(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) ▶ 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.

OMB No. 1545-0047 Inspection

^	roi tii	e 2019	calendar year, or tax year beginning 07/01, 2019, ar	ia enaing			30, 20 20
В	Check if a	annlicable:	C Name of organization		D Employer ider		on number
_	Addr	3.3%	STOCKTON AFFILIATED SERVICES, INC.		94-3435	)466	
	chan		Doing business as	2 2	ET.L.	•	
L	Nam	e change		oom/suite	E Telephone nur		0.1
		l return	101 VERA KING FARRIS DRIVE		(609) 65	2-43	881
L	term	return/ inated	City or town, state or province, country, and ZIP or foreign postal code		52550		
L	Ame	n	GALLOWAY, NJ 08205-9441		G Gross receipts	- 22	12,757,151.
	Appl	ication ling	F Name and address of principal officer: JENNIFER POTTER		H(a) Is this a grou subordinates		for Yes X No
	101	\$70	101 VERA KING FARRIS DRIVE, GALLOWAY, NJ 0820	5-9441	H(b) Are all subordi	inates inclu	uded? Yes No
I	- Augustus	empt st		527	If "No," att	ach a list	t. (see instructions)
J	Webs	ite: 🕨	WWW.STOCKTON.EDU/SASI		H(c) Group exemp	200000148301	MICHAEL 1960
_		of organ	nization: X Corporation Trust Association O her	L Year of fo	ormation: 2008 M s	State of	f legal domicile: NJ
F	art I		ımmary				
	1	Briefly	y describe the organization's mission or most significant activities: TO INCR	EASE, E	XPAND AND IM	PROV	E SERVICE
9	3	LEV	ELS AT STOCKTON UNIVERSITY.				
Activities & Governance							
Ver	2	Check	k this box 🕨 🔲 if the organization discontinued its operations or disposed of	of more than	25% of its net assets	3.	
6	3	Numb	per of voting members of the governing body (Part VI, line 1a)			3	12.
00	4		per of independent voting members of the governing body (Part VI, line 1b)			4	7.
i tio	5		number of individuals employed in calendar year 2019 (Part V, line 2a)			5	42.
2	6		number of volunteers (estimate if necessary)			6	7.
A	7a		unrelated business revenue from Part VIII, column (C), line 12			7a	126,654.
	1,000,000		nrelated business taxable income from Form 990-T, line 39		THE SELECTION AND ADDRESS OF THE SELECTION ADDRESS OF TH	7b	
					Prior Year		Current Year
Revenue	, 8	Contri	ibutions and grants (Part VIII, line 1h)	bearmed on and	339,75	2.	327,362.
	9		am service revenue (Part VIII, line 2g)		14,427,42		12,368,892.
	10		tment income (Part VIII, column (A), lines 3, 4, and 7d)		25,99		-49,202.
ď	11		revenue (Part VIII, column (A), lines 5, 4, and 7d)		50,22		27,357.
	12		revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	):	14,843,40		12,674,409.
	13		s and similar amounts paid (Part IX, column (A), lines 1-3)		2,165,58		1,109,695.
	1014000 X					0.	0.
	14		fits paid to or for members (Part IX, column (A), line 4)		625,76	77 63 11	578,151.
Fxnenses	15		es, other compensation, employee benefits (Part IX, column (A), lines 5–10).		020,10	0.	0.
nec	10a		ssional fundraising fees (Part IX, column (A), line 11e)			0.	0.
EX	ī p		randration g expenses (rant ix, selamin (B), into 26)		13,306,82	0	11,641,741.
	17		expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		16,098,16		13,329,587.
	18		expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		-1,254,75		-655,178.
- 9	19	Rever	nue less expenses. Subtract line 18 from line 12		to the control of the		AN DI CHANG
Net Assets or	2				Beginning of Current Y	10000	End of Year
SSe	20		assets (Part X, line 16)		4,043,11		3,017,488.
etA	21		liabilities (Part X, line 26)		2,725,18		2,372,647.
	A CONTRACTOR		ssets or fund balances. Subtract line 21 from line 20		1,317,92	0.	644,841.
	art II		gnature Block	10 100		- 2	1.1 11.5535
tru	naer pe ne, corr	nai ies c ect, and	of perjury, I declare that I have examined this return, including accompanying schedules complete. Declara ion of preparer (other than officer) is based on all information of which	preparer has a	ints, and to the best of any knowledge.	ту кп	owledge and bellet, it is
			Dennifer M Potter	57	5.13.	2021	ni
Si	gn	- a	Signature of officer		Date	2021	
	ere			ND GEO	Date		
les de		_	JENNIFER POTTER VP A&F A	ND CFO			
		300	Type or print name and title	D-4-		l pr	TIAL
Pa	id	**************	Type preparer's name Preparer's signature	Date	Check	if PT	
	eparer	RUS:	SLEE ARMSTRONG		self-employe		P00288383
	e Only	Firm's	s name ▶GRANT THORNTON LLP		Firm's EIN ▶ 3		
2000		Firm's	saddress >2001 MARKET STREET, SUITE 700 PHILADELPHIA, PA 19103			15-5	61-4200
_			iscuss this return with the preparer shown above? (see instructions).				X Yes No
Fo	r Pape	rwork	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. 4a (Code: ) (Expenses \$ 9,548,102. including grants of \$ ) (Revenue \$ 9,117,601. ) STOCKTON AFFILIATED SERVICES PROVIDES FOOD SERVICES IN SUPPORT OF THE UNIVERSITY'S MISSION. FOOD SERVICES ARE PROVIDED TO APPROXIMATELY 9,900 STUDENTS, 3,800 EMPLOYEES, AS WELL AS VISITORS TO THE CAMPUS. STOCKTON AFFILIATED SERVICES IS PARTNERED WITH CHARTWELLS SERVICES MANY HIGHER EDUCATION INSTITUTIONS AROUND THE WORLD AND IS DEDICATED TO PROVIDING "FUN, HEALTHY DINING OPTIONS", GREAT SERVICE, LISTENING CLOSELY TO THE NEEDS AND OPINIONS OF STOCKTON STUDENTS. AT COLLEGES AND UNIVERSITIES, CHARTWELLS PERFORMS WEEKLY ON-LINE SURVEYS, PREFERENCE SURVEYS, CUSTOMER SATISFACTION SURVEYS, ANNUAL VOLUNTARY ROUND TABLE DISCUSSIONS AND NATIONWIDE RESEARCH. 4b (Code: ) (Expenses \$ 1,089,695. including grants of \$ 1,089,695. ) (Revenue \$ STOCKTON AFFILIATED SERVICES, INC. PROVIDES GENERAL INSTITUTIONAL SUPPORT FOR THE UNIVERSITY'S MISSION, WHICH CAN BRIEFLY BE CHARACTERIZED AS EDUCATION, RESEARCH AND SERVICE. THE SUPPORT THAT IS PROVIDED IN THIS AREA IS ALMOST ENTIRELY GENERAL REVENUE THAT CAN BE USED FOR ANY ACTIVITY WITHIN THE UNIVERSITY'S MISSION. IN GENERAL, THE INDIVIDUALS SERVICED ARE THE APPROXIMATELY 9,900 STUDENTS OF THE UNIVERSITY. THOUGH MUCH OF THE UNIVERSITY'S MISSION-RELATED ACTIVITY SERVES THE GENERAL PUBLIC AS WELL. 4c (Code: ) (Expenses \$ 1,760,731. including grants of \$ ) (Revenue \$ 2,514,761. ) STOCKTON AFFILIATED SERVICES PROVIDES TRANSPORTATION AND SAFETY SUPPORT FOR THE UNIVERSITY'S MISSION. TRANSPORTATION IS PROVIDED FOR THE APPROXIMATELY 9,900 STUDENTS, 3,800 FACULTY AND STAFF OF STOCKTON UNIVERSITY. SERVICES ARE PROVIDED ON CAMPUS FROM THE RESIDENTIAL AREAS TO THE ADMINISTRATIVE AND TEACHING FACILITIES OF THE UNIVERSITY. TRANSPORTATION IS ALSO PROVIDED TO AND FROM STOCKTON'S PARKWAY BUILDING FOR CLINICS AND CLASSES, AS WELL AS FOR THE ATHLETIC TEAMS AND COLLEGE EVENTS. BEGINNING IN THE FALL 2018 THE TRANSPORTATION SERVICE AREA EXTENDED TO AND FROM THE UNIVERSITY'S NEW ATLANTIC CITY CAMPUS. ATTACHMENT 2 4d Other program services (Describe on Schedule O.) 438, 275. including grants of \$ 20,000. ) (Revenue \$ 4e Total program service expenses ▶ 12,836,803.

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Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	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)			L. SERVI
4.50	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,		4	1,752.00
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			(3)3)
•	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,		6 9	
1		7		X
0	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	-		21
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			X
•	complete Schedule D, Part III	8	S .	Λ
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			X
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9	7	Λ
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			v
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	7	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,"		3.7	
	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	3	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	3	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			200
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	7 20	X
е	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		-	
	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		72/0	
	Schedule D, Parts XI and XII.	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If		Yann	
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	2.000
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	9	X
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	9	X
b	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	9	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	7	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	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			
	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			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	9	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	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	9	X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	9	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
1005077	domestic government on Part IX column (A) line 12 If "Yes" complete Schedule I. Parts I and II	21	X	

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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			V
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	S .	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		v	
	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			X
100	through 24d and complete Schedule K. If "No," go to line 25a	24a	à :	Λ
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	a .	
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	0.4-		
194	to defease any tax-exempt bonds?	24c	S 5	
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	S 5	
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25-		Х
L	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	2 5	21
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	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	250	6 6	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		
<b>-</b>	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,			
	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			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	7 - 3	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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	7	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	,	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	9	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			200423
	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			2223
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	7	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,		17	
	or IV, and Part V, line 1	34	X	17
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	7 - 3	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
20	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	7	
36	<b>Section 501(c)(3) organizations.</b> 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? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			100000
	19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	38	X	
Part				
	Check if Schedule O contains a response or note to any line in this Part V		• • • • • • • • • • • • • • • • • • • •	
			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		Ye.ss	
	reportable gaming (gambling) winnings to prize winners?	1c	X	

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Par	tV 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 42			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	X	
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 filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	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			23853
	organization solicit any contributions that were not tax deductible as charitable contributions? $\dots \dots$	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		
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			2.840
	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? $\dots$	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			**
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			17
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	_		
DEN.	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	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		
	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders			
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12.	3	12a		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes " enter the amount of tax-exempt interest received or accrued during the year   12b	124		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b    Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
а	Note: See the instructions for additional information the organization must report on Schedule O.			
h	Enter the amount of reserves the organization is required to maintain by the states in which			
D	the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
	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? <i>If "No," provide an explanation on Schedule O</i> · · · · ·	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
			120	

