# Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

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

Depai ntern	artment of the Treasury nal Revenue Service  Go to	www.irs.gov/Form990PF.for.ins	tructions and the latest in		Open to Public Inspection
Ford	calendar year 2018 or tax year beginning	NOV 27, 2018	٠, and ending	DEC 31, 2018	
Nan	me of foundation			A Employer identification	number
P	PERLES FAMILY FOUNDATION	N, INC.		83-2686494	:
Nun	mber and street (or P O box number if mail is not delivered	to street address)	Room/suite	B Telephone number	
	ANDERSEN TAX, ATTN:			305-982-56	56
	y or town, state or province, country, and ZIP or fo			C If exemption application is p	ending, check here
	177 6TH AVE, 18FL, NEV		ormer public charity	D 1 Foreign organizations	chock hara
	Final return	Amended return	offiler public charity	D I Foreign organizations	s, check here
	Address change	Name change		2 Foreign organizations me check here and attach co	eeting the 85% test,
H C	Check type of organization: X Section 501(	c)(3) exempt private foundation	^^	E If private foundation sta	tus was terminated
	Section 4947(a)(1) nonexempt charitable trust		ation OO	under section 507(b)(1)	
	air market value of all assets at end of year J A		Accrual	F If the foundation is in a	. (
•	from Part II, col. (c), line 16)	Other (specify) I, column (d) must be on cash bas	us \	under section 507(b)(1)	)(B), check here 🕨 📖
	►\$ 1,991,670. (Part   Analysis of Revenue and Expenses	<del></del>	1	(c) Adjusted net	(d) Disbursements
Га	(The total of amounts in columns (b), (c), and (d) m necessarily equal the amounts in column (a) )	(a) Revenue and expenses per books	(b) Net investment income	income	for charitable purposes (cash basis only)
	1 Contributions, gifts, grants, etc., received	2,000,000.		N/A	-
	2 Check If the foundation is not required to attach S	ich B			
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities				<u></u>
	5a Gross rents			<u></u>	
	b Net rental income or (loss)			· · · · -	
ne	b Gross sales price for all assets not on line 10 b assets on line 6a	<del></del>	ļ		
Revenue	7 Capital gain net income (from Part IV, line 2)		0.		
Œ	8 Net short-term capital gain				
ļ	9 Income modifications				
	10a and allowances				
	b Less Cost of goods sold		<u> </u>		
	c Gross profit or (loss)				<del>-</del>
	12 Total. Add lines 1 through 11	2,000,000.	0.		
_	13 Compensation of officers directors, trustees, etc	0.	0.		0.
	14 Other employee salaries and wages				
s	15 Pension plans, employee benefits				
nses	16a Legal fees				
Expens	b Accounting fees c Other professional fees		RECEIVE		
e E	17 Interest				
atıv	18 Taxes	l	NOV 2 3 20	1 15.1	
ıstı	19 Depreciation and depletion	7	NUV W 20 20	W ( )	
Ē	20 Occupancy		15		
d Ac	21 Travel, conferences, and meetings		OGDEN U	T	····
au	22 Printing and publications				
ting	23 Other expenses 24 Total operating and administrative				
Operating and Administrative	24 Total operating and administrative expenses Add lines 13 through 23	0.	0.		0
o	25 Contributions, gifts, grants paid	8,330.			8,330
	26 Total expenses and disbursements				
	Add lines 24 and 25	8,330.	0.	,	8,330
	27 Subtract line 26 from line 12.				
	8 Excess of revenue over expenses and disbursemen	1,991,670.			
	b Net investment (ncome (if negative, enter -0-)		0.	1	I

823501 12-11-18 LHA For Paperwork Reduction Act Notice, see instructions

C Adjusted net income (if negative, enter -0-)

