in Part XIII.)	2e	720,632.
3	Subtract line 2e from line 1	3	9,898,447.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		100000000000000000000000000000000000000
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 171, 653.		
b	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b	4c	60,352.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	9,958,799.
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ırn.	0.050.050
1	Total expenses and losses per audited financial statements	1	3,257,268.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	1	
b	Prior year adjustments		
C	Other losses 2c Other (Describe in Part XIII.) 2d 111,301.		
d	Other (Describe in Part XIII.)	2e	1,129,356.
е 3	Subtract line 2e from line 1	3	2,127,912.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 171, 653.		
b	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b	4c	240,266.
5 Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,368,178.
Provid 2; Part	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform PAGE 5		

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 2020 OR 2019.

PART XI:

LINE 2D: FUNDRAISING EVENTS - DIRECT BENEFIT TO DONORS (RECLASS) (\$68,613)

LINE 4B: FUNDRAISING EXPENSE (RECLASS) (\$111,301)

PART XII:

LINE 2D: FUNDRAISING EXPENSE (RECLASS) \$111,301

LINE 4B: FUNDRAISING EVENTS - DIRECT BENEFIT TO DONORS (RECLASS) \$68,613

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

n entered more than \$15,000 on Form 990-EZ, line 6a.

➤ Attach to Form 990 or Form 990-EZ.

Open to Ettl.

OMB No. 1545-0047

Open to Public Inspection

Department of he Treasury Internal Revenue Service

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

Name of the organization
STOCKTON UNIVERSITY FOUNDATION

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17.

Forr	n 990-EZ filers are not red	uired to comple	te this pa	rt.			
1 Indicate v	whether the organization raise	ed funds through	any of the	following	activities. Check a	Il that apply.	
	solicitations	е	Total Control		non-government g		
	net and email solicitations	f Solicitation of government grants					
	ne solicitations	g X Special fundraising events					
	d X In-person solicitations						
2a Did the or or key en	rganization have a written or nployees listed in Form 990, ist the 10 highest paid indiv	Part VII) or entity	in connec	tion with p	rofessional fundrai	sing services?	X Yes No
	ated at least \$5,000 by the o		(ranaraise	is) puisuu	nt to agreements	under which the	idididisor is to be
	and address of individual entity (fundraiser)	(ii) Activity	custody o	draiser have r control of utions?	(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 ATTACHM	ENT 1						
2							
3					x	x	
4			8				
5			S				
6			8		x	S	
7			S		x	s	
112					s	s	
8							
9							
10						S.	3
Total	l				101,885.	28,445.	73,440.
Total	ates in which the organizati	on is registered o	r licensed	to solicit			
registration	on or licensing.			to sollor	contributions of	ids been notified	it is exempt from
	R,CA,CO,CT,DE,DC,FL,	the state of the s		ACCORD- 400000 10000	NE ROSCOPCIO MARCONI		
	A,ME,MD,MA,MI,MN,MS,		the state of the s	IM, NY, NO	C, ND, OH,		
OK, OR, PA, RI	I,SC,SD,TN,TX,UT,VT,	VA,WA,WV,WI,	WY,				
					-		

Page 2 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List Part II

		events with gross receipts gre	eater than \$5,000.						
			(a) Event #1 GALA	(b) Event #2 HUGHES CENTER	(c) Other events	(d) Total events (add col. (a) through			
Revenue			(event type)	(event type)	(total number)	col. (c))			
	1	Gross receipts	162,125.	162,099.	187,513.	511,737.			
	2	Less: Contributions	162,125.	126,085.	166,148.	454,358.			
	3	Gross income (line 1 minus line 2)		36,014.	21,365.	57,379.			
nses	4	Cash prizes							
	5	Noncash prizes			8				
	6	Rent/facility costs	2		11,400.	11,400.			
Direct Expenses	7	Food and beverages	600.	56,186.	15,602.	72,388.			
Direct	8	Entertainment	9,125.			9,125.			
	9	Other direct expenses	5,736.	3,762.	8,890.	18,388.			
	10	Direct expense summary. Add lin	es 4 through 9 in colu	mn (d)		111,301.			
		Net income summary. Subtract li				-53,922.			
Pa	rt I	Gaming. Complete if the org \$15,000 on Form 990-EZ, lin	anization answered "	Yes" on Form 990, F	Part IV, line 19, or	reported more than			
(I)		\$10,000 OH1 OH1 000-E2, IIII		(b) Pull tabs/instant		(d) Total gaming (add			
auri			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))			
Revenue		C							
_	1	Gross revenue							
ses	2	Cash prizes	3		<u>,</u>				
rect Expenses	3	Noncash prizes							
Direct E	4	Rent/facility costs							
_	5	Other direct expenses							
	6	Volunteer labor	Yes %	Yes%	Yes% No				
	7	7 Direct expense summary. Add lines 2 through 5 in column (d)							
	8	Net gaming income summary. Su	btract line 7 from line	1, column (d)					
9 8	i	Enter the state(s) in which the organization licensed to con	anization conducts ga	ming activities: _ in each of these state		Yes No			
		2							
l O a		Were any of the organization's gamino If "Yes," explain:	g licenses revoked, susp		ring the tax year?	Yes No			
		2							