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" 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

Sect	ion A. Governing Body and Management		20 500			
		1 20			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	12			
	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.	ON LITTLE				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	7			
2	Did any officer, director, trustee, or key employee have a family relationship or a business re	lations	ship with			pr1,000
	any other officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or ur	nder t	he direct			260.070
	supervision of officers, directors, trustees, or key employees to a management company or other	person	?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was fi	led?.		4		X
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 el	ect o	appoint			
	one or more members of the governing body?		200	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval	by) n	nembers,			
	stockholders, or persons other than the governing body?		100	7b		X
8	Did the organization contemporaneously document the meetings held or written actions under		100			
	the year by the following:		3			
а	The governing body?	2000		8a	X	
	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 the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	be re	ached at	9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Inte		197	0.00	)	255
	on Bit shalos (Tine social Broqueste information about policios het required by the inte	,,,,	toromac		Yes	No
100	Did the organization have local chapters, branches, or affiliates?			10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of					G.338
D	affiliates, and branches to ensure their operations are consistent with the organization's exempt procedures governing the activities of		10	10b		
110	Has the organization provided a complete copy of this Form 990 to all members of its governing body before fi	The same of	100.00	11a	X	
		ling th	e iomi?.	- 10		
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			12a	Х	
	Did the organization have a written conflict of interest policy? If "No," go to line 13			124		
D	Were officers, directors, or trustees, and key employees required to disclose annually interests		E20	12b	X	
12	rise to conflicts?			120		
C	Did the organization regularly and consistently monitor and enforce compliance with the p	15.57	16.7	12c	X	
40	describe in Schedule O how this was done			13	X	
13	Did the organization have a written whistleblower policy?			14	X	
14	Did the organization have a written document retention and destruction policy?			14	41	
15	Did the process for determining compensation of the following persons include a review ar	1200				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation			150		Х
a	The organization's CEO, Executive Director, or top management official			15a		X
b	Other officers or key employees of the organization			15b		71
NO CONTRACTOR OF	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		870	46-		X
20.5	with a taxable entity during the year?			16a		71
b	If "Yes," did the organization follow a written policy or procedure requiring the organization participation in joint venture arrangements under applicable federal tax law, and take steps to	safeg	juard the			
	organization's exempt status with respect to such arrangements?	•0.00		16b		
Secti	ion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ▶ NJ,					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), (3)s only) available for public inspection. Indicate how you made these available. Check all that ap  Own website X Another's website X Upon request Other (explain on Sc	ply.		(Sec	tion 5	01(c)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents	nents,	conflict o	f inter	est p	olicy,
	and financial statements available to the public during the tax year.			STORES.	100	50
20	State the name, address, and telephone number of the person who possesses the organization's lunnifer potter, vp agf and cfo 101 vera king farris drive galloway, nj 082 609-652-4381	oooks	and record	s >		

JSA

Form 990 (2019)

#### 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.

(A) Name and title	(B) Average hours per week	(C) Position (do not check more han one box, unless person is both an officer and a director/trustee)					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	1.00										
BOARD MEMBER	34.00	X						0.	438,536.	157,822	
(2) E. MICHAEL ANGULO, ESQ.	1.00										
CHAIR	34.00	X		X				0.	199,190.	37,211	
(3) JENNIFER M. POTTER	1.00								5 50 100 100		
PRESIDENT OF SASI	34.00	X		X				0.	189,498.	35,987	
(4) AUDREY LATOURETTE, ESQ	1.00										
SECRETARY/TREASURER	34.00	X		X			g2 93	0.	156,640.	25,985	
(5) DR. MICHAEL BUSLER	1.00										
BOARD MEMBER	34.00	X					(3 E)	0.	145,122.	13,809	
(6) JANE B. STARK	35.00										
EXEC DIR OF SAM AZEEZ MUSEUM	0.		,			X	67 S	107,163.	0.	30,724	
(7) LAWRENCE A. HUFF	1.00										
VICE CHAIR	0.	X		X			GF 53	0.	0.	0	
(8) MICHAEL B. AZEEZ	1.00										
BOARD MEMBER	0.	X	, ,				53 S	0.	0.	0	
(9) RUSSELL BANKS	1.00										
BOARD MEMBER	0.	X					53 S	0.	0.	0	
(10) GEORGEANNA TRACEY NEWMONES	1.00										
BOARD MEMBER	0.	X					53 S	0.	0.	0	
(11) LEO B. SCHOFFER, ESQ.	1.00										
BOARD MEMBER	0.	X					57 59	0.	0.	0	
(12) DAMIAN MAJEWSKI	1.00										
BOARD MEMBER	0.	X			- S		57 59	0.	0.	0	
(13) SOPHIE MURRAY	1.00										
BOARD MEMBER	0.	X			2 5		52 S	0.	0.	0	
(14)											

Form 990 (2019)

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JSA

-	990 (2019)		R-05								Page 8
Pa	rt VII Section A. Officers, Directors, Tru		y Em	ıplo	•		and I	Higi			
	(A) Name and title	Average hours per week (list any hours for related	per (do not check more han one box, unless person is both an officer and a director/trustee)  Reportable compensation compensation from related organization				(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the			
		organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	, ,	organization and related organizations
12.77. 12											
10.00 E											20
						0. 20		6 6			
60. 6								0, 0		2	
											8
											20
											2
											5
						v 5		V 5			8
								V 3			20
	Sub-total								107,163.	A DESCRIPTION OF THE PROPERTY OF	301,538.
	Total from continuation sheets to Part VII, S								107 163		201 520
	Total (add lines 1b and 1c)	limited to t	hose	liste				о ге	107,163. eceived more than	15	301,538.
	reportable compensation from the organization		-								Yes No
3	Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu	er, directo	or, or	tru	stee	e, I	key e	emp	oloyee, or highes	t compensated	3 X
4	For any individual listed on line 1a, is the sorganization and related organizations greindividual	sum of repeater than	ortab \$15	le c	omp	pen <i>If</i>	sation "Yes	n aı s,"	nd other compens	sation from the le J for such	4 X
5	Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue co	mpen	satio	on f	ron	any	un	related organization	on or individual	5 X
Se	ction B. Independent Contractors	ъ, соттрте	10 307	eau	ie J	101	Sulii	per.	SUI		9 1
1	Complete this table for your five highest com compensation from the organization. Report c year.										

(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 ▶ 3

	Check if Schedule O contains a respon	se or note to any	100.000	1007000 1	200000	(#10# @ #20#10#C
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluder from tax under sections 512-514
1a	Federated campaigns 1a					
b	Membership dues 1b					
C	Fundraising events 1c					
d	Related organizations 1d	76,090.				
e	Government grants (contributions) 1e					
f	All other contributions, gifts, grants,					
	and similar amounts not included above . 1f	251,272.				
g	Noncash contr butions included in					
	lines 1a-1f					
h	Total. Add lines 1a-1f		327,362.			
		Business Code				
2a	FOOD SERVICE	611710	9,117,601.	9,117,601.		
b	TRANSPORTATION	611710	2,514,761.	2,388,107.	126,654.	
C	BOOK STORE	611710	281,936.	281,936.		
d	RENTAL PROPERTIES	611710	212,518.	212,518.		
е	VENDOR SERVICE	611710	242,076.	242,076.		
f	All other program service revenue					
g	Total. Add lines 2a-2f		12,368,892.			
3	Investment income (including dividends,	interest, and				
	other similar amounts)		33,540.			33,54
4	Income from investment of tax-exempt bond	proceeds . >	0.			
5		X-200 (1975)	0.			
	(i) Real	(ii) Personal				
6a	Gross rents 6a					
b	Less: rental expenses 6b					
C	Rental income or (loss) 6c					
d	E20, A21 S2182	▶	0.			
7a	Gross amount from (i) Securities	(ii) Other				
	sales of assets					
	other than inventory 7a					
b	Less: cost or other basis					
	and sales expenses 7b 82,742.					
C	Gain or (loss) <b>7c</b> -82,742.					
d	Net gain or (loss)		-82,742.			-82,742
8a	Gross income from fundraising					
	events (not including \$					
	of contr butions reported on line					
	1c). See Part IV, line 18 8a	0.				
b		0.				6
C	Net income or (loss) from fundraising events.		0.			
9a	Gross income from gaming					
	activities. See Part IV, line 19 9a	0.				
b						
C	THE RESERVE THE PARTY AND THE		0.			
10a						
		0.				
		52.00				
C	Net income or (loss) from sales of inventory.		0.			
11a	AMORTIZATION OF BOOKSTORE CONTRIBUTION	611710	19,910.			19,91
b	GENERAL REIMBURSEMENT	611710	7,447.	7,447.		
	2					
C						
d	All other revenue		27,357.			
	b c d e f g h 2a b c d e f g 3 4 5 6a b c d 7a b c d 8a b c 10a b c 11a	b Membership dues	b Membership dues	b Membership dues	b Membership dues	b Membership dues