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Part	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End o	t year
Ган	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
1	Cash - non-interest-bearing		1,991,670.	1,991,670.
	Savings and temporary cash investments		··	
	Accounts receivable			-
٦	Less: allowance for doubtful accounts		<del></del>	
				<del></del>
4	Pledges receivable >		·	
- 1	Less allowance for doubtful accounts			
5	Grants receivable			
6	Receivables due from officers, directors, trustees, and other			
	disqualified persons			
7	Other notes and loans receivable			- 1
1 '	Less, allowance for doubtful accounts			
<b>あし</b>	Inventories for sale or use			
SS   9	Prepaid expenses and deferred charges			
10	a Investments - U.S. and state government obligations			
	b Investments - corporate stock			
	c Investments - corporate bonds			
11	Investments land, buildings, and equipment basis		, ,	
	Less accumulated depreciation			
12	Investments - mortgage loans		-	
13				
	<b>-</b>			
14				
	Less accumulated depreciation			
15	Other assets (describe)			
16	Total assets (to be completed by all filers - see the			
	instructions Also, see page 1, item I)	0.	1,991,670.	1,991,670.
17	Accounts payable and accrued expenses			
18	Grants payable			7 1 1
ı 19				
Lrabilities 51 20 21 21 20 21				
हूं   21				
E   2		· · · · · · · · · · · · · · · · · · ·		1 7
"	Other liabilities (describe )			
	Tablifold Was And have 47 thoront 00	0.	0.	- 1
23	Total liabilities (add lines 17 through 22)		<u> </u>	
	Foundations that follow SFAS 117, check here			· · ·
اي	and complete lines 24 through 26, and lines 30 and 31			}
8 24	Unrestricted			<u> </u>
24 25	Temporarily restricted			
B 26	Permanently restricted			- "
힏	Foundations that do not follow SFAS 117, check here			
교	and complete lines 27 through 31.			• • •
Ö 27		0.	0.	
28 28	·	0.	0.	
SY 29	F	0.	1,991,670.	
٠		0.	1,991,670.	
≥  30	Total net assets or fund balances	0.	1,331,070.	
		0	1 001 670	
31	Total liabilities and net assets/fund balances	0.	1,991,670.	-
Part	Analysis of Changes in Net Assets or Fund Ba	alances		
				<del></del>
1 Tota	al net assets or fund balances at beginning of year - Part II, column (a), line 3	30		
(mu	ist agree with end-of-year figure reported on prior year's return)		1	0.
2 Ente	er amount from Part I, line 27a		2	1,991,670.
3 Oth	er increases not included in line 2 (itemize)		3	0.
	lines 1, 2, and 3		4	1,991,670.
	reases not included in line 2 (itemize)		5	0.
	al net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	tumn (b), tine 30	6	1,991,670.
3 100	Transport of the surface of the strains of th	10//		Form <b>990-PF</b> (2018)

(k) Excess of col. (i)

over col (j), if any

2

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(j) Adjusted basis

as of 12/31/69

N	7	Α

(I) Gains (Col. (h) gain minus col (k), but not less than -0-) or

Losses (from col (h))

If section 4940(d)(2) applies, leave this part blank

If gain, also enter in Part I, line 8, column (c)

If (loss), enter -0- in Part I, line 8

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income )

Part V | Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

If "Yes," the foundation doesn't qualify under section 4940(e). Do not complete this part

	Yes	No

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	Distribution ratio (col. (b) divided by col. (c))
2017			
2016			
2015			
2014			
2013			

- the foundation has been in existence if less than 5 years
- 4 Enter the net value of noncharitable-use assets for 2018 from Part X, line 5
- 5 Multiply line 4 by line 3

C đ е

(1) FMV as of 12/31/69

- 6 Enter 1% of net investment income (1% of Part I, line 27b)
- 7 Add lines 5 and 6
- 8 Enter qualifying distributions from Part XII, line 4

