

Return of Organization Exempt From Income Tax

201

Form

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(4) of the Internal Revenue Code (insert check box for section)

A Name of organization: **STOCKTON AFFILIATED SERVICES, INC.**

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application

C Name and address of principal officer: **MICHAEL ANTONIO BOG**

D business as

E Telephone number: **(609) 652-4381**

F Number and street (or P.O. box if mail is not delivered to street address) Room/suite
101 VERA KING FARRIS DRIVE **SASI**

Part I

43

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Go to www.irs.gov/om290 for instructions and the latest information

A For the 2017 calendar or tax **2017** and end

G Gross receipts \$ **14,158,244**

H(b) Is this organization a subsidiary of another organization?
 501 **Yes** 527 **No**

I Tax-exempt status: **501** **494** or **527** If "No" attach a list (see instructions)

K Form of **Trust** **Summa** **N.J.**

J Website: **WWW.STOCKTON.EDU**

	Association	Other	Year of formation	Group exemption number	State
2			2000		N.J.
3				3	
4				4	2,572 689
5				5	8
6				6	9
7a				7a	
7b				7b	

	Prior Year	Current Year
8 Revenue	4,067,890.	3,877,974
9	12,762,135	13,724,647.
10	20,005	29,006
11	43,182	
12		
	693,469	63,246
	10,715,906	

For calendar year 2017, or fiscal year begin

30, 2018

Do not send to the IRS. Keep for your records.

201

Department of the Treasury

Internal Revenue Service

Go to

for the latest information

Name of exempt organ

Employer identification number

ST AFFILIATED SERVICES INC.

94-3435466

Name and title of officer

ST AFFILIATED SERVICES INC. PRESIDENT

Part I

[Redacted text block]

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you

[Redacted text block]

Part III

[Redacted text block]

[Redacted text block]

[Redacted text block]

Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

ATTACHMENT 1

X

including grants of \$ PROVIDES FOOD

4b (Code:) (Expenses \$ 1,480,947. including grants of \$ 1,480,947.) (Revenue \$

) (Expenses \$ 9,458,705 10,834,723.)

STOCKTON AFFILIATED SERVICES, INC. SERVICES IN SUPPORT OF THE UNIVERSITY'S MISSION. FOOD SERVICES ARE PROVIDED TO APPROXIMATELY 9,600 STUDENTS, 2,900 EMPLOYEES, AS WELL AS VISITORS TO THE CAMPUS. STOCKTON AFFILIATED SERVICES, INC. IS PARTNERED WITH CHARTWELLS. CHARTWELLS SERVICES MANY HIGHER EDUCATION INSTITUTIONS AROUND THE WORLD AND IS DEDICATED TO PROVIDING "FUN, HEALTHY DINING OPTIONS", GREAT SERVICE, AND LISTENING CLOSELY TO

829,212. including grants of \$

prior Form 990 or 990-EZ?

Yes No

If "Yes," describe those new services on Schedule O

EXTENDED TO AND FROM THE UNIVERSITY'S NEW ATLANTIC CITY CAMPUS.

532,850

58,000


808,970

301,714

Part IV Checklist of red Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		
"Yes," complete Schedule D, Part I		X
complete Schedule D, Part III		X
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-102? If "Yes," complete Schedule C		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	6	X

Part IV Checklist of Required Schedules

	Yes	No
29a Did the organization operate any... 		X
	X	
		X
	X	
		X
	X	
		X
	X	
		X
	X	
		X
	X	
		X
	X	
		X
	X	
28 		X
	X	
		X
	X	
		X
	X	
		X
	X	
		X
	X	
		X
	X	
		X
	X	
		X
	X	
		X

Part V

Statements Regarding Other IRS Filings and Tax Compliance

Check if Section 513(c)(2) applies

	23	
	0	Yes
		X
		X
		X
		X

contains a reference or note to a line in

1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	No
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	X
c	Did the organization comply with backup withholding rules for reportable payments to vendors and		X
			X
			X
			X
			X
			X