STOCKTON UNIVERSITY FOUNDATION

Sched	ule G (Form 990 or 990-EZ) 2019
11	Does the organization conduct gaming activities with nonmembers? Yes N
12	Is the organization a grantor, beneficiary 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
	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and
	records:
	Name ►
	Name ▶
	Address •
	Address ►
15.0	Does the organization have a contract with a third party from whom the organization receives gaming
10 a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?
Late	
D	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the
-	amount of gaming revenue retained by the third party ▶ \$
C	If "Yes," enter name and address of the third party:
	Name and the second sec
	Name ►
	Address ▶
16	Gaming manager information:
	Name ►
	Gaming manager compensation ▶ \$
	Description of services provided ▶
	Director/officer Employee Independent contractor
17	Mandatory distributions:
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to
	retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations
_	or spent in the organization's own exempt activities during the tax year > \$
Part	
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information
aarii	(see instructions).
SCHI	EDULE G, PART II, COLUMN C
	MOVEMENT OF THE COLUMN DEPOSITION THROWS AND DURINGS DELIGIBLE TO
THE	AMOUNTS SHOWN IN THIS COLUMN REPRESENT INCOME AND EXPENSE RELATED TO
STO	CKTON UNIVERSITY FOUNDATION'S ANNUAL GOLF TOURNAMENT AND ANNUAL FUND
ACT:	IVITY.

ATTACHMENT 1

990, SCHEDULE G, PART I - HIGHEST PAID FUNDRAISER

NAME AND ADDRESS OF FUNDRAISER	ACTIVITY	DID FUNDRAISER HAVE CUSTODY OR CONTROL OF CONTRIBUTIONS? YES NO	E GROSS RECEIPTS FROM ACTIVITY	AMOUNT PAID TO (OR RETAINED BY FUNDRAISER	AMOUNT PAID TO (OR RETAINED BY ORGANIZATION
RUFFALO NOEL LEVITZ	ANNUAL FUNDRAISING	X	101,885.	28,445.	73,440.

1025 KIRKWOOD PARKWAY SW CEDAR RAPIDS IA 52404

SCHEDULE I (Form 990)

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

OMB No. 1545-0047 2019

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

Open to Public Inspection

Department of he Treasury Internal Revenue Service

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

					Employer identificat	ion number
TOCKTON UNIVERSITY FOUNDATION 22-1957406						06
d Assistanc	е					
ts or assistand	e?		2 (3) (* *****(***)* (* *****(*)	170 81 170	1.5	X Yes No
				100		es" on Form 990,
(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
22-2832788	501 (C) (3)	335,841.				SEE PART IV INFO
94-3435466	501 (C) (3)	237,375.				SAM AZEEZ MUSEUM
		7				
		7				
		7				
		7				
		7				
		7				
		į.				
government	 organizations lis	ted in the line 1 tal	 ble			2.
						andula I (Earm 990) (201)
	ubstantiate the ts or assistant dures for more dures for more hat received (b) EIN 22-2832788 94-3435466	ts or assistance?	ubstantiate the amount of the grants or assistants or assistance?	ubstantiate the amount of the grants or assistance, the grantees ts or assistance? dures for monitoring the use of grant funds in the United States. Domestic Organizations and Domestic Governments. Come that received more than \$5,000. Part II can be duplicated if a (b) EIN (c) IRC section (ff applicable) (d) Amount of cash (e) Amount of noncash assistance (e)	substantiate the amount of the grants or assistance, the grantees' eligibility for the grants to or assistance? dures for monitoring the use of grant funds in the United States. Domestic Organizations and Domestic Governments. Complete if the organization that received more than \$5,000. Part II can be duplicated if additional space is n (b) EIN (c) IRC section (if applicable) (d) Amount of cash grant (e) Amount of noncash assistance (b) Method of valuation (book, FMV, appraisal, other) 22-2832788 501 (c) (3) 335,841. 94-3435466 501 (c) (3) 237,375.	d Assistance ubstantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and to rassistance? dures for monitoring the use of grant funds in the United States. Domestic Organizations and Domestic Governments. Complete if the organization answered "Y hat received more than \$5,000. Part II can be duplicated if additional space is needed. (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) 22-2832788 501 (c) (3) 335,841. 94-3435466 501 (c) (3) 237,375.

