

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047
2021
Open to Public Inspection

A For the 2021 calendar year, or tax year beginning 07-01-2021, and ending 06-30-2022

| | | | |
|--|--|--|---|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization STONY BROOK FOUNDATION INC | | D Employer identification number 11-6077945 |
| | Doing business as | | E Telephone number (631) 632-6536 |
| | Number and street (or P.O. box if mail is not delivered to street address) 230 ADMINISTRATION | Room/suite | |
| City or town, state or province, country, and ZIP or foreign postal code STONY BROOK, NY 11794 | | | G Gross receipts \$ 357,079,420 |
| F Name and address of principal officer: JUSTIN FINCHER 230 ADMINISTRATION STONY BROOK, NY 11794 | | H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions. H(c) Group exemption number ▶ | |
| I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | | |
| J Website: ▶ WWW.STONYBROOK.EDU/FOUNDATION/ | | | |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | | L Year of formation: 1965 | M State of legal domicile: NY |

Part I Summary

| | | | | | |
|---|--|--|-------------|--------------|-------------|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: TO ADVANCE THE TAX-EXEMPT MISSION OF SUNY STONY BROOK THROUGH FUNDRAISING EFFORTS. | | | | |
| | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | | | |
| | 3 Number of voting members of the governing body (Part VI, line 1a) | 3 | 22 | | |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 19 | | |
| | 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) | 5 | 9 | | |
| | 6 Total number of volunteers (estimate if necessary) | 6 | 89 | | |
| | 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 414,046 | | |
| b Net unrelated business taxable income from Form 990-T, Part I, line 11 | 7b | 39,550 | | | |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | Prior Year | 95,728,137 | Current Year | 116,237,582 |
| | 9 Program service revenue (Part VIII, line 2g) | | 1,587,062 | | 1,726,607 |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | 30,131,091 | | 31,279,900 |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 1,801,096 | | 1,200,580 |
| | 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 129,247,386 | | 150,444,669 |
| | Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) | | 32,713,028 | |
| 14 Benefits paid to or for members (Part IX, column (A), line 4) | | | 0 | | 0 |
| 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | | | 10,642,555 | | 12,285,779 |
| 16a Professional fundraising fees (Part IX, column (A), line 11e) | | | 0 | | 0 |
| b Total fundraising expenses (Part IX, column (D), line 25) ▶ 4,389,690 | | | | | |
| 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) | | | 29,107,605 | | 25,751,511 |
| 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) | | 72,463,188 | | 63,743,349 | |
| 19 Revenue less expenses. Subtract line 18 from line 12 | | 56,784,198 | | 86,701,320 | |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) | Beginning of Current Year | 732,698,663 | End of Year | 805,257,176 |
| | 21 Total liabilities (Part X, line 26) | | 60,001,052 | | 78,050,027 |
| | 22 Net assets or fund balances. Subtract line 21 from line 20 | | 672,697,611 | | 727,207,149 |

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. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

| | | |
|-----------|--|--------------------|
| Sign Here | ***** Signature of officer | 2023-05-12 Date |
| | KACY BULLARD CFO & COO Type or print name and title | |

| | | | | | |
|------------------------|---|----------------------|------|---|----------------|
| Paid Preparer Use Only | Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN P00741490 |
| | Firm's name ▶ GRANT THORNTON LLP | | | Firm's EIN ▶ 36-6055558 | |
| | Firm's address ▶ 757 THIRD AVENUE 3RD FLOOR NEW YORK, NY 100172013 | | | Phone no. (212) 599-0100 | |

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III **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? 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 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 \$ 18,039,253 including grants of \$ 303,999) (Revenue \$ 0)
See Additional Data

4b (Code:) (Expenses \$ 13,474,668 including grants of \$ 8,026,812) (Revenue \$ 0)
See Additional Data

4c (Code:) (Expenses \$ 7,095,462 including grants of \$ 4,953,746) (Revenue \$ 1,771,605)
See Additional Data

See Additional Data Table

4d Other program services (Describe in Schedule O.)
(Expenses \$ 7,501,336 including grants of \$ 12,421,502) (Revenue \$ 0)

4e Total program service expenses ▶ 46,110,719

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response columns. Rows include questions 1 through 21, with sub-questions a-f for items 10, 11, 12, 14, and 20.

Part IV Checklist of Required Schedules (continued)

| | | Yes | No | |
|------------|---|-----|-----|----|
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | Yes | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J | 23 | Yes | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a | 24a | | No |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | No |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 25b | | No |
| 26 | Did the organization report any amount on Part X, line 5 or 22 for receivables from or 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? If "Yes," complete Schedule L, Part II | 26 | | No |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | No |
| 28 | Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| a | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV | 28a | | No |
| b | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | No |
| c | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV | 28c | Yes | |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | Yes | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 30 | Yes | |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | No |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 32 | | No |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | No |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 | 34 | Yes | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | Yes | |
| b | If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | Yes | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | No |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | No |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O. | 38 | Yes | |

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

| | | Yes | No | |
|-----------|--|-----|-----|--|
| 1a | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable | 1a | 465 | |
| b | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable | 1b | 0 | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | Yes | |

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

Table with 4 columns: Question/Section, 2a, 2b, and Yes/No. Rows include questions 2a through 17 regarding employee reporting, federal employment tax returns, business gross income, foreign accounts, prohibited tax shelter transactions, charitable contributions, 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 lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI



Section A. Governing Body and Management

Table with 5 columns: Question, 1a, 1b, Yes, No. Rows include questions about voting members, family relationships, management delegation, and governance decisions.

