

PUBLIC DISCLOSURE COPY

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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.

2022

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning JUL 1, 2022 and ending JUN 30, 2023

B Check if applicable: X Address change
C Name of organization: STONY BROOK FOUNDATION, INC.
D Employer identification number: 11-6077945
E Telephone number: (631) 632-6536
G Gross receipts \$: 383,606,179.
H(a) Is this a group return for subordinates?
H(b) Are all subordinates included?
I Tax-exempt status: X 501(c)(3)
J Website: WWW.STONYBROOK.EDU/FOUNDATION/
K Form of organization: X Corporation
L Year of formation: 1965
M State of legal domicile: NY

Part I Summary

Table with 3 main sections: Activities & Governance (lines 1-7), Revenue (lines 8-12), Expenses (lines 13-19), and Net Assets or Fund Balances (lines 20-22). Includes columns for Prior Year and Current Year.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of officer: KACY BULLARD, CFO & COO
Preparer: SCOTT THOMPSETT
Date: 5/8/2024
Firm: GRANT THORNTON LLP

May the IRS discuss this return with the preparer shown above? See instructions X Yes

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

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

| | | |
|--|---|--|
| Type or print | Name of exempt organization or other filer, see instructions. STONY BROOK FOUNDATION, INC. | Taxpayer identification number (TIN) 11-6077945 |
| File by the due date for filing your return. See instructions. | Number, street, and room or suite no. If a P.O. box, see instructions. 270 ADMINISTRATION | |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. STONY BROOK, NY 11794 | |

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

| Application Is For | Return Code | Application Is For | Return Code |
|--|-------------|-----------------------------------|-------------|
| Form 990 or Form 990-EZ | 01 | Form 1041-A | 08 |
| Form 4720 (individual) | 03 | Form 4720 (other than individual) | 09 |
| Form 990-PF | 04 | Form 5227 | 10 |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | 11 |
| Form 990-T (trust other than above) | 06 | Form 8870 | 12 |
| Form 990-T (corporation) | 07 | | |

DAVID SMITH

• The books are in the care of ▶ 270 ADMINISTRATION - STONY BROOK, NY 11794

Telephone No. ▶ 631-632-6536

Fax No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until MAY 15, 2024 , to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year _____ or
- ▶ tax year beginning JUL 1, 2022 , and ending JUN 30, 2023 .

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

| | | | |
|---|-----------|----|----|
| 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | 3a | \$ | 0. |
| b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | 3b | \$ | 0. |
| c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 3c | \$ | 0. |

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: THE STONY BROOK FOUNDATION, INC. IS A NOT-FOR-PROFIT, "NO MEMBER" CORPORATION ESTABLISHED IN 1965. SBF EXISTS TO ADVANCE THE MISSION AND GOALS OF SUNY STONY BROOK BY FACILITATING, ACCEPTING AND MANAGING PHILANTHROPIC GIFTS. (CONTINUED ON SCHEDULE O).

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [X] Yes [] No 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? [] Yes [X] No 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 \$ 18,516,513. including grants of \$ 9,840,573.) (Revenue \$ 1,897,113.) STONY BROOK FOUNDATION PROVIDED SUNY STONY BROOK FUNDS FOR VARIOUS INSTITUTIONAL SUPPORT, INCLUDING BUT NOT LIMITED TO: FUNDING CONSTRUCTION OF CUTTING-EDGE FACILITIES SUCH AS THE INDOOR TRAINING CENTER FOR ATHLETICS AS WELL AS SUBSTANTIAL RENOVATIONS OF THE CURRENT EXISTING STONY BROOK UNIVERSITY HOSPITAL, SUBSIDIZED FUNDING TO SUPPORT VARIOUS SUNY STONY BROOK STRATEGIC ACADEMIC INITIATIVES, AND STONY BROOK UNIVERSITY DEPARTMENTS SUCH AS MATHEMATICS, PHYSICS AND THE TURKANA BASIN INSTITUTE, AN ACADEMIC BASE FOR SCIENTIFIC RESEARCH AND TRAINING IN PALEONTOLOGY AND PALEOANTHROPOLOGY.

4b (Code:) (Expenses \$ 18,335,433. including grants of \$ 8,608,608.) (Revenue \$ 0.) STONY BROOK FOUNDATION PROVIDED FUNDING TO SUPPORT VARIOUS SUNY STONY BROOK ACADEMIC PROGRAMS, CENTERS AND INSTITUTES IN ORDER TO NURTURE ACADEMIC ACHIEVEMENT AMONG SUNY STONY BROOK STUDENTS AND FACULTY BY PROVIDING FUNDS TO ATTRACT AND RETAIN EXCEPTIONAL FACULTY THROUGH THE USE OF ENDOWED CHAIRS AND ENDOWED PROFESSORSHIPS, AID IN CURRICULUM ENHANCEMENT AS WELL AS EQUIP CLASSROOMS AND LABORATORIES WITH THE LATEST TECHNOLOGY.

4c (Code:) (Expenses \$ 5,320,056. including grants of \$ 1,646,589.) (Revenue \$ 0.) STONY BROOK FOUNDATION PROVIDED SUPPORT TO SUNY STONY BROOK IN ITS EFFORTS TO MAINTAIN THEIR REPUTATION AS A PUBLIC RESEARCH UNIVERSITY THAT THRIVES ON THE FOREFRONT OF DISCOVERY. AS SUCH, STONY BROOK FOUNDATION PROVIDES FUNDING TO SUPPORT VARIOUS AREAS OF RESEARCH INCLUDING: CANCER RESEARCH (STONY BROOK CANCER CENTER), ENVIRONMENTAL AND SUSTAINABILITY RESEARCH (SHINNECOCK BAY RESTORATION PROGRAM), CHEMICAL BIOLOGY RESEARCH, COMMUNICATION SCIENCE RESEARCH, TICK BORNE DISEASE RESEARCH WITHIN THE LABORATORY FOR COMPARATIVE MEDICINE, AND MANY OTHER VARIOUS RESEARCH EFFORTS.

4d Other program services (Describe on Schedule O.) (Expenses \$ 6,538,920. including grants of \$ 4,897,937.) (Revenue \$ 0.)

4e Total program service expenses 48,710,922.

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)? <i>If "Yes," complete Schedule A</i> | X | |
| 2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions | X | |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> | | X |
| 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> | X | |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i> | | X |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> | | X |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> | | X |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> | X | |
| 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> | X | |
| 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> | 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? <i>If "Yes," complete Schedule D, Part VI</i> | 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? <i>If "Yes," complete Schedule D, Part VII</i> | 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? <i>If "Yes," complete Schedule D, Part VIII</i> | | X |
| d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> | | X |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> | 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)? <i>If "Yes," complete Schedule D, Part X</i> | X | |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> | | X |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> | X | |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> | | X |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | | 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? <i>If "Yes," complete Schedule F, Parts I and IV</i> | 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? <i>If "Yes," complete Schedule F, Parts II and IV</i> | 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? <i>If "Yes," complete Schedule F, Parts III and IV</i> | | 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? <i>If "Yes," complete Schedule G, Part I.</i> See instructions | | 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? <i>If "Yes," complete Schedule G, Part II</i> | X | |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> | X | |
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | | X |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | | |
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> | X | |

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, tax-exempt bonds, and business transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V []

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee reporting, tax returns, unrelated business income, foreign accounts, prohibited transactions, and various organizational requirements.

Part VI 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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (24); 1b Enter the number of voting members included on line 1a, above, who are independent (21); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O (X).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
DAVID SMITH - 631-632-6536
270 ADMINISTRATION, STONY BROOK, NY 11794

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) MR. DAVID MARCUS CIO | 37.50 0.00 | | | X | | | | 434,155. | 0. | 172,721. |
| (2) DANIELLE HOLTON AVP, SBCH | 37.50 0.00 | | | | | X | | 258,417. | 0. | 102,765. |
| (3) CAROL GOMES CEO, COO OF SBUH | 1.00 0.00 | | | | | X | | 327,649. | 0. | 13,865. |
| (4) DEBORAH LOWEN-KLEIN SENIOR ASSOCIATE VP, ADVANCEMENT | 37.50 0.00 | | | | | X | | 239,006. | 0. | 95,046. |
| (5) KACY BULLARD CFO & COO | 37.50 0.00 | | | X | | | | 219,325. | 0. | 87,226. |
| (6) TARA STENZEL-FLEMING ED CORPORATE AND FR | 37.50 0.00 | | | | | X | | 195,738. | 0. | 77,839. |
| (7) KATHLEEN LE VINESS DIRECTOR OF DATA SERVICES | 37.50 0.00 | | | | | X | | 155,276. | 0. | 61,749. |
| (8) MR. JASON W. HSUEH FORMER CFO & COO | 37.50 0.00 | | | | | | X | 133,976. | 0. | 52,920. |
| (9) DR. MAURIE MCINNIS - SBU PRES. EX-OFFICIO TRUSTEE (VOTING) | 3.00 0.10 | X | | | | | | 135,000. | 0. | 20,250. |
| (10) JUSTIN FINCHER EXECUTIVE DIRECTOR | 37.50 0.00 | | | X | | | | 47,500. | 0. | 7,125. |
| (11) MR. RICHARD L. GELFOND TRUSTEE, CHAIR | 4.00 0.10 | X | | X | | | | 0. | 0. | 0. |
| (12) MR. DAVID E. ACKER TRUSTEE, VICE CHAIR | 1.00 0.00 | X | | X | | | | 0. | 0. | 0. |
| (13) DR. LAURIE LANDEAU TRUSTEE, VICE CHAIR | 1.00 0.00 | X | | X | | | | 0. | 0. | 0. |
| (14) DR. JAMES H. SIMONS TRUSTEE, CHAIR EMERITUS | 1.00 0.00 | X | | X | | | | 0. | 0. | 0. |
| (15) MR. CARY F. STALLER TRUSTEE, SECRETARY | 1.00 1.00 | X | | X | | | | 0. | 0. | 0. |
| (16) DR. NANCY RAUCH DOUZINAS TRUSTEE, TREASURER | 1.00 0.00 | X | | X | | | | 0. | 0. | 0. |
| (17) DR. ASHVIN B. CHHABRA TRUSTEE | 0.50 0.00 | X | | | | | | 0. | 0. | 0. |

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (18) MR. ERROL A. COCKFIELD TRUSTEE | 0.50 0.00 | X | | | | | | 0. | 0. | 0. |
| (19) DR. BARRY S. COLLER TRUSTEE | 0.50 0.00 | X | | | | | | 0. | 0. | 0. |
| (20) DR. STEPHEN DELLA PIETRA TRUSTEE (AS OF 12/2022) | 0.50 0.00 | X | | | | | | 0. | 0. | 0. |
| (21) DR. VINCENT DELLA PIETRA TRUSTEE (AS OF 12/2022) | 0.50 0.00 | X | | | | | | 0. | 0. | 0. |
| (22) MR. GUY-MAX DELPHIN TRUSTEE | 0.50 0.10 | X | | | | | | 0. | 0. | 0. |
| (23) MR. BARRY M. FOX, ESQ. TRUSTEE | 0.50 0.10 | X | | | | | | 0. | 0. | 0. |
| (24) MR. STUART D. GOLDSTEIN TRUSTEE | 0.50 0.10 | X | | | | | | 0. | 0. | 0. |
| (25) MR. WILLIAM L. KNAPP TRUSTEE | 0.50 0.00 | X | | | | | | 0. | 0. | 0. |
| (26) DR. HENRY B. LAUFER TRUSTEE | 0.50 0.00 | X | | | | | | 0. | 0. | 0. |
| 1b Subtotal | | | | | | | | 2,146,042. | 0. | 691,506. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 0. | 0. | 0. |
| d Total (add lines 1b and 1c) | | | | | | | | 2,146,042. | 0. | 691,506. |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 13

| | Yes | No |
|--|-----|----|
| 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | X | |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> | X | |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> | X | |

Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|--------------------------------|---------------------|
| INVESTMENT MANAGER C/O SBF 270 ADMINISTRATION, STONY BROOK, NY 11794 | INVESTMENT MGMT | 1,169,556. |
| INVESTMENT MANAGER C/O SBF 270 ADMINISTRATION, STONY BROOK, NY 11794 | INVESTMENT MGMT | 1,113,688. |
| INVESTMENT MANAGER C/O SBF 270 ADMINISTRATION, STONY BROOK, NY 11794 | INVESTMENT MGMT | 980,000. |
| INVESTMENT MANAGER C/O SBF 270 ADMINISTRATION, STONY BROOK, NY 11794 | INVESTMENT MGMT | 406,419. |
| INVESTMENT MANAGER C/O SBF 270 ADMINISTRATION, STONY BROOK, NY 11794 | INVESTMENT MGMT | 291,066. |
| 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization | | 19 |

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

| | | | | (A) | (B) | (C) | (D) | |
|--|---|--|----------------------|---------------|------------------------------------|----------------------------|--|--|
| | | | | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 | |
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a | Federated campaigns | 1a | | | | | |
| | b | Membership dues | 1b | | | | | |
| | c | Fundraising events | 1c | 2,675,873. | | | | |
| | d | Related organizations | 1d | | | | | |
| | e | Government grants (contributions) | 1e | | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above ... | 1f | 58,519,481. | | | | |
| | g | Noncash contributions included in lines 1a-1f | 1g | \$ 1,108,069. | | | | |
| | h | Total. Add lines 1a-1f | | 61,195,354. | | | | |
| Program Service Revenue | 2 a | CONTRACTUAL AGENCY FEE | Business Code | 711300 | 1,897,113. | 1,897,113. | | |
| | b | | | | | | | |
| | c | | | | | | | |
| | d | | | | | | | |
| | e | | | | | | | |
| | f | All other program service revenue | | | | | | |
| | g | Total. Add lines 2a-2f | | | 1,897,113. | | | |
| Other Revenue | 3 | Investment income (including dividends, interest, and other similar amounts) | | 5,276,097. | | -239,047. | 5,515,144. | |
| | 4 | Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 | Royalties | | 7,888. | | | 7,888. | |
| | 6 a | Gross rents | (i) Real | 58,256. | | | | |
| | | | (ii) Personal | | | | | |
| | | | | | | | | |
| | b | Less: rental expenses ... | 6b | 0. | | | | |
| | c | Rental income or (loss) | 6c | 58,256. | | | | |
| | d | Net rental income or (loss) | | 58,256. | | | 58,256. | |
| | 7 a | Gross amount from sales of assets other than inventory | (i) Securities | 13,419,204. | 35,400. | | | |
| | | | (ii) Other | | | | | |
| | | | | | | | | |
| | b | Less: cost or other basis and sales expenses | 7b | 302,784,714. | 0. | | | |
| | c | Gain or (loss) | 7c | 10,634,490. | 35,400. | | | |
| | d | Net gain or (loss) | | 10,669,890. | | | 10,669,890. | |
| 8 a | Gross income from fundraising events (not including \$ 2,675,873. of contributions reported on line 1c). See Part IV, line 18 | | 374,445. | | | | | |
| | | 8a | | | | | | |
| b | Less: direct expenses | 8b | 1,339,492. | | | | | |
| c | Net income or (loss) from fundraising events | | -965,047. | | | -965,047. | | |
| 9 a | Gross income from gaming activities. See Part IV, line 19 | | 21,964. | | | | | |
| | | 9a | | | | | | |
| b | Less: direct expenses | 9b | 1,714. | | | | | |
| c | Net income or (loss) from gaming activities | | 20,250. | | | 20,250. | | |
| 10 a | Gross sales of inventory, less returns and allowances | | 13,226. | | | | | |
| | | 10a | | | | | | |
| b | Less: cost of goods sold | 10b | 5,713. | | | | | |
| c | Net income or (loss) from sales of inventory | | 7,513. | | | 7,513. | | |
| Miscellaneous Revenue | 11 a | CONTRACTED SERVICES | Business Code | 900099 | 1,230,728. | | 1,230,728. | |
| | b | PKH MUSEUM ADMISSIONS | | 900099 | 66,786. | 66,786. | | |
| | c | MISCELLANEOUS REVENUE | | 900099 | 9,718. | | 9,718. | |
| | d | All other revenue | | | | | | |
| | e | Total. Add lines 11a-11d | | | 1,307,232. | | | |
| 12 | Total revenue. See instructions | | | 79,474,546. | 1,963,899. | -239,047. | 16,554,340. | |

Part IX Statement of Functional Expenses

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

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

| Do not include amounts reported on lines 6b, 7b, 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 | 18,224,943. | 18,224,943. | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | 4,348,725. | 4,348,725. | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | 2,420,039. | 2,420,039. | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 1,186,022. | 648,612. | 280,070. | 257,340. |
| 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 8,484,454. | 4,639,980. | 2,003,540. | 1,840,934. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | | | | |
| 9 Other employee benefits | 3,113,016. | 1,360,262. | 913,444. | 839,310. |
| 10 Payroll taxes | 137,424. | 137,424. | | |
| 11 Fees for services (nonemployees): | | | | |
| a Management | 5,172,720. | 5,172,720. | | |
| b Legal | 48,353. | 20,490. | 27,863. | |
| c Accounting | 218,476. | | 218,476. | |
| d Lobbying | 43,950. | 43,950. | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | 6,496,117. | | 6,496,117. | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) | 2,704,550. | 1,607,344. | 40,028. | 1,057,178. |
| 12 Advertising and promotion | 689,027. | 573,359. | | 115,668. |
| 13 Office expenses | 1,262,890. | 1,048,314. | 21,605. | 192,971. |
| 14 Information technology | 1,074,201. | 520,514. | 37,139. | 516,548. |
| 15 Royalties | | | | |
| 16 Occupancy | 1,074,295. | 959,975. | 100,000. | 14,320. |
| 17 Travel | 2,146,646. | 2,027,343. | 3,109. | 116,194. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 2,126,424. | 1,961,628. | 21,530. | 143,266. |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 238,849. | 226,906. | 11,943. | |
| 23 Insurance | 194,240. | 88,386. | 105,545. | 309. |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) | | | | |
| a REPAIRS & MAINTENANCE | 2,024,861. | 2,022,324. | 1,950. | 587. |
| b PAYROLL SERVICE FEES | 583,719. | 289,257. | 153,458. | 141,004. |
| c HONORARIUMS | 191,912. | 191,912. | | |
| d COMMENCEMENT FEES | 118,272. | 116,893. | | 1,379. |
| e All other expenses | 153,481. | 59,622. | 13,542. | 80,317. |
| 25 Total functional expenses. Add lines 1 through 24e | 64,477,606. | 48,710,922. | 10,449,359. | 5,317,325. |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) | | | | |

Part X Balance Sheet

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

| | | (A) | | (B) |
|---|--|------------------------|--------------|------------------------|
| | | Beginning of year | | End of year |
| Assets | 1 Cash - non-interest-bearing | 51,255,481. | 1 | 66,240,071. |
| | 2 Savings and temporary cash investments | 102,217,240. | 2 | 54,097,599. |
| | 3 Pledges and grants receivable, net | 144,140,784. | 3 | 135,058,298. |
| | 4 Accounts receivable, net | 295,159. | 4 | 387,117. |
| | 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 5 | |
| | 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) | | 6 | |
| | 7 Notes and loans receivable, net | 68,434. | 7 | 68,434. |
| | 8 Inventories for sale or use | 21,013. | 8 | 19,295. |
| | 9 Prepaid expenses and deferred charges | 477,919. | 9 | 316,519. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 15,471,527. | | |
| | b Less: accumulated depreciation | 10b 4,516,414. | 11,187,915. | 10c 10,955,113. |
| | 11 Investments - publicly traded securities | 96,611,646. | 11 | 156,648,684. |
| | 12 Investments - other securities. See Part IV, line 11 | 396,173,831. | 12 | 434,849,297. |
| | 13 Investments - program-related. See Part IV, line 11 | 2,807,754. | 13 | 2,762,047. |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets. See Part IV, line 11 | 0. | 15 | 1,241,291. |
| 16 Total assets. Add lines 1 through 15 (must equal line 33) | 805,257,176. | 16 | 862,643,765. | |
| Liabilities | 17 Accounts payable and accrued expenses | 10,557,193. | 17 | 9,237,279. |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | 44,912. | 19 | 105,114. |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | 66,901,428. | 21 | 92,195,567. |
| | 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 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 | 546,494. | 25 | 1,595,444. |
| | 26 Total liabilities. Add lines 17 through 25 | 78,050,027. | 26 | 103,133,404. |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | | |
| | 27 Net assets without donor restrictions | 57,287,052. | 27 | 64,216,023. |
| | 28 Net assets with donor restrictions | 669,920,097. | 28 | 695,294,338. |
| | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. | | | |
| | 29 Capital stock or trust principal, or current funds | | 29 | |
| | 30 Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| | 31 Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| | 32 Total net assets or fund balances | 727,207,149. | 32 | 759,510,361. |
| | 33 Total liabilities and net assets/fund balances | 805,257,176. | 33 | 862,643,765. |

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 | 79,474,546. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 64,477,606. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 14,996,940. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 727,207,149. |
| 5 | Net unrealized gains (losses) on investments | 5 | 17,306,272. |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain 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 | 759,510,361. |

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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | X |
| b | Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | X | |
| c | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. | X | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____ | | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____ | | |

Form 990 (2022)

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
|--|-------------|-------------|-------------|--------------|-------------|--------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 65,217,329. | 54,558,793. | 95,728,137. | 116,237,582. | 61,195,354. | 392,937,195. |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | 65,217,329. | 54,558,793. | 95,728,137. | 116,237,582. | 61,195,354. | 392,937,195. |
| 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) | | | | | | 158,744,632. |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 234,192,563. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
|---|-------------|-------------|-------------|--------------|-------------|--------------------------|
| 7 Amounts from line 4 | 65,217,329. | 54,558,793. | 95,728,137. | 116,237,582. | 61,195,354. | 392,937,195. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 2,084,723. | 1,749,850. | 761,711. | 473,264. | 5,581,288. | 10,650,836. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | 0. | 0. | 181,658. | 53,733. | 0. | 235,391. |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | 966,343. | 1,279,720. | 939,755. | 1,654,071. | 1,650,081. | 6,489,970. |
| 11 Total support. Add lines 7 through 10 | | | | | | 410,313,392. |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 8,393,997. |
| 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|-------------------------------------|
| 14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) | 14 | 57.08 % |
| 15 Public support percentage from 2021 Schedule A, Part II, line 14 | 15 | 52.33 % |
| 16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input checked="" type="checkbox"/> |
| b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | <input type="checkbox"/> |