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

2	
3	
4	
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Orm 990-PF (2018) PERLES FAMILY FOUNDATION, INC.		83-200		Page 4
Part VI Excise Tax Based on Investment Income (Section 4940		1948 - se	e instru	ctions
1a Exempt operating foundations described in section 4940(d)(2), check here  and er				
Date of ruling or determination letter (attach copy of letter if nec			- 1,,	
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here	► L and enter 1%	1		0.
of Part I, line 27b		•   •	-	e ]
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4%	6 of Part I, line 12, col (b). 丿			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, ot	hers, enter -0-)	2		0.
3 Add lines 1 and 2		3		0.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, of	thers, enter -0-)	4		0.
5 Tax based on investment income Subtract line 4 from line 3 If zero or less, enter -0-		5		0.
6 Credits/Payments				1
a 2018 estimated tax payments and 2017 overpayment credited to 2018	6a 0.	1		3
b Exempt foreign organizations - tax withheld at source	6b 0.	1		
c Tax paid with application for extension of time to file (Form 8868)	6c O.	1		
d Backup withholding erroneously withheld	6d 0.	1	•	-
7 Total credits and payments Add lines 6a through 6d		7		0.
8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached the state of	ched	8		0.
9 Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed		9		0.
10 Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		10		
11 Enter the amount of line 10 to be. Credited to 2019 estimated tax	Refunded	11		<del></del>
Part VII-A Statements Regarding Activities	Retuilded	1		<del></del>
1a During the tax year, did the foundation attempt to influence any national, state, or local legisl	lation or did it participate or intervene	. 10	TT	Yes No
	lation of did it participate of intervene	1111	1a	X
any political campaign?	2 Coo the metallications for the defini		<del></del>	$\frac{x}{x}$
b Did it spend more than \$100 during the year (either directly or indirectly) for political purpos		IIIIOII	1b	- <del>  ^</del>
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies o	or any materials published or			
distributed by the foundation in connection with the activities				
c Did the foundation file Form 1120-POL for this year?			1c	<u> </u>
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the			1_1	-,   1
(1) On the foundation > \$ 0. (2) On foundation managers.		-	-	
e Enter the reimbursement (if any) paid by the foundation during the year for political expendi	ture tax imposed on foundation			
managers $\triangleright$ \$ 0.			-	
2 Has the foundation engaged in any activities that have not previously been reported to the IF	RS?		2	X
If "Yes," attach a detailed description of the activities			'	
3 Has the foundation made any changes, not previously reported to the IRS, in its governing in	nstrument, articles of incorporation, i	or		
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3	X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year	L,S	/ -	4a	X
b If "Yes," has it filed a tax return on Form 990-T for this year?		N/A	4b	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5	<u> </u>
If "Yes," attach the statement required by General Instruction T			:	
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied el	ther			-
<ul> <li>By language in the governing instrument, or</li> </ul>			-	
<ul> <li>By state legislation that effectively amends the governing instrument so that no mandatory</li> </ul>	y directions that conflict with the state	e law		السنا
remain in the governing instrument?			6	Х
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," comp	lete Part II, col (c), and Part XV		7	X
				`
8a Enter the states to which the foundation reports or with which it is registered. See instruction	ns. ►		_   .	
FL			_	
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Al	ttorney General (or designate)		-   <u>_</u>	_
of each state as required by General Instruction G? If "No," attach explanation			8b	X
9 Is the foundation claiming status as a private operating foundation within the meaning of sec	ction 4942(j)(3) or 4942(j)(5) for cale	endar		-
year 2018 or the tax year beginning in 2018? See the instructions for Part XIV If "Yes," com			9	$\overline{\mathbf{x}}$
10 Did any persons become substantial contributors during the tax year? if "Yes," attach a schedu	_	TMT 1	10	X
			Form 000	-PF (2018)