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

Table with 5 columns: Question, Yes, No. Rows include questions about local chapters, conflict of interest policies, whistleblower policies, and compensation processes.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection.
19 Describe in 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:

Part VIII Statement of Revenue

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

| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 | |
|---|--|---|----------------------|--|---|--|--|
| Contributions, Gifts, Grants and Other Similar Amounts | 1a Federated campaigns | 1a | | | | | |
| | b Membership dues | 1b | | | | | |
| | c Fundraising events | 1c | 2,637,637 | | | | |
| | d Related organizations | 1d | | | | | |
| | e Government grants (contributions) | 1e | | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 113,599,945 | | | | |
| | g Noncash contributions included in lines 1a - 1f:\$ | 1g | 6,128,461 | | | | |
| | h Total. Add lines 1a-1f | | | 116,237,582 | | | |
| Program Service Revenue | 2a CONTRACTUAL AGENCY FEE | Business Code 711300 | 1,726,607 | 1,726,607 | | | |
| | b | | | | | | |
| | c | | | | | | |
| | d | | | | | | |
| | e | | | | | | |
| | f All other program service revenue. | | | | | | |
| | g Total. Add lines 2a-2f. | | 1,726,607 | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | 663,495 | | 414,046 | 249,449 | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 Royalties | | 133,127 | | | 133,127 | |
| | 6a Gross rents | (i) Real | 90,688 | | | | |
| | | (ii) Personal | | | | | |
| | | 6b Less: rental expenses | 0 | | | | |
| | c Rental income or (loss) | 90,688 | | | | | |
| | d Net rental income or (loss) | | 90,688 | | | 90,688 | |
| | 7a Gross amount from sales of assets other than inventory | (i) Securities | 236,528,852 | | | | |
| | | (ii) Other | | | | | |
| | | b Less: cost or other basis and sales expenses | 205,912,447 | | | | |
| | c Gain or (loss) | 30,616,405 | | | | | |
| | d Net gain or (loss) | | 30,616,405 | | | 30,616,405 | |
| | 8a Gross income from fundraising events (not including \$ 2,637,637 of contributions reported on line 1c). See Part IV, line 18 | | 471,275 | | | | |
| | | b Less: direct expenses | 704,077 | | | | |
| c Net income or (loss) from fundraising events | | | -232,802 | | | -232,802 | |
| 9a Gross income from gaming activities. See Part IV, line 19 | | 21,964 | | | | | |
| | b Less: direct expenses | 1,714 | | | | | |
| | c Net income or (loss) from gaming activities | | 20,250 | | | 20,250 | |
| 10a Gross sales of inventory, less returns and allowances | | 21,340 | | | | | |
| | b Less: cost of goods sold | 16,513 | | | | | |
| | c Net income or (loss) from sales of inventory | | 4,827 | | | 4,827 | |
| 11a CONTRACTED SERVICES | Miscellaneous Revenue | Business Code | | | | | |
| | | 900099 | 1,136,594 | | | 1,136,594 | |
| | b PKH MUSEUM ADMISSIONS | 900099 | 44,998 | 44,998 | | | |
| | c MISCELLANEOUS REVENUE | 900099 | 2,898 | | | 2,898 | |
| | d All other revenue | | | | | | |
| e Total. Add lines 11a-11d | | 1,184,490 | | | | | |
| 12 Total revenue. See instructions | | 150,444,669 | 1,771,605 | 414,046 | 32,021,436 | | |

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 | 18,202,206 | 18,202,206 | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | 5,422,930 | 5,422,930 | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. | 2,080,923 | 2,080,923 | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 1,031,436 | 531,978 | 288,041 | 211,417 |
| 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 | 8,234,659 | 4,247,146 | 2,299,627 | 1,687,886 |
| 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) | | | | |
| 9 Other employee benefits | 2,890,517 | 1,118,150 | 1,022,142 | 750,225 |
| 10 Payroll taxes | 129,167 | 129,167 | | |
| 11 Fees for services (non-employees): | | | | |
| a Management | 4,434,427 | 4,434,427 | | |
| b Legal | 125,350 | 54,677 | 70,673 | |
| c Accounting | 139,487 | | 139,487 | |
| d Lobbying | 75,000 | 75,000 | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | 8,847,226 | | 8,847,226 | |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 2,280,588 | 1,437,123 | 21,115 | 822,350 |
| 12 Advertising and promotion | 413,307 | 355,981 | | 57,326 |
| 13 Office expenses | 1,102,519 | 834,797 | 25,867 | 241,855 |
| 14 Information technology | 971,645 | 638,652 | 38,838 | 294,155 |
| 15 Royalties | | | | |
| 16 Occupancy | 775,392 | 666,269 | 107,107 | 2,016 |
| 17 Travel | 1,062,475 | 1,019,566 | 2,660 | 40,249 |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 1,098,328 | 1,032,928 | 2,860 | 62,540 |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 239,342 | 227,772 | 11,570 | |
| 23 Insurance | 183,470 | 80,362 | 103,087 | 21 |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a EQUIPMENT AND RENTALS | 1,700,608 | 1,635,755 | 33,531 | 31,322 |
| b REPAIRS & MAINTENANCE | 1,678,393 | 1,654,348 | 8,049 | 15,996 |
| c PAYROLL SERVICE FEES | 411,842 | 111,505 | 173,160 | 127,177 |
| d | | | | |
| e All other expenses | 212,112 | 119,057 | 47,900 | 45,155 |
| 25 Total functional expenses. Add lines 1 through 24e | 63,743,349 | 46,110,719 | 13,242,940 | 4,389,690 |
| 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 IX