	1041?		
2a	reportable gaming (gambling) winnings to prize winners?	1c	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a	
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
3b	If "Yes" has it filed a Form 990-T for this year? If "No" to line 3a, provide an explanation in Schedule O	3b	

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

response ny

X

Independent Contractors

(A) Name and Title	(B) Average hours per week (list any other compensation)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
DR. HARVEY KESSELMAN CHAIR	1.00	X	0	415,537	142,248
LAWRENCE A. HUFF VICE CHAIR	0	X X	0	0	0
LAWRENCE MORTER SECRETARY TREASURER	1.00 0	X X	0	0	0
Office Directors Em	1.00				
RUSSELL BANKS	1.00				
DR. MICHAEL BUSLER BOARD MEMBER	1.00 34.00	X	0	138,628	21,742
MADELEINE DEININGER BOARD MEMBER	1.00 0	X			25,835
THOMAS R. LLOYD (BEG 9-27-2017)	34.00 1.00	X			
GEORGEANNA TRACEY NEWMONES BOARD MEMBER	1.00 0	X	0	0	0
MICHAEL ANGULO, M.D. PRESIDENT OF SASI	1.00 35.00	X			
JANE B. STARK	35.00				

Section A.

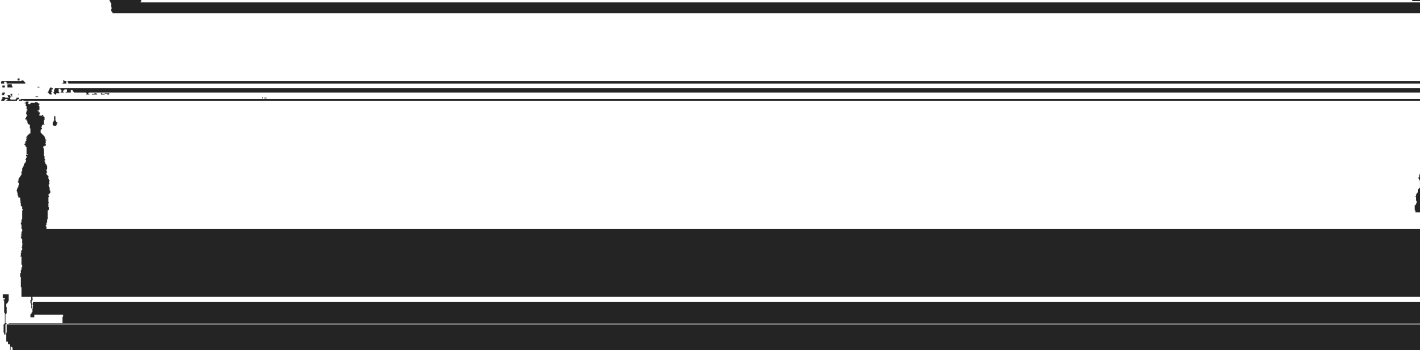
Em and Hi hest

E lovees (continued)

(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) Individual trustee Institutional trustee Officer Key employee Highest compensated employee Former	(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
-----------------------	--	---	--	---	---

1b Sub-total			107,351	896,691	253,336
1c Total from continuation sheets to Part VII, Section A			0	0	0
1d Total lines 1b and 1c			107,351	896,691	253,336