## 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 Sche	edule O contains a respo	nse or note to any line	e in this Part IX		
Do not include amounts rep 8b, 9b, and 10b of Part VIII		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance	to domestic organizations				
and domestic governments.	See Part IV, line 21	1,109,695.	1,109,695.		
2 Grants and other as	sistance to domestic	20.00			
individuals. See Part IV, li	ne 22	0.			
3 Grants and other a	ssistance to foreign				
organizations, foreign go	vernments, and foreign	20.00			
individuals. See Part IV, li		0.			
4 Benefits paid to or for me	embers	0.			
5 Compensation of curre	ent officers, directors,	2022			
trustees, and key employ	ees	0.			
6 Compensation not include	ed above to disqualified				
persons (as defined under		2002			
persons described in section		0.			
7 Other salaries and wages	learn reason real	458,155.	458,155.		
8 Pension plan accruals an	d contributions (include	202 75 75 75	70701 27012		
section 401(k) and 403(b	employer contributions)	26,148.	26,148.		
9 Other employee benefits		40,217.	40,217.		
10 Payroll taxes		53,631.	53,631.		
11 Fees for services (nonem	ployees):	191			
a Management		0.	5	5 101	
b Legal		5,421.		5,421.	
c Accounting		38,992.		38,992.	
d Lobbying		0.			
e Professional fundraising ser	vices. See Part IV, line 17.	0.	9		
f Investment management	fees	0.			
g Other. (If line 11g amount ex		40 860 000	40 040 400	00 506	
(A) amount, list line 11g expense	s on Schedule O.). ATCH 4.	10,769,003.	10,740,477.	28,526.	
12 Advertising and promotion	on	23,966.	22,882.	1,084.	
13 Office expenses	-	27,038.	23,553.	3,485.	
14 Information technology.		2,500.	2,500.		
15 Royalties		0.	67.007		
16 Occupancy		67,207.	67,207.		
17 Travel		4,042.	4,042.		
18 Payments of travel or e	(3)	0			
for any federal, state, or	local public officials	0.	12 547	1.61	
19 Conferences, convention	s, and meetings	13,708.	13,547.	161.	
20 Interest		48,067.		48,067.	
21 Payments to affiliates	-	0.		202 262	
22 Depreciation, depletion,		203,268.	70 121	203,268.	
23 Insurance		122,701.	70,131.	52,570.	
24 O her expenses. Itemize	expenses not covered				
above (List miscellaneous	COLUMN ACCIONATION ACCOUNTS				
line 24e amount exceeds	A TOTAL CONTRACTOR OF THE PROPERTY OF THE PROP				
(A) amount, list line 24e e	expenses on Schedule ()	117 524	117 524		
aMAINTENANCE	=======================================	117,534.	117,534.	07 401	
b REIMBURSEMENTS		97,481.	60 422	97,481.	
cFUEL PARPENGES		69,423.	69,423.	12 720	
dOTHER EXPENSES	~	31,390.	17,661.	13,729.	
e All other expenses		12 220 507	12 026 002	400 704	
25 Total functional expenses.	ACCURATE AND ADDRESS OF THE PARTY OF THE PAR	13,329,587.	12,836,803.	492,784.	
26 Joint costs. Complete organization reported in from a combined educe	column (B) joint costs				
fundraising solicitation. C following SOP 98-2 (ASC	heck here if	0.			
Tollowing SOI 30-2 (ASC	7000-1201	0.	5		

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## 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	1,344,796.	2	837,054.
	3	Pledges and grants receivable, net	0.	3	0.
	4	Accounts receivable, net	11,243.	4	114,746.
	5	Loans and other receivables from any current or former officer, director,		2)	
		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			)
		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	162,418.	9	113,940.
	1510-01	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 3,164,397.			
	h	Less: accumulated depreciation	2,056,795.	100	1,853,527.
	11	Investments - publicly traded securities	0.		0.
	12	Investments - other securities. See Part IV, line 11	0.		0.
	13	Investments - program-related. See Part IV, line 11	0.		0.
	0.000		0.	10	0.
	14	Intangible assets	467,862.	100	98,221.
	15	Other assets. See Part IV, line 11	4,043,114.	-	3,017,488.
_	16	Total assets. Add lines 1 through 15 (must equal line 33)	322,577.	10000	307,104.
	17	Accounts payable and accrued expenses	0.		0.
	18	Grants payable	58,312.		7,170.
	19	Deferred revenue	2		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,			
Ĕ		trustee, key employee, creator or founder, substantial contributor, or 35%	0		0
jak		controlled entity or family member of any of these persons		22	0.
-	23	Secured mortgages and notes payable to unrelated third parties	1,314,683.	Chockey	1,314,683.
	24	Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	1,029,616.		743,690.
	26	Total liabilities. Add lines 17 through 25	2,725,188.	26	2,372,647.
Seor		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
ag	27	Net assets without donor restrictions	1,317,926.	27	644,841.
ä	28	Net assets with donor restrictions	0.	28	0.
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	
t A	32	Total net assets or fund balances	1,317,926.	32	644,841.
Ž	33	Total liabilities and net assets/fund balances	4,043,114.	33	3,017,488.
	-	Total industrial district description buildings,	., 0.10, 1.11	00	Form <b>990</b> (2019)

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011111 01	20 (2010)					90
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			74,4	
2	Total expenses (must equal Part IX, column (A), line 25)	2	1		29,5	
3	Revenue less expenses. Subtract line 2 from line 1	3			55,1	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		1 10 17 1	17,9	
5	Net unrealized gains (losses) on investments	5		- E	17,9	907.
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		6	44,8	341.
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?.		s	2a	7	X
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis				10000000	
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted or	n a			
	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	ersight	of			
	the audit, review, or compilation of its financial statements and selection of an independent accounta	nt?	HILLIAN I	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, e					
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	rth in t	the			
	Single Audit Act and OMB Circular A-133?			3a	7	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 a			3b		

#### **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 94-3435466

STO	OCK!	TON AFFILIATED SERV	ICES, INC.				94-34354	66
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	neck only	one box.)	2
1	A church, convention of churches, or association of churches described in section 170(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						
4		A medical research organiz				S0/66 (C) 17/7/07/07 (S0/2)		(iii). Enter the
1		hospital's name, city, and st		oonjunouon man a no	pital do	oonbod ii		(m) Lines die
5		An organization operated f	Control of the contro	a college or universit	v owne	d or one	rated by a governme	ntal unit described in
		section 170(b)(1)(A)(iv). (C		a college of aniversit	y owner	u or ope	rated by a governme	mar ant accombca in
6		A federal, state, or local go	and the state of t	romantal unit describe	d in each	ion 170/	b)/4)//\/\/	
6	8	The reservoir contract the section of the section o	of the second second second			MANAGEMENT TO STATE OF THE PARTY OF THE PART	CONTRACTOR	m the general public
7	8	An organization that norma		AND CONTRACTOR OF THE PROPERTY	pport in	om a go	vernmental unit of fro	on the general public
		described in section 170(b)			D			
8		A community trust describe	record and the constitution of the constitutio					
9	8	An agricultural research org				A CONTRACTOR OF THE PARTY OF TH	CONTRACTOR CONTRACTOR OF THE C	
		or university or a non-land-	grant college of ag	riculture (see instruct	ions). E	nter the i	name, city, and state of	the college or
		university:	OR BY SANSON	NATA PERIODO COMOS POSSOAS		NGS:	75947 768 TA 65	and the
10		An organization that norma receipts from activities rela support from gross investm acquired by the organizatio An organization organized a	ited to its exempt finent income and un on after June 30, 19	unctions - subject to nrelated business tax 975. See <b>section 509</b>	certain e able inco ( <b>a)(2)</b> . (0	exception ome (less Complete	s, and (2) no more that s section 511 tax) from Part III.)	n 331/3% of its
12	X	An organization organized a	erran Sal Dangerana ar da Salah sakan sa sa sa sa sa	red distriction of the red distriction of the second of th	and the second second		providence in the second second second	arny out the nurneses
12	Λ							
		of one or more publicly su	and the same of the contract of the same o			AT DATE OF THE PARTY		
		Check the box in lines 12a t	British days of the Control of the C		THE PARTY NAMED IN			SOURCE CANDING SERVICE STATE OF STATE O
a	-	X Type I. A supporting orga						
		the supported organization				ajority of	the directors or truste	es of the
		supporting organization.		•				
b		Type II. A supporting org	anization supervise	ed or controlled in co	nnection	with its	supported organization	on(s), by having
		control or management of	of the supporting o	rganization vested in	the sam	e persor	s that control or man	age the supported
	_	organization(s). You must	complete Part IV	, Sections A and C.				
C		Type III functionally integ	grated. A supporti	ng organization opera	ited in c	onnectio	n with, and functional	ly integrated with,
		its supported organization	n(s) (see instruction	s). You must comple	te Part I	V, Section	ons A, D, and E.	
d		Type III non-functionally	integrated. A supp	porting organization o	perated	in conne	ection with its support	ted organization(s)
		that is not functionally inte	egrated. The organ	nization generally mus	t satisfy	a distrib	ution requirement and	an attentiveness
		requirement (see instruct	ions). You must co	mplete Part IV, Sect	ions A a	nd D, an	d Part V.	
е		X Check this box if the orga		•				I. Type III
	_	functionally integrated, or						, <b>7</b> P
f	En	ter the number of supported			porting	rgamza	1011.	1
а		ovide the following information			orient or take	erense o ten	BENDESK G. BANDENDESK G. BANDENDESK	d talandari
	188	ame of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of
			N. W. Carrier	(described on lines 1-10	listed in yo	ur governing	support (see	other support (see
7	тти	ACHMENT 1		above (see instructions))		ment?	instructions)	instructions)
		IOIIIIIIIIIIII			Yes	No		<u> </u>
(A)								
			3				3	
(B)								
300 ES								
(C)								
30 E			S	8				
(D)								
St. 15			,			5		
(E)								
al all			8	8				
Tota	al							
							1 089 695	

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Pai	(Complete only if you checke Part III. If the organization fai	d the box on	line 5, 7, or 8	of Part I or if t	he organization	on failed to qua	)(vi) alify under
Sec	tion A. Public Support	y			3	,	
	endar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	<b>X</b> ( <b>X</b> = <b>X</b> ( <b>X</b> = <b>X</b>					
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	E			×		
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	15			9		
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 shown on line 11, column (f)						
	Public support. Subtract line 5 from line 4		4		S.		
	tion B. Total Support		1		I	T	1
Cale	endar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
8	Amounts from line 4						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	2			x		
11	Total support. Add lines 7 through 10				Ĭ		
12	Gross receipts from related activities, etc. (s	see instructions)				12	
13	First five years. If the Form 990 is f						
0	organization, check this box and stop here	B					▶
	tion C. Computation of Public Sup			DONALS SURBINATION OF THE PROPERTY OF THE PROP	0	Tere I	
14	Public support percentage for 2019 (li						9
15	Public support percentage from 2018						shook this
ıoa	331/3% support test - 2019. If the organization of	7.		32			
h	box and stop here. The organization q 331/3% support test - 2018. If the org	97	100 Mg				
D	this box and <b>stop here</b> . The organization						(C)
17a	10%-facts-and-circumstances test - 2	8		<u> </u>			
	10% or more, and if the organization Part VI how the organization meets torganization	meets the "fa he "facts-and-	acts-and-circums circumstances"	stances" test, ch test. The organ	neck this box a ization qualifies	and stop here. s as a publicly	Explain in supported ▶
a	10%-facts-and-circumstances test - 2 15 is 10% or more, and if the organization	anization meet	s the "facts-an	d-circumstances	" test, check	this box and s	top here.
	Explain in Part VI how the organization supported organization						F0 SF0 3
18	Private foundation If the organization						

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					10.	F00/ 1/01
Part III	Support	Schedule to	r Organizations	Described in	Section	509(a)(2)

(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.)