| | | (A) Beginning of year | | (B) End of year |
|---|--|--------------------------|-------------|--------------------|
| Assets | 1 Cash—non-interest-bearing | 36,803,994 | 1 | 51,255,481 |
| | 2 Savings and temporary cash investments | 78,921,106 | 2 | 102,217,240 |
| | 3 Pledges and grants receivable, net | 97,745,497 | 3 | 144,140,784 |
| | 4 Accounts receivable, net | 475,570 | 4 | 295,159 |
| | 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 | 22,334 | 8 | 21,013 |
| | 9 Prepaid expenses and deferred charges | 682,015 | 9 | 477,919 |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 15,465,480 | | |
| | b Less: accumulated depreciation | 4,277,565 | | |
| | 11 Investments—publicly traded securities | 85,743,344 | 11 | 96,611,646 |
| | 12 Investments—other securities. See Part IV, line 11 | 417,961,708 | 12 | 396,173,831 |
| | 13 Investments—program-related. See Part IV, line 11 | 2,886,088 | 13 | 2,807,754 |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets. See Part IV, line 11 | | 15 | |
| 16 Total assets. Add lines 1 through 15 (must equal line 33) | 732,698,663 | 16 | 805,257,176 | |
| Liabilities | 17 Accounts payable and accrued expenses | 6,584,879 | 17 | 10,557,193 |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | 25,280 | 19 | 44,912 |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | 52,666,256 | 21 | 66,901,428 |
| | 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 | 724,637 | 25 | 546,494 |
| | 26 Total liabilities. Add lines 17 through 25 | 60,001,052 | 26 | 78,050,027 |
| 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 | 65,079,348 | 27 | 57,287,052 |
| | 28 Net assets with donor restrictions | 607,618,263 | 28 | 669,920,097 |
| | 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 | 672,697,611 | 32 | 727,207,149 | |
| 33 Total liabilities and net assets/fund balances | 732,698,663 | 33 | 805,257,176 | |

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 | 150,444,669 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 63,743,349 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 86,701,320 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 672,697,611 |
| 5 | Net unrealized gains (losses) on investments | 5 | -32,161,782 |
| 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 in Schedule O) | 9 | -30,000 |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 727,207,149 |

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- 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 in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- 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 in Schedule O and describe any steps taken to undergo such audits.

| | Yes | No |
|-----------|-----|----|
| 2a | | No |
| 2b | Yes | |
| 2c | Yes | |
| 3a | | No |
| 3b | | |

Additional Data

Software ID:

Software Version:

EIN: 11-6077945

Name: STONY BROOK FOUNDATION INC

Form 990 (2021)

Form 990, Part III, Line 4a:

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.

Form 990, Part III, Line 4b:

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 MEDICAL AND RESEARCH TRANSLATION (MART) 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.

Form 990, Part III, Line 4c:

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.

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

(Code:) (Expenses \$ 5,222,580 including grants of \$ 5,135,259) (Revenue \$ 0)

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 REMARKABLY AFFORDABLE PRICES AND TO KEEP RECRUITING THE BEST YOUNG MINDS AND FUTURE LEADERS FROM ACROSS THE SOCIOECONOMIC SPECTRUM.

(Code:) (Expenses \$ 2,278,756 including grants of \$ 7,286,243) (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.

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted 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) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (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 | | | |
| DR MAURIE MCINNIS EX-OFFICIO TRUSTEE (VOTING) | 3.00 0.10 | X | | | | | | 135,000 | 0 | 0 |
| MR RICHARD L GELFOND TRUSTEE, CHAIR | 4.00 0.10 | X | | X | | | | 0 | 0 | 0 |
| MR DAVID E ACKER TRUSTEE, VICE CHAIR | 1.00 0.00 | X | | X | | | | 0 | 0 | 0 |
| DR LAURIE LANDEAU TRUSTEE, VICE CHAIR | 1.00 0.00 | X | | X | | | | 0 | 0 | 0 |
| DR JAMES H SIMONS TRUSTEE, CHAIR EMERITUS | 1.00 0.00 | X | | X | | | | 0 | 0 | 0 |
| MR CARY F STALLER TRUSTEE, SECRETARY | 1.00 1.00 | X | | X | | | | 0 | 0 | 0 |
| DR NANCY RAUCH DOUZINAS TRUSTEE, TREASURER | 1.00 0.00 | X | | X | | | | 0 | 0 | 0 |
| DR ASHVIN B CHHABRA TRUSTEE | 0.50 0.00 | X | | | | | | 0 | 0 | 0 |
| MR ERROL A COCKFIELD TRUSTEE | 0.50 0.00 | X | | | | | | 0 | 0 | 0 |
| DR BARRY S COLLER TRUSTEE | 0.50 0.00 | X | | | | | | 0 | 0 | 0 |

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted 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) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (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 | | | |
| MR GUY-MAX DELPHIN TRUSTEE | 0.50 | X | | | | | | 0 | 0 | 0 |
| MR BARRY M FOX ESQ TRUSTEE | 0.50 | X | | | | | | 0 | 0 | 0 |
| MR STUART D GOLDSTEIN TRUSTEE | 0.10 | X | | | | | | 0 | 0 | 0 |
| MS KAREN KEOGH TRUSTEE (THRU 08/2021) | 0.50 | X | | | | | | 0 | 0 | 0 |
| MR WILLIAM L KNAPP TRUSTEE | 0.50 | X | | | | | | 0 | 0 | 0 |
| DR HENRY B LAUFER TRUSTEE | 0.50 | X | | | | | | 0 | 0 | 0 |
| MS DOROTHY LICHTENSTEIN TRUSTEE | 0.50 | X | | | | | | 0 | 0 | 0 |
| DR NIRMAL MATTOO TRUSTEE | 0.50 | X | | | | | | 0 | 0 | 0 |
| MR RICHARD T NASTI ESQ TRUSTEE | 0.50 | X | | | | | | 0 | 0 | 0 |
| MR BERNARDO PIQET TRUSTEE | 0.10 | X | | | | | | 0 | 0 | 0 |