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Pá	irt VII-A Statements Regarding Activities (continued)			
		1	Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule. See instructions	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
	If "Yes," attach statement. See instructions	12		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► N/A			
14	The books are in care of ► ANDERSEN TAX LLC  Telephone no. ► 646-2	<del>13-5</del>	100	
	Located at ▶ 1177 AVENUE OF THE AMERICAS, 18TH FLOOR, NEW YOR ZIP+4 ▶1	<u>0036</u>		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here		<u></u>	$\cdot \Box$
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16	At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the		1	
	foreign country -	1 .		
Pa	rt VII-B   Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	T	Yes	No
18	During the year, did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			;
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)		1	'
	a disqualified person?		١.	
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?		-	
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			'
	(5) Transfer any income or assets to a disqualified person (or make any of either available			- ;
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception Check "No"			ļ ,
	if the foundation agreed to make a grant to or to employ the official for a period after	- •	-	l i
	termination of government service, if terminating within 90 days )			;
t	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations		l	
	section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions N/A	1b		
	Organizations relying on a current notice regarding disaster assistance, check here			, +-
(	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected	ļ		
	before the first day of the tax year beginning in 2018?	10		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			
	defined in section 4942(j)(3) or 4942(j)(5))			
ä	At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning	1.		-
	before 2018?	1 '		
	If "Yes," list the years ▶ , , , , , , , , , , , , , , , , , ,			
t	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			'
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach		<u> </u>	
	statement - see instructions ) N/A	2b		
(	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
	<b>&gt;</b>			
38	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year?			
t	If "Yes," did it have excess business holdings in 2018 as a result of (1) any purchase by the foundation or disqualified persons after	_		:
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			] }
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,			]'
	Form 4720, to determine if the foundation had excess business holdings in 2018 ) N/A	3b		<u> </u>
4:	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

had not been removed from jeopardy before the first day of the tax year beginning in 2018?

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Part VII-B   Statements Regarding Activities for Which Form 4720 May Be Required (continued)								
5a During the year, did the foundation pay or incur any amount to		<del></del> -		<u>.                                    </u>	es	No		
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	14945(e))?	Ye	es 🛣 No			,		
(2) Influence the outcome of any specific public election (see section 4955); or	r to carry on, directly or indire			<u> </u>		`		
any voter registration drive?			es X No					
(3) Provide a grant to an individual for travel, study, or other similar purposes?		Ye	es 🛣 No	-				
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section			.				
4945(d)(4)(A)? See instructions			es 🗶 No		·	1		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f				ļ			
the prevention of cruelty to children or animals?			es 🗓 No 🗀	·_	- }			
<b>b</b> If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	ler the exceptions described i	n Regulations	-	<u></u>  -	— -			
section 53.4945 or in a current notice regarding disaster assistance? See instru			N/A	5b	_			
Organizations relying on a current notice regarding disaster assistance, check h				-	- 1.	-		
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr						.		
expenditure responsibility for the grant?	N	I/A Ye	es L No		1	i		
If "Yes," attach the statement required by Regulations section 53 4945-5(d).					-			
6a Did the foundation, during the year, receive any funds, directly or indirectly, to p	pay premiums on			١.		1		
a personal benefit contract?		Ye	es 🗶 No 📙	_	-	لبب		
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		L	6b		X		
If "Yes" to 6b, file Form 8870	_	<u> </u>						
7a At any time during the tax year, was the foundation a party to a prohibited tax s		Ye	es X No	<u>-</u>				
b If "Yes," did the foundation receive any proceeds or have any net income attribu			N/A	7b				
8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$	1,000,000 in remuneration of		- TE	`				
excess parachute payment(s) during the year?	- 1 e' 14		s X No			<u></u> !		
Part VIII Information About Officers, Directors, Trustore Paid Employees, and Contractors	ees, Foundation Ma	inagers, Highly	<b>/</b>					
List all officers, directors, trustees, and foundation managers and ti	heir compensation							
/ List an officers, directors, trustees, and foundation managers and to	(b) Title and average	(c) Compensation	(d) Contributions to	(e)	Expe	nse		
(a) Name and address	hòurs per week devoted	(If not paid,	employee benefit plans and deferred compensation	acco	ount, o	other		
STEVEN R. PERLES	to position PRESIDENT	enter -0-)	compensation	all	Uwani	CES		
C/O ANDERSEN TAX, ATTN: M. VANDELOO	FKESIDENI			ĺ				
1177 6TH AVE, 18FL, NEW YORK, NY 1003	1.00	0.	0.			0.		
	SECRETARY	-		<del>                                     </del>		<del>.</del>		
C/O ANDERSEN TAX, ATTN: M. VANDELOO								
1177 6TH AVE, 18FL, NEW YORK, NY 1003	1.00	0.	0.			0.		
	TREASURER							
C/O ANDERSEN TAX, ATTN: M. VANDELOO	11(111001(11)							
1177 6TH AVE, 18FL, NEW YORK, NY 1003	1.00	0.	0.			0.		
TITT OIL HVII, TOTAL, NEW TOME, NI 1005								
			•					
		]	•					
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none,	enter "NONE."						
4 . N	(b) Title, and average	Componentino	(d) Contributions to	(e)	Expe	nse		
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	employee benefit plans and deferred compensation	all	owani	ces		
NONE								
		<u> </u>		<u> </u>				
Total number of other employees hald over \$50,000						0		