Part III Support Schedule for 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.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|---|
| 15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2021 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|---|
| 17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2021 Schedule A, Part III, line 17 | 18 | % |

19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

| | Yes | No |
|--|-----|----|
| 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i> | | |
| 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i> | | |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i> | | |
| 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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i> | | |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i> | | |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i> | | |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i> | | |
| c 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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i> | | |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> | | |
| 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? | | |
| c Substitutions only. Was the substitution the result of an event beyond the organization's control? | | |
| 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? <i>If "Yes," provide detail in Part VI.</i> | | |
| 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i> | | |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i> | | |
| 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))? <i>If "Yes," provide detail in Part VI.</i> | | |
| b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| 10a 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)? <i>If "Yes," answer line 10b below.</i> | | |
| b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i> | | |

Part IV Supporting Organizations (continued)

| | Yes | No |
|--|-----|----|
| 11 Has the organization accepted a gift or contribution from any of the following persons? | | |
| a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? | | |
| b A family member of a person described on line 11a above? | | |
| c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i> | | |
| 11a | | |
| 11b | | |
| 11c | | |

Section B. Type I Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i> | | |
| 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i> | | |
| 1 | | |
| 2 | | |

Section 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)? <i>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).</i> | | |
| 1 | | |

Section D. All Type III Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the 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? | | |
| 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i> | | |
| 3 By reason of the relationship described on line 2, above, 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i> | | |
| 1 | | |
| 2 | | |
| 3 | | |

Section 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 instructions). | | | |
| a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions). | | | |
| 2 Activities Test. Answer lines 2a and 2b below. | | | |
| a 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? <i>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.</i> | | | |
| b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i> | | | |
| 3 Parent of Supported Organizations. Answer lines 3a and 3b below. | | | |
| a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i> | | | |
| b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i> | | | |
| 2a | | | |
| 2b | | | |
| 3a | | | |
| 3b | | | |

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions.
 All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|---------------------------------|--|----------------|-----------------------------|
| 1 | Net short-term capital gain | 1 | |
| 2 | Recoveries of prior-year distributions | 2 | |
| 3 | Other gross income (see instructions) | 3 | |
| 4 | Add lines 1 through 3. | 4 | |
| 5 | Depreciation and depletion | 5 | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | |
| 7 | Other expenses (see instructions) | 7 | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | |

| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
|----------------------------------|---|----------------|-----------------------------|
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>): | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | |
| 3 | Subtract line 2 from line 1d. | 3 | |
| 4 | Cash deemed held for exempt use. Enter 0.015 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 0.035. | 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 0.85 of line 1. | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | |
| 4 | Enter greater of line 2 or line 3. | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 | |
| 7 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). | | |

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

| Section D - Distributions | | Current Year |
|----------------------------------|---|---------------------|
| 1 | Amounts paid to supported organizations to accomplish exempt purposes | 1 |
| 2 | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | 2 |
| 3 | Administrative expenses paid to accomplish exempt purposes of supported organizations | 3 |
| 4 | Amounts paid to acquire exempt-use assets | 4 |
| 5 | Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>) | 5 |
| 6 | Other distributions (<i>describe in Part VI</i>). See instructions. | 6 |
| 7 | Total annual distributions. Add lines 1 through 6. | 7 |
| 8 | Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions. | 8 |
| 9 | Distributable amount for 2022 from Section C, line 6 | 9 |
| 10 | Line 8 amount divided by line 9 amount | 10 |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2022 | (iii) Distributable Amount for 2022 |
|--|-------------------------------------|---|--|
| 1 Distributable amount for 2022 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i>). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2022 | | | |
| a From 2017 | | | |
| b From 2018 | | | |
| c From 2019 | | | |
| d From 2020 | | | |
| e From 2021 | | | |
| f Total of lines 3a through 3e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2022 distributable amount | | | |
| i Carryover from 2017 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | |
| 4 Distributions for 2022 from Section D, line 7: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2022 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from line 4. | | | |
| 5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions. | | | |
| 6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions. | | | |
| 7 Excess distributions carryover to 2023. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2018 | | | |
| b Excess from 2019 | | | |
| c Excess from 2020 | | | |
| d Excess from 2021 | | | |
| e Excess from 2022 | | | |

Schedule A (Form 990) 2022

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

GROSS INCOME FROM FUNDRAISING

2018 AMOUNT: \$ 288,424.

2019 AMOUNT: \$ 148,146.

2020 AMOUNT: \$ 0.

2021 AMOUNT: \$ 471,275.

2022 AMOUNT: \$ 374,445.

GROSS INCOME FROM GAMING

2018 AMOUNT: \$ 28,550.

2019 AMOUNT: \$ 29,705.

2020 AMOUNT: \$ 0.

2021 AMOUNT: \$ 21,964.

2022 AMOUNT: \$ 21,964.

CONTRACTED SERVICES

2018 AMOUNT: \$ 561,093.

2019 AMOUNT: \$ 762,593.

2020 AMOUNT: \$ 898,856.

2021 AMOUNT: \$ 1,136,594.

2022 AMOUNT: \$ 1,230,728.

GROSS SALES OF INVENTORY

2018 AMOUNT: \$ 27,585.

2019 AMOUNT: \$ 18,169.

2020 AMOUNT: \$ 12,887.

2021 AMOUNT: \$ 21,340.

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.)

2022 AMOUNT: \$ 13,226.

MISCELLANEOUS

2018 AMOUNT: \$ 60,691.

2019 AMOUNT: \$ 321,107.

2020 AMOUNT: \$ 28,012.

2021 AMOUNT: \$ 2,898.

2022 AMOUNT: \$ 9,718.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Name of the organization

STONY BROOK FOUNDATION, INC.

Employer identification number

11-6077945

Organization type (check one):

Filers of:

Section:

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), 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 (entering "N/A" in column (b) instead of the contributor name and address), 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 totaling \$5,000 or more during the year \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

| | |
|--|--|
| Name of organization STONY BROOK FOUNDATION, INC. | Employer identification number 11-6077945 |
|--|--|

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 1 | <hr/> <hr/> <hr/> | \$ 5,765,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | <hr/> <hr/> <hr/> | \$ 5,134,686. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | <hr/> <hr/> <hr/> | \$ 4,842,055. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 4 | <hr/> <hr/> <hr/> | \$ 4,000,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 5 | <hr/> <hr/> <hr/> | \$ 3,809,671. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 6 | <hr/> <hr/> <hr/> | \$ 3,014,860. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|--|--|
| Name of organization STONY BROOK FOUNDATION, INC. | Employer identification number 11-6077945 |
|--|--|

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 7 | <hr/> <hr/> <hr/> | \$ 3,000,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 8 | <hr/> <hr/> <hr/> | \$ 2,000,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 9 | <hr/> <hr/> <hr/> | \$ 2,000,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 10 | <hr/> <hr/> <hr/> | \$ 1,812,033. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 11 | <hr/> <hr/> <hr/> | \$ 1,633,897. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 12 | <hr/> <hr/> <hr/> | \$ 1,619,112. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|--|--|
| Name of organization STONY BROOK FOUNDATION, INC. | Employer identification number 11-6077945 |
|--|--|

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 13 | <hr/> <hr/> <hr/> | \$ 1,375,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 14 | <hr/> <hr/> <hr/> | \$ 1,266,387. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | <hr/> <hr/> <hr/> | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | <hr/> <hr/> <hr/> | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | <hr/> <hr/> <hr/> | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | <hr/> <hr/> <hr/> | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|--|--|
| Name of organization STONY BROOK FOUNDATION, INC. | Employer identification number 11-6077945 |
|--|--|

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

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

| | |
|--|--|
| Name of organization STONY BROOK FOUNDATION, INC. | Employer identification number 11-6077945 |
|--|--|

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---|---------------------|--|-------------------------------------|
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

| | |
|---|---|
| Name of organization <p style="text-align: center;">STONY BROOK FOUNDATION, INC.</p> | Employer identification number <p style="text-align: center;">11-6077945</p> |
|---|---|

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures \$ _____
- 3 Volunteer hours for political campaign activities _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0-. | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-. |
|----------|-------------|---------|---|--|
| | | | | |
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For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. **Schedule C (Form 990) 2022**

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

| Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) | | (a) Filing organization's totals | (b) Affiliated group totals | | | | | | | | | | | | |
|--|---|---|--|--------------------|-------------------------------|---|--|---|--|--|---|-------------------|--------------|--|--|
| 1a | Total lobbying expenditures to influence public opinion (grassroots lobbying) | | | | | | | | | | | | | | |
| b | Total lobbying expenditures to influence a legislative body (direct lobbying) | 43,950. | | | | | | | | | | | | | |
| c | Total lobbying expenditures (add lines 1a and 1b) | 43,950. | | | | | | | | | | | | | |
| d | Other exempt purpose expenditures | 64,408,053. | | | | | | | | | | | | | |
| e | Total exempt purpose expenditures (add lines 1c and 1d) | 64,452,003. | | | | | | | | | | | | | |
| f | Lobbying nontaxable amount. Enter the amount from the following table in both columns. | 1,000,000. | | | | | | | | | | | | | |
| <table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table> | | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e. | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | Over \$17,000,000 | \$1,000,000. | | |
| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | | | | | | | | | | | | | | |
| Not over \$500,000 | 20% of the amount on line 1e. | | | | | | | | | | | | | | |
| Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | | | | | | | | | | | | | | |
| Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | | | | | | | | | | | | | | |
| Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | | | | | | | | | | | | | | |
| Over \$17,000,000 | \$1,000,000. | | | | | | | | | | | | | | |
| g | Grassroots nontaxable amount (enter 25% of line 1f) | 250,000. | | | | | | | | | | | | | |
| h | Subtract line 1g from line 1a. If zero or less, enter -0- | 0. | | | | | | | | | | | | | |
| i | Subtract line 1f from line 1c. If zero or less, enter -0- | 0. | | | | | | | | | | | | | |
| j | If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | |

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

| Lobbying Expenditures During 4-Year Averaging Period | | | | | |
|---|------------|------------|------------|------------|------------|
| Calendar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) Total |
| 2a Lobbying nontaxable amount | 1,000,000. | 1,000,000. | 1,000,000. | 1,000,000. | 4,000,000. |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | 6,000,000. |
| c Total lobbying expenditures | 60,000. | 83,700. | 75,000. | 43,950. | 262,650. |
| d Grassroots nontaxable amount | 250,000. | 250,000. | 250,000. | 250,000. | 1,000,000. |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | 1,500,000. |
| f Grassroots lobbying expenditures | | | | | |

Schedule C (Form 990) 2022

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

| For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity. | (a) | | (b) |
|---|-----|----|--------|
| | Yes | No | Amount |
| 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: | | | |
| a Volunteers? | | | |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .. | | | |
| c Media advertisements? | | | |
| d Mailings to members, legislators, or the public? | | | |
| e Publications, or published or broadcast statements? | | | |
| f Grants to other organizations for lobbying purposes? | | | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body? | | | |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | | |
| i Other activities? | | | |
| j Total. Add lines 1c through 1i | | | |
| 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | | |
| b If "Yes," enter the amount of any tax incurred under section 4912 | | | |
| c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | |
| d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | |

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

| | Yes | No |
|--|----------|----|
| 1 Were substantially all (90% or more) dues received nondeductible by members? | 1 | |
| 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? | 2 | |
| 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? | 3 | |

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

| | | |
|--|-----------|--|
| 1 Dues, assessments and similar amounts from members | 1 | |
| 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). | | |
| a Current year | 2a | |
| b Carryover from last year | 2b | |
| c Total | 2c | |
| 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | 3 | |
| 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year? | 4 | |
| 5 Taxable amount of lobbying and political expenditures. See instructions | 5 | |

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE C, PART II-A, LINE 1(B)

THE FOUNDATION DOES NOT ENGAGE IN ANY DIRECT LOBBYING ACTIVITY ITSELF; THE

FOUNDATION HIRES AN OUTSIDE LOBBYING CONSULTANT TO ADVOCATE ON BEHALF OF

EDUCATIONAL AND BUDGET ISSUES IMPACTING STONY BROOK UNIVERSITY.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

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

2022

Open to Public
Inspection

Name of the organization **STONY BROOK FOUNDATION, INC.** Employer identification number **11-6077945**

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

| | (a) Donor advised funds | (b) Funds and other accounts |
|---|------------------------------|------------------------------|
| 1 Total number at end of year | | |
| 2 Aggregate value of contributions to (during year) | | |
| 3 Aggregate value of grants from (during year) | | |
| 4 Aggregate value at end of year | | |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation 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 held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

| | Held at the End of the Tax Year |
|---|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after July 25,2006, and not on a historic structure listed in the National Register | 2d |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year _____

4 Number of states where property subject to conservation easement is located _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2022

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 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 assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV 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? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b 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.

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | 370,323,490. | 366,699,386. | 279,331,275. | 265,806,703. | 244,955,670. |
| b Contributions | 21,210,376. | 24,419,420. | 27,463,817. | 21,065,306. | 17,716,212. |
| c Net investment earnings, gains, and losses | 15,752,094. | -10,171,718. | 69,845,141. | 3,751,752. | 22,532,062. |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | 12,709,072. | 8,389,238. | 7,998,445. | 9,656,291. | 11,988,894. |
| f Administrative expenses | 2,438,102. | 2,234,360. | 1,942,402. | 1,636,195. | 7,408,347. |
| g End of year balance | 392,138,786. | 370,323,490. | 366,699,386. | 279,331,275. | 265,806,703. |

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 8.5900 %
 - b Permanent endowment 62.7500 %
 - c Term endowment 28.6600 %
- 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:
- | | Yes | No |
|---|-----|-------------------------------------|
| (i) Unrelated organizations | | <input checked="" type="checkbox"/> |
| (ii) Related organizations | | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 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 (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | 1,064,254. | | 1,064,254. |
| b Buildings | | 6,804,608. | 3,934,364. | 2,870,244. |
| c Leasehold improvements | | 390,090. | 390,090. | 0. |
| d Equipment | | 233,548. | 191,960. | 41,588. |
| e Other | | 6,979,027. | | 6,979,027. |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 10,955,113. |

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) Financial derivatives | | |
| (2) Closely held equity interests | | |
| (3) Other | | |
| (A) PRIVATE EQUITY FUNDS | 152,386,464. | END-OF-YEAR MARKET VALUE |
| (B) US EQUITY FUNDS | 137,469,930. | END-OF-YEAR MARKET VALUE |
| (C) MULTI-STRATEGY FUNDS | 108,185,391. | END-OF-YEAR MARKET VALUE |
| (D) GLOBAL EQUITY FUNDS | 36,070,613. | END-OF-YEAR MARKET VALUE |
| (E) DIVERSIFIED FIXED-INCOME FUNDS | 636,899. | END-OF-YEAR MARKET VALUE |
| (F) INV. IN SBHC PRIVATE EQUITY IV, LLC | 100,000. | END-OF-YEAR MARKET VALUE |
| (G) | | |
| (H) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | 434,849,297. | |

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) | | |

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description | (b) Book value |
|---|----------------|
| (1) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) | |

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability | (b) Book value |
|---|----------------|
| (1) Federal income taxes | |
| (2) ANNUITIES PAYABLE | 354,153. |
| (3) OPERATING LEASE LIABILITY | 1,241,291. |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) | 1,595,444. |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

Part XI 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 | Total revenue, gains, and other support per audited financial statements | | 1 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a | Net unrealized gains (losses) on investments | 2a | |
| b | Donated services and use of facilities | 2b | |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIII.) | 2d | |
| e | Add lines 2a through 2d | | 2e |
| 3 | Subtract line 2e from line 1 | | 3 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIII.) | 4b | |
| c | Add lines 4a and 4b | | 4c |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.) | | 5 |

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

| | | | |
|----------|---|-----------|-----------|
| 1 | Total expenses and losses per audited financial statements | | 1 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| a | Donated services and use of facilities | 2a | |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIII.) | 2d | |
| e | Add lines 2a through 2d | | 2e |
| 3 | Subtract line 2e from line 1 | | 3 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIII.) | 4b | |
| c | Add lines 4a and 4b | | 4c |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | | 5 |

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART III, LINE 4:

ORGANIZATIONS COLLECTIONS OF ART, HISTORICAL TREASURES OR OTHER ASSETS

THE FOUNDATION OWNS THE POLLOCK-KRASNER HOUSE AND STUDY CENTER. THE CENTER

OPERATES AS A MUSEUM AND LIBRARY. THE EXTENSIVE RESEARCH COLLECTIONS

DEVELOPED AT THE CENTER ATTRACT SCHOLARS, STUDENTS AND RESEARCHERS FROM

AROUND THE WORLD. THE UNITED STATES DEPARTMENT OF THE INTERIOR HAS

DESIGNATED IT AS A NATIONAL HISTORIC LANDMARK. THE FOUNDATION ALSO OWNS

VARIOUS BOOKS, PHOTOGRAPHS, JOURNAL COLLECTIONS, AND FINE ARTS USED TO

FURTHER THE MISSION OF SUNY STONY BROOK BY NURTURING ACADEMIC INSTRUCTION,

RESEARCH, LIBRARY AND PUBLIC SERVICE.

PART IV, LINE 2B:

Part XIII Supplemental Information (continued)

ESCROW AND CUSTODIAL ARRANGEMENTS

THE FOUNDATION HOLDS FUNDS AS A TRUSTEE/DISBURSING AGENT FOR AUXILIARY AGENCIES OF STONY BROOK UNIVERSITY, WHICH AMOUNTED TO \$92,195,567 AS OF JUNE 30, 2023. THE FOUNDATION CHARGES FEES TO THESE AGENCIES FOR ADMINISTRATIVE COSTS, WHICH AMOUNTED TO \$1,897,113 FOR FISCAL YEAR 2023, WHICH IS INCLUDED AS PROGRAMMATIC REVENUE ON FORM 990, PART VIII, LINE 2(A).

PART V, LINE 4:

ENDOWMENT FUNDS

THE FOUNDATION'S ENDOWMENT IS INTENDED TO SUBSIDIZE ITS CHARITABLE MISSION OF SUPPORTING STONY BROOK UNIVERSITY'S EDUCATIONAL PROGRAMS. ALTHOUGH THE FOUNDATION'S ADOPTED POLICIES ALLOW FOR THE APPROPRIATION FOR EXPENDITURE OF THE PRINCIPAL OF ENDOWMENT FUNDS IN CERTAIN CASES WHERE DOING SO IS DEEMED PRUDENT, THE FOUNDATION GENERALLY LEAVES THE ENDOWMENT ASSETS UNTOUCHED, WHILE USING INVESTMENT INCOME TO FUND VARIOUS CHARITABLE PROGRAMS AND INITIATIVES.

PART X, LINE 2:

THE FOUNDATION AND SBFR FOLLOW GUIDANCE THAT CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN, INCLUDING ISSUES RELATING TO FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT. THIS GUIDANCE PROVIDES THAT THE TAX EFFECTS FROM AN UNCERTAIN TAX POSITION CAN ONLY BE RECOGNIZED IN THE FINANCIAL STATEMENTS IF THE POSITION IS MORE-LIKELY-THAN-NOT 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.

Part XIII Supplemental Information (continued)

THE FOUNDATION AND SBFR ARE EXEMPT FROM FEDERAL INCOME TAX UNDER INTERNAL REVENUE CODE ("IRC") SECTION 501(C)(3), THOUGH BOTH ARE SUBJECT TO TAX ON INCOME UNRELATED TO ITS EXEMPT PURPOSE, UNLESS THAT INCOME IS OTHERWISE EXCLUDED BY THE IRC. BOTH THE FOUNDATION AND SFBR HAVE PROCESSES PRESENTLY IN PLACE TO ENSURE THE MAINTENANCE OF THEIR RESPECTIVE TAX-EXEMPT STATUS; TO IDENTIFY AND REPORT UNRELATED INCOME; TO DETERMINE ITS FILING AND TAX OBLIGATIONS IN JURISDICTIONS FOR WHICH IT HAS NEXUS; AND TO IDENTIFY AND EVALUATE OTHER MATTERS THAT MAY BE CONSIDERED TAX POSITIONS. THE FOUNDATION AND SBFR HAVE DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE COMBINED FINANCIAL STATEMENTS.

PART IX, RIGHT-OF-USE ASSETS, LINE 2 AND PART X, OPERATING LEASE LIABILITY LINE 1(2):

THE FINANCIAL ACCOUNTING STANDARDS BOARD ("FASB") IMPLEMENTED A NEW LEASE ACCOUNTING STANDARD THAT BECAME EFFECTIVE FOR STONY BROOK FOUNDATION, INC. AS IN THE YEAR ENDING JUNE 30, 2023. THIS ACCOUNTING STANDARD WAS EFFECTUATED TO IMPROVE THE TRANSPARENCY SURROUNDING KEY INFORMATION PERTAINING TO AN EXEMPT ORGANIZATION'S LEASING ARRANGEMENTS (AND TO ENSURE THAT ALL ORGANIZATIONS WERE RECORDING THE TRANSACTIONS UNIFORMLY ON THEIR BALANCE SHEETS).

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public
Inspection

| | |
|--|--|
| Name of the organization STONY BROOK FOUNDATION, INC. | Employer identification number 11-6077945 |
|--|--|

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

| (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in the region | (d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region | (f) Total expenditures for and investments in the region |
|---|-------------------------------------|--|--|--|--|
| SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES, | 0 | 0 | GRANTMAKING | | 6,088. |
| SUB-SAHARAN AFRICA | 0 | 0 | GRANTMAKING | | 2,413,771. |
| EAST ASIA AND THE PACIFIC | 0 | 0 | GRANTMAKING | | 180. |
| CENTRAL AMERICA AND THE CARIBBEAN | 0 | 0 | INVESTMENTS | | 215,409,877. |
| NORTH AMERICA | 0 | 0 | INVESTMENTS | | 1,781,458. |
| SUB-SAHARAN AFRICA | 0 | 0 | INVESTMENTS | PROGRAM RELATED LOAN | 2,762,047. |
| 3 a Subtotal | 0 | 0 | | | 222,373,421. |
| b Total from continuation sheets to Part I | 0 | 0 | | | 0. |
| c Totals (add lines 3a and 3b) | 0 | 0 | | | 222,373,421. |

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

Schedule F (Form 990) 2022

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|-------------------------------|--|--------------------|----------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
| | | SOUTH ASIA | GENERAL SUPPORT | 6,088. | CHECK | 0. | | |
| | | SUB-SAHARAN AFRICA | GENERAL SUPPORT | 51,874. | CHECK | 0. | | |
| | | SUB-SAHARAN AFRICA | GENERAL SUPPORT | 2,357,909. | CHECK | 0. | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **3**

3 Enter total number of other organizations or entities **0**

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

ORGANIZATION'S PROCEDURES FOR MONITORING THE USE OF GRANTS OUTSIDE U.S.