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted 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) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (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 | | | |
| TARA STENZEL-FLEMING ED CORPORATE AND FR | 37.50 0.00 | | | | | X | | 201,166 | 0 | 80,973 |
| CAROL GOMES CEO, COO OF SBUH | 1.00 0.00 | | | | | X | | 348,640 | 0 | 0 |

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
STONY BROOK FOUNDATION INC

Employer identification number
11-6077945

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1- 10 above (see instructions)) | (iv) Is the organization listed in your governing document? | | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|--|---|----|---|---|
| | | | Yes | No | | |
| | | | | | | |
| Total | | | | | | |

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 failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|--|---|------------|------------|------------|------------|-------------|-------------|
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . . | 58,869,092 | 65,217,329 | 54,558,793 | 95,728,137 | 116,237,582 | 390,610,933 |
| 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 | 58,869,092 | 65,217,329 | 54,558,793 | 95,728,137 | 116,237,582 | 390,610,933 |
| 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) . . . | | | | | | 179,055,168 |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | 211,555,765 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|--|--|------------|------------|------------|------------|-------------|-------------|
| 7 | Amounts from line 4. | 58,869,092 | 65,217,329 | 54,558,793 | 95,728,137 | 116,237,582 | 390,610,933 |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 2,004,637 | 2,084,723 | 1,749,850 | 761,711 | 473,264 | 7,074,185 |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | 171,562 | | | 181,658 | 53,733 | 406,953 |
| 10 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | 1,369,666 | 966,343 | 1,279,720 | 939,755 | 1,654,071 | 6,209,555 |
| 11 | Total support. Add lines 7 through 10 | | | | | | 404,301,626 |
| 12 | Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 8,409,277 |

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**

Section C. Computation of Public Support Percentage

| | | | |
|-----------|--|-----------|----------|
| 14 | Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f)) | 14 | 52.330 % |
| 15 | Public support percentage for 2020 Schedule A, Part II, line 14 | 15 | 52.680 % |

- 16a 33 1/3% support test—2021.** 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
- b 33 1/3% support test—2020.** 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
- 17a 10%-facts-and-circumstances test—2021.** 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
- b 10%-facts-and-circumstances test—2020.** 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
- 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

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) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (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) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (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 2021 (line 8, column (f) divided by line 13, column (f)) | 15 | |
| 16 | Public support percentage from 2020 Schedule A, Part III, line 15 | 16 | |

Section D. Computation of Investment Income Percentage

| | | | |
|-----------|--|-----------|--|
| 17 | Investment income percentage for 2021 (line 10c, column (f) divided by line 13, column (f)) | 17 | |
| 18 | Investment income percentage from 2020 Schedule A, Part III, line 17 | 18 | |

19a 33 1/3% support tests—2021. 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—2020. 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, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of 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> | | |
| | 1 | | |
| 2 | Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <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> | | |
| | 2 | | |
| 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> | | |
| | 3a | | |
| b | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i> | | |
| | 3b | | |
| 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> | | |
| | 3c | | |
| 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> | | |
| | 4a | | |
| 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> | | |
| | 4b | | |
| 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> | | |
| | 4c | | |
| 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> | | |
| | 5a | | |
| b | Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | | |
| | 5b | | |
| c | Substitutions only. Was the substitution the result of an event beyond the organization's control? | | |
| | 5c | | |
| 6 | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i> | | |
| | 6 | | |
| 7 | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i> | | |
| | 7 | | |
| 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> | | |
| | 8 | | |
| 9a | Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i> | | |
| | 9a | | |
| 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> | | |
| | 9b | | |
| 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> | | |
| | 9c | | |
| 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> | | |
| | 10a | | |
| 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> | | |
| | 10b | | |

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 11a above? | | |
| c | A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.</i> | | |

Section B. Type I Supporting Organizations

| | | Yes | No |
|----------|--|-----|----|
| 1 | Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <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 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> | | |

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> | | |

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 in 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> | | |

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 government 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> | | |

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): | 1 | |
| 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 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 (<i>prior IRS approval required - 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 2021 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-2021 | (iii) Distributable Amount for 2021 |
|--|-------------------------------------|---|--|
| 1 Distributable amount for 2021 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2021 (reasonable cause required-- <i>explain in Part VI</i>). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2021: | | | |
| a From 2016. | | | |
| b From 2017. | | | |
| c From 2018. | | | |
| d From 2019. | | | |
| e From 2020. | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2021 distributable amount | | | |
| i Carryover from 2016 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | |
| 4 Distributions for 2021 from Section D, line 7: | | | |
| \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2021 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from line 4. | | | |
| 5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions. | | | |
| 6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions. | | | |
| 7 Excess distributions carryover to 2022. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2017. | | | |
| b Excess from 2018. | | | |
| c Excess from 2019. | | | |
| d Excess from 2020. | | | |
| e Excess from 2021. | | | |

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).

| |
|-------------------------------------|
| Facts And Circumstances Test |
| |

990 Schedule A, Supplemental Information

| Return Reference | Explanation |
|--|--|
| SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME: | GROSS INCOME FROM FUNDRAISING - 2017 AMOUNT: \$ 233,725. 2018 AMOUNT: \$ 288,424. 2019 AMOUNT: \$ 148,146. 2020 AMOUNT: \$ 0. 2021 AMOUNT: \$ 471,275. GROSS INCOME FROM GAMING - 2017 AMOUNT: \$ 25,649. 2018 AMOUNT: \$ 28,550. 2019 AMOUNT: \$ 29,705. 2020 AMOUNT: \$ 0. 2021 AMOUNT: \$ 21,964. CONTRACTED SERVICES - 2017 AMOUNT: \$ 1,025,085. 2018 AMOUNT: \$ 561,093. 2019 AMOUNT: \$ 762,593. 2020 AMOUNT: \$ 898,856. 2021 AMOUNT: \$ 1,136,594. GROSS SALES OF INVENTORY - 2017 AMOUNT: \$ 28,021. 2018 AMOUNT: \$ 27,585. 2019 AMOUNT: \$ 18,169. 2020 AMOUNT: \$ 12,887. 2021 AMOUNT: \$ 21,340. MISCELLANEOUS - 2017 AMOUNT: \$ 57,186. 2018 AMOUNT: \$ 60,691. 2019 AMOUNT: \$ 321,107. 2020 AMOUNT: \$ 28,012. 2021 AMOUNT: \$ 2,898. |

SCHEDULE C
(Form 990)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
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.