	tion A. Public Support	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees	THE YOU AND THE	0.7 00.5 M. / 250. W. W.	- COLORD (17 COLORD )	2 2	Factorial Section	
34	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise				2		- 5
NATURAL PROPERTY.	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				is .		
•	unrelated trade or business under section 513 .						
4	Tax revenues levied for the				9		
7	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities				9		3
J	C. COLCULAÇÃO DE CONTRACA DE PROPRIA CONTRACA DE CONTRACA DE CONTRACA DE CONTRACA DE PROPRIA DE PRO						
	furnished by a governmental unit to the						
c	organization without charge				2	1	
6	Total. Add lines 1 through 5				N	1	1
/a	Amounts included on lines 1, 2, and 3						
h	received from disqualified persons				8		
1	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year_				2		
	Add lines 7a and 7b				e.		
8	Public support. (Subtract line 7c from						
~~	tion B. Total Cupport		1		b .	1	3
	tion B. Total Support	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2010	(6) 2017	(u) 2010	(e) 2013	(i) rotal
9	Amounts from line 6				.5		
va	payments received on securities loans,						
	rents, royalties, and income from similar						
	sources		5				3
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975				N Sr		+
C	Add lines 10a and 10b				8		
1	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on.						1
2	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)				2		
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is fo	AND THE PERSON OF THE PERSON O	Charles of King and Street Str	SOURCE - PERSONAL PROPERTY OF THE PROPERTY OF THE PERSONAL PROPERTY OF	Contractor in the state of the		DESCRIPTION OF THE PARTY OF THE
	organization, check this box and stop here.			enema e enemana e	KOMMUNIK KOMM	at it kototota it i	▶
The state of	tion C. Computation of Public Supp	THE RESERVE THE PARTY OF THE PA	O facility section 1 course out	and the second			
5	Public support percentage for 2019 (line 8,					15	%
6	Public support percentage from 2018 Scheo	dule A, Part III, lir	ne 15			16	%
ec	tion D. Computation of Investment	Income Per	entage				
7	Investment income percentage for 2019 (lin	e 10c, column (	f), divided by line	13, column (f))		17	%
8	Investment income percentage from 2018 S	chedule A, Part	III, line 17	***** * ******* *		18	%
9 a	331/3% support tests - 2019. If the $\ensuremath{\text{org}}$	ganization did r	ot check the bo	ox on line 14, a	nd line 15 is m	ore than 331/3	%, and line
	17 is not more than 331/3%, check this	s box and sto	here. The org	anization qualifie	s as a publicly	supported orga	anization . >
b	331/3% support tests - 2018. If the orga	nization did not	check a box on	line 14 or line	19a, and line 16	is more than	331/3 %, and
	line 18 is not more than 331/3 %, check	this box and s	top here. The or	ganization qualifi	ies as a publicly	supported orga	anization >
00	Private foundation If the organization d	id not check	hoy on line 1	1 10a or 10h	chack this have	and con inct	nuctions -

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#### 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.)

#### Se

Secti	on A. All Supporting Organizations		12.25	1
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	X	
2	Did the organization have any supported organization that does not have an IRS determination of status		8	
	under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	0	X
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		X
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 <b>Part VI</b> 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 <b>Part VI</b> what controls the organization put in place to ensure such use.	3с		
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		X
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	2	
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5а	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , 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).	5а		X
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
C	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	X	
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			22
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		X
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		X
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 <b>Part VI</b> .	9a		X
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 <b>Part VI</b> .	9b	7	X
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 <b>Part VI.</b>	9c		X
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		X

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

10b

determine whether the organization had excess business holdings.)

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Part I	V Supporting Organizations (continued)			
9			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	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		X
	A family member of a person described in (a) above?	11b		X
	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	3	X
Section	on B. Type I Supporting Organizations		Vac	Ma
			Yes	No
	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 <b>Part VI</b> 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	X	
2	Did the organization operate for the benefit of any supported organization other than the supported		2	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part</b>			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		X
Section	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1	7	
Section	on D. All Type III Supporting Organizations		V	
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
0.40	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		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		7	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> 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		
Section	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 in:	structi	ons).	
а	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	instru	W0000451	120000000000000000000000000000000000000
2	Activities Test. Answer (a) and (b) below.		Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
		Za	3	
	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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
	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		
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	S	
Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organizations.			
Section A - Adjusted Net Income	Editoris II	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		2
5 Depreciation and depletion	5		3
6 Portion of operating expenses paid or incurred for production or			3
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount	1	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see	1		0
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		2
<b>b</b> Average monthly cash balances	1b		
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):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		7
3 Subtract line 2 from line 1d.	3		
<b>4</b> 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		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		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	y integra	ted Type III supporting	g organization (see

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instructions).

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Secti	on 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						
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations				
4	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required)						
6	Other distributions (describe in Part VI). See instructions.						
7	Total annual distributions. Add lines 1 through 6.						
8	Distributions to attentive supported organizations to which	the organization is resp	onsive				
	(provide details in Part VI). See instructions.						
9	Distributable amount for 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						
	(reasonable cause required - explain in Part VI). See						
	instructions.						
3	Excess distributions carryover, if any, to 2019						
а	From 2014						
b	From 2015						
С	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)						
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.						
4	Distributions for 2019 from						
	Section D, line 7: \$						
а	Applied to underdistributions of prior years						
b	Applied to 2019 distributable amount						
C	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						
100	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.						
7	Excess distributions carryover to 2020. Add lines 3j						
7798	and 4c.						
8	Breakdown of line 7:						
а	Excess from 2015						
b	Excess from 2016						
C	Excess from 2017						
d	Excess from 2018						
_	Excess from 2019						

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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.)

PART IV, Q 6

STOCKTON AFFILIATED SERVICES, INC. (SASI) MADE \$20,000 IN GRANTS DURING THE YEAR TO STOCKTON UNIVERSITY FOUNDATION (FOUNDATION). THESE GRANTS INDIRECTLY SUPPORT SASI'S SUPPORTED ORGANIZATION, STOCKTON UNIVERSITY (UNIVERSITY), SINCE THE FOUNDATION FREQUENTLY MAKES GRANTS TO THE UNIVERSITY OR TO THE UNIVERSITY'S STUDENTS IN THE FORM OF SCHOLARSHIPS.

				ATTACHMENT	l .
SCHEDULE A, PART I - INFORMATION ABOUT	SUPPORTED C	DRGANIZATIO	NS		
(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION	(IV) YES NO	(V) AMOUNT OF SUPPORT	(VI) OTHER SUPPORT AMOUNT
STOCKTON UNIVERSITY	22-2832788	6	x	1,089,695.	0.
TOTAL AMOUNT OF SUPPORT				1,089,695.	

### 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 AFFILIATED SERVICES, INC. 94-3435466 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** 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 AFFILIATED SERVICES, INC.

Employer identification number 94-3435466

Part I	Contributors (see instructions). Use duplicate copies	of Part I if additional space is no	eded.
(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 X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		   \$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization STOCKTON AFFILIATED SERVICES, INC. Employer identification number 94-3435466

Part II	Noncash Property	(see instructions)	. Use duplicate	copies of Part II if	additional space is neede	d.
raitii	Mondadin i Topcity	(See manachema)	. Obe auphoute	copies of Fait II II	additional space is neces	_

(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<b>\$</b>	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<b>\$</b>	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
7		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
,		<b>\$</b>	
(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
-		<b>\$</b>	

Name of organization STOCKTON AFFILIATED SERVICES, INC.

Employer identification number 94-3435466

	the following line entry. For organizati	ions completing Par	t III, enter the tota	Complete columns (a) through (e) and I of exclusively religious, charitable, etc.			
	contributions of \$1,000 or less for the Use duplicate copies of Part III if addit			See instructions.) ► \$			
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held			
·							
	Transferee's name, address, ar	(e) Transi nd ZIP + 4		onship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held			
8			9				
	Transferee's name, address, ar		sfer of gift  Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held			
		(e) Transi	er of gift				
	Transferee's name, address, ar	nd ZIP + 4	Relati	onship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held			
<u> </u>			5 5				
	(e) Transfer of gift						
	Transferee's name, address, ar	na ZIP + 4	Relati	onship of transferor to transferee			
	-		N				

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or

#### SCHEDULE D (Form 990)

Department of the Treasury

## 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.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number

ST	OCKTON AFFILIATED SERVICES, INC.			94-3435466
Pa	organizations Maintaining Donor Adv	ised Funds or Other Sin	nilar Funds or	Accounts.
	Complete if the organization answered	"Yes" on Form 990, Par	t IV, line 6.	
		(a) Donor advised f	The second secon	(b) Funds and other accounts
1	Total number at end of year	(3),500,000,000,000,000,000,000,000	30.000.010	other the said one competition to construct up over the property of the received that the
2				
	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year		CONTRACTOR AND	The State Committee of
5	Did the organization inform all donors and donor			2
	funds are the organization's property, subject to the			
6	Did the organization inform all grantees, donors, a		- B	
	only for charitable purposes and not for the bene-	fit of the donor or donor a	dvisor, or for a	
	conferring impermissible private benefit?	****** * ****** * ****** * *	****	Yes No
Pá	art    Conservation Easements.		INDUSTRIAN DE LEUR	
	Complete if the organization answered	"Yes" on Form 990, Par	t IV, line 7.	
1	Purpose(s) of conservation easements held by the	organization (check all that	apply).	
	Preservation of land for public use (for example	, recrea ion or education)	Preservation	of a historically important land area
	Protection of natural habitat		Preservation	of a certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation	contribution in	the form of a conservation
	easement on the last day of the tax year.	ora a daminoa comostrano.		Held at the End of the Tax Year
•	Total number of conservation easements			2a
a				2b
b	Total acreage restricted by conservation easements			
C	Number of conservation easements on a certified		10 51	2c
d	Number of conservation easements included in (conservation)			
	historic structure listed in the National Register			2d
3	Number of conservation easements modified, tra	nsferred, released, extingu	ished, or termi	inated by the organization during the
	tax year >			
4	Number of states where property subject to conse	rvation easement is located	<b></b>	
5	Does the organization have a written policy reg	garding the periodic mon	itoring, inspect	ion, handling of
	violations, and enforcement of the conservation ear	sements it holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspi	ecting, handling of violations	, and enforcing	conservation easements during the year
	<b>&gt;</b>		N ES	H 1
7	Amount of expenses incurred in monitoring, inspect	ting, handling of violations.	and enforcing co	onservation easements during the year
	<b>▶</b> \$	,	3	,
8	Does each conservation easement reported on line 2	O(d) above satisfy the requir	oments of secti	on 170(h)(4)(B)(i)
•	and section 170(h)(4)(B)(ii)?			1777-1777 2000 CASCOT No. 1
0	In Part XIII, describe how the organization reports			
9	balance sheet, and include, if applicable, the text of			
	organization's accounting for conservation easeme	233	ization's illiand	iai statements that describes the
D	art III Organizations Maintaining Collections		uros or Othor	r Cimilar Accets
P	Complete if the organization answered			Sillilai Assets.
total resource		Property across the Property and the Property of the Property	market and analysis	
1a	If the organization elected, as permitted under FA	ASB ASC 958, not to repo	rt in its revenu	e statement and balance sheet works
	of art, historical treasures, or other similar asset service, provide in Part XIII the text of the footnote	ts neid for public exhibiti to its financial statements t	on, education, hat describes th	or research in furtherance of public nese items
b	If the organization elected, as permitted under F/			
	art, historical treasures, or other similar assets he			
	provide the following amounts relating to these iter			
	(i) Revenue included on Form 990, Part VIII, line 1			<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of a			
_	following amounts required to be reported under F.			decide for interioral gain, provide the
	Revenue included on Form 990, Part VIII, line 1			<b>*</b>
a				
	Assets included in Form 990, Part X	F 000	THE RESERVE	