THE FOUNDATION MAKES GRANTS OUTSIDE OF THE U.S. ONLY TO ORGANIZATIONS

AFFILIATED WITH STONY BROOK UNIVERSITY. IN THE CASE OF A GRANT FROM FUNDS

OF THE FOUNDATION DESIGNATED FOR A PARTICULAR PURPOSE, THE DESIGNATED

ACCOUNT MANAGER SUBMITS A REQUISITION FOR THE GRANT, TOGETHER WITH

SUPPORTING DOCUMENTATION, TO THE FOUNDATION'S PROCUREMENT DEPARTMENT. A

DETAILED JUSTIFICATION FOR THE GRANT IS REQUIRED, INCLUDING THE PURPOSE

OF THE GRANT. THE GRANT REQUEST IS REVIEWED, INCLUDING FOR COMPLIANCE

WITH THE TERMS OF INSTRUMENT DESIGNATING THE FUNDS FOR A PARTICULAR

PURPOSE, AND APPROVED. IN THE CASE OF A REQUEST FOR MORE THAN \$5,000,

REVIEW, APPROVAL AND MANUAL CHECK SIGNATURE BY THE FOUNDATION'S BUSINESS

OFFICE IS REQUIRED.

IN THE CASE OF GRANTS FROM THE FOUNDATION'S UNRESTRICTED FUNDS, A GRANTEE

SUBMITS A REQUEST, TOGETHER WITH SUPPORTING DOCUMENTATION. A DETAILED

JUSTIFICATION FOR THE GRANT IS REQUIRED, INCLUDING THE PURPOSE OF THE

GRANT. THE BUDGET COMMITTEE, TOGETHER WITH THE FOUNDATION'S EXECUTIVE

DIRECTOR, REVIEWS AND APPROVES GRANT REQUEST FROM THE FOUNDATION'S

UNRESTRICTED FUNDS.

IN ALL CASES, AT THE END OF THE GRANT TERM, A FINAL REPORT REGARDING THE

USE OF THE GRANT FUNDS IS SUBMITTED BY THE GRANTEE TO THE FOUNDATION.

PART IV:

FOREIGN FORMS

STONY BROOK FOUNDATION, INC. INVESTS DIRECTLY IN VARIOUS ALTERNATIVE

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

INVESTMENTS THAT MAY BE ORGANIZED AS EITHER FOREIGN CORPORATIONS OR
FOREIGN PARTNERSHIPS; IT, LIKEWISE, INVESTS IN DOMESTIC LIMITED
PARTNERSHIPS THAT MAY, IN TURN, INVEST IN FOREIGN CORPORATIONS OR
PARTNERSHIPS. NEVERTHELESS, THE FOUNDATION'S INVESTMENT ACTIVITIES MAY
NOT REACH THE THRESHOLDS REQUIRED FOR THE FILING OF FORMS 926, 5471,
8621, OR 8865. TO THE EXTENT THAT THE FOUNDATION IS REQUIRED TO
COMPLETE ONE (OR MORE) OF THESE FOREIGN FORMS, IT IS FILED WITH THE
FOUNDATION'S FORM 990-T FILING.

Multiple horizontal lines for supplemental information.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

| | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events (add col. (a) through col. (c)) | |
|-----------------|--|---|---|----------------------|--|------------|
| | | SB GALA 2023 (event type) | STALLER CENTER BENEFIT (event type) | 11 (total number) | | |
| Revenue | 1 | Gross receipts | 1,952,400. | 241,300. | 856,618. | 3,050,318. |
| | 2 | Less: Contributions | 1,868,175. | 211,900. | 595,798. | 2,675,873. |
| | 3 | Gross income (line 1 minus line 2) | 84,225. | 29,400. | 260,820. | 374,445. |
| Direct Expenses | 4 | Cash prizes | | | | |
| | 5 | Noncash prizes | | | | |
| | 6 | Rent/facility costs | | | | |
| | 7 | Food and beverages | 192,512. | 18,370. | 137,594. | 348,476. |
| | 8 | Entertainment | | 65,141. | 128,371. | 193,512. |
| | 9 | Other direct expenses | 56,498. | 127,841. | 613,165. | 797,504. |
| | 10 | Direct expense summary. Add lines 4 through 9 in column (d) | | | | 1,339,492. |
| 11 | Net income summary. Subtract line 10 from line 3, column (d) | | | | -965,047. | |

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

| | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) |
|-----------------|--|---|---|--|---|
| | | | | | |
| Revenue | 1 | Gross revenue | | 21,964. | 21,964. |
| | 2 | Cash prizes | | | |
| Direct Expenses | 3 | Noncash prizes | | | |
| | 4 | Rent/facility costs | | | |
| | 5 | Other direct expenses | | 1,714. | 1,714. |
| 6 | Volunteer labor | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No | |
| 7 | Direct expense summary. Add lines 2 through 5 in column (d) | | | | 1,714. |
| 8 | Net gaming income summary. Subtract line 7 from line 1, column (d) | | | | 20,250. |

9 Enter the state(s) in which the organization conducts gaming activities: NY

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

| | | |
|-------------------------------|-----|----------|
| a The organization's facility | 13a | 100.00 % |
| b An outside facility | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name DAVID SMITH

Address 270 ADMINISTRATION - STONY BROOK, NY 11794

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____
- c If "Yes," enter name and address of the third party:

Name _____

Address _____

16 Gaming manager information:

Name JONATHAN SPIER

Gaming manager compensation \$ _____

Description of services provided MEMBER IN CHARGE

Director/officer Employee Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE G, PART II, EVENT #1:

THE STONY BROOK FOUNDATION HELD ITS ANNUAL GALA IN NEW YORK CITY IN

APRIL OF 2023. THE \$192,512 IN EXPENSES REPORTED FOR FOOD AND BEVERAGE

ALSO INCLUDES THE SITE/RENTAL FEE PAID TO THE RESTAURANT THAT HELD THE

EVENT.

GAMING MANAGER INFORMATION:
 SCHEDULE G, PART III, LINE 16

Part IV Supplemental Information *(continued)*

THE INDIVIDUAL IN CHARGE OF OVERSEEING THE FOUNDATION'S FUNDRAISING

GAMING ACTIVITIES IS NOT COMPENSATED FOR THAT JOB RESPONSIBILITY; HE

UNDERTAKES THE ROLE AS PART OF HIS ORDINARY BUSINESS ENDEAVOR.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization **STONY BROOK FOUNDATION, INC.** Employer identification number **11-6077945**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|--|----------------|--|---------------------------------|---|--|--|---|
| RESEARCH FOUNDATION - STONY BROOK UNIVERSITY - S5422 FRANK MELVILLE JR MEMORIAL LIBRARY STONY BROOK UNIVERSITY - STONY BROOK, NY 11794 | 14-1368361 | 501(C)(3) | 796,874. | 0. | | | RESEARCH AWARDS & EDUCATIONAL SUPPORT |
| FACULTY STUDENT ASSOCIATION W SIDE DINNING, FL 2 STONY BROOK, NY 11794 | 11-1986378 | 501(C)(3) | 7,200. | 0. | | | EDUCATIONAL SUPPORT |
| JONES HIGH SCHOOL FOUNDATION P.O. BOX 555427 ORLANDO, FL 32855-5427 | 59-3548108 | 501(C)(3) | 10,000. | 0. | | | EDUCATIONAL SUPPORT |
| UNIVERSITY OF MARYLAND-BALTIMORE COUNTY - 1000 HILLTOP CIRCLE - BALTIMORE, MD 21250 | 52-6002033 | 115 | 30,000. | 0. | | | CENTER FOUNDATION OF NUCLEAR SCIENCE-JOINT POST DOC |
| STONY BROOK UNIVERSITY OFFICE 261 ADMINISTRATION BLDG STONY BROOK UNIVERSITY - STONY BROOK, NY 11794 | 14-6013200 | 115 | 17,380,869. | 0. | | | EDUCATIONAL SUPPORT |

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **5.**
- 3** Enter total number of other organizations listed in the line 1 table **0.**

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

Schedule I (Form 990) 2022

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

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|---------------------------------------|
| PARTICIPANT SUPPORT/FELLOWSHIPS | 213 | 561,777. | 0. | | |
| ACADEMIC PRIZES AND AWARDS | 656 | 595,129. | 0. | | |
| STUDENT AID | 1226 | 2,278,426. | 0. | | |
| SCHOLARSHIPS | 359 | 242,022. | 0. | | |
| FELLOWSHIPS | 201 | 671,371. | 0. | | |

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

PART I, LINE 2:

ORGANIZATION'S PROCEDURES FOR MONITORING THE USE OF GRANTS IN U.S.

WHEN THE FOUNDATION ISSUES GRANTS FROM FUNDS WITH A PURPOSE RESTRICTION,

THE DESIGNATED ACCOUNT MANAGER SUBMITS A REQUISITION FOR THE GRANT,

TOGETHER WITH SUPPORTING DOCUMENTATION, TO THE FOUNDATION'S PROCUREMENT

DEPARTMENT. A DETAILED JUSTIFICATION FOR THE GRANT IS REQUIRED, INCLUDING

THE PURPOSE OF THE GRANT. THE GRANT REQUEST IS REVIEWED, INCLUDING FOR

COMPLIANCE WITH THE TERMS OF INSTRUMENT DESIGNATING THE FUNDS FOR A

PARTICULAR PURPOSE, AND APPROVED. WHEN THE FOUNDATION ISSUES A GRANT FOR

Part IV Supplemental Information

MORE THAN \$5,000, REVIEW, APPROVAL AND MANUAL CHECK SIGNATURE BY THE FOUNDATION'S BUSINESS OFFICE IS REQUIRED.

WHEN THE FOUNDATION ISSUES A GRANT FROM UNRESTRICTED FUNDS, A GRANTEE SUBMITS A REQUEST, TOGETHER WITH SUPPORTING DOCUMENTATION. A DETAILED JUSTIFICATION FOR THE GRANT OR DIRECT PAYMENT, AS APPLICABLE, IS REQUIRED INCLUDING THE PURPOSE OF THE GRANT OR DIRECT PAYMENT, AS APPLICABLE. THE BUDGET COMMITTEE, TOGETHER WITH THE FOUNDATION'S EXECUTIVE DIRECTOR, REVIEWS AND APPROVES REQUESTS FROM THE FOUNDATION'S UNRESTRICTED FUNDS.