Schedule I (Form 990) (2019)

Schedule I (Form 990) (2019)

Part III Grants and Other Assistance to Domestic Individuals. 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	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 STOCKTON UNIVERSITY SCHOLARSHIP PROGRAM	716.	1,009,493.			
2					
3			s		
4			s		
5			N		
6			N		
7					

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

PART I, LINE 2:

THE STOCKTON UNIVERSITY SCHOLARSHIP PROGRAM IS ADMINISTERED BY THE OFFICE OF ENROLLMENT MANAGEMENT OF STOCKTON UNIVERSITY IN CONJUNCTION WITH THE OFFICE OF DEVELOPMENT AND ALUMNI AFFAIRS. THE SCHOLARSHIP PROGRAM, MADE 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 SCHOLARSHIP SELECTION COMMITTEE APPOINTED BY THE PRESIDENT. THIS COMMITTEE INCLUDES REPRESENTATIVES OF THE FACULTY AND ADMINISTRATION OF STOCKTON UNIVERSITY

Schedule I (Form 990) (2019)

Schedule I (Form 990) (2019)

Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
4	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	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
			,		
3					
4					
5					
6					
7			,		

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

AND BOARD OF DIRECTORS OF THE STOCKTON UNIVERSITY FOUNDATION.

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

SUCCESSFUL APPLICANTS EXHIBIT HIGH ACADEMIC ACHIEVEMENT AS WELL AS

LEADERSHIP AND SERVICE TO THE UNIVERSITY AND COMMUNITY. AWARD RECIPIENTS

MUST BE FULLY MATRICULATED STUDENTS AND MAINTAIN A MINIMUM GRADE POINT

AVERAGE OF 3.0.

STUDENTS WHO RECEIVE SCHOLARSHIPS DO NOT RECEIVE THE FUNDS DIRECTLY AS

THE FUNDS ARE CREDITED TO THEIR UNIVERSITY ACCOUNT. ACCORDINGLY, THERE IS

Schedule I (Form 990) (2019)

Schedule I (Form 990) (2019)

Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
4	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	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
			,		
3					
4					
5					
6					
7			,		

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

NO PROCEDURE FOR MONITORING THE USE OF THE FUNDS 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):

PURPOSE OF GRANT OR ASSISTANCE:

FROM CONTRIBUTOR TO:

- NOYES MUSEUM AT STOCKTON UNIVERSITY \$196,685
- STOCKTON UNIVERSITY HOLOCAUST RESOURCE ROOM \$139,156

Schedule I (Form 990) (2019)

SCHEDULE J (Form 990)

Department of the Treasury 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.

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

OMB No. 1545-0047

Open to Public Inspection Employer identification number

22-1957406 STOCKTON UNIVERSITY FOUNDATION **Questions Regarding Compensation**

			Yes	No
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 charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
261.5				
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	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			- 0
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2	7 3	
3	Indicate which, if any, of the following the 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 Compensation survey or study			
	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		4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X	1100
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	200 COMPAN THE STATE OF THE PROPERTY OF THE PR			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	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?	5a		X
	Any related organization?	5b		X
	If "Yes" on 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?	6a		X
b	Any related organization?	6b		X
	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 nonfixed			17
	payments not described on lines 5 and 6? If "Yes," describe in Part III	7	7	X
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			Ç
	in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	9		

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

Schedule J (Form 990) 2019

Schedule J (Form 990) 2019

Part II 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 aren't 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.

		(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
DR. HARVEY KESSELMAN	(i)	0.	0.	0.	0.	0.	0.	
1UNIVERSITY PRESIDENT	(ii)	356,110.	0.	82,426.	157,400.	422.	596,358.	0.
DANIEL NUGENT	(i)	0.	0.	0.	0.	0.	0.	
2EXECUTIVE DIRECTOR	(ii)	179,405.	0.	622.	14,255.	20,365.	214,647.	0.
	(i)		7	5				9
3	(ii)		7	. 5				2
	(i)		7	3				17
4	(ii)		7	A 5				75
	(i)		7					75
5	(ii)		7					15
	(i)		7					15
6	(ii)		7					15
	(i)		7			3		5
7	(ii)		7			2		S.
	(i)		7			2		S.
8	(ii)		7					2
	(i)		7					2
9	(ii)		7					2
	(i)		7					2
10	(ii)		7					2
	(i)		7					Œ
11	(ii)		7					Œ
	(i)		7					2
12	(ii)		7					<u> </u>
	(i)		7					<u> </u>
13	(ii)		7					9
	(i)		7					2
14	(ii)							2
	(i)							2
15	(ii)							2
	(i)							12
16	(ii)		7					2

Schedule J (Form 990) 2019

Part III Supplemental Information

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

PART I, LINE 4B:

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

UNIVERSITY, A RELATED ORGANIZATION, CONTRIBUTED \$135,000 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.