2 Total compensation of all individuals (do not include compensation for those listed above) \$100,000



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



Part IX Statement of Functional Expenses

Section 501 and 501 must all columns. All other must te column

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, and 14b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21		1,538,947.		
2 Grants and other assistance to domestic	1,538,947			
	0			
4 Benefits paid to or for members	0			
individuals. See Part IV, line 22	0			
5 Grants and other assistance to foreign				
	0			
	533,009	495,909	37,100	
		18,193		
organizations, foreign governments, and foreign	62,786.	68,356	2,430	
	0			
	14,638.		14,638	
	30,273.			
a Management	0			
b Legal	0			
c Accounting	0			
d individuals. See Part IV, lines 15 and 16	0			
e Compensation of current officers, directors,	9,612,179		471.	
f trustees, and key employees	72,966.	71,888		
g Compensation not included above to disqualified	135,047	130,939		
6 persons (as defined under section 4958(f)(1)) and	17,013.	17,013		
12	0			
13		60,081		
14 persons (as defined under section 4958(f)(1)) and	3,825.	3,825		
15	0			
			492	
			53,560	
	164,968			
persons described in section 4958(c)(3)(B)	101,506			
7 Other salaries and wages				
8 Pension plan accruals and contributions (include	12,122			
h				
			464,906	
i				
			257.	
j				
	4,026			
k				
	13,106,256			
d				
e All other expenses	0			

Part X Balance Sheet

	(A)	(B)
	Beginning of year	End of year
	0	0
	2,248,674	2,707,92
	0	
	132,874	136,603.
		0
4958(f)(1), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0	0
	0	0
	0	0
	95,568.	136,907
	3,070,547	
		2,102,915
	0	0
	0	0
	(A)	
	Beginning of year	
	0	0
1 Cash - non-interest-bearing	173,524	1
2 Savings and temporary cash investments	4,528,905	2 5,526,231
3	264,222	27
	0	44,883
		42,509
	0	0
	0	0
	35,258.	
	0	0
	0	0
4 Accounts receivable, net		4 0
5 Loans and other receivables from current and former officers, directors,		
		2,638,098
	0	0
	0	0
	1,521,844	
	4,528,905	5,526,231

Department of the Treasury

Internal Revenue Service

Inspection

Name of the organization

Employer identification number

STOCKTON AFFILIATED SERVICES INC

97-3495165

X

X

▶ Attach to Form 990 or Form 990-EZ.

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

Reason for Public Charity Status

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

X

(i) Name of supporting organization

ATTACHMENT 1

(ii) Type of organization
(described on lines 1-10
above (see instructions))

(iii) Is the organization
listed in your governing
document?

(iv) Amount of monetary
support (see
instructions)

(v) Amount of
other support (see
instructions)

1,538,947

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

Total

1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")

organization's benefit and either paid to or expended on its behalf

The value of services or facilities furnished by a governmental unit to the

Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶ (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017

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)

4
5

(a) 2013

Total

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶ (b) 2014 (c) 2015 (d) 2016 (e) 2017

7 Amounts from line 4
8 Net income from unrelated business activities, whether or not the business payments received on securities loans, regularly scheduled, and income from other income. Do not include gain or loss from the sale of capital assets

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

(Complete only if you checked the box on line 40 of Part I or if the organization failed to qualify under Part II.)

Calendar year (or fiscal year beginning in) ▶

- 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

- 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

If the organization fails to qualify under the tests listed below, please complete Part II.)

	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
--	----------	----------	----------	----------	----------	-----------

6 Total. Add lines 1 through 5

7a Amounts included on lines 1, 2, and 3

Part IV Supporting Organizations

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

[Redacted text]

[Redacted text]

[Redacted text]

[Redacted text]

[Redacted text]

[Redacted text]

[Redacted text]

[Redacted text]

[Redacted text]

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[Redacted text]

[Redacted text]

[Redacted text]

[Redacted text]

[Redacted text]

[Redacted text]

[Redacted text]

Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D. If you checked 12e of Part I, complete Part VI.

[Redacted text]

[Redacted text]

[Redacted text]

[Redacted text]

[Redacted text]

[Redacted text]

[Redacted text]

[Redacted text]

[Redacted text]

[Redacted text]

[Redacted text]

[Redacted text]

[Redacted text]

[Redacted text]

[Redacted text]

[Redacted text]

[Redacted text]

Section A. All Supporting Organizations Yes No

All of the organizations supported by this organization are described in the following table:

[Redacted text]

[Redacted text]

[Redacted text]

[Redacted text]

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 in (b) and (c)

below, the governing body of a supported organization.