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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 the organization STONY BROOK FOUNDATION INC | Employer identification number 11-6077945 |
|--|--|

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. See instructions for definition of "political campaign activities."

2 Political campaign activity expenditures. See instructions ▶ \$ _____

3 Volunteer hours for political campaign activities. See instructions _____

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-. |
|----------|-------------|---------|---|--|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |

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 (grass roots lobbying)
- b** Total lobbying expenditures to influence a legislative body (direct lobbying)
- c** Total lobbying expenditures (add lines 1a and 1b)
- d** Other exempt purpose expenditures
- e** Total exempt purpose expenditures (add lines 1c and 1d)
- f** Lobbying nontaxable amount. Enter the amount from the following table in both columns.

| | | |
|--|------------|--|
| | | |
| | 75,000 | |
| | 75,000 | |
| | 63,668,349 | |
| | 63,743,349 | |
| | 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)
- h** Subtract line 1g from line 1a. If zero or less, enter -0-
- i** Subtract line 1f from line 1c. If zero or less, enter -0-

| | | |
|--|---------|--|
| | 250,000 | |
| | 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? Yes 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) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (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 | 60,000 | 83,700 | 75,000 | 278,700 |
| 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 | | | | | |

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 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 expenditure 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.

| Return Reference | Explanation |
|----------------------------------|---|
| 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

OMB No. 1545-0047
2021
Open to Public Inspection

▶ **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.**

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? Yes 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? Yes 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 (e.g., recreation or education) Preservation of an 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 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 7/25/06, and not on a historic structure listed in the National Register | 2d |

3 Number of conservation easements modified, transferred, released, extinguished, or 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? Yes No

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)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial 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 ▶ \$ _____ 6,979,027

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 ▶ \$ _____

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 are a 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 programs
 - 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 |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |
- 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 in 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 | 366,699,386 | 279,331,275 | 265,806,703 | 244,955,670 | 233,966,854 |
| b Contributions | 24,419,420 | 27,463,817 | 21,065,306 | 17,716,212 | 8,032,140 |
| c Net investment earnings, gains, and losses | -10,171,718 | 69,845,141 | 3,751,752 | 22,532,062 | 21,666,546 |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | 8,389,238 | 7,998,445 | 9,656,291 | 11,988,894 | 11,077,413 |
| f Administrative expenses | 2,234,360 | 1,942,402 | 1,636,195 | 7,408,347 | 7,632,457 |
| g End of year balance | 370,323,490 | 366,699,386 | 279,331,275 | 265,806,703 | 244,955,670 |

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 8.610 %
 - b** Permanent endowment ▶ 62.510 %
 - c** Term endowment ▶ 28.880 %
- 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 | 3a(i) | No |
| (ii) Related organizations | 3a(ii) | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 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 | | 1,065,854 | | 1,065,854 |
| b Buildings | | 6,804,608 | 3,710,229 | 3,094,379 |
| c Leasehold improvements | | 390,090 | 390,090 | 0 |
| d Equipment | | 225,901 | 177,246 | 48,655 |
| 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 10(c).) . . . ▶ | | | | 11,187,915 |

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) US EQUITY FUNDS | 138,108,345 | F |
| (B) MULTI-STRATEGY FUNDS | 82,132,435 | F |
| (C) PRIVATE EQUITY FUNDS | 140,225,850 | F |
| (D) GLOBAL EQUITY FUNDS | 34,912,506 | F |
| (E) DIVERSIFIED FIXED-INCOME FUNDS | 694,695 | F |
| (F) INV. IN SBHC PRIVATE EQUITY IV, LLC | 100,000 | F |
| (G) | | |
| (H) | | |
| (H) | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) | 396,173,831 | |

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) | | |
| (10) | | |
| Total. (Column (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) | |
| (10) | |
| 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 | 546,494 |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) | 546,494 |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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.

| Return Reference | Explanation |
|---------------------------|-------------|
| See Additional Data Table | |
| | |
| | |
| | |
| | |
| | |

Additional Data

Software ID:

Software Version:

EIN: 11-6077945

Name: STONY BROOK FOUNDATION INC

Supplemental Information

| Return Reference | Explanation |
|-------------------|--|
| 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. |

Supplemental Information

| Return Reference | Explanation |
|-------------------|---|
| PART IV, LINE 2B: | ESCROW AND CUSTODIAL ARRANGEMENTS THE FOUNDATION HOLDS FUNDS AS A TRUSTEE/DISBURSING AGENT FOR AUXILIARY AGENCIES OF STONY BROOK UNIVERSITY, WHICH AMOUNTED TO \$66,901,428 AS OF JUNE 30, 2022. THE FOUNDATION CHARGES FEES TO THESE AGENCIES FOR ADMINISTRATIVE COSTS, WHICH AMOUNTED TO \$1,726,607 FOR FISCAL YEAR 2022, WHICH IS INCLUDED AS PROGRAMMATIC REVENUE ON FORM 990, PART VIII, LINE 2(A). |

Supplemental Information

| Return Reference | Explanation |
|------------------|---|
| PART V, LINE 4: | <p>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.</p> |