OMB No. 1545-0047

Open to Public Inspection

Department of he Treasury Internal Revenue Service

Attach to Form 990.

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

22-1957406

Employer identification number

STO	CKTON UNIVERSITY FOUNDAT	ION		2	2-1957406			
Par	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	Method of noncash contr			
1	Art - Works of art			2				
2	Art - Historical treasures							
3	Art - Fractional interests			2				
4	Books and publications			Ča				
5	Clothing and household goods							
6	Cars and other vehicles			<u> </u>				
7	Boats and planes			Δ.				
8	Intellectual property			Δ.				
9	Securities - Publicly traded		3.	142,428.	MARKET VA	LUE		
10	Securities - Closely held stock		7	7				
11	Securities - Partnership, LLC,							
	or trust interests		7	7				
12	Securities - Miscellaneous	I .	7	7				
13	Qualified conservation							
	contribution - Historic							
	structures		7	7				
14	Qualified conservation							
	contribution - Other	(-	7	7				
15	Real estate - Residential		7	7				
16	Real estate - Commercial		7	7				
17	Real estate - Other	(3	7				
18	Collectibles	(3	7				
19	Food inventory	į.	7	7				
20	Drugs and medical supplies		7	7				
21	Taxidermy		7	7				
22	Historical artifacts		7	7				
23	Scientific specimens	į.	7	7				
24	Archeological artifacts	į.	7	7				
25	Other ▶()		7	7				
26	Other ▶()		7	7				
27	Other ▶()		7	7				
28	Other ▶(<i>7</i>	7				
29	Number of Forms 8283 received	by the org	anization during the tax y	ear for contributions for				
	which the organization completed I	Form 8283,	Part IV, Donee Acknowledge	jement	29			
					,		Yes	No
30a	During the year, did the organizat	ion receive	by contribution any prope	rty reported in Part I, line	s 1 through			
	28, that it must hold for at least t	hree years f	rom the date of the initial	contribution, and which i	sn't required			
	to be used for exempt purposes for	the entire h	olding period?			30a		X
b	If "Yes," describe the arrangement i	n Part II.						
31	Does the organization have a	gift accep	tance policy that require	es the review of any	nonstandard		100	
	contributions?		A EDMONON A EDMONON A EDMONON			31	X	
32a	Does the organization hire or use	e third part	ies or related organization	s to solicit, process, or	sell noncash		YOUNG	
	contributions?					32a	X	
b	If "Yes," describe in Part II.							
33	If the organization didn't report an describe in Part II.	amount in o	column (c) for a type of pro	perty for which column (a) is checked,			

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

Schedule M (Form 990) 2019

Schedule M (Form 990) (2019) Page 2

Part II Supplem

Supplemental Information. 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.

SCHEDULE M

PART I, COLUMN (B)

NUMBER OF CONTRIBUTIONS:

THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS.

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. IF THE FOUNDATION CHOOSES TO SELL GIFTS OF COMMERCIAL OR RESIDENTIAL REAL ESTATE, A REAL ESTATE BROKER IS TASKED WITH SELLING THE PROPERTY.

Schedule M (Form 990) (2019)

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.

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

gov/form990. Inspection
Employer identification number

22-1957406

STOCKTON UNIVERSITY FOUNDATION

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 THE COMMITTEE AS APPOINTED BY THE CHAIR DETAILING ALL DELIBERATIONS AND ACTIONS TAKEN AT EXECUTIVE

Name of the organization

STOCKTON UNIVERSITY FOUNDATION

Employer identification number
22-1957406

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 B, LINE 12C:

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 PREPARED BY AN OUTSIDE PUBLIC ACCOUNTING FIRM BASED ON INFORMATION SUBMITTED BY MANAGEMENT OF THE ORGANIZATION. THE PREPARED 990 IS REVIEWED BY THE FOUNDATION BOARD CHAIR AND TREASURER. THEN IT IS ELECTRONICALLY SENT TO EACH VOTING MEMBER OF THE BOARD OF DIRECTORS FOR REVIEW AND COMMENT PRIOR TO FILING WITH THE IRS.