[Redacted]			X
[Redacted]	of a	If "Yes" to	X
[Redacted]		detail in Part VI.	X

1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization

X

X

describe how the powers to appoint and/or remove directors or trustees were allocated among the supported

b A family member of a person described in (a) above?

11b

c A 35% controlled entity in or

11c

Section B. IS organizations

Yes No

1

organizations and what conditions or restrictions, if any, applied to such powers during the tax year.

2 Did the organization operate for the benefit of any supported organization other than the supported

Section C. organizations

Yes No

Were a majority of the organization's directors or trustees during the tax year also a majority of the directors

III Non-Functioning Intergovernmental Organizations

rated s

lete

E

7 Other

Organization

rt of

Section D - Distributions

Current Year

- 1 Administrative amounts paid to support the administrative expenses of the supported organizations to account for the administrative expenses of the supported organizations.
- 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from the supported organizations.
- 3 Amounts paid to support the administrative expenses of the supported organizations to account for the administrative expenses of the supported organizations.
- 4 Qualified set-aside amounts for the current year.
- 5 Other distributions. Describe in Part VII. See instructions.
- 6 Total annual distributions. Add lines 1 through 5.
- 7 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.
- 8 Distributable amount for 2017 from Section C, line 6.
- 9 Line 8 amount divided by line 7 amount.

Section E - Distribution Allocations (see instructions)

	(i)	(ii)	(iii)
	Excess Distributions	Underdistributions Pre-2017	Distributable Amount for 2017

- 1 Distributable amount for 2017 from Section C line 6
- 2 Underdistributions, if any, for years prior to 2017 (reportable years required explain in Part VI). See instructions.

3h

see

- 3 Excess distributions carried over from 2017. See instructions.
- a From 2013
- b From 2014
- c From 2015
- d From 2016
- e From 2017
- f Total of lines 3a through 3e
- g Amount of line 3f reduced by the amount of line 3h
- h Remainder. Subtract lines 3g and 3i from 3f
- 4 Distributions for 2017 from Section D line 7:
 - a Amount of line 3h
 - b Amount of line 3i

Supplemental information. Provide the explanations re

Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section

ATTACHMENT 1

(III) TYPE OF (IV) (V) AMOUNT OF (VI) OTHER

22-2832788 6

X

7E1225 1 000

1330JM 700P 5/7/2019 2:12:21 PM V 17-7.10 0193082

3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

20

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF
▶ Go to for the latest information.

Name of the organization

Employer identification number

STOCKTON, AFFILIATED SERVICES, INC

94-3435466

Organization type (check one)

Filers of:

Section:

Form 990 or 990-EZ

ization

must not be treated as a private foundation

Form

7E1251 1 000

1220 PM 700P 5/17/2019 2:12:21 PM V 17-7-10

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000

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

(a) No.	(b)	(c)	(d)

\$

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

\$

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

\$

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

organization STOCKTON AFFILIATED SERVICES, INC

94-3435466

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and

the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc.

contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$

Do not duplicate information of Part III if additional information is needed.

Supplemental Financial Statements

Inspection
20

Department of the Treasury
Internal Revenue Service

Part I

(a) Donor advised funds

Part II

▶ Attach to Form 990.

- a
- b
- c
- d

Name of organization

Identification number

Organizations Maintaining Donor Advised Funds or Accounts

Complete if the organization answered "Yes" on Form 990, Part IV, line C

(b) Funds and other accounts

Part III Organizations Maintaining Collections of Art, Historical Objects, or Similar Assets

apply)

Part IV

Part V

	575,875		575,875
	1,284,260	270,628.	013,632
	1,153,914	676,550	
	56,498.	20,454.	36,044

collection items (check all that apply)
Public exhibition

d Loan or exchange programs

Part VI

Scholarly research e Other
Preservation for future generations

- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar

Part VII Investments - Other Securities.