DEPENDING ON THE TYPE OF GRANT AND THE GRANT RECIPIENT, AT THE END OF THE GRANT TERM, A FINAL REPORT REGARDING THE USE OF THE GRANT FUNDS IS SUBMITTED BY THE GRANTEE TO THE FOUNDATION. IN LIEU OF MAKING GRANT PAYMENTS, THE FOUNDATION MAY PAY EXPENSES DIRECTLY ON BEHALF OF A GRANTEE.

FOR THE ACADEMIC PRIZES AND AWARDS, THE FUNDS ARE DISTRIBUTED INCREMENTALLY, AND THE INCREMENTS SHALL BE BASED ON BUSINESS PLAN MILESTONES AND/OR OTHER BENCHMARKS IDENTIFIED BY THE COMMITTEE.

**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

2022

Open to Public
Inspection

Name of the organization

STONY BROOK FOUNDATION, INC.

Employer identification number

11-6077945

Part I Questions Regarding Compensation

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.

- | | |
|---|---|
| <input type="checkbox"/> First-class or charter travel | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input checked="" type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> 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

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?

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.

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

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?
- b** Any related organization?
- 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?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

| | Yes | No |
|-----------|-----|----|
| 1b | | X |
| 2 | | X |
| 4a | | X |
| 4b | | X |
| 4c | | X |
| 5a | | X |
| 5b | | X |
| 6a | | X |
| 6b | | X |
| 7 | X | |
| 8 | | X |
| 9 | | |

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

Schedule J (Form 990) 2022

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 of W-2 and/or 1099-MISC and/or 1099-NEC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|---|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| (1) MR. DAVID MARCUS CIO | (i) | 434,155. | 0. | 0. | 0. | 172,721. | 606,876. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (2) DANIELLE HOLTON AVP, SBCH | (i) | 258,417. | 0. | 0. | 0. | 102,765. | 361,182. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (3) CAROL GOMES CEO, COO OF SBUH | (i) | 200,000. | 127,649. | 0. | 0. | 13,865. | 341,514. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (4) DEBORAH LOWEN-KLEIN SENIOR ASSOCIATE VP, ADVANCEMENT | (i) | 239,006. | 0. | 0. | 0. | 95,046. | 334,052. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (5) KACY BULLARD CFO & COO | (i) | 219,325. | 0. | 0. | 0. | 87,226. | 306,551. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (6) TARA STENZEL-FLEMING ED CORPORATE AND FR | (i) | 195,738. | 0. | 0. | 0. | 77,839. | 273,577. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (7) KATHLEEN LE VINESS DIRECTOR OF DATA SERVICES | (i) | 155,276. | 0. | 0. | 0. | 61,749. | 217,025. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (8) MR. JASON W. HSUEH FORMER CFO & COO | (i) | 133,976. | 0. | 0. | 0. | 52,920. | 186,896. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (9) DR. MAURIE MCINNIS - SBU PRES. EX-OFFICIO TRUSTEE (VOTING) | (i) | 0. | 135,000. | 0. | 0. | 20,250. | 155,250. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

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 1A:

HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE

STONY BROOK UNIVERSITY'S DIRECTOR OF THE SIMONS CENTER FOR GEOMETRY &

PHYSICS RESIDES AT A STONY BROOK FOUNDATION PROPERTY RENT & EXPENSE FREE.

THE FAIR MARKET VALUE OF RESIDING AT THE PROPERTY IS INCLUDED IN TAXABLE

INCOME ON HIS SBF FORM W-2. THE DIRECTOR OF THE SIMONS CENTER FOR GEOMETRY

NO LONGER MEETS THE REQUIREMENT FOR DISCLOSURE ON THE FOUNDATION'S FORM

990; NEVERTHELESS, THE FOUNDATION IS RETAINING THIS DISCLOSURE IN THE

INTERESTS OF TRANSPARENCY.

PART I, LINE 3:

METHOD OF ESTABLISHING COMPENSATION OF THE CEO/OFFICERS

STONY BROOK FOUNDATION'S OFFICERS ARE STATE UNIVERSITY EMPLOYEES, AND AS

SUCH, THE STATE (AN UNRELATED GOVERNMENT ENTITY) DETERMINES APPROPRIATE

COMPENSATION FOR THE OFFICERS AND REQUESTS THAT THE FOUNDATION AGREE TO

BEAR A PORTION OF THE COMPENSATION. THE FOUNDATION'S BOARD RELIES ON THE

STATE'S DETERMINATION OF APPROPRIATE OVERALL COMPENSATION FOR THE OFFICERS

AND DETERMINES WHETHER TO APPROVE PAYMENT OF A PORTION OF THE COMPENSATION

BY THE FOUNDATION. ACCORDINGLY, SINCE THE FOUNDATION DOES NOT ESTABLISH THE

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.

OFFICER'S COMPENSATION, FORM 990, SCHEDULE J, QUESTION 3 IS LEFT BLANK.

PART I, LINE 7:

AS NOTED IN THE ABOVE SCHEDULE J NARRATIVE, THE STONY BROOK FOUNDATION SUPPLEMENTS WAGES PAID [BY THE STATE] TO TWO INDIVIDUALS REPORTED ON THE FOUNDATION FORM 990: DR. MAURIE MCINNIS AND CAROL GOMES. AMOUNTS REPORTED IN SCHEDULE J, PART II, COLUMN (B)(II) REPRESENT A BONUS PAID BY THE FOUNDATION AND AUTHORIZED BY THE STATE OF NEW YORK FOR MEETING CERTAIN OBJECTIVE PERFORMANCE-BASED BENCHMARKS.

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? | |
|-------------------------------|---|---------------------------|--------------------------------|---|----|
| | | | | Yes | No |
| DR. JAMES SIMONS | BOARD MEMBER | 34,188,514. | INVESTMENTS | | X |
| DR. JAMES SIMONS | BOARD MEMBER | 298,178. | INV FEES | | X |
| HENRY LAUFER | BOARD MEMBER | 34,188,514. | INVESTMENTS | | X |
| HENRY LAUFER | BOARD MEMBER | 298,178. | INV FEES | | X |
| | | | | | |
| | | | | | |
| | | | | | |
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Part V Supplemental Information.

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

SCHEDULE L, PART IV

BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS

THE FOUNDATION HOLDS INVESTMENTS WITH AN INVESTMENT FIRM WHERE BOARD OF

TRUSTEES MEMBERS, DR. JAMES SIMONS AND HENRY B. LAUFER HAVE AN

OWNERSHIP INTEREST AND WHERE THEY BOTH SIT ON THE BOARD OF DIRECTORS.

IN ADDITION, BOTH DR. SIMONS AND HENRY LAUFER ARE DESIGNATED AS

SUBSTANTIAL CONTRIBUTORS TO THE FOUNDATION.

THE VALUE OF THE FOUNDATION'S HOLDINGS WITH THE FIRM IS \$34,188,514;

FOR THE YEAR ENDING JUNE 30, 2023, THE FOUNDATION PAID THE INVESTMENT

FIRM \$298,178 IN INVESTMENT MANAGEMENT FEES.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization: **STONY BROOK FOUNDATION, INC.**
Employer identification number: **11-6077945**

Part I Types of Property

| | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|--|-------------------------------|---|--|--|
| 1 Art - Works of art | | | | |
| 2 Art - Historical treasures | | | | |
| 3 Art - Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods | | | | |
| 6 Cars and other vehicles | | | | |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities - Publicly traded | X | 24 | 1,108,069. FMV | |
| 10 Securities - Closely held stock | | | | |
| 11 Securities - Partnership, LLC, or trust interests | | | | |
| 12 Securities - Miscellaneous | | | | |
| 13 Qualified conservation contribution - Historic structures | | | | |
| 14 Qualified conservation contribution - Other | | | | |
| 15 Real estate - Residential | | | | |
| 16 Real estate - Commercial | | | | |
| 17 Real estate - Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | | | | |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other () | | | | |
| 26 Other () | | | | |
| 27 Other () | | | | |
| 28 Other () | | | | |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29** 0

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?
 b If "Yes," describe the arrangement in Part II.
 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?
 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?
 b If "Yes," describe in Part II.
 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

| | Yes | No |
|-----|-----|----|
| 30a | | X |
| 31 | X | |
| 32a | X | |

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

Schedule M (Form 990) 2022

Part II

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

SCHEDULE M, PART I, COLUMN (B):

THE FOUNDATION IS REPORTING THE NUMBER OF CONTRIBUTIONS IN PART I,
COLUMN(B).

SCHEDULE M, LINE 32B:

THIRD PARTY ASSISTANCE OF NONCASH CONTRIBUTIONS

TO THE EXTENT THE FOUNDATION RECEIVES DONATIONS OF SECURITIES, IT
EMPLOYS ITS OWN INVESTMENT BROKER TO LIQUIDATE THOSE SECURITIES INTO
CASH FOR USE IN CARRYING OUT ITS CHARITABLE MISSION.

OCCASIONALLY, THE FOUNDATION RECEIVES UNIQUE NON-CASH DONATIONS (E.G.
OF BOATS, ETC); IN THOSE INSTANCES, THE FOUNDATION USES A THIRD PARTY
VENDOR TO DISPOSE OF THE ASSETS.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

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 Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

| | |
|---|---|
| Name of the organization STONY BROOK FOUNDATION, INC. | Employer identification number 11-6077945 |
|---|---|

FORM 990, PART I, LINE 15:

AMOUNTS REPORTED ON LINE 15

SALARIES, OTHER COMPENSATION, AND EMPLOYEE BENEFITS ARE COMPRISED OF

SUPPORT FOR CAMPUS PROGRAMS, ADMINISTRATIVE OFFICES AND FUNDRAISING

OFFICES. FOR FISCAL YEAR 2023, THE TOTAL SUPPORT OF \$12,935,325

INCLUDES \$6,800,687 RELATED TO CAMPUS PROGRAMS, \$3,197,054 RELATED TO

ADMINISTRATIVE OFFICES AND \$2,937,584 RELATED TO FUNDRAISING OFFICES.

FORM 990, PART III, LINE 1:

ORGANIZATION'S MISSION CONTINUED

THE PURPOSES OF THE FOUNDATION ARE AS FOLLOWS:

A. TO ASSIST IN DEVELOPING AND INCREASING THE RESOURCES OF THE STATE

UNIVERSITY OF NEW YORK AT STONY BROOK ("STONY BROOK UNIVERSITY") IN

ORDER TO PROVIDE MORE EXTENSIVE EDUCATIONAL OPPORTUNITIES AND SERVICES

BY MAKING AND ENCOURAGING GIFTS, GRANTS, CONTRIBUTIONS AND DONATIONS OF

REAL AND PERSONAL PROPERTY TO OR FOR THE BENEFIT OF STONY BROOK

UNIVERSITY.

B. TO RECEIVE, HOLD, ADMINISTER AND DISPOSE OF GIFTS AND GRANTS, AND TO

ACT WITHOUT PROFIT AS TRUSTEE OF EDUCATIONAL OR CHARITABLE TRUSTS OF

BENEFIT TO AND IN KEEPING WITH THE EDUCATIONAL PURPOSES AND OBJECTIVES

OF STONY BROOK UNIVERSITY.