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 REQUIRES 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:

THE FILING ORGANIZATION DOES NOT HAVE ANY PAID EMPLOYEES. THEY ARE PAID BY A RELATED ORGANIZATION. 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 OFFICER 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

Name of the organization

STOCKTON UNIVERSITY FOUNDATION

Employer identification number
22-1957406

EMPLOYEES IN NEW JERSEY, THE SALARY OF THE EXECUTIVE DIRECTOR IS SUBJECT TO PUBLIC 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.

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES		ATTACHMENT 2	
FORM 990, FART III, BINE 4D - OTHER FROGRAM SERVICES			
DESCRIPTION	GRANTS	EXPENSES	REVENUE
FACULTY SUPPORT		11,691.	
OTHER DIRECT SUPPORT		60,308.	
TOTALS		71,999.	

Schedule O (Form 990 or 990-EZ) 2019 Page **2**

Name of the organization

STOCKTON UNIVERSITY FOUNDATION

22-1957406

ATTACHMENT 3

FORM 990, PART VI, LINE 17 - STATES

AL, AK, AZ, AR, CA, CO, CT, DE,

DC, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI,

MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA,

RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

ATTACHMENT 4

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS DESCRIPTION OF SERVICES COMPENSATION

BOARDWALK 1000, LLC 1000 BOARDWALK ATLANTIC CITY, NJ 08401 EVENT SERVICES 146,217.

SCHEDULE R (Form 990)

Department of the Treasury

Related Organizations and Unrelated Partnerships

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

Internal Revenue Service Name of the organization

► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047 Open to Public

Inspection Employer identification number

22-1957406 STOCKTON UNIVERSITY FOUNDATION Identification of Disregarded Entities, Complete if the organization answered "Yes" on Form 990, Part IV, line 33

(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
			3	8
	8		S	
				8
			S	,x
		Primary activity Legal domicile (state	Primary activity Legal domicile (state Total income	Primary activity Legal domicile (state Total income End-of-year assets

Part II one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5 contr enti	olled
	,					Yes	No
(1) STOCKTON UNIVERSITY 22-2832788							
101 VERA KING FARRIS DRIVE GALLOWAY, NJ 08205	HIGHER ED	NJ	501 (C) (3)	6	N/A		X
(2)							
(3)							
(4)							
(5)							
(6)							
(7)	N						

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

Schedule R (Form 990) 2019

JSA

Schedule R (Form 990) 2019

Part III 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.

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		Disprop	Disprop	Disprop	Disprop	Dispro	ortionate	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene	j) eral or aging ner?	(k) Percentage ownership
			country)		sections 512 - 514)	7		Yes	No	, s	Yes	No							
(1)																			
		.5	r							, s	2 3								
(2)																			
(3)																			
(4)		N.																	
(5)		S			8														
(6)		N																	
(7)								3 2											

Part IV 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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)		(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Section 512(b)(13 controlled entity?
40		7	,					Yes No
(1)				-				
(2)								
(3)	7	2						
(4)		1						
(5)								
(6)								
(7)								

Schedule R (Form 990) 2019

Schedule R (Form 990) 2019	Page •
Part V	Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.	

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Y	es	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?				
a	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	. 1	a		X
b	Gift, grant, or capital contribution to related organization(s)	. 1	b	X	
C	Gift, grant, or capital contribution from related organization(s)		C		X
d	Loans or loan guarantees to or for related organization(s)	. 1	d		X
е	Loans or loan guarantees by related organization(s)	_ 1	e		X
		100			
f	Dividends from related organization(s)		1f		X
	Sale of assets to related organization(s)		g		X
	Purchase of assets from related organization(s)		h		X
i	Exchange of assets with related organization(s)		1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)		1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)	. 1	lk		X
	Performance of services or membership or fundraising solicitations for related organization(s)		11	X	
	Performance of services or membership or fundraising solicitations by related organization(s)		m		X
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		n	X	
0	Sharing of paid employees with related organization(s)	. 1	0	X	
p	Reimbursement paid to related organization(s) for expenses	. 1	р	X	
-	Reimbursement paid by related organization(s) for expenses		q	X	
r	Other transfer of cash or property to related organization(s)	984 - B	1r		X
S	Other transfer of cash or property from related organization(s)	. 4	s		X
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction to	hresh	olds.		
	(a) (b) (c) Name of related organization Transaction Amount involved Meth	od of	d)	ninin	_
		mount			9
	100 N 100				
(1)					

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2019

Schedule R (Form 990) 2019 Page 4

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) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded	Are all	e) partners ction (c)(3) zations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		of Schedule K-1 (Form 1065)	Gene man part	i) eral or aging ner?	(k) Percentage ownership
			from tax under sections 512-514)	Yes	No			Yes	No	(Form 1065)	Yes	No	
(1)	-												
(2)		7						7					
(3)													
(4)		3											
(5)								7					
(6)		7						7					
(7)								7					
(8)		2						8					8
(9)		7						107					
(10)		2						7					
(11)		7						8					
(12)		9						- G					
(13)		7						7					
(14)		7						7					
(15)		7									7		
(16)		7						7			7		
(10)		7						7			odulo		

Schedule R (Form 990) 2019

Schedule R (Form 990) 2019 Page 5

Part VII Supplemental Information

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.