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

**Schedule D (Form 990) 2019** 

Susing the organization acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apphy):	Sche	dule D (Form 990) 2019								Page	_
Collection items (check all that apply):   a	Pa	rt    Organizations Maintaini	ing Collections o	f Art, Histo	rical Tre	easures,	or Other	Similar Assets (	continue	d)	
Public exhibition   Preservation for future generations   Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.    Provide a description of 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?	3	Using the organization's acquisition	on, accession, and	other recor	ds, check	k any of t	the follow	ving that make sig	nificant us	se of its	S
b Scholarly research e Other    Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.   During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?		collection items (check all that app	ly):								
c	a	Public exhibition		d	Loan	or exchan	ge progra	m			
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assests to be sold to raise funds rather than to be maintained as part of the organization's collection?	b	Scholarly research		е	Other						
XIII.	C	Preservation for future gene	rations			St.				3	iii.
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	4	Provide a description of the organ	nization's collection	ns and expla	ain how t	they furth	er the or	ganization's exemp	t purpose	in Par	t
Part IV		XIII.						THE REAL PROPERTY AND AND ADDRESS OF THE PARTY STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET,			
Part IV	5	During the year, did the organization	on solicit or receive	donations of	of art, histo	orical trea	sures, or	other similar			
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.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?								The state of the s	Yes	N	0
included on Form 990, Part X?  If "Yes," explain the arrangement in Part XIII and complete the following table:  Amount  Amou	Pa	rt IV Escrow and Custodial A Complete if the organiza	rrangements.		30.00.00			40 March 19 27 18 19 19 19 19 19 19 19 19 19 19 19 19 19	nt on For	m	
b If "Yes," explain the arrangement in Part XIII and complete the following table:  C Beginning balance	1a	Is the organization an agent, truste	ee, custodian or otl	ner intermed	diary for c	ontributio	ns or othe	r assets not			
b If "Yes," explain the arrangement in Part XIII and complete the following table:  C Beginning balance		included on Form 990, Part X?							Yes	N	0
C   Beginning balance   1c   C   C   C   C   C   C   C   C   C	b	If "Yes," explain the arrangement i	n Part XIII and con	plete the fo	llowing tal	ole:			. Describer		
d Additions during the year,					a section of the sect			Amoun	t		_
d Additions during the year,	C	Beginning balance				1	С	2,20,000,000,000			_
e Distributions during the year   fe	d						- 2				_
f Ending balance. 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.  Part V Endowment Funds.  Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back or No Interest and Described in Part XIII. Check here if the explanation has been provided on Part XIII.  1a Beginning of year balance (b) Prior year (c) Two years back (d) Three years back (e) Four years back (e)	е						No.				_
Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	f										_
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.    Endowment Funds.	22						C	account liability?	Yes	N	0
Part V   Endowment Funds.   Complete if the organization answered "Yes" on Form 990, Part IV, line 10.		The state of the s						Transport and Control of the Control		<b>H</b> "	3/6
Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    A Beginning of year balance   (a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back			irr dre Ain. Onlook	noro ii tilo o	Apidriduori	rius boon	providod	on ruicium			-
(a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back	ı u		ation answered "Y	es" on For	m 990 F	Part IV. li	ne 10				
Beginning of year balance			52 2000			100	NO. 100	(d) Three years back	(e) Four v	ears hack	
b Contributions	2000		(u) ourrow your	(5)	, you	.,,	1	(a) Timos yours busin	(o) rodi y	ouro puon	8
c Net investment earnings, gains, and losses						2					_
and losses		FIVE BY LABOUR THAT DATE AND A SERVICE AT BOWERS AND A DOMESTIC FOR DOMESTIC AND ADDRESS OF				9		3			_
d Grants or scholarships	C	Net investment earnings, gains,									
e Other expenditures for facilities and programs		and losses				V		3			_
and programs	d	Grants or scholarships				V		8			_
f Administrative expenses	e	Other expenditures for facilities									
g End of year balance		and programs				37		3			_
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  Board designated or quasi-endowment ▶	f	Administrative expenses		35		Ú.		1			_
a Board designated or quasi-endowment ▶	g	End of year balance				2		N.	A		_
b Permanent endowment ▶	2	Provide the estimated percentage	of the current year	end balanc	e (line 1g,	column (a	a)) held as	i.			
Term endowment ▶	a	Board designated or quasi-endown	nent ►	%							
The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations (ii) Related organizations  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other) (investment) (investment) (c) Accumulated depreciation (c) Accumulated depreciation (d) Book value (d)	b	Permanent endowment	%								
Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations.  (ii) Related organizations.  (ii) Related organizations.  (iii) Related organizations.  (ii	C	Term endowment ▶	%								
organization by: (i) Unrelated organizations (ii) Related organizations (iii) (iii) Related organizations (iii) (i		The percentages on lines 2a, 2b, a	and 2c should equa	100%.							
(i) Unrelated organizations (ii) Related organizations  (ii) Related organizations  (iii) Related organ	3a	Are there endowment funds not in	the possession of	the organiza	ation that	are held	and admir	nistered for the	-		
(ii) Related organizations  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other) (investment)  (investment)  (c) Accumulated depreciation (d) Book value (other) (other)  575, 875.  575, 875.  b Buildings  1,284,260. 334,841. 949,419.  c Leasehold improvements d Equipment. 1,247,764. 951,055. 296,709. e Other  56,498. 24,974. 31,524.		organization by:							Y	es No	)
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?		(i) Unrelated organizations							3a(i)		
Describe in Part XIII the intended uses of the organization's endowment funds.  Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other) (investment) (		(ii) Related organizations							3a(ii)		
Part VI         Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.           Description of property         (a) Cost or other basis (investment)         (b) Cost or other basis (other)         (c) Accumulated depreciation         (d) Book value           1a Land         575,875.         575,875.         575,875.           b Buildings         1,284,260.         334,841.         949,419.           c Leasehold improvements         1,247,764.         951,055.         296,709.           e Other         56,498.         24,974.         31,524.	b	If "Yes" on line 3a(ii), are the relate	ed organizations list	ed as requir	ed on Sch	edule R?			3b		- 68
Part VI         Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.           Description of property         (a) Cost or other basis (investment)         (b) Cost or other basis (other)         (c) Accumulated depreciation         (d) Book value           1a Land         575,875.         575,875.         575,875.           b Buildings         1,284,260.         334,841.         949,419.           c Leasehold improvements         1,247,764.         951,055.         296,709.           e Other         56,498.         24,974.         31,524.	4	Describe in Part XIII the intended u	uses of the organiz	ation's endo	wment fur	nds.					_
Description of property   (a) Cost or other basis (investment)   (b) Cost or other basis (other)   (c) Accumulated depreciation   575,875.	Pa	rt VI Land, Buildings, and Equ	uipment.				men <b>s</b> esson n				_
tall Land         (investment)         (other)         depreciation           b Buildings         575,875         575,875           c Leasehold improvements         1,284,260         334,841         949,419           c Leasehold improvements         1,247,764         951,055         296,709           e Other         56,498         24,974         31,524				ACCORDING TO A STATE OF THE STA					The state of the s		_
1a Land       575,875       575,875         b Buildings       1,284,260       334,841       949,419         c Leasehold improvements       1,247,764       951,055       296,709         e Other       56,498       24,974       31,524		Description of property							u) book valu	е	
b Buildings       1,284,260.       334,841.       949,419.         c Leasehold improvements.       1,247,764.       951,055.       296,709.         e Other       56,498.       24,974.       31,524.	1a	Land							57.	5,875	•
c Leasehold improvements.       1,247,764.       951,055.       296,709.         e Other.       56,498.       24,974.       31,524.			and the Contract		1,2	284,260	. 3	34,841.			_
d Equipment.       1,247,764.       951,055.       296,709.         e Other       56,498.       24,974.       31,524.		THE CONTRACTOR OF THE PROPERTY							10 100		
e Other		A THE CAN ADDRESS AND ADDRESS	and the Additional Control of the Co		1,2	247,764	. 9	51,055.	29	6,709	
		THE POOR THE REST CONTRACTOR OF THE POOR THE POO	and the Address.				(Table )				_
				rm 990, Part	X, columi		\$150 NAV	No. of Contrast of			_

Schedule D (Form 990) 2019

Page 3 Schedule D (Form 990) 2019

Part VII	Investments - Other Securities. Complete if the organization answered	"Ves" on Form 00	0 Part IV line 11h See Form 000	Part V line 12
	(a) Description of security or category	(b) Book value	(c) Method of valuation	
	(including name of security)	(a) Book raido	Cost or end-of-year market	
(1) Financ	ial derivatives			
	held equity interests			
(3) Other_				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	nn (b) must equal Form 990, Part X, col. (B) line 12) .			
Part VIII	Investments - Program Related. Complete if the organization answered	"Yes" on Form 99	0, Part IV, line 11c. See Form 990,	Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation	
(4)			oost of end of year mark	A Value
(1)				
(2)				
(3)				
(4)				
(5) (6)				
(7)				
(8)				
(9)				
79 350 103250 109	nn (b) must equal Form 990, Part X, col. (B) line 13) .			
Part IX	Other Assets.			
	Complete if the organization answered	"Yes" on Form 99	0, Part IV, line 11d. See Form 990,	Part X, line 15.
		scription		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col	lumn (b) must equal Form 990, Part X, col. (B) li	ne 15.)		
Part X	Other Liabilities.  Complete if the organization answered	"Yes" on Form 99	0 Part IV line 11e or 11f See Forn	n 990 Part X
	line 25.		5, 1 GICTO, III.0 1 10 51 1 111 000 1 011	
1.		tion of liability		(b) Book value
	ral income taxes			11 246
	TO STOCKTON UNIVERSITY			11,346.
	OSITS HELD			723,194.
Alle Services	JRITY DEPOSITS			9,150.
(5)				
(6)				
(7)				
(8)				
(9) T (1) (0) (	# 15 000 B /// 1 m =		92	742 (00
i otal. (Colui	mn (b) must equal Form 990, Part X, col. (B) line 25.)	E ENGLOS DE E ENGLOS DE E		743,690.