Supplemental Information

| Return Reference | Explanation |
|------------------|---|
| PART X, LINE 2: | <p>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. 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 SBFR 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.</p> |

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to 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

2021

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 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 |
|---|-------------------------------------|--|--|--|--|
| (1) See Add'l Data | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| 3a Sub-total | 0 | 0 | | | 199,943,489 |
| b Total from continuation sheets to Part I | 0 | 0 | | | 0 |
| c Totals (add lines 3a and 3b) | 0 | 0 | | | 199,943,489 |

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) |
|----------------------------|--|--|----------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
| (1) | | EUROPE (INCLUDING ICELAND & GREENLAND) | GENERAL SUPPORT | 12,500 | CHECK | 0 | | |
| (2) | | SUB-SAHARAN AFRICA | GENERAL SUPPORT | 50,030 | CHECK | 0 | | |
| (3) | | SUB-SAHARAN AFRICA | GENERAL SUPPORT | 2,017,658 | CHECK | 0 | | |
| (4) | | | | | | | | |

| | |
|--|-----|
| 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt 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 III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of noncash assistance | (g) Description of noncash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
|--|-------------------|---------------------------------|---------------------------------|--|---|--|--|
| (1) | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |
| (8) | | | | | | | |
| (9) | | | | | | | |
| (10) | | | | | | | |
| (11) | | | | | | | |
| (12) | | | | | | | |
| (13) | | | | | | | |
| (14) | | | | | | | |
| (15) | | | | | | | |
| (16) | | | | | | | |
| (17) | | | | | | | |
| (18) | | | | | | | |

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.

990 Schedule F, Supplemental Information

| Return Reference | Explanation |
|------------------|--|
| 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. |

990 Schedule F, Supplemental Information

| Return Reference | Explanation |
|-----------------------------|-------------|
| PART III ACCOUNTING METHOD: | |

990 Schedule F, Supplemental Information

| Return Reference | Explanation |
|-------------------------|--|
| PART IV: | FOREIGN FORMS STONY BROOK FOUNDATION, INC. INVESTS DIRECTLY IN VARIOUS ALTERNATIVE 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. |

Additional Data

Software ID:

Software Version:

EIN: 11-6077945

Name: STONY BROOK FOUNDATION INC

Form 990 Schedule F Part I - Activities Outside The United States

| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|--|-------------------------------------|---|--|--|-----------------------------------|
| EUROPE (INCLUDING ICELAND & GREENLAND) | 0 | 0 | GRANTMAKING | | 12,500 |
| SUB-SAHARAN AFRICA | 0 | 0 | GRANTMAKING | | 2,068,423 |

Form 990 Schedule F Part I - Activities Outside The United States

| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|-----------------------------------|-------------------------------------|---|--|--|-----------------------------------|
| CENTRAL AMERICA AND THE CARIBBEAN | 0 | 0 | INVESTMENTS | | 193,084,022 |
| NORTH AMERICA | 0 | 0 | INVESTMENTS | | 1,970,790 |

Form 990 Schedule F Part I - Activities Outside The United States

| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|--------------------|-------------------------------------|---|--|--|-----------------------------------|
| SUB-SAHARAN AFRICA | 0 | 0 | INVESTMENTS | PROGRAM RELATED LOAN | 2,807,754 |

SCHEDULE G (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities
Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2021
Open to Public Inspection

Name of the organization
STONY BROOK FOUNDATION INC

Employer identification number
11-6077945

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? | | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
|---|---------------|--|----|-----------------------------------|---|---|
| | | Yes | No | | | |
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |
| Total | | | | | | |

- 3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WI, WI

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 |
|--|---|-------------------------------------|--|-----------------------------|---------------------------------|
| | | <u>SB GALA 2022</u> (event type) | <u>LISVH GOLF OUTING</u> (event type) | <u>13</u> (total number) | (add col. (a) through col. (c)) |
| Revenue | 1 Gross receipts | 2,231,700 | 188,406 | 688,806 | 3,108,912 |
| | 2 Less: Contributions | 2,109,575 | 131,703 | 396,359 | 2,637,637 |
| | 3 Gross income (line 1 minus line 2) | 122,125 | 56,703 | 292,447 | 471,275 |
| Direct Expenses | 4 Cash prizes | | | | |
| | 5 Noncash prizes | | | | |
| | 6 Rent/facility costs | | | | |
| | 7 Food and beverages | 214,563 | | 65,442 | 280,005 |
| | 8 Entertainment | | 40,926 | 99,535 | 140,461 |
| | 9 Other direct expenses | 30,719 | 15,669 | 237,223 | 283,611 |
| | 10 Direct expense summary. Add lines 4 through 9 in column (d) ▶ | | | | 704,077 |
| 11 Net income summary. Subtract line 10 from line 3, column (d) ▶ | | | | -232,802 | |

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)) |
|---|--|---|---|--|--|
| | | 1 Gross revenue | | | 21,964 |
| Direct Expenses | 2 Cash prizes | | | | |
| | 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 | 100.000 % |
| 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 ▶ JO-ANN DANIELS THRU 042022

Address ▶ 230 ADMINISTRATION BLDG 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 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.

| Return Reference | Explanation |
|--------------------------------|--|
| SCHEDULE G, PART II, EVENT #1: | THE STONY BROOK FOUNDATION HELD ITS ANNUAL GALA IN NEW YORK CITY IN APRIL OF 2022. THE \$214,563 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 THE INDIVIDUAL IN CHARGE OF OVERSEEING THE FOUNDATION'S FUNDRAISING GAMING ACTIVITIES IS NOT COMPENSATED FOR THAT JOB RESPONSIBILITY; HE UNDERSTAKES THIS ROLE AS PART OF HIS ORDINARY BUSINESS ENDEAVORS. |