Form **990-T**

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

		For cale	ndar year 2019 or other tax year begin	ning _	<u>07/01</u> , 2019 , a	and endin	g 06/30	, 20 2_	0	20	19
Depart	ment of the Treasury		► Go to www.irs.gov/Form990	<i>T</i> for i	nstructions and th	ne latest i	nformation.				<i>,</i> 10
Interna	Revenue Service	▶ Do	not enter SSN numbers on this form a	s it ma	y be made public if	your orga	nization is a 50	1(c)(3).		501(c)(3) Org	ic Inspection for anizations Only
Α	Check box if address changed		Name of organization (Check bo	ox if nar	ne changed and see in	nstructions	s.)			rer identificat ees' trust, see ir	
В Ехе	mpt under section		STOCKTON UNIVERSITY	FOU	NDATION						
X	501(C)(3)	Print	Number, street, and room or suite no. I	f a P.O	box, see instructions.			2	2-19	57406	
	408(e) 220(e)	or Type									activity code
	408A 530(a)	i ype	101 VERA KING FARRIS	S DR	IVE		K - 204		(See inst	ructions.)	
	529(a)		City or town, state or province, country	, and Z	IP or foreign postal co	de					
	k value of all assets		GALLOWAY, NJ 08205								
at e	nd of year	F Gro	up exemption number (See instructi	ons.)	>						
5	0,674,412.	G Che	ck organization type X 501	(c) co	rporation	501(c)	trust	40)1(a) tı	rust	Other trust
H Er	iter the number of	the orga	nization's unrelated trades or busine				Descr	ibe the	only (or first) unre	elated
tra	de or business her	e ► A'	TCH 1		. If or	nly one,	complete Part	s I-V. If	more	than one, de	escribe the
fir	st in the blank spa	ce at the	end of the previous sentence, cor	nplete	Parts I and II, comp	plete a So	chedule M for e	each ac	dditiona	al	
tra	de or business, th	en comple	ete Parts III-V.								
I Du	iring the tax year,	was the	corporation a subsidiary in an affili	ated g	roup or a parent-sub	osidiary c	ontrolled group	?		▶ 🔲	Yes X No
If	"Yes," enter the na	ame and	identifying number of the parent co	poration							
J Th	e books are in care	e of ▶DA	ANIEL NUGENT		Т	elephon	e number 🕨 6	509-6	526-	3546	
Par	Unrelated	Trade o	or Business Income		(A) Income	•	(В) Ехр	enses		(C) Net
1 a	Gross receipts or	sales									
b	Less returns and allowa	ances	c Balance ▶	1c							
2	Cost of goods so	ld (Sched	ule A, line 7)	2							
3	·		2 from line 1c	3							
4a	Capital gain net i	ncome (a	ttach Schedule D)	4a							
b	• , , ,		Part II, line 17) (attach Form 4797)	4b							
С	Capital loss dedu	ction for t	rusts	4c							
5		•	r an S corporation (attach statement)	5							
6	·			6							
7	Unrelated debt-fi	nanced in	come (Schedule E)	7							
8			ents from a controlled organization (Schedule F)	8							
9			1(c)(7), (9), or (17) organization (Schedule G)	9							
10		•	ncome (Schedule I)	10							
11			dule J)	11							
12	,		tions; attach schedule)	12		0.					
13 Par			ough 12 Taken Elsewhere (See insti	13	ne for limitation		oductions)	(Dod	luctio	ne muet h	o directly
ı aı			ne unrelated business incom				,	•	iuctio	iis iiiusi k	directly
14			directors, and trustees (Schedule K)						14		
15			· · · · · · · · · · · · · · · · · · ·						15		
16									16		
17									17		
18			(see instructions)						18		
19									19		
20			4562)								
21			on Schedule A and elsewhere on re						21b		
22						-			22		
23			compensation plans						23		
24			S						24		
25			Schedule I)						25		
26			chedule J)						26		
27	Other deductions	(attach s	chedule)						27		
28			s 14 through 27						28		
29	Unrelated busine	ss taxab	le income before net operating	loss	deduction. Subtra	ct line	28 from line	13	29		
30		•	g loss arising in tax years beginnir	-	•		•		30		
31			e income. Subtract line 30 from line	29 .					31		
For P	aperwork Reduct	ion Act N	lotice, see instructions.							Form	990-T (2019)