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Part VIII Information About Officers, Directors, Trustees, Found Paid Employees, and Contractors (continued)	ation Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, ent	er "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
	<u> </u>	
	_	
· · · · · · · · · · · · · · · · · · ·		
	$\dashv$	
	<del> </del>	
Total number of others receiving over \$50,000 for professional services		▶ 0
Part IX-A   Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant stat	istical information such as the	
number of organizations and other beneficiaries served, conferences convened, research papers pr		Expenses
1 N/A		
		_
		0.
2		
2		
3		
4		
Part IX-B Summary of Program-Related Investments		<del></del>
Describe the two largest program-related investments made by the foundation during the tax year o	n lines 1 and 2	Amount
1 N/A		
2		<del></del>
**************************************		
All other program-related investments. See instructions		
3		
T-A-1 A-1 base 4 Abres ab 0		0.
Total. Add lines 1 through 3		<u> </u>

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LP	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign for	undations, see	instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
а	Average monthly fair market value of securities	1a	0.
b	Average of monthly cash balances	1b	43,653.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	43,653.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0	.	
2	Acquisition indebtedness applicable to line 1 assets	2	0 .
3	Subtract line 2 from line 1d	3	43,653.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	655.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	42,998.
6	Minimum investment return. Enter 5% of line 5 ADJUSTED FOR SHORT TAX PERIOD	6	206
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations a foreign organizations, check here ▶ and do not complete this part )	ind certain	
1	Minimum investment return from Part X, line 6	1	206.
2a	Tax on investment income for 2018 from Part VI, line 5		
b	Income tax for 2018 (This does not include the tax from Part VI)  2b	7	
C	Add lines 2a and 2b	2c	0 .
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	206
4	Recoveries of amounts treated as qualifying distributions	4	0
5	Add lines 3 and 4	5	206
6	Deduction from distributable amount (see instructions)	6	0 .
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	206
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		0.000
	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	8,330.
þ	Program-related investments - total from Part IX-B	1b	<u> </u>
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the.		
	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8; and Part XIII, line 4	4	8,330.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	8,330.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation	qualifies for the	section

## Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
1 Distributable amount for 2018 from Part XI,		· <del>-</del> · · · · ·		
line 7				206.
2 Undistributed income, if any, as of the end of 2018				
a Enter amount for 2017 only		:	0.	
b Total for prior years.				-
, ,		0.	•	
3 Excess distributions carryover, if any, to 2018		· · · · · · · · · · · · · · · · · · ·		_
a From 2013				
b From 2014				ł
c From 2015				
d From 2016				
e From 2017				<b>!</b>
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2018 from				
Part XII, line 4. ►\$ 8,330.				
a Applied to 2017, but not more than line 2a			0.	į
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		!
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2018 distributable amount		······································		206.
e Remaining amount distributed out of corpus	8,124.			-
5 Excess distributions carryover applied to 2018	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a) )				
6 Enter the net total of each column as indicated below:				-
& Corpus Add lines 3f, 4c, and 4e Subtract line 5	8,124.			
b Prior years' undistributed income Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years'				1
undistributed income for which a notice of deficiency has been issued, or on which				
the section 4942(a) tax has been previously				
assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2017 Subtract line			_	1
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2018. Subtract				
lines 4d and 5 from line 1. This amount must				•
be distributed in 2019				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election			<u>'</u>	•
may be required - see instructions)	0.			
8 Excess distributions carryover from 2013				
not applied on line 5 or line 7	0.	······································	<u> </u>	
9 Excess distributions carryover to 2019				ì
Subtract lines 7 and 8 from line 6a	8,124.			
O Analysis of line 9.				
a Excess from 2014				· '
b Excess from 2015				!
c Excess from 2016				
d Excess from 2017				
e Excess from 2018 8,124.				5 - 000 DE (0040)