(a) Description of security or category (including name of security)

(c) Method of valuation: Cost or end-of-year market value

Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)

Part VIII

Part IX

(b) Book value

- DUE FROM STOCKTON UNIVERSITY
- (1) Financial derivatives
- (2) Closely-held equity interests
- (3) Other

441,883.

Book value

Part X

883

Investments - Program-Related

DEPOSITS HELD

25,000

of

Part XIII Supplemental Information

PART XIII

STOCKTON AFFILIATED SERVICES, INC. (SASTI) FOLLOWS THE FINANCIAL

ACCOUNTING STANDARDS BOARD (FASB) GUIDANCE THAT REQUIRES A TAX POSITION

PART XI, LINE 4B:

THRESHOLD TO BE SUSTAINED IF THE POSITION WERE TO BE CHALLENGED BY A TAXING AUTHORITY. THE ASSESSMENT OF THE TAX POSITION IS BASED SOLELY ON

SCHEDULE I
(Form 990)

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

OMB No. 1545-0047

2017

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

Department of the Treasury
Internal Revenue Service

www.irs.gov/form990

Attach to Form 990

Go to

for the latest information.

Open to Public Inspection

Name of the organization
STOCKTON AFFILIATED SERVICES, INC

Employer identification number

94-3435466

Part I on and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

1 (a) Name and address of organization or government	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Met (book, etc.)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
101 VERA KING FARRIS DR GALLOWAY, NJ 08205	22-2832788	501 (C) (3)				TTY
	22-1957406					
			1,380,947			
FOR CHILDREN'S FOUNDATION						CF
101 VERA KING FARRIS DR GALLOWAY NJ 08205	501 (C) (3)	58,000				

Part III - Other Assistance to Domestic Individuals (Continued) (48 CFR 101-11.600)

(a) Name of contract or acquisition (b) Title of contract (c) Amount of contract (d) Period of contract (e) Description of contract objectives

(f) Method of selection (if any)

(g) Contract number (h) Contract status

Part IV

1. (a) (1) (i) (A)

SASI ONLY PROVIDES ASSISTANCE TO STOCKTON UNIVERSITY AND STOCKTON

UNIVERSITY FOUNDATION UNDER NO FEDERAL CONTRACTS USED OR TO BE USED

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest

201

Department of the Treasury
Internal Revenue Service

Name of the organization
BLOCKION AFFILIATED SERVICES, INC.

- 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.

Employer identification number
94-3435466

rdi Com nsation

Yes No

Check the appropriate box(es) if the organization provided any of the following information	Yes	No
[Redacted]		
[Redacted]	X	
[Redacted]	X	
[Redacted]		X
[Redacted]		X
[Redacted]		X
[Redacted]		X
[Redacted]		X
[Redacted]		X
[Redacted]		X
[Redacted]		X
[Redacted]		X

9

ulations section 53.4958



Part III Supplemental Information

PART I, LINE 4B:

Open to Public Inspection

Department
Intern

Name of the organization

STOCKTON AFFILIATED SERVICES, INC

(Form 990 or 990-EZ)

THE EXECUTIVE COMMITTEE OF THE BOARD SHALL CONSIST OF THE CHAIR, THE VICE

Form 990 or 990-EZ or to provide any additional information

Department of the Treasury

▶ Attach to Form 990 or 990-EZ.

Name of the organization
STOCKTON AFFILIATED SERVICES, INC.

Employer identification number
94-3435466

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

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

[REDACTED]

MADE AND FOLLOW-UP ACTIONS THAT MUST BE TAKEN.

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

[REDACTED]

Name of the organization

Employer identification number

94-3435466

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

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

BEEN ON LINE 25.