Form	990-T (2019) STOCKTON UNIVERSITY FOUNDATION	22-	1957406	Pag	je 2
Par	rt III Total Unrelated Business Taxable Income				
32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see	e			
	instructions)				
33	Amounts paid for disallowed fringes				_
34	Charitable contributions (see instructions for limitation rules)				
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line				
55	34 from the sum of lines 32 and 33				0.
20					
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see				
	instructions)				
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	. 37			
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	. 38			
39	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37	,			
	enter the smaller of zero or line 37	. 39			0.
Par	rt IV Tax Computation				
40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	▶ 40			
41	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on				
	the amount on line 39 from: Tax rate schedule or Schedule D (Form 1041)				
42	Proxy tax. See instructions				
42					_
43	Alternative minimum tax (trusts only)				
44	Tax on Noncompliant Facility Income. See instructions				
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	. 45			
Par	rt V Tax and Payments				
46 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)				
b	Other credits (see instructions)				
С	General business credit. Attach Form 3800 (see instructions)				
	Credit for prior year minimum tax (attach Form 8801 or 8827)				
	Total credits. Add lines 46a through 46d	. 46e			
47					_
	Subtract line 46e from line 45	· — —			
48	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)				0.
49	Total tax. Add lines 47 and 48 (see instructions)				<u> </u>
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3.	. 50			
51 a	Payments: A 2018 overpayment credited to 2019	_			
b	2019 estimated tax payments				
С	Tax deposited with Form 8868				
d	Foreign organizations: Tax paid or withheld at source (see instructions)				
е	Backup withholding (see instructions)				
	Credit for small employer health insurance premiums (attach Form 8941)				
	Other credits, adjustments, and payments: Form 2439				
9	Form 4136 Other Total > 51g				
F 0		ا ج			
52	Total payments. Add lines 51a through 51g	. 52			
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached.	53			
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	▶ 54			
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	► 55			
56	Enter the amount of line 55 you want: Credited to 2020 estimated tax ▶ Refunded	▶ 56			
Par	rt VI Statements Regarding Certain Activities and Other Information (see instruction	ons)			
57	At any time during the 2019 calendar year, did the organization have an interest in or a signature	or other	authority	Yes N	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization				
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the				
	here	9'	,	Х	
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fo	reign truc		X	
50		reigii iiuS	·· · · · ·	73	
	If "Yes," see instructions for other forms the organization may have to file.				
<u>59</u>	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$				
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the true, correct, and complete. Declaration of reparer (other than taxpayer) is based on all information of which preparer has any knowledge.	e best of n	ny knowledge ar	nd belief,	it i
Sig	n \ ()onnilor, W. Pottor.	May the	IRS discuss	this retu	ırn
Her		•	preparer sho		
	Signature of officer Signature of officer	(see instruct	ions)?X Yes	<u> </u>	No
	Print/Type preparer's name Preparer's signature Date	eck i	_f PTIN		
Paic	RUSSLEE ARMSTRONG Kusslex (transtrong 05/12/2021 se	If-employed	P0028	8383	
-	parer Firm's name GRANT THORNTON LLP		36-6055		_
Use			15-561-4		
	philips address P 2001 122021 Street, Solid 100, 12120202111111, 121 19103 Phi	Jile no. 🔼	-0 00T 4		

Form **990-T** (2019)