X

<sup>2.</sup> 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

Page 4 Schedule D (Form 990) 2019

Part 2	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	1.	
1	Total revenue, gains, and other support per audited financial statements	1	12,656,502.
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	Net unrealized gains (losses) on investments		
	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		28.888
е	Add lines 2a through 2d	2e	-17,907.
3	Subtract line 2e from line 1	3	12,674,409.
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
	Other (Describe in Part XIII.)		
	Add lines 4a and 4b	4c	12,674,409.
5 Part	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		12,014,405.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		12 220 507
	Total expenses and losses per audited financial statements	1	13,329,587.
	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
	Donated services and use of facilities		
	Prior year adjustments		
	Cutof losses.		
	Other (Describe in Part XIII.)	2e	
	Subtract line 2e from line 1	3	13,329,587.
	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	Investment expenses not included on Form 990, Part VIII, line 7b		
	Other (Describe in Part XIII.)		
	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	13,329,587.
Provide 2; Part	Supplemental Information.  The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; PaxI, 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 X, LINE 2:

STOCKTON AFFILIATED SERVICES, INC. (SASI) FOLLOWS THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) GUIDANCE THAT REQUIRES A TAX POSITION TO BE RECOGNIZED OR DERECOGNIZED BASED ON A "MORE LIKELY THAN NOT" THRESHOLD TO BE SUSTAINED IF THE POSITION WERE TO BE CHALLENGED BY A TAXING AUTHORITY. THE ASSESSMENT OF THE TAX POSITION IS BASED SOLELY ON THE TECHNICAL MERITS OF THE POSITION, WITHOUT REGARD TO THE LIKELIHOOD THAT THE TAX POSITION MAY BE CHALLENGED. SASI DOES NOT BELIEVE ITS FINANCIAL STATEMENTS INCLUDE ANY UNCERTAIN TAX POSITIONS FOR WHICH RECOGNITION OR DISCLOSURE IS WARRANTED. SASI'S POLICY IS TO RECOGNIZE INTEREST RELATED TO UNRECOGNIZED TAX BENEFITS IN INTEREST EXPENSE AND PENALTIES IN OPERATING EXPENSE. NO INTEREST OR PENALTIES WERE RECOGNIZED FOR FISCAL YEAR 2020.

SASI IS EXEMPT FROM FEDERAL INCOME TAXATION, NEVERTHELESS, IT MAY BE SUBJECT TO TAX ON INCOME UNRELATED TO ITS EXEMPT PURPOSE, UNLESS THAT INCOME IS OTHERWISE EXCLUDED BY THE CODE. THE TAX YEARS ENDED JUNE 30, 2020, 2019, AND 2018 REMAIN OPEN TO AUDIT FOR BOTH FEDERAL AND STATE PURPOSES.

#### SCHEDULE I (Form 990)

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

2019

OMB No. 1545-0047

Department of he Treasury Internal Revenue Service Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

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

Open to Public Inspection

STOCKTON AFFILIATED SERVICES, INC						94-34354	
Part   General Information on Grants an		e				34-34334	00
<ol> <li>Does the organization maintain records to set the selection criteria used to award the grant</li> <li>Describe in Part IV the organization's process.</li> </ol>	ubstantiate th ts or assistand	ne amount of the	* ***				X Yes No
Part IV, line 21, for any recipient t					*** (CD)		es" on Form 990,
1 (a) Name and address of organization or government	(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
(1) STOCKTON UNIVERSITY							SUPPORT OF
101 VERA KING FARRIS DR GALLOWAY, NJ 08205	22-2832788	GOVT&501(C)(3)	1,089,695.			N	UNIVERSITY
(2) STOCKTON UNIVERSITY FOUNDATION 101 VERA KING FARRIS DR GALLOWAY, NJ 08205	22-1957406	501 (C) (3)	20,000.				SUPPORT OF FOUNDATION
(3)							
(4)							
(5)							
(6)						S	
(7)						X	
(8)							
(9)							
(10)		-					
(11)						S	
(12)							
2 Enter total number of section 501(c)(3) and 3 Enter total number of other organizations lis For Paperwork Reduction Act Notice, see the Instruc	ted in the line	1 table					2 . hedule I (Form 990) (2019)

Page 2

Schedule I (Form 990) (2019)

Part III	<b>Grants and Other Assistance to Domestic Individuals.</b>	Complete if the organization answered "	Yes" on Form 990, Part IV, line 22.
11	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
2					
3			5		
4					
5			N		
6			3		
7					

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

PART 1, LINE 2:

SASI ONLY PROVIDES ASSISTANCE TO STOCKTON UNIVERSITY AND STOCKTON

UNIVERSITY FOUNDATION. THERE IS NO SELECTION CRITERIA USED AS IT IS THE

MISSION OF SASI TO PROVIDE ASSISTANCE TO THESE ORGANIZATIONS.

ACCORDINGLY, THERE IS 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.

ESTABLISHED INTERNAL CONTROLS ARE SUFFICIENT.

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 STOCKTON AFFILIATED SERVICES, INC. 94-3435466 **Questions Regarding Compensation** Yes No

			0.4500 V	
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)			
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			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2		
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			
2	COC 81 PART 15925 19929 21 SOC PRINTED TON CONTRACT TON C			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X	
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.			
	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
b	Any related organization?	5b		Х
	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	7	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	_		X
	payments not described on lines 5 and 6? If "Yes," describe in Part III.	7	7	Λ
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			V
	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

STOCKTON AFFILIATED SERVICES, INC. 94-3435466

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.

(A) Name and Title		(B) Breakdown o	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns (B)(i)-(D)	(F) Compensation	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits		in column (B) reported as deferred on prior Form 990	
DR. HARVEY KESSELMAN	(i)	0.	0.	0.	0.	0.	0.	0.	
1BOARD MEMBER	(ii)	356,110.	0.	82,426.	157,400.	422.	596,358.	0.	
DR. MICHAEL BUSLER	(i)	0.	0.	0.	0.	0.	0.	0.	
2BOARD MEMBER	(ii)	145,122.	0.	0.	0.	13,809.	158,931.	0.	
AUDREY LATOURETTE, ESQ	(i)	0.	0.	0.	0.	0.	0.	0.	
3SECRETARY/TREASURER	(ii)	146,031.	0.	10,609.	11,805.	14,180.	182,625.	0.	
E. MICHAEL ANGULO, ESQ.	(i)	0.	0.	0.	0.	0.	0.	0.	
4CHAIR	(ii)	197,286.	0.	1,904.	16,846.	20,365.	236,401.	0.	
JENNIFER M. POTTER	(i)	0.	0.	0.	0.	0.	0.	0.	
5PRESIDENT OF SASI	(ii)	181,494.	0.	8,004.	15,622.	20,365.	225,485.	0.	
	(i)		75					7	
6	(ii)		1E					3	
	(i)		55					-7	
7	(ii)		F					.7	
	(i)		E					·7	
8	(ii)		55					.7	
	(i)		55					.7	
9	(ii)		55					.7	
	(i)		55					.7	
10	(ii)		15°					.7	
	(i)		17:					-7	
11	(ii)		5 <sup>5</sup>					.7	
	(i)		55					.7	
12	(ii)		2					7	
	(i)		55					.7	
13	(ii)		55					.7	
	(i)		7					7	
14	(ii)		-5					7	
	(i)		-7					7	
15	(ii)		7	8				7	
	(i)		77	8				7	
16	(ii)		7	8				7	

STOCKTON AFFILIATED SERVICES, INC. 94-3435466

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:

SUUPLEMENTAL NONQUALIFIED RETIREMENT PLAN

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

UNIVERSITY, A RELATED ORGANIZATION, CONTRIBUTED \$135,000 DURING THE

CALENDAR YEAR TO THE PLANS.

#### 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.

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

94-3435466

STOCKTON AFFILIATED SERVICES, INC.

FORM 990, PART VI, SECTION A, LINE 1:

THE EXECUTIVE COMMITTEE OF THE BOARD SHALL CONSIST OF THE CHAIR, THE VICE CHAIR, THE SECRETARY-TREASURER, AND THE PRESIDENT OF STOCKTON AFFILIATED SERVICES, INC. IN ADDITION, THE BOARD MAY, IN ITS DISCRETION APPOINT AN ADDITIONAL MEMBER OF THE BOARD TO SERVE ON THE EXECUTIVE COMMITTEE. THE TERM OF ANY SUCH APPOINTMENT, IF MADE IN ANY GIVEN YEAR, SHALL BE ONE YEAR PROVIDED SUCH INDIVIDUAL CONTINUES TO SERVE AS A BOARD MEMBER. TO THE EXTENT ALLOWED BY LAW, THE EXECUTIVE COMMITTEE SHALL BE VESTED WITH ALL THE POWERS AND OBLIGATIONS OF THE BOARD OF DIRECTORS IN BETWEEN BOARD MEETINGS. ANY TIME IMMEDIATE ACTION IS REQUIRED TO BE TAKEN BY THE EXECUTIVE COMMITTEE, SUCH ACTION SHALL BE RATIFIED AT THE NEXT REGULARLY SCHEDULED BOARD MEETING. AT ALL MEETINGS OF THE EXECUTIVE COMMITTEE, A MAJORITY OF THE MEMBERS OF THE EXECUTIVE COMMITTEE SHALL BE NECESSARY AND SUFFICIENT TO CONSTITUTE A QUORUM FOR THE TRANSACTION OF BUSINESS; AT A MEETING AT WHICH THERE IS A QUORUM PRESENT, ACTION BY A MAJORITY OF A OUORUM SHALL BE THE ACT OF THE EXECUTIVE COMMITTEE.