ATTACHMENT 1

[REDACTED]

[REDACTED]

FORM 990, PART X, LINES 23 AND 25

THE BEGINNING BALANCE SHEET HAS BEEN RESTATED TO ACCOUNT FOR AN
INADVERTENT MISPLACEMENT OF A LIABILITY ON LINE 23 WHEN IT SHOULD HAVE

STOCKTON AFFILIATED SERVICES, INC. IS A SELF-SUPPORTING ENTERPRISE

Name of the organization

[REDACTED] SERVICES, INC.

94-3435466

ION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
COMPASS GROUP 2400 YORKMONT ROAD CHARLOTTE, NC 28217	MANAGEMENT SERVICES	518,391

[REDACTED] MARKETING GROUP LLC	MARKETING SERVICES	140,647
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(B) (C) (D)
PROGRAM MANAGEMENT FUNDRAISING

DESCRIPTION	(B)	(C)	(D)
[REDACTED]			16
372 GREENWICH AVE GREENWICH, CT 06830			

ATTACHMENT 4

FORM 990 PART IX - OTHER FEES

TYPE OF FEES	AMOUNT	PERCENTAGE OF REVENUE	PERCENTAGE OF NET ASSETS
FOOD SERVICE	9,458,705.	9,458,705.	
CONTRACTED SERVICE	142,766.	142,750.	
OTHER	10,708.	10,253.	455
TOTALS	9,612,179.	9,611,708.	471

STOCKTON AFFILIATED SERVICES, INC.

94-3435466

SCHEDULE R
(Form 990)

Related Organizations and Unrelated Partnerships

2017

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

Department of the Treasury
Internal Revenue Service

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

Employer identification number
94-3435466

STOCKTON AFFILIATED SERVICES, INC

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

or foreign country)

Complete if the organization answered "Yes" on Form 990, Part IV, line 34.

(a) (b) (c) (d) (e) (f) (g)

HIGHER EDU	NJ	501(C)(3)	6	N/A	X
ENTREPRENEUR	NJ	501(C)(3)	7	N/A	X
RESEARCH	NJ	501(C)(3)	7		X

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 entities treated as a partnership for the tax year.

Table with columns (a) through (k) for identifying related organizations. Includes fields for name, address, EIN, direct controlling entity, predominant income, share of total income, share of end-of-year assets, location, managing ownership, and percentage ownership.

Identification of

or trust

Table with columns (b) through (i) for identifying related organizations or trusts. Includes fields for primary activity, legal domicile, direct controlling entity, type of entity, share of total income, percentage ownership, and section 512(b)(13).

line 34 because

Complete if the organization answered "Yes" on Form 990, Part IV, the tax

Table with columns (a) and (g) for identifying related organizations. Includes fields for name, address, EIN, and share of total income.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile	(d) P. adom	(e) % of all partners	(f) Share of	(g) f	h	(i) Code V-UBI	(j) General or	(k) partner?

Yes No Yes Yes No

JSA

2017

Supplemental Information

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

Schedule R

Stockton Affiliated Services, Inc.
Form 990-T, 4626 AMT Calculation
Year Ended: June 30, 2018
EIN: 94-3435466

ALT MINIMUM TAX NET OPERATING LOSS (NOL) CARRYOVER SCHEDULE

TAX YEAR ENDING	TAXABLE INCOME	NOL INCURRED	NOL UTILIZED IN PRIOR YEARS	NOL UTILIZED IN CURRENT YEAR	LOSS CARRYOVER
6/30/2011		1,920,529			1,920,529
6/30/2012			1,557,838		362,691
6/30/2013*					362,691
6/30/2014*					362,691
6/30/2015*					362,691
6/30/2016*					362,691
6/30/2017*					362,691
6/30/2018*					362,691
NOL CARRYOVER TO 6/30/2019					362,691

*Form 4626 not required