Form 990-T (2019)									P	Page 3	
Schedule A - (Cost of God	ods Sold	. Enter meth	od of invent	tory valuation	>					
	peginning of yea						ar	6			
2 Purchases		2					old. Subtract line				
					6 from I	ine 5. Enter	here and in Part				
4a Additional se	ction 263A cos	ts			I, line 2			7			
(attach sched	lule)	4a					section 263A (w	vith respect to	Yes	No	
b Other costs (ty produced or acquired for resale) apply					
5 Total. Add lin		,					<u></u>			Х	
Schedule C - R	ent Income	(From Re	al Property	and Perso	nal Property	Leased V	With Real Proper	rty)			
(see instructions											
1. Description of pr	operty										
(1)											
(2)											
(3)											
(4)											
		2. Rent	eceived or acc	rued							
(a) From personal	property (if the pe	ercentage of re	ent (b)	From real and	d personal propert	v (if the	3(a) Deductions di	irectly connected with	the inco	me	
for personal property is more than 10% but not percentage of rent f				or personal proper	ty exceeds		a) and 2(b) (attach scl				
more than 50%) 50% or if the rent					s based on profit o	r income)					
(1)											
(2)											
(3)											
(4)											
Total			Total								
(c) Total income. A	dd totals of col	umns 2(a) a	nd 2(b). Enter				(b) Total deduction Enter here and on				
here and on page 1		` ,	` '				Part I, line 6, colur				
Schedule E - U				see instruct	ions)						
			,	2 Gross	income from or	3.	Deductions directly cor		ble to		
1. De	scription of debt-	financed prop	erty	I	to debt-financed	(a) Straig	debt-financ		uctions		
				, F	oroperty		ach schedule)	(b) Other deductions (attach schedule)			
(1)											
(2)											
(3)											
(4)											
4. Amount of			adjusted basis	6	. Column			8. Allocable de	ductions		
acquisition de allocable to deb			allocable to inced property		divided		income reportable n 2 x column 6)	(column 6 x total		ns	
property (attach			n schedule)	by	column 5	(coluin	11 2 X COIGITITE O)	3(a) and 3	(b))		
(1)					%	,					
(2)					%	,					
(3)					%	5					
(4)					%	5					
	'						re and on page 1,	Enter here and			
						Part I, lir	ne 7, column (A).	Part I, line 7, co	lumn (B	s).	
Totals					•						
Total dividends-red	eived deductio	ns included	in column 8				•				

Form **990-T** (2019)

Page 4

Schedule F – Interest, Ann	uities, Royaities			Controlled Org			ions (se	e instruction	ons)			
Name of controlled organization	2. Employer identification numb	er 3	3. Net uni	related income e instructions)	4. Total	of specified ents made	included	of column 4 that is If in the controlling tion's gross income		6. Deductions directly connected with income in column 5		
(1)												
(2)												
(3)												
(4)												
Nonexempt Controlled Organiz	zations											
7. Taxable Income	8. Net unrelated in (loss) (see instruct		(Total of specific payments made		include	ed in the co	controlling connected		I. Deductions directly nected with income in column 10		
(1)												
(2)												
(3)												
(4)												
Totals Schedule G-Investment Ir		tion 50	<u></u> 11(c)(7), (9), or (17	.) Orga	Enter I Part I	columns 5 a nere and on line 8, colu	page 1, mn (A).	Ent	dd columns 6 and 11. ter here and on page 1, rt I, line 8, column (B).		
1. Description of income	2. Amount of income			3. Deductions directly connected (attach schedule)			4. Set-asides (attach schedule)			5. Total deductions and set-asides (col. 3 plus col. 4)		
(1)												
(2)												
(3)												
(4)	Enter here and o									Enter here and on page 1		
Totals	Part I, line 9, co		Other 1	Γhan Adverti	sing In	ncome (s	ee instru	ctions)		Part I, line 9, column (B).		
1. Description of exploited activity	2. Gross unrelated business income from trade or business	dire connec produ unre	penses ectly cted with ction of elated ss income	4. Net incon from unrelat or business 2 minus col If a gain, or cols. 5 thro	ed tradé (column umn 3). ompute	from ac	s income tivity that nrelated s income	come y that attributable to atted		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).		
(1)												
(2)												
(3)												
(4)												
	Enter here and on page 1, Part I, line 10, col. (A).	page 1	ere and or I, Part I, , col. (B).	n						Enter here and on page 1, Part II, line 25.		
Totals •		\										
Schedule J-Advertising In		,		- P. J 1 T.								
Part I Income From Per	iodicals Report	ed on a	Cons	olidated Bas	SIS	1		1				
1. Name of periodical	2. Gross advertising income		Direct sing costs	4. Adverting gain or (los 2 minus con a gain, con cols. 5 thro	s) (col. ol. 3). If mpute	l	culation ome	ion 6. Readership costs		7. Excess readership costs (column 6 minus column 5, but not more than column 4).		
(1)												
(2)												
(3)												
(4)												
Totals (carry to Part II, line (5))												

Form **990-T** (2019)

(3)

(4)

Total. Enter here and on page 1, Part II, line 14

Z tillough / on a i	ine-by-inte basi	o. <i>)</i>				
1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I						
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 26.
Totals, Part II (lines 1-5) ▶						
Schedule K - Compensatio	n of Officers, D	irectors, and Tr	ustees (see instr			
1. Name	2 . ⁻	Γitle	3. Percent of time devoted to business	4. Compensation attributable to unrelated business		
(1)				%		
(2)				%		

Form **990-T** (2019)

%

%

ATTACHMENT 1

THE ORGANIZATION DID NOT HAVE ANY UNRELATED BUSINESS INCOME FOR THE TAX YEAR ENDED 2020.