FORM 990, PART VI, SECTION A, LINE 7A:

STOCKTON UNIVERSITY'S BOARD OF TRUSTEES APPOINTS THE BOARD OF DIRECTORS
FOR STOCKTON AFFILIATED SERVICES, INC. THE PRESIDENT OF THE UNIVERSITY
NOMINATES THE MEMBERS OF THE BOARD OF DIRECTORS. THE PRESIDENT OF
STOCKTON UNIVERSITY, OR HIS/HER DESIGNEE, SHALL BE CHAIR OF THE BOARD AND
HAVE CONTINUOUS APPOINTMENT ON THE BOARD.

WHILE THERE ARE NO FORMAL MINUTES TAKEN AT AUTHORIZED COMMITTEE MEETINGS,

STAFF SUPPORT MEMBERS PRESENT DO TAKE NOTES REGARDING DECISIONS THAT ARE

MADE AND FOLLOW-UP ACTIONS THAT MUST BE TAKEN.

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

THE 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 CHAIR OF THE AUDIT COMMITTEE AND THEN ELECTRONICALLY SENT TO EACH VOTING MEMBER OF THE BOARD OF DIRECTORS FOR REVIEW AND COMMENT PRIOR TO FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

THE CONFLICT OF INTEREST POLICY IS REVIEWED AND FORMS ARE COMPLETED ANNUALLY. MANAGERIAL LEVEL STAFF REVIEW THE FORMS. ALL INDIVIDUALS WITH DECISION MAKING AUTHORITY ARE COVERED UNDER THE POLICY. POTENTIAL CONFLICTS ARE REVIEWED BETWEEN THE PRESIDENT OF STOCKTON AFFILIATED SERVICES, INC. AND THE BOARD CHAIR. THE BOARD DISCUSSES ACTUAL CONFLICTS. PERSONS WITH A CONFLICT ARE REQUIRED TO RECUSE THEMSELVES FROM DISCUSSION OF THE SUBSTANCE OF ANY MATTER TOUCHING ON THE CONFLICT AND TO REFRAIN FROM PARTICIPATING IN ANY DECISIONS RELATING TO THE AREA OF CONFLICT.

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

THE ORGANIZATION DOES NOT ITSELF COMPENSATE ANY OF THE TOP MANAGEMENT OFFICIALS OR OTHER OFFICERS OF THE ORGANIZATION. A RELATED ORGANIZATION ESTABLISHES THE COMPENSATION OF THOSE INDIVIDUALS COMPENSATED BY THAT ENTITY.

Schedule O (Form 990 or 990-EZ) 2019

Name of the organization

STOCKTON AFFILIATED SERVICES, INC.

Employer identification number
94-3435466

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

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS

ARE AVAILABLE UPON REQUEST.

ATTACHMENT 1

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

STOCKTON AFFILIATED SERVICES, INC. IS A SELF-SUPPORTING ENTERPRISE ESTABLISHED TO INCREASE, EXPAND AND IMPROVE SERVICE LEVELS AT STOCKTON UNIVERSITY. STOCKTON AFFILIATED SERVICES, INC. PROVIDES EFFECTIVE, EFFICIENT AND INNOVATIVE BUSINESS SOLUTIONS THAT ASSIST THE UNIVERSITY ACHIEVE ITS TEACHING, RESEARCH, SCHOLARSHIP, AND PUBLIC SERVICE MISSIONS WHILE IMPROVING OPERATING RESULTS AND THE FINANCIAL POSITION OF THE UNIVERSITY.

FORM 990, PART III, LINE 4D - OTH	ER PROGRAM SERVICES		ATTACHMENT 2	
DESCRIPTION		GRANTS	EXPENSES	REVENUE
OTHER ANCILLARY SERVICES		20,000.	438,275.	743,977.
	TOTALS	20,000.	438,275.	743,977.

ATTACHMENT 3

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

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
COMPASS GROUP 2400 YORKMONT ROAD CHARLOTTE, NC 28217	FOOD SERVICE MGMT	539,365.
STOUT'S CHARTER SERVICE, INC 20 IRVEN ST. TRENTON, NJ 08638	TRANSPORTATION	875,414.
B&B PARKING INC.	PARKING	378,029.

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

Name of the organization

STOCKTON AFFILIATED SERVICES, INC.

Employer identification number

94-3435466

ATTACHMENT 3 (CONT'D)

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

NAME AND ADDRESS

DESCRIPTION OF SERVICES

COMPENSATION

114 NEW YORK AVE ATLANTIC CITY, NJ 08401

ATTACHMENT 4

### FORM 990, PART IX - OTHER FEES

DESCRIPTION	(A) TOTAL FEES	(B) PROGRAM SERVICE EXP.	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING EXPENSES
FOOD SERVICE	9,546,992.	9,546,992.	0.	0.
CONTRACTED SERVICES	1,220,113.	1,191,587.	28,526.	0.
OTHER SERVICES	1,898.	1,898.	0.	0.
TOTALS	10,769,003.	10,740,477.	28,526.	0.

## 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.

Attach to Form 990.

Internal Revenue Service
Name of the organization

STOCKTON AFFILIATED SERVICES, INC.

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

OMB No. 1545-0047
2019
Open to Public

Inspection
Employer identification number

94-3435466

Part I	Identification of Disregarded Entities. Complete if the organization	answered "Yes" on	Form 990, Part I	V, line 33.		
	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)		_				
(2)				X	N.	
(3)						
(4)						
(5)			1		X	
(6)						

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization		(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b) controlled entity?		
						Yes	No	
(1) STOCKTON UNIVERSITY 22-2832788								
101 VERA KING FARRIS DRIVE GALLOWAY, NJ 08205	HIGHER EDU	NJ	501 (C) (3)	6	N/A	5	X	
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

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?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			country)		sections 312 - 314)			Yes	No	, s	Yes	No	
(1)													
		.5	r							, s	2 3		
(2)													
(3)													
(4)		N.											
(5)		S			8								
(6)		N			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?
	7	8	7				Yes No
(1)							
(2)	1	7					
(3)	1	7					
(4)	7	7					
(5)	<i>z</i>	7					
(6)	2						
(7)		7					

Schedule R (Form 990) 2019

Schedule R (	FOIII 930) 2019	rage
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.		Yes	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?			
	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	9 S	X
	Gift, grant, or capital contribution to related organization(s)	1b	X	
	Gift, grant, or capital contribution from related organization(s)	1c	X	
	Loans or loan guarantees to or for related organization(s)	1d		X
		1e	X	
-	Loans or loan guarantees by related organization(s)			
	Dividends from veletad exemination(s)	1f		Х
I	Dividends from related organization(s)		1	X
	Sale of assets to related organization(s)	1g		X
h	Purchase of assets from related organization(s)	1h		X
i	Exchange of assets with related organization(s)	1i		
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X
				2,8/50
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X
1	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)	1m		X
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
	Sharing of paid employees with related organization(s)	10	X	
	5-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1			
n	Reimbursement paid to related organization(s) for expenses	1p	X	
	Reimbursement paid by related organization(s) for expenses	1q	7.7	
ч	Relitibulisement paid by related organization(s) for expenses			
2	Other transfer of each or property to related ergonization(a)	1r		Х
	Other transfer of cash or property to related organization(s)	1s		X
2	Other transfer of cash or property from related organization(s)	7000	c	11
_	(a) (b) (c)	(d)	J.	

(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

# 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  Legal domicile (state or foreign country)		(d) Predominant income (related, unrelated, excluded from tax under	d 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	Dispro	(h) portionate cations?	amount in box 20 of Schedule K-1 (Form 1065)	Gene	(i) eral or aging tner?	(k) Percentage ownership
		-	sections 512-514)	Yes	No			Yes	No	(, 0,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Yes	No	
(1)													
(2)	9	2											
(3)		7						9			7		
(4)		2						7			7		8
(5)		2						17			7		8
(6)	4	3											
(7)		7						7					S
(8)		7						7			7		N
(9)		9									-7		A
(10)	4										7	· .	A
(11)		2						9					
(12)		7						7					
(13)		7						7			7		
(14)		7						- V			17		
(15)		2						7			-		8
(16)		7									7		8
NO.		į.									7		N

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.

Form **990-T** 

# Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e)) calendar year 2019 or other tax year beginning 07/01 2019 and and inc. 06/30 202

		For cale	ndar year 2019 or other tax year begin		·	·	0 <u>∠ ∪</u> .	<b>2019</b>
	tment of the Treasury al Revenue Service	<b>.</b> n.	► Go to www.irs.gov/Form990				\(a\)	Open to Public Inspection for
A	Check box if	► Do	not enter SSN numbers on this form a  Name of organization ( Check be		ne changed and see instructions			501(c)(3) Organizations Only over identification number
^ _	address changed		Traine or organization ( one or or	)X 11 11Q1	no onangou ana oco monacione	,		yees' trust, see instructions.)
B Exe	empt under section		STOCKTON AFFILIATED	SER	VICES, INC.			
	501( C )( 3 )	Print	Number, street, and room or suite no. I	94-3435466				
	408(e) 220(e)	or		E Unrelated business activity code				
	408A 530(a)	Type	101 VERA KING FARRIS		(See in	structions.)		
	529(a)		City or town, state or province, country	/, and 2	ZIP or foreign postal code			
	ok value of all assets			81				
at e	end of year	<b>F</b> Gro	up exemption number (See instructi	ons.)	<b>&gt;</b>			
	3,017,488.	<b>G</b> Che	ck organization type   X 501	(c) co	rporation 501(c)	trust	401(a)	trust Other trust
			nization's unrelated trades or busine	sses.	<b>▶</b> 1	Describe	the only	(or first) unrelated
tra	ade or business her	e ►PAR	RKING GARAGE		If only one, o	complete Parts I-	V. If more	e than one, describe the
fir	st in the blank spa	ce at the	end of the previous sentence, cor	nplete	Parts I and II, complete a So	chedule M for eac	h addition	nal
tra	ade or business, the	en comple	ete Parts III-V.					
	•		corporation a subsidiary in an affili	-		ontrolled group?		▶  Yes X No
			identifying number of the parent cor					1001
$\overline{}$			UNNIFER POTTER, VP A&F	AND		e number ► 60		
			or Business Income		(A) Income	(B) Expens	ses	(C) Net
1a	•		126,654.		126 654			
b	Less returns and allowa		c Balance ►	1c	126,654.			
2	~	•	ule A, line 7)	2	126,654.			126,654.
3			2 from line 1c	3	120,034.			120,034.
4a			ttach Schedule D)	4a 4b				
b			Part II, line 17) (attach Form 4797)	40 4c				
С 5			rusts r an S corporation (attach statement)	5				
6			ran S corporation (attach statement)	6				
7			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			lule J)	11				
12			tions; attach schedule)	12				
13	Total. Combine lii	nes 3 thr	ough 12	13	126,654.			126,654.
Par			Taken Elsewhere (See instr	uctio	ns for limitations on d	eductions.) ([	Deduction	ons must be directly
	connected	d with th	ne unrelated business incom	e.)				
14	Compensation of	officers,	directors, and trustees (Schedule K)				. 14	
15	Salaries and wage	es					15	
16	Repairs and main	tenance					. 16	
17								
18			(see instructions)					
19							. 19	
20			4562)					
21			on Schedule A and elsewhere on re				21b	
22								
23			compensation plans					
24 25			Schedule I)					
25 26			chedule J)					
27			chedule)					29,526.
28			s 14 through 27					29,526.
29			le income before net operating					97,128.
30			g loss arising in tax years beginnir					
31			e income. Subtract line 30 from line	-				97,128.
For F			lotice, see instructions.					Form <b>990-T</b> (2019)

Page 2

Par	t III Total Unrelated Business Taxable Income			
32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see			
	instructions)	32	97,3	128.
33	Amounts paid for disallowed fringes	33		
34	Charitable contributions (see instructions for limitation rules)	34		
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line			
•	34 from the sum of lines 32 and 33	35	97.	128.
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see	33		
30		20	97	128.
	instructions)	36		
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	t 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)	41		
42	Proxy tax. See instructions	42		
43	Alternative minimum tax (trusts only)	43		
44	Tax on Noncompliant Facility Income. See instructions			
45	<b>Total.</b> Add lines 42, 43, and 44 to line 40 or 41, whichever applies			
Par				
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)			
	Other credits (see instructions)	-		
		-		
	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	47		
48	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	48		
49	Total tax. Add lines 47 and 48 (see instructions)	49		0.
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			
	Tax deposited with Form 8868	1		
	Foreign organizations: Tax paid or withheld at source (see instructions)	1		
	Backup withholding (see instructions)	1		
	Credit for small employer health insurance premiums (attach Form 8941)	1		
	Other credits, adjustments, and payments: Form 2439	-		
y				
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	t VI Statements Regarding Certain Activities and Other Information (see instruction	ıs)		
57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or	other authorit	y Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization m	ay have to file	е	
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the	foreign countr	у	
	here ►			Х
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore	ign trust?		Х
-	If "Yes," see instructions for other forms the organization may have to file.			
59	Enter the amount of tax-exempt interest received or accrued during the tax year > \$			
<del>55</del>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the I	best of my knowledd	ge and bel	ief, it is
Sigi	true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	-		
Her		ay the IRS discu		
1161	5.13.2021	th the preparer ee instructions)? X		7
	Print/Type preparer's name Preparer's signature Date	e instructions) ? X	Yes	No
Paid	Chec	k L if   DO		, ,
_	RUSSLEE ARMSTRONG		028838	
	Firm's name GRANT THORNTON LLP	s EIN ► 36-60		
	Firm's address ▶ 2001 MARKET STREET, SUITE 700, PHILADELPHIA, PA 19103 Phon	<sub>e no.</sub> 215-561	4200	

Form 990-T (2019)								Page 3
Schedule A - Cost of G	oods Sold. E	nter metho	d of invent	ory valuation	<b>&gt;</b>			
1 Inventory at beginning of						ar	6	
2 Purchases						ld. Subtract line		
3 Cost of labor				6 from I	ine 5. Enter	here and in Part		
4a Additional section 263A of				I, line 2			7	
(attach schedule)	4a					section 263A (v		Yes No
<b>b</b> Other costs (attach sched						or acquired for		
5 Total. Add lines 1 through	· · / ·							
Schedule C - Rent Incom		Property a	nd Perso	nal Property	Leased V	Vith Real Prope	rty)	
(see instructions)	`					•	• /	
Description of property								
(1)								
(2)								
(3)								
(4)								
	2. Rent rece	ived or accru	ed					
(a) From personal property (if the				personal property	/ (if the	3(a) Deductions d	irectly connected wit	th the income
for personal property is more t	han 10% but not	percent	age of rent fo	or personal proper	ty exceeds	3(a) Deductions directly connected with the in columns 2(a) and 2(b) (attach sched		
more than 50%	)	50% o	r if the rent is	s based on profit o	r income)			
(1)								
(2)								
(3)								
(4)								
Total		Total						
(c) Total income. Add totals of a	volumns 2(a) and 2					(b) Total deduction		
here and on page 1, Part I, line (	` '	` '				Enter here and or Part I, line 6, colur		
Schedule E - Unrelated D			e instruct	ions)		1 411 1, 11110 0, 00141	(3)	
<u> </u>	obt i manoca	11001110 (0		,	3.	Deductions directly cor	nnected with or alloc	able to
1. Description of de	bt-financed property		1	income from or to debt-financed			nced property	
•		property		(a) Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)		
(1)					(	,	(333333	
(2)								
(3)								
(4)								
4. Amount of average	5. Average adju	ısted basis						
acquisition debt on or	of or allocation	able to		Column divided		income reportable	8. Allocable d (column 6 x tota	
allocable to debt-financed property (attach schedule)	debt-financed (attach sch		1	column 5	(colum	n 2 x column 6)	3(a) and	
(1)	(attaon oo	- Caulo,		%				
(2)								
					<del> </del>			
(3)				%				
(4)			1	%		re and on page 1	Enter here and	l on page 1
						re and on page 1, ne 7, column (A).	Part I, line 7, c	
				-		. , ,	, , ,	. ,
Totals								
Total dividends-received deduc	tions included in c	oiumn 8 👢 👢						

Page 4

Schedule F – Interest, Ann	uities, Royaltie			controlled Or			ions (se	e instructi	ons)		
Name of controlled organization	2. Employer identification numb	er :	3. Net unr	related income e instructions)	4. Total	of specified ents made	included	f column 4 the in the control ion's gross in	olling	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 instruc		9	. Total of specific payments made		include	t of column ed in the co ation's gros	ntrolling		Deductions directly inected with income in column 10	
(1)											
(2)											
(3)											
(4)							columns 5 a			dd columns 6 and 11.	
Totals	ncome of a Sec	ction 50	)1(c)(7	), (9), or (17		Part I	nere and on line 8, colu	mn (A).		er here and on page 1, rt I, line 8, column (B).	
1. Description of income	2. Amount of	income		3. Deduction directly cortain (attach sch	nected			t-asides schedule)		5. Total deductions and set-asides (col. 3 plus col. 4)	
(1)											
(2)											
(3)											
(4)	Enter here and Part I, line 9, c									Enter here and on page 1 Part I, line 9, column (B).	
Totals											
Schedule I-Exploited Exe	empt Activity In	come, (	Other T	han Adverti	sing Ir	ncome (s	ee instru	ctions)			
1. Description of exploited activity	2. Gross unrelated business income from trade or business	dir conne produ unr	penses rectly cted with uction of elated ss income	4. Net inconfrom unrelator business 2 minus collf a gain, colls. 5 thro	ed tradé (column umn 3). ompute	from ac	s income tivity that nrelated s income	<b>6.</b> Expe attributa colum	able to	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	ere and on 1, Part I, 1, col. (B).			I				Enter here and on page 1, Part II, line 25.	
Totals ► ► ► Schedule J- Advertising Ir	come (see instr	uctions)									
Part I Income From Per			Consc	olidated Bas	eie						
income From Fer	louicais Report	eu on a	COIIS		010			I			
1. Name of periodical	2. Gross advertising income		Direct sing costs	4. Adverting gain or (los 2 minus co a gain, co cols. 5 thro	ss) (col. ol. 3). If mpute		culation ome	6. Reade		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))											

## Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

advertising income	3. Direct advertising costs	gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	costs (column 6 minus column 5, but not more than column 4).
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.
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (A). line 11, col. (B).	Enter here and on page 1, Part I, line 11, col. (A).  Enter here and on page 1, Part I, line 11, col. (B).

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total Enter here and on page 1 Part II line 14			

ATTACHMENT 1

FORM 990T - PART II - LINE 27 - TOTAL OTHER DEDUCTIONS

CONTRACTED SERVICES (MGMT FEE) TAX PREPARATION FEES

28,526. 1,000.

PART II - LINE 27 - OTHER DEDUCTIONS

29,526.

# FORM 990-T: PART III - LINE 36 - PRIOR YEARS NET OPERATING LOSS DEDUCTION

LOSS YEAR ENDING	ORIGINAL LOSS	LOSS AVAILABLE IN CURRENT YEAR	LOSS CLAIMED IN CURRENT YEAR
06/30/2000 06/30/2001 06/30/2002 06/30/2003 06/30/2004 06/30/2005 06/30/2006 06/30/2007 06/30/2008 06/30/2009 06/30/2010 06/30/2011 06/30/2012	1,920,529.	139,295.	97,128.
06/30/2012 06/30/2013 06/30/2014 06/30/2015 06/30/2016 06/30/2017 06/30/2018	1,920,529.	139,293.	97,120.
TOTAL:	1,920,529.	139,295.	97,128.
	S AVAILABLE FROM PRINE 35 ON PAGE 2, 9	RIOR YEARS	. 139,295. 97,128.
	NET OPERATING LOSS	G DEDUCTION	. 97,128.

Stockton Affiliated Services, Inc.

Form 990-T

Year Ended: June 30, 2020

EIN: 94-3435466

## PRE 1/1/2018 NET OPERATING LOSS (NOL) CARRYOVER SCHEDULE:

TAX YEAR ENDING	TAXABLE INCOME	NOL INCURRED	NOL UTILIZED IN PRIOR YEARS	NOL UTILIZED IN CURRENT YEAR	LOSS CARRYOVER
6/30/2011		1,920,529	1,781,234	97,128	42,167
6/30/2012	1,730,931				
6/30/2013	8,500				
6/30/2014	8,500				
6/30/2015	8,500				
6/30/2016	8,600				
6/30/2017	7,699				
6/30/2018	7,699				
6/30/2019	805				
6/30/2020	97,128				

NOL CARRYOVER TO 6/30/2021

42,167

# POST 1/1/2018 NET OPERATING LOSS (NOL) CARRYOVER SCHEDULE FOR PARKING GARAGE:

TAX YEAR ENDING	TAXABLE INCOME	NOL INCURRED	NOL UTILIZED IN PRIOR YEARS	NOL UTILIZED IN CURRENT YEAR	LOSS CARRYOVER
6/30/2019	1,580				1,580
NOL CARRYO	VER TO 6/30/20	)21		_	1,580