C. TO FINANCE THE CONDUCT OF STUDIES AND RESEARCH OF ANY AND ALL FIELDS

OF INTELLECTUAL INQUIRY OF BENEFIT TO AND IN KEEPING WITH THE

EDUCATIONAL PURPOSES AND OBJECTIVES OF STONY BROOK UNIVERSITY AND/OR

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

Schedule O (Form 990) 2022

| | |
|--|--|
| Name of the organization STONY BROOK FOUNDATION, INC. | Employer identification number 11-6077945 |
|--|--|

ITS CONSTITUENT SCHOOLS, AND TO ENTER INTO CONTRACTUAL RELATIONSHIPS
 APPROPRIATE TO THE PURPOSES OF THE FOUNDATION.

D. TO GRANT AND/OR ADMINISTER SCHOLARSHIPS AND FELLOWSHIPS AND TO
 ENGAGE IN EXPERIMENTAL EDUCATION ACTIVITIES AND RESEARCH PROJECTS.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

IN 2022, NEW YORK CITY ("NYC") ALLOCATED CERTAIN FUNDS TO CREATE THE
 EXCHANGE FOR THE PURPOSE OF TRANSFORMING GOVERNORS ISLAND INTO A
 400,000 SQUARE FOOT CAMPUS DEDICATED TO DEVELOPING SOLUTIONS FOR
 CLIMATE CHANGE. NYC SELECTED STONY BROOK UNIVERSITY TO LEAD AND HELP
 DEVELOP THE EXCHANGE INTO A LEADING RESEARCH, EDUCATION AND JOBS HUB.
 THE FOUNDATION HAS ENTERED INTO THE NEW YORK CLIMATE EXCHANGE
 CONSORTIUM, ALONG WITH STONY BROOK UNIVERSITY, AND OTHER UNIVERSITIES
 AND ORGANIZATIONS, TO HELP RAISE AND STEWARD ADDITIONAL FUNDS FOR THE
 EXCHANGE. THE FOUNDATION DOES NOT CONTROL THE EXCHANGE, NOR DOES IT
 HAVE AN ECONOMIC INTEREST, AND THEREFORE THE EXCHANGE IS NOT
 CONSOLIDATED INTO ACCOMPANYING FINANCIALS. THE FOUNDATION ACTS AS AN
 AGENT FOR ANY FUNDS IT RAISES ON BEHALF OF THE EXCHANGE AND THEREFORE
 IT HAS NOT RECORDED ANY CONTRIBUTION REVENUE IN ASSOCIATION WITH FUNDS
 RECEIVED ON BEHALF OF THE EXCHANGE AND THE NATURE OF THIS AGENCY
 RELATIONSHIP IS DESCRIBED FURTHER IN THE NARRATIVE ACCOMPANYING FORM
 990, SCHEDULE D, PART IV.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

STONY BROOK FOUNDATION PROVIDED VARIOUS STUDENT FINANCIAL SUPPORT TO
 SUNY STONY BROOK AS WELL AS TO SUNY STONY BROOK'S STUDENTS TO ASSIST IN
 THEIR EFFORT OF DELIVERING A WORLD-CLASS EDUCATION AT A REMARKABLY

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| Name of the organization STONY BROOK FOUNDATION, INC. | Employer identification number 11-6077945 |
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AFFORDABLE PRICE AND TO KEEP RECRUITING THE BEST YOUNG MINDS AND FUTURE

LEADERS FROM ACROSS THE SOCIOECONOMIC SPECTRUM. ENHANCED SUPPORT FOR

FACULTY AND INCREASED ENGAGEMENT.

EXPENSES \$ 3,985,317. INCLUDING GRANTS OF \$ 3,843,516. REVENUE \$ 0.

STONY BROOK FOUNDATION ALSO AIDS IN SUNY STONY BROOK'S FIRM COMMITMENT

TO PROVIDING A DEDICATED EDUCATIONAL AND SOCIAL SUPPORT SYSTEM THAT

ENABLES ALL THEIR STUDENTS TO THRIVE, BY PROVIDING FUNDING TO IMPROVE

STUDENT, ADMINISTRATIVE AND PUBLIC SERVICES ACROSS SUNY STONY BROOK.

EXPENSES \$ 2,553,603. INCLUDING GRANTS OF \$ 1,054,421. REVENUE \$ 0.

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

DELEGATION OF AUTHORITY

THE FOLLOWING COMMITTEES OF THE FOUNDATION'S BOARD OF TRUSTEES HAVE BEEN

DELEGATED AUTHORITY BY THE BOARD OF TRUSTEES.

THE FOUNDATION'S EXECUTIVE COMMITTEE HAS ALL THE POWER AND AUTHORITY OF THE

FOUNDATION'S BOARD ("BOARD") WHEN THE BOARD IS NOT IN SESSION, EXCEPT FOR

THE AUTHORITY TO FILL VACANCIES ON THE BOARD OR ANY BOARD COMMITTEE, FIX,

IF ANY, COMPENSATION FOR BOARD TRUSTEES (NONE IS PRESENTLY PAID) INCLUDING

ANY BOARD COMMITTEES, TO AMEND, REPEAL OR ADOPT NEW FOUNDATION BYLAWS, TO

ELECT OR REMOVE ANY OFFICER OR TRUSTEE, TO APPROVE ANY PLAN OF MERGER OR

DISSOLUTION, TO AUTHORIZE THE SALE, LEASE, EXCHANGE OR OTHER DISPOSITION OF

ALL OR SUBSTANTIALLY ALL OF THE ASSETS OF THE FOUNDATION OR TO APPROVE

AMENDMENTS TO THE FOUNDATION'S CERTIFICATE OF INCORPORATION. THE EXECUTIVE

COMMITTEE WILL ALSO CARRY OUT ANY OTHER RESPONSIBILITIES AND DUTIES

DELEGATED TO IT FROM THE BOARD FROM TIME TO TIME. THE EXECUTIVE COMMITTEE

IS OBLIGATED TO REPORT ITS ACTIVITIES AND DECISIONS AT THE NEXT

| | |
|--|--|
| Name of the organization STONY BROOK FOUNDATION, INC. | Employer identification number 11-6077945 |
|--|--|

REGULARLY-SCHEDULED MEETING OF THE FULL BOARD.

THE FOUNDATION'S AUDIT COMMITTEE IS RESPONSIBLE FOR OVERSEEING THE FOUNDATION'S ACCOUNTING AND FINANCIAL REPORTING PROCESSES, ADMINISTERING THE FOUNDATION'S CONFLICT OF INTEREST AND WHISTLEBLOWER POLICIES, AND PROCUREMENT OR TERMINATION AND OVERSEEING THE FOUNDATION'S TRUSTEES' AND OFFICERS' INSURANCE COVERAGE. THE AUDIT COMMITTEE IS OBLIGATED TO REPORT ITS ACTIVITIES AND DECISIONS AT THE NEXT REGULARLY-SCHEDULED MEETING OF THE FULL BOARD.

THE FOUNDATION'S BUDGET COMMITTEE IS RESPONSIBLE FOR THE GENERAL SUPERVISION OF THE FOUNDATION'S FINANCIAL AFFAIRS AND ANNUAL BUDGET AND WILL ALSO CARRY OUT ANY OTHER RESPONSIBILITIES AND DUTIES DELEGATED TO IT BY THE BOARD FROM TIME TO TIME. THE BUDGET COMMITTEE IS OBLIGATED TO REPORT ITS ACTIVITIES AND DECISIONS AT THE NEXT REGULARLY-SCHEDULED MEETING OF THE FULL BOARD.

THE FOUNDATION'S INVESTMENT COMMITTEE IS RESPONSIBLE FOR THE SUPERVISION OF THE FOUNDATION'S INVESTMENTS AND ANY INDIVIDUALS OR ENTITIES TO WHICH INVESTMENT MANAGEMENT RESPONSIBILITY IS DELEGATED, THE REVIEW OF COMPENSATION OF FOUNDATION INVESTMENT MANAGERS WHO ARE ALSO TRUSTEES OR OFFICERS OF THE FOUNDATION AND WILL ALSO CARRY OUT ANY OTHER RESPONSIBILITIES AND DUTIES DELEGATED TO IT BY THE BOARD FROM TIME TO TIME. THE INVESTMENT COMMITTEE IS OBLIGATED TO REPORT ITS ACTIVITIES AND DECISIONS AT THE NEXT REGULARLY-SCHEDULED MEETING OF THE FULL BOARD.

THE FOUNDATION'S NOMINATING COMMITTEE PROVIDES ASSISTANCE TO THE BOARD AS REQUESTED FROM TIME TO TIME, INCLUDING BY ESTABLISHING CRITERIA FOR THE

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| Name of the organization STONY BROOK FOUNDATION, INC. | Employer identification number 11-6077945 |
|--|--|

SELECTION OF NEW TRUSTEES AND IDENTIFYING INDIVIDUALS QUALIFIED TO BECOME TRUSTEES, AND WILL ALSO CARRY OUT ANY OTHER RESPONSIBILITIES AND DUTIES DELEGATED TO IT BY THE BOARD FROM TIME TO TIME. THE NOMINATING COMMITTEE IS OBLIGATED TO REPORT ITS ACTIVITIES AND DECISIONS AT THE NEXT REGULARLY-SCHEDULED MEETING OF THE FULL BOARD.

FORM 990, PART VI, SECTION A, LINE 2:

FAMILY OR BUSINESS RELATIONSHIPS

DR. CHHABRA AND DR. SIMONS HAVE A BUSINESS RELATIONSHIP.

DR. LAUFER AND DR. SIMONS HAVE A BUSINESS RELATIONSHIP.

DR. COLLER AND DR. SIMONS SHARE A BUSINESS RELATIONSHIP.

DR. STEPHEN DELLA PIETRA AND DR. VINCENT DELLA PIETRA HAVE A FAMILY RELATIONSHIP.

FORM 990, PART VI, SECTION A, LINE 8B:

CONTEMPORANEOUS DOCUMENTATION

THE FOUNDATION ADOPTED POLICIES PURSUANT TO WHICH THE BOARD AND ALL COMMITTEES OF THE BOARD (EXCEPT THE EXECUTIVE COMMITTEE) WILL CONTEMPORANEOUSLY DOCUMENT IN MINUTES THE MEETINGS HELD (OTHER THAN IN EXECUTIVE SESSION) AND WRITTEN ACTIONS UNDERTAKEN.

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

ORGANIZATION'S PROCESS USED TO REVIEW FORM 990

THE FORM 990 WAS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM IN CONJUNCTION WITH THE ORGANIZATION'S FINANCIAL DEPARTMENT. THE FORM 990 IS THEN FORWARDED TO THE EXECUTIVE COMMITTEE FOR REVIEW, COMMENT AND FINAL APPROVAL. THE FINAL VERSION IS CIRCULATED TO THE BOARD OF TRUSTEES.

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| Name of the organization STONY BROOK FOUNDATION, INC. | Employer identification number 11-6077945 |
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FORM 990, PART VI, SECTION B, LINE 12C:

ENFORCEMENT OF CONFLICT OF INTEREST POLICY

PURSUANT TO THE FOUNDATION'S BYLAWS (ARTICLE IV, SECTION 11), ALL TRUSTEES,

OFFICERS AND KEY PERSONS ARE REQUIRED TO COMPLETE AN ANNUAL CONFLICT OF

INTEREST CERTIFICATION.