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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...
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.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 4
3 Enter total number of other organizations listed in the line 1 table 0

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 noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|-------------------------------------|--------------------------|--------------------------|----------------------------------|---|---------------------------------------|
| (1) PARTICIPANT SUPPORT/FELLOWSHIPS | 202 | 443,264 | | | |
| (2) ACADEMIC PRIZES AND AWARDS | 607 | 487,825 | | | |
| (3) STUDENT AID | 1060 | 209,823 | | | |
| (4) SCHOLARSHIPS | 314 | 3,757,358 | | | |
| (5) FELLOWSHIPS | 99 | 524,660 | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |

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

| Return Reference | Explanation |
|------------------|---|
| 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 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. |

Additional Data

Software ID:

Software Version:

EIN: 11-6077945

Name: STONY BROOK FOUNDATION INC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash 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) | 4,471,450 | 0 | | | RESEARCH AWARDS & EDUCATIONAL SUPPORT |
| STONY BROOK UNIVERSITY OFFICE 261 ADMINISTRATION BLDG STONY BROOK UNIVERSITY STONY BROOK, NY 11794 | 14-6013200 | 115 | 10,978,767 | 2,702,883 | BOOK | EQUIPMENT | EDUCATIONAL SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| FACULTY STUDENT ASSOCIATION W SIDE DINNING FL 2 STONY BROOK, NY 11794 | 11-1986378 | 501(C)(3) | 15,500 | 0 | | | EDUCATIONAL SUPPORT |
| STONY BROOK UNIVERSITY HOSPITAL STONY BROOK MEDICINE 101 NICOLLS RD STONY BROOK, NY 11794 | 11-3243405 | 115 | 30,973 | 0 | | | OPERATION SUPPORT |

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047

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.

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
STONY BROOK FOUNDATION INC

Employer identification number
11-6077945

Part I Questions Regarding Compensation

| | Yes | No | | | | | | | | |
|--|---|---|--|--|--|--|---|--|--|--|
| <p>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.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input checked="" type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input checked="" type="checkbox"/> Tax idemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table> | <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 idemnification 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 (e.g., maid, chauffeur, chef) | | |
| <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 idemnification 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 (e.g., maid, chauffeur, chef) | | | | | | | | | |
| <p>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</p> | 1b | No | | | | | | | | |
| <p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?</p> | 2 | No | | | | | | | | |
| <p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table> | <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 | | | | |
| <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 | | | | | | | | | |
| <p>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:</p> | | | | | | | | | | |
| <p>a Receive a severance payment or change-of-control payment?</p> | 4a | No | | | | | | | | |
| <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> | 4b | No | | | | | | | | |
| <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p> | 4c | No | | | | | | | | |
| <p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> | | | | | | | | | | |
| <p>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:</p> | | | | | | | | | | |
| <p>a The organization?</p> | 5a | No | | | | | | | | |
| <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p> | 5b | No | | | | | | | | |
| <p>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:</p> | | | | | | | | | | |
| <p>a The organization?</p> | 6a | No | | | | | | | | |
| <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p> | 6b | No | | | | | | | | |
| <p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p> | 7 | Yes | | | | | | | | |
| <p>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.</p> | 8 | No | | | | | | | | |
| <p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p> | 9 | | | | | | | | | |

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 are not listed on Form 990, Part VII.

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

| (A) Name and Title | | (B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC | | | (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) | 439,569 | 0 | 0 | 0 | 173,630 | 613,199 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2 DEBORAH LOWEN-KLEIN SENIOR ASSOCIATE VP, ADVANCEMENT | (i) | 332,624 | 0 | 0 | 0 | 134,025 | 466,649 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3 MR JASON W HSUEH CFO & COO (THRU 02/2022) | (i) | 295,606 | 0 | 0 | 0 | 118,988 | 414,594 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4 DANIELLE HOLTON AVP, SBCH | (i) | 265,135 | 0 | 0 | 0 | 106,719 | 371,854 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5 CAROL GOMES CEO, COO OF SBUH | (i) | 0 | 348,640 | 0 | 0 | 0 | 348,640 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6 JO-ANN DANIELS DIRECTOR, FIN. & OPER. (THRU 04/2022) | (i) | 235,747 | 0 | 0 | 0 | 94,893 | 330,640 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 7 TARA STENZEL-FLEMING ED CORPORATE AND FR | (i) | 201,166 | 0 | 0 | 0 | 80,973 | 282,139 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 8 JUSTIN FINCHER EXECUTIVE DIRECTOR (AS OF 08/2021) | (i) | 145,593 | 50,000 | 0 | 0 | 0 | 195,593 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | | | | | | | | |
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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.

| Return Reference | Explanation |
|------------------|--|
| 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 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.

| Return Reference | Explanation |
|------------------|---|
| 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 OFFICER'S COMPENSATION, FORM 990, SCHEDULE J, QUESTION 3 IS LEFT BLANK. |

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.

| Return Reference | Explanation |
|------------------|--|
| PART I, LINE 7 | AS NOTED IN THE ABOVE SCHEDULE J NARRATIVE, THE STONY BROOK FOUNDATION SUPPLEMENTS WAGES PAID [BY THE STATE] TO THREE INDIVIDUALS REPORTED ON THE FOUNDATION FORM 990: DR. MAURIE MCINNIS, CAROL GOMES, AND JUSTIN FINCHER. 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. |

Schedule L (Form 990) Department of the Treasury Internal Revenue Service

Transactions with Interested Persons Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 2021 Open to Public Inspection

Name of the organization STONY BROOK FOUNDATION INC

Employer identification number 11-6077945

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

Table with 5 columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958.
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization.

Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

Table with 9 columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Total \$

Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 5 columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance

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 |
| (1) DR JAMES SIMONS | BOARD MEMBER | 43,504,697 | INVESTMENTS HELD | | No |
| (2) DR JAMES SIMONS | BOARD MEMBER | 216,824 | INV FEES | | No |
| (3) HENRY LAUFER | BOARD MEMBER | 43,504,697 | INVESTMENTS HELD | | No |
| (4) HENRY LAUFER | BOARD MEMBER | 216,824 | INV FEES | | No |
| | | | | | |
| | | | | | |

Part V Supplemental Information

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

| Return Reference | Explanation |
|---------------------|---|
| 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 \$43,504,697; FOR THE YEAR ENDING JUNE 30, 2022, THE FOUNDATION PAID THE INVESTMENT FIRM \$216,824 IN INVESTMENT MANAGEMENT FEES. |

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

▶ **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 the latest information.**

Open to Public Inspection

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 | 94 | 6,128,461 | 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 IV, Donee Acknowledgement

29

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 three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

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

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.

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.

| Return Reference | Explanation |
|-----------------------------|--|
| PART I, COLUMN (B): | THE FOUNDATION IS REPORTING THE NUMBER OF CONTRIBUTIONS IN PART I, COLUMN(B). |
| PART I, 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 M, PART I, LINE 9: | IN ADDITION TO THE STOCK GIFTS REPORTED IN SCHEDULE M, THE FOUNDATION NOTES THAT THE FOUNDATION RECEIVED \$2,985,356 IN STOCK GIFTS IN FULFILLMENT OF PRIOR YEAR PLEDGES. SINCE THE PLEDGES WERE REPORTED AS REVENUE ON PRIOR FORMS 990, THE RECEIPT OF NON-CASH GIFTS TO SATISFY THE PLEDGES ARE NOT REPORTED AGAIN IN THE CURRENT YEAR 990. |

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 990-EZ.

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

OMB No. 1545-0047

2021**Open to Public
Inspection**Name of the organization
STONY BROOK FOUNDATION INC

Employer identification number

11-6077945

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|----------------------------------|--|
| 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 2022, THE TOTAL SUPPORT OF \$12,285,779 INCLUDES \$6,026,441 RELATED TO CAMPUS PROGRAMS, \$3,609,810 RELATED TO ADMINISTRATIVE OFFICES AND \$2,649,528 RELATED TO FUNDRAISING OFFICES. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|-----------------------------------|--|
| 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 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. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---------------------------------------|--|
| FORM 990, PART VI, SECTION A, LINE 1A | <p>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 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 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.</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--------------------------------------|--|
| 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. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---------------------------------------|---|
| 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. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
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| 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. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| 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. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---------------------------------------|--|
| FORM 990, PART VI, SECTION B, LINE 15 | <p>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 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.</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| 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. |

990 Schedule O, Optional Information

| Return Reference | Explanation |
|---------------------|--|
| FORM 990, PART VII: | <p>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-EFICIO 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. FORMER CFO & COO, JASON HSUEH, CURRENT 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 REQUIRED TO BE DISCLOSED IN PART VII, COLUMN (D) AS THOUGH IT HAD BEEN PAID BY THE FOUNDATION. HIGHLY COMPENSATED EMPLOYEES, JO-ANN DANIELS, 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. CURRENT CFO & COO, KACY BULLARD, COMMENCED SERVICE WITH THE FOUNDATION IN OCTOBER OF 2021 AS THE ASSISTANT VICE PRESIDENT FOR ADVANCEMENT. THE SALARY REPORTED FOR MR. BULLARD REPRESENTS COMPENSATION IN CALENDAR YEAR 2021 FOR SERVING THAT ROLE. MR. BULLARD ASCENDED TO THE ROLE OF CFO & COO IN APRIL OF 2022.</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|----------------------------------|--------------------------|
| FORM 990, PART XI, LINE 9: | RESCINDED GRANT -30,000. |

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2021

**Open to Public
Inspection**

▶ **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.**

Department of the Treasury
Internal Revenue Service

Name of the organization
STONY BROOK FOUNDATION INC

Employer identification number

11-6077945

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 |
| (1) STONY BROOK FOUNDATION REALTY 230 ADMINISTRATION STONY BROOK, NY 11794 11-2622814 | REAL ESTATE | NY | 501(C)(3) | LINE 12A, I | SBF | Yes | |
| (2) LONG ISLAND HIGH TECH INCUBATOR INC 25 EAST LOOP ROAD STONY BROOK, NY 11790 11-3059018 | DEVELOP TECH | NY | 501(C)(3) | LINE 10 | N/A | | No |
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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.

| | Yes | No |
|--|-----|----|
| 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | |
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | | No |
| b Gift, grant, or capital contribution to related organization(s) | | No |
| c Gift, grant, or capital contribution from related organization(s) | | No |
| d Loans or loan guarantees to or for related organization(s) | Yes | |
| e Loans or loan guarantees by related organization(s) | | No |
| f Dividends from related organization(s) | | No |
| g Sale of assets to related organization(s) | | No |
| h Purchase of assets from related organization(s) | | No |
| i Exchange of assets with related organization(s) | | No |
| j Lease of facilities, equipment, or other assets to related organization(s) | | No |
| k Lease of facilities, equipment, or other assets from related organization(s) | | No |
| l Performance of services or membership or fundraising solicitations for related organization(s) | Yes | |
| m Performance of services or membership or fundraising solicitations by related organization(s) | | No |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | Yes | |
| o Sharing of paid employees with related organization(s) | Yes | |
| p Reimbursement paid to related organization(s) for expenses | | No |
| q Reimbursement paid by related organization(s) for expenses | | No |
| r Other transfer of cash or property to related organization(s) | | No |
| s Other transfer of cash or property from related organization(s) | | No |

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 |
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Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

| Return Reference | Explanation |
|-------------------------|--------------------|
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