3 Grants and Contributions Paid During the		Payment		
Recipient	If recipient is an individual.			
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year				
FRIENDS OF WLRN, INC.	NONE	PC	GENERAL	
172 NE 15TH STREET	10112	' '	051151415	
MIAMI , FL 33132				2,000
NEW WORLD SYMPHONY	NONE	PC	GENERAL	
500 17TH STREET				
MIAMI BEACH , FL 33139				6,330
				,
Total		L	<b>▶</b> 3a	8,330
b Approved for future payment				
NONE				
NONE				
		1		
Total		• • • • • • • • • • • • • • • • • • • •	<b>▶</b> 3b	0

#### Part XVI-A **Analysis of Income-Producing Activities**

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(e)	
	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	Related or exempt function income	
1 Program service revenue:	code	Amount	code	Amount	Tutiction income	
a						
b						
c						
d						
e						
1						
g Fees and contracts from government agencies						
2 Membership dues and assessments						
	<u> </u>					
3 Interest on savings and temporary cash						
investments					· · · · · · · · · · · · · · · · · · ·	
4 Dividends and interest from securities			<u> </u>			
5 Net rental income or (loss) from real estate:						
a Debt-financed property						
b Not debt-financed property						
6 Net rental income or (loss) from personal						
property						
7 Other investment income						
8 Gain or (loss) from sales of assets other						
than inventory						
9 Net income or (loss) from special events					·	
10 Gross profit or (loss) from sales of inventory	<u> </u>					
11 Other revenue:			<del></del>			
a						
b				<u> </u>	<u> </u>	
<u> </u>			-		<u> </u>	
d						
e	1					
					^	
12 Subtotal. Add columns (b), (d), and (e)		0.		0.	0.	
12 Subtotal. Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e)		0.		13_	0.	
12 Subtotal. Add columns (b), (d), and (e)		0.		<u> </u>		
12 Subtotal. Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e)	the Acc		emp	13		
12 Subtotal. Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations)  Part XVI-B Relationship of Activities to		omplishment of Ex		13_ ot Purposes	0.	
12 Subtotal. Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations)  Part XVI-B Relationship of Activities to  Line No Explain below how each activity for which income	ne is reported	omplishment of Ex		13_ ot Purposes	0.	
12 Subtotal. Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations)  Part XVI-B Relationship of Activities to	ne is reported	omplishment of Ex		13_ ot Purposes	0.	
12 Subtotal. Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations)  Part XVI-B Relationship of Activities to  Line No Explain below how each activity for which income	ne is reported	omplishment of Ex		13_ ot Purposes	0.	
12 Subtotal. Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations)  Part XVI-B Relationship of Activities to  Line No Explain below how each activity for which income	ne is reported	omplishment of Ex		13_ ot Purposes	0.	
12 Subtotal. Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations)  Part XVI-B Relationship of Activities to  Line No Explain below how each activity for which income	ne is reported	omplishment of Ex		13_ ot Purposes	0.	
12 Subtotal. Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations)  Part XVI-B Relationship of Activities to  Line No Explain below how each activity for which income	ne is reported	omplishment of Ex		13_ ot Purposes	0.	
12 Subtotal. Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations)  Part XVI-B Relationship of Activities to  Line No Explain below how each activity for which income	ne is reported	omplishment of Ex		13_ ot Purposes	0.	
12 Subtotal. Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations)  Part XVI-B Relationship of Activities to  Line No Explain below how each activity for which income	ne is reported	omplishment of Ex		13_ ot Purposes	0.	
12 Subtotal. Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations)  Part XVI-B Relationship of Activities to  Line No Explain below how each activity for which income	ne is reported	omplishment of Ex		13_ ot Purposes	0.	
12 Subtotal. Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations)  Part XVI-B Relationship of Activities to  Line No Explain below how each activity for which income	ne is reported	omplishment of Ex		13_ ot Purposes	0.	
12 Subtotal. Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations)  Part XVI-B Relationship of Activities to  Line No Explain below how each activity for which income	ne is reported	omplishment of Ex		13_ ot Purposes	0.	
12 Subtotal. Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations)  Part XVI-B Relationship of Activities to  Line No Explain below how each activity for which income	ne is reported	omplishment of Ex		13_ ot Purposes	0.	
12 Subtotal. Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations)  Part XVI-B Relationship of Activities to  Line No Explain below how each activity for which income	ne is reported	omplishment of Ex		13_ ot Purposes	0.	
12 Subtotal. Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations)  Part XVI-B Relationship of Activities to  Line No Explain below how each activity for which income	ne is reported	omplishment of Ex		13_ ot Purposes	0.	
12 Subtotal. Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations)  Part XVI-B Relationship of Activities to  Line No Explain below how each activity for which income	ne is reported	omplishment of Ex		13_ ot Purposes	0.	
12 Subtotal. Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations)  Part XVI-B Relationship of Activities to  Line No Explain below how each activity for which income	ne is reported	omplishment of Ex		13_ ot Purposes	0.	
12 Subtotal. Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations)  Part XVI-B Relationship of Activities to  Line No Explain below how each activity for which income	ne is reported	omplishment of Ex		13_ ot Purposes	0.	
12 Subtotal. Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations)  Part XVI-B Relationship of Activities to  Line No Explain below how each activity for which income	ne is reported	omplishment of Ex		13_ ot Purposes	0.	
12 Subtotal. Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations)  Part XVI-B Relationship of Activities to  Line No Explain below how each activity for which income	ne is reported	omplishment of Ex		13_ ot Purposes	0.	
12 Subtotal. Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations)  Part XVI-B Relationship of Activities to  Line No Explain below how each activity for which income	ne is reported	omplishment of Ex		13_ ot Purposes	0.	
12 Subtotal. Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations )  Part XVI-B Relationship of Activities to Line No Explain below how each activity for which income	ne is reported	omplishment of Ex		13_ ot Purposes	0.	

rorm yyu	-PF (2018) PERLE	S LAWITA	FOUNDA	TION, INC.		83-26864	<u>94 P</u>	age 13
Part >			nsfers to a	and Transactions a	nd Relationshi	ps With Noncharita	ble	
	Exempt Organ							1
	the organization directly or indi			• •		1 501(c)	Yes	No
•	er than section 501(c)(3) orgai	•	-	- '				
a Tra	nsfers from the reporting found	ation to a noncharita	able exempt or	ganization of,		1	. <u>.</u> .	
	Cash					_	a(1)	X
(2)	Other assets					<u>[</u> 1	a(2)	Х
<b>b</b> Oth	er transactions						_ ]-	۱
(1)	Sales of assets to a noncharita	ible exempt organiza	ation			F-	b(1)	X
(2)	Purchases of assets from a no	incharitable exempt	organization				b(2)	X
, ,	Rental of facilities, equipment,					<del> </del>	b(3)	X
, ,	Reimbursement arrangements	;				<b> </b>	b(4)	X
(5)	Loans or loan guarantees						b(5)	X
(6)	Performance of services or me	embership or fundra	using solicitation	ons		<u>[1</u>	b(6)	X
	ring of facilities, equipment, ma	•		•		L	1c	X
	e answer to any of the above is							
	ervices given by the reporting f			red less than fair market valu	ue in any transaction o	r sharing arrangement, shov	/ IN	
	imn (d) the value of the goods,				T (0)			
(a)Line n	(b) Amount involved	(c) Name o		e exempt organization	(0) Description o	f transfers, transactions, and shar	ing arrangem	ents
			N/A					
		ļ				<u> </u>		
		<del> </del>		· · · · · · · · · · · · · · · · · · ·				
		<b></b>		<del></del>				
				<del></del>				
		<b></b>						
		<u> </u>						
		<u> </u>						
						·		
		ļ				<del> </del>		
		<u> </u>						
	ne foundation directly or indirectection 501(c) (other than section			e or more tax-exempt organi	izations described		Yes 🔀	No 🔝
b If"\	es," complete the following sch	edule						
	(a) Name of or	ganization		(b) Type of organization	(c	) Description of relationship		
	N/A							
			·					
	··		· ·					_
					<u> </u>			
	Under penalties of perjury, I declare and belief, it is the correct, pro-	that I have examined to	his return, includir oredare tothers ha	nd accompanying schedules and an taxpayer) is based on all igform	f statements, and to the be nation of which preparer h	as any knowledge May the	IRS discuss	this
Sign				11/12/19	<b>L</b>	shown	below? See ii	nstr
Here		<u> </u>	m r	11/12/1/	PRESIDI	SNT LX	Yes 🗀	_ No
	Signature of officer or trustee		Dunning	Date /	Title	Check   If PTIN		
	Print/Type preparer's n	ame	Preparer's s	signature	1 - ****			
Paid	MICHAEL J.			MARKE	11/8/19		58923	3
Prepa Use (		ERSEN TA	x LEC	7-00	11,0	Firm's EIN ▶ 33-119	7384	
U35 /	/!!! <b>!</b>			,				

Firm's address ▶ 1177 AVENUE OF THE AMERICAS, 18TH FLOO

NEW YORK, NY 10036

Phone no 646-213-5100 Form **990-PF** (2018)

#### Schedule B

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

Department of the Treasury Internal Revenue Service

#### **Schedule of Contributors**

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

OMB No 1545-0047

2018

Name of the organization Employer identification number PERLES FAMILY FOUNDATION, INC. 83-2686494 Organization type (check one) Filers of: Section: Form 990 or 990-EZ 501(c)( ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization X 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990 EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990 EZ, line 1 Complete Parts I and II For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990 EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III 🔟 For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990 EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

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

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization Employer identification number PERLES FAMILY FOUNDATION, INC. 83-2686494 Part I Contributors (see instructions) Use duplicate copies of Part I if additional space is needed (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution STEVEN R. PERLES 1 Person Pavroll C/O ANDERSEN TAX, ATTN: M. VANDELOO 1,250,000. Noncash (Complete Part II for 1177 6TH AVE, 18FL, NEW YORK, NY 10036 noncash contributions) (d) (a) (b) (c) Total contributions Type of contribution No. Name, address, and ZIP + 4 2 PERLES LAW FIRM, PC Person Payroll 750,000. 1050 CONNECTICUT AVE, NW, STE 500 Noncash (Complete Part II for WASHINGTON, DC 20036 noncash contributions) (d) (b) (c) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash (Complete Part II for noncash contributions) (a) (b) (c) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. Person Payroll Noncash (Complete Part II for noncash contributions) (c) (d) (b) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash (Complete Part II for noncash contributions) (b) (c) (d) (a) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. Person Payroll Noncash (Complete Part II for noncash contributions)

Name of organization

Employer identification number

### PERLES FAMILY FOUNDATION, INC.

83-2686494

Part II	Noncash Property (see instructions) Use duplicate copies of Part II if a	additional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(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
		\$	

Schedule	B (Forn	990.	990-F7	or 990-PF)	(2018)
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Page 4

Name of or	rganization		Employer identification number						
PERLES	S FAMILY FOUNDATION, IN	vc.	83-2686494						
Part III		utions to organizations described in sec a) through (e) and the following line entry , charitable, etc., contributions of \$1,000 or les	tion 501(c)(7), (8), or (10) that total more than \$1,000 for the yea						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
_		(e) Transfer of gift							
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee						
:									
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
	(e) Transfer of gift								
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
-	(e) Transfer of gift								
-	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
}		(e) Transfer of gift							
}	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee						
ļ									

FORM 990-PF	LIST OF SUBSTANTIAL CONTRIBUTORS PART VII-A, LINE 10	STATEMENT	
NAME OF CONTRIBUTOR	ADDRESS	***************************************	
STEVEN R. PERLES	C/O ANDERSEN TAX,ATTN: M.VAND 1177 6TH AVE, 18FL, NEW YORK,		
PERLES LAW FIRM, PC	1050 CONNECTICUT AVE, NW, STE WASHINGTON, DC 20036	500	