THE ANNUAL CERTIFICATION REQUIRES EACH TRUSTEE, OFFICER AND KEY EMPLOYEE OF

THE FOUNDATION TO DISCLOSE IN WRITING THE EXISTENCE OF ANY POTENTIAL

CONFLICTS OF INTEREST, TO CERTIFY COMPLIANCE WITH THE CONFLICT OF INTEREST

POLICY AND TO AGREE TO ABIDE BY IT. THE SIGNED CERTIFICATIONS ARE REVIEWED

BY THE CHAIR OF THE AUDIT COMMITTEE. IF AN INDIVIDUAL BECOMES AWARE THAT HE

OR SHE MAY BE INVOLVED IN A POTENTIALLY CONFLICTED TRANSACTION, HE OR SHE

WILL IMMEDIATELY DISCLOSE THE EXISTENCE AND MATERIAL FACTS OF HIS OR HER

INTEREST IN THE CONFLICTED TRANSACTION TO THE EXECUTIVE DIRECTOR OF THE

FOUNDATION, WHO WILL REPORT THE MATTER TO THE CHAIR OF THE AUDIT COMMITTEE.

BOARD DISCUSSIONS PERTAINING TO THE CONFLICT (AND ITS RESOLUTION) ARE

DOCUMENTED IN THE BOARD MINUTES.

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

LINE 15A:

PROCESS FOR DETERMINING COMPENSATION

THE COMPENSATION PAID TO THE FOUNDATION'S EXECUTIVE DIRECTOR IS DETERMINED

BY AN UNRELATED THIRD PARTY: THE STATE OF NEW YORK. THE STATE HAS

ESTABLISHED COMPENSATION GUIDELINES WHEREBY COMPENSATION IS CAPPED AT A

SPECIFIC LEVEL. THE FOUNDATION HAS NO DISCRETION TO MODIFY THE COMPENSATION

THRESHOLDS ESTABLISHED BY THE STATE; HOWEVER, THE FOUNDATION MAY APPROVE A

REQUEST FROM THE UNIVERSITY TO PROVIDE ADDITIONAL COMPENSATION IN AN EFFORT

TO ATTRACT TALENT AND PAY THESE INDIVIDUALS AT A MARKET RATE RENDERING

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|--|--|
| Name of the organization STONY BROOK FOUNDATION, INC. | Employer identification number 11-6077945 |
|--|--|

SERVICES TO THE FOUNDATION. SUCH ADDITIONAL COMPENSATION IS THEN APPROVED
 BY THE FOUNDATION BOARD. THE COMPENSATION IS MEMORIALIZED IN AN EMPLOYMENT
 CONTRACT NOTING THAT A PORTION OF SALARY WILL COME FROM STONY BROOK
 FOUNDATION AND ANOTHER PORTION FROM THE UNIVERSITY, CAUSING CERTAIN
 EMPLOYEES TO RECEIVE TWO W-2'S.

LINE 15B:

PROCESS FOR DETERMINING COMPENSATION
 THE COMPENSATION PAID TO THE FOUNDATION'S OTHER OFFICERS (COO, CFO AND CIO)
 IS RECOMMENDED BY THE FOUNDATION'S EXECUTIVE DIRECTOR, AND IS REVIEWED BY
 AN UNRELATED THIRD PARTY TAX-EXEMPT ORGANIZATION TO DETERMINE IF
 COMPENSATION IS APPROPRIATE AND WITHIN THE GUIDELINES OF INDUSTRY
 STANDARDS. THE APPROVED COMPENSATION IS THEN MEMORIALIZED IN AN EMPLOYMENT
 CONTRACT.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:
 CA, FL, GA, HI, KS, KY, MD, MA, MI, MN, NH, NJ, NY, OR, SC, UT, WV, WI

FORM 990, PART VI, SECTION C, LINE 19:
 AVAILABILITY OF DOCUMENTS TO THE PUBLIC
 STONY BROOK FOUNDATION, INC. MAKES ITS FORM 990 AVAILABLE TO THE PUBLIC ON
 THE ORGANIZATION'S WEBSITE. THE FORM 990 IS LIKEWISE PUBLISHED ON THE
 INTERNET AT WWW.GUIDESTAR.ORG. THE ORGANIZATION'S FINANCIAL STATEMENTS ARE
 MADE AVAILABLE ON THE ORGANIZATION'S WEBSITE. THE ORGANIZATION'S GOVERNING
 DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE NOT ORDINARILY AVAILABLE TO
 THE PUBLIC, BUT, IF REQUESTED, WILL BE PROVIDED AT MANAGEMENT'S DISCRETION.

FORM 990, PART VII:

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|--|--|
| Name of the organization STONY BROOK FOUNDATION, INC. | Employer identification number 11-6077945 |
|--|--|

COMPENSATION

IN THE INTEREST OF CLARITY, THE FOUNDATION IS PROVIDING CONTEXT ON THE
COMPENSATION REPORTED IN BOTH PART VII AND SCHEDULE J OF THE FORM 990.

DR. MAURIE MCINNIS, EX-EFFICIO TRUSTEE, IS A NY STATE UNIVERSITY
EMPLOYEE. IN 2009, THE STONY BROOK FOUNDATION WAS ASKED BY THE SUNY
CHANCELLOR AND SUNY BOARD OF TRUSTEES TO SUPPLEMENT THE PRESIDENT'S
COMPENSATION. CONSISTENT WITH ITS MISSION TO HELP ADVANCE THE MISSION
OF THE UNIVERSITY, THE STONY BROOK FOUNDATION BOARD APPROVED THIS
EXPENSE AND CONTINUES TO PROVIDE ANNUAL SALARY SUPPORT. THIS
COMPENSATION ARRANGEMENT IS REPORTED IN THE INDIVIDUAL'S ANNUAL
CONFLICT OF INTEREST DISCLOSURE THAT IS SHARED WITH THE FOUNDATION'S
BOARD OF DIRECTORS TO ENSURE ABSOLUTE TRANSPARENCY.

DR. MCINNIS'S COMPENSATION, AS REPORTED ON THE FORM 990, PART VII,
REPRESENTS THE AMOUNT PAID BY THE FOUNDATION; TO THE EXTENT DR. MCINNIS
IS COMPENSATED BY SUNY, IT IS NOT DISCLOSED ON THIS FORM 990 AS SUNY IS
NOT A RELATED PARTY AND THE SERVICES FOR WHICH SHE WAS COMPENSATED WERE
NOT RENDERED TO THE FOUNDATION. FINALLY, IT SHOULD BE NOTED THAT DR.
MCINNIS IS DIRECTLY INVOLVED IN FUNDRAISING ON THE FOUNDATION'S BEHALF,
HOWEVER, THE COMPENSATION REPORTED ON THE FORM 990 IS NOT SPECIFICALLY
TIED TO THOSE FUNDRAISING EFFORTS.

CFO & COO KACY BULLARD AND CIO, DAVID MARCUS SPEND 100% OF THEIR TIME
ENGAGED IN ACTIVITIES THAT SUPPORT THE FOUNDATION; HOWEVER, THEIR
COMPENSATION IS PAID BY AN UNRELATED THIRD PARTY TAX-EXEMPT
ORGANIZATION AND NOT DIRECTLY BY THE FOUNDATION. COMPENSATION PAID BY
AN UNRELATED ORGANIZATION FOR SERVICES RENDERED TO THE FOUNDATION IS

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|--|--|
| Name of the organization STONY BROOK FOUNDATION, INC. | Employer identification number 11-6077945 |
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REQUIRED TO BE DISCLOSED IN PART VII, COLUMN (D) AS THOUGH IT HAD BEEN

PAID BY THE FOUNDATION. IN ADDITION, THE FORMER CFO & COO, JASON

HSUEH'S COMPENSATION WAS, LIKEWISE, PAID BY THE FOUNDATION.

HIGHLY COMPENSATED EMPLOYEES, KATHLEEN LE VINESS, DEBORAH LOWEN-KLEIN,

TARA STENZEL-FLEMING, AND DANIELLE HOLTON, LIKEWISE, RECEIVE THEIR

COMPENSATION FROM AN UNRELATED THIRD PARTY TAX-EXEMPT ORGANIZATION.

THERE IS A SALARY CAP FOR STATE UNIVERSITY EMPLOYEE: MS. GOMES. IN

RESPONSE TO THE UNIVERSITY'S OCCASIONAL REQUEST, THE STONY BROOK

FOUNDATION'S BOARD DOES REVIEW AND APPROVE FUNDS FOR ADDITIONAL

COMPENSATION TO THE UNIVERSITY EMPLOYEES SO THAT THE UNIVERSITY CAN

RECRUIT THE BEST PEOPLE FOR THE JOB. INDIVIDUAL EMPLOYEES' CONTRACTS

OUTLINE THE PORTION OF THEIR SALARY THAT WILL COME FROM STONY BROOK

FOUNDATION AND ANOTHER PORTION FROM THE UNIVERSITY, CAUSING CERTAIN

EMPLOYEES TO RECEIVE TWO W-2'S. BENEFITS ARE PROVIDED BY THE STATE

UNIVERSITY OF STONY BROOK.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

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.

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

OMB No. 1545-0047

2022

Open to Public Inspection

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|--|--|
| Name of the organization <p align="center">STONY BROOK FOUNDATION, INC.</p> | Employer identification number <p align="center">11-6077945</p> |
|--|--|

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, 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 |
|--|-------------------------|---|---------------------|---------------------------|-------------------------------------|
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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 | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | |
|---|-------------------------|---|-------------------------------|---|-------------------------------------|--|----|
| | | | | | | Yes | No |
| STONY BROOK FOUNDATION REALTY - 11-2622814 230 ADMINISTRATION STONY BROOK, NY 11794 | REAL ESTATE | NEW YORK | 501(C)(3) | LINE 12A, I | SBF | X | |
| LONG ISLAND HIGH TECH. INCUBATOR, INC. - 11-3059018, 25 EAST LOOP ROAD, STONY BROOK, NY 11790 | DEVELOP TECH | NEW YORK | 501(C)(3) | LINE 10 | N/A | | X |
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2022

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 country) | (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 |
|--|-------------------------|--|-------------------------------------|---|---------------------------------|--|---|----|---|---|----|--------------------------------|
| | | | | | | | Yes | No | | Yes | No | |
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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) | (d) Direct controlling entity | (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 | (i) Section 512(b)(13) controlled entity? | |
|--|-------------------------|---|-------------------------------------|--|---------------------------------|--|--------------------------------|---|----|
| | | | | | | | | Yes | No |
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Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)
- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)
- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)
- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses
- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

| | Yes | No |
|-----------|-----|----|
| 1a | | X |
| 1b | | X |
| 1c | | X |
| 1d | X | |
| 1e | | X |
| 1f | | X |
| 1g | | X |
| 1h | | X |
| 1i | | X |
| 1j | | X |
| 1k | | X |
| 1l | X | |
| 1m | | X |
| 1n | X | |
| 1o | X | |
| 1p | | X |
| 1q | | X |
| 1r | | X |
| 1s | | X |

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|---|-------------------------------|------------------------|--|
| (1) STONY BROOK FOUNDATION REALTY, INC. | D | 68,434. | COST |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |

