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DLN: 93491202000000

2019

OMB No 1545-0052

Return of Private Foundation

Department of the Treasury Internal Revenue Service

Form 990-PF

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.
 Go to <u>www.irs.gov/Form990PF</u> for instructions and the latest information.

Open to Public Inspection

		ndar year 2019, or tax year beginning 01-01-20)19 , aı	nd ending 12-31-					
		indation UNDATION			entification numbe	r			
			I.B. /	14-6049219					
		l street (or P O box number if mail is not delivered to street address) AND BAY BLVD UNIT 635	Room/suite	·	B Telephone number (see instructions)				
City	or town	, state or province, country, and ZIP or foreign postal code	(941) 388-7016						
LON	GBOAT	KEY, FL 34228		C If exemption	application is pending	g, check here			
G Ch	neck al	l that apply 🔲 Initial return 🔲 Initial return of a	former public charity	D 1. Foreign or	ganizations, check he	ere 🕨 🔲			
		Final return Amended return			rganizations meeting :k here and attach cor				
		☐ Address change ☐ Name change			undation status was t	· -			
_		pe of organization ✓ Section 501(c)(3) exempt private			on 507(b)(1)(A), chec				
			e private foundation Cash Accru	F If the found:	ation is in a 60-month	termination -			
of '	year (f	from Part II, col (c), ▶\$ 1,390,775 (Part I, column (d) must			n 507(b)(1)(B), checl				
Pa	rt I	Analysis of Revenue and Expenses (The total	<u> </u>			(d) Disbursements			
		of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions)	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only)			
	1	Contributions, gifts, grants, etc , received (attach							
	_	schedule) Check ▶ ☑ if the foundation is not required to attach							
	2	Sch B							
	3	Interest on savings and temporary cash investments							
	4	Dividends and interest from securities	36,579	36,579	36,579				
	5a b	Gross rents							
<u>e</u>	6a	Net gain or (loss) from sale of assets not on line 10	7,733						
Revenue	b	Gross sales price for all assets on line 6a 18,095							
Re	7	Capital gain net income (from Part IV, line 2)		7,733					
	8	Net short-term capital gain							
	9	Income modifications							
	10a b	Gross sales less returns and allowances Less Cost of goods sold	<u> </u>						
	c	Gross profit or (loss) (attach schedule)							
	11	Other income (attach schedule)							
	12	Total. Add lines 1 through 11	44,312	44,312	36,579				
	13	Compensation of officers, directors, trustees, etc	48,000	24,000		24,000			
	14	Other employee salaries and wages							
es	15	Pension plans, employee benefits							
ens	16a	Legal fees (attach schedule)	44.1						
Ϋ́	b	Accounting fees (attach schedule)	9,805			4,902			
- Ve	c a-c	Other professional fees (attach schedule)	10,057	5,029		5,028			
ra Ta	17 18	Interest	483	242		241			
<u>:</u>	19	Taxes (attach schedule) (see instructions) Depreciation (attach schedule) and depletion	1,616						
Ē	20	Occupancy	,	,					
Ă	21	Travel, conferences, and meetings							
anc	22	Printing and publications							
<u>6</u>	23	Other expenses (attach schedule)	1,159	580		579			
Operating and Administrative Expenses	24	Total operating and administrative expenses.							
<u>8</u>		Add lines 13 through 23	71,120			34,750			
_	25	Contributions, gifts, grants paid	27,226			27,226			
	26	Total expenses and disbursements. Add lines 24 and 25	98,346	36,370		61,976			
	27	Subtract line 26 from line 12							
	a	Excess of revenue over expenses and disbursements	-54,034						
	ь	Net investment income (If negative, enter -0-)		7,942					
	С	Adjusted net income (If negative, enter -0-)			36,579				
or	Daner	work Reduction Act Notice, see instructions.		Cat No. 11280	/ Ear	m 000-DE (2010)			

439,115

658,705

1,050

1,175,310

1,175,310

1,175,310

1,175,310

429,542

658,596

4,625

1,121,298

22

22

1,121,276

1,121,276

1,121,298

1,175,310

1,121,276

1,121,276 Form **990-PF** (2019)

-54,034

1

2

3 4

5

6

682,008

680,232

1.390.775

Other notes and loans receivable (attach schedule)

Prepaid expenses and deferred charges

Investments—land, buildings, and equipment basis ▶ ___

Investments—other (attach schedule)

Less accumulated depreciation (attach schedule) ▶ 7,700

Total assets (to be completed by all filers—see the

Less accumulated depreciation (attach schedule) ▶ _____

Investments—U S and state government obligations (attach schedule)

Investments—corporate stock (attach schedule)

Investments—corporate bonds (attach schedule)

Loans from officers, directors, trustees, and other disqualified persons

Mortgages and other notes payable (attach schedule).

Total liabilities(add lines 17 through 22)

Foundations that do not follow FASB ASC 958, check here ightharpoonup

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions)

Total liabilities and net assets/fund balances (see instructions) .

Total net assets or fund balances at beginning of year-Part II, column (a), line 29 (must agree with end-

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29

Analysis of Changes in Net Assets or Fund Balances

Paid-in or capital surplus, or land, bldg, and equipment fund

Foundations that follow FASB ASC 958, check here

Less allowance for doubtful accounts ▶

Land, buildings, and equipment basis

instructions Also, see page 1, item I)

and complete lines 24, 25, 29 and 30. Net assets without donor restrictions . . .

Net assets with donor restrictions . . .

and complete lines 26 through 30.

of-year figure reported on prior year's return)

Decreases not included in line 2 (itemize) ▶.

Other increases not included in line 2 (itemize) -

Other assets (describe > _

Other liabilities (describe -

Grants pavable

	5
	6
	7
S.	8
Assets	9
As	10

b

C

11

12

13 14

15

16

17 18

19

20 21

22

23

24 25

28

29

30

Part III

2

3

Liabilities

Fund Balances

ō 26

Assets 27

Net

	e the kınd(s) of property sold (e g , arehouse, or common stock, 200 shs		How acquired P—Purchase D—Donation	.	Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1aSee Additional Data Table	e					
b						
С						
d						
e						
(a)	(f)		(g)		(H	1)
(e) Gross sales price	Depreciation allowed		other basis		Gain oi	
	(or allowable)	plus exp	ense of sale		(e) plus (f)	minus (g)
a See Additional Data Table	e			_		
<u>b</u>	+			_		
c d				_		
e			12/21/60	_		
Complete only for assets	s showing gain in column (h) and ow	<u> </u>			(I Gains (Col. (H) dain minus
(i)	(j) Adjusted basis		(k) of col (ı)		col (k), but not	
F M V as of 12/31/69	as of 12/31/69		(j), if any		Losses (fro	m col (h))
a See Additional Data Tabl	e					
b						
c						
d						
е						
2 Capital gain net income	or (net capital loss)	If gain, also enter in P If (loss), enter -0- in F		}	2	7,733
	gain or (loss) as defined in sections : rt I, line 8, column (c) (see instructi	ons) If (loss), enter -0		}	3	-1
Part V Qualification U	Jnder Section 4940(e) for Re	duced Tax on Net	Investment	Inco	me	
(For optional use by domestic p	private foundations subject to the sec	ction 4940(a) tax on ne	et investment ind	come))	
If section 4940(d)(2) applies, le	eave this part blank					
	e section 4942 tax on the distributal ot qualify under section 4940(e) Do		ın the base per	ıod?	☐ Ye	s 🔽 No
 Enter the appropriate an 	nount in each column for each year,	see instructions before	making any ent	tries		
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitab	le-use assets	((d) Distribution ration (col (b) divided by co	
2018	60,201		1,341,959			0 04486
2017	69,091		1,348,642			0 05123
2016	67,034		1,296,963			0 05169
2015	67,575		1,368,207			0 04939
2014	62,613		1,430,470			0 04377
2 Total of line 1, column (•		<u> </u>	2		0 240936
	for the 5-year base period—divide t		0, or by the	з		0 048187
	ndation has been in existence if less in ncharitable-use assets for 2019 from		–	4		1,333,683
5 Multiply line 4 by line 3		•	_	5		64,266
	ent income (1% of Part I, line 27b)			6		79
			· · · · · -	7		64,345
	ons from Part XII, line 4 ,		· · · · · -	8		61,976
	eater than line 7, check the box in Pa			_	1% tax rate Ser	
instructions		· ·	•			

Page **6**

5a	During the year did the foundation	pay o	ncur any amount to							Yes	No
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? Yes Vo										
	(2) Influence the outcome of any s	pecific	public election (see sect	ion 4955), or to carry		□ les		110			
	on, directly or indirectly, any vo	oter re	gistration drive?			Yes	✓	No			
	(3) Provide a grant to an individua	l for tr	avel, study, or other sım	ılar purposes?		Yes		No			
	(4) Provide a grant to an organization other than a charitable, etc , organization described										
ın section 4945(d)(4)(A)? See instructions											
(5) Provide for any purpose other than religious, charitable, scientific, literary, or											
	educational purposes, or for the	e prev	ention of cruelty to childr	en or anımals?		Yes	✓	No.			
b	If any answer is "Yes" to $5a(1)-(5)$, dıd a	ny of the transactions fa	ıl to qualıfy under the ex	ceptions desc	ribed in		"			
	Regulations section 53 4945 or in a	curre	nt notice regarding disas	ter assistance? See instr	uctions			L	5b		
	Organizations relying on a current i	notice	regarding disaster assist	ance check here		▶	П				
С	If the answer is "Yes" to question 5	a(4),	does the foundation clain	n exemption from the			_				
	tax because it maintained expendit	ure re	sponsibility for the grant	·		☐ Yes	П	No			
	If "Yes," attach the statement requ	ired by	Regulations section 53	4945-5(d)			_	"			
6 a	Did the foundation, during the year	, rece	ve any funds, directly or	indirectly, to pay premit	ıms on						
	a personal benefit contract?					□ v	✓	N.			
b	Did the foundation, during the year	, pay	premiums, directly or ind	irectly, on a personal be	nefit contract?	, res		NO	6b		No
	If "Yes" to 6b, file Form 8870										
7a	At any time during the tax year, wa	s the	foundation a party to a p	rohibited tax shelter trai	nsaction?	□ v	✓	N.			
b	If "Yes", did the foundation receive	any p	roceeds or have any net	income attributable to th	ne transaction	, res		NO	7b		
8	Is the foundation subject to the sec	tion 4	960 tax on payment(s) o	f more than \$1,000,000	ın remuneratı	on or					
	excess parachute payment during t	he yea	ar [?]			□ v	✓				
	Information About	Offic	ers Directors Trust	ees Foundation Ma	nagers Hi				200		
Pai	and Contractors	0	cro, Directors, 11 u st	eco, i odiladeloli i le	inagers, in	giiiy i ai	u	.p.o,	,		
1	List all officers, directors, truste	oc fo	undation managers ar	d their compensation	Saa instruc	tions					
	List all officers, unfectors, truste	:es, 10	unuacion managers ar	id their compensation	see msnuc	LIUIIS					
		1	h) Title and average	(c) Compensation (If	(d) Conti	ibutions t	·^				
	(a) Name and address	(b) Title, and average hours per week devoted to position 	(c) Compensation (If not paid, enter -0-)	(d) Conti employee be deferred co		s and			se acc lowanc	
SUSA	(a) Name and address	Trust	hours per week devoted to position	not paid, enter	employee be deferred co	nefit plans	s and				
3070	N L COYNE GRAND BAY BLVD UNIT 635		hours per week devoted to position	not paid, enter -0-)	employee be deferred co	nefit plans	s and				
3070 LONG	N L COYNE GRAND BAY BLVD UNIT 635 BOAT KEY, FL 34228	Trust 15 00	hours per week devoted to position	not paid, enter -0-) 48,000	employee be deferred co	nefit plans	s and				
3070 LONG DANIE	N L COYNE GRAND BAY BLVD UNIT 635 BOAT KEY, FL 34228 EL R COYNE	Trust	hours per week devoted to position	not paid, enter -0-)	employee be deferred co	nefit plans	s and				
3070 LONG DANIE	N L COYNE GRAND BAY BLVD UNIT 635 BOAT KEY, FL 34228	Trusto 15 00	hours per week devoted to position	not paid, enter -0-) 48,000	employee be deferred co	nefit plans	s and				
3070 LONG DANIE 12 NO SCITU	N L COYNE GRAND BAY BLVD UNIT 635 BOAT KEY, FL 34228 EL R COYNE ORTHEY FARM ROAD	Truston 2 00	hours per week devoted to position ee	not paid, enter -0-) 48,000	employee be deferred co	nefit plans	s and				
3070 LONG DANIE 12 NC SCITU CHRIS 385 R	N L COYNE GRAND BAY BLVD UNIT 635 BOAT KEY, FL 34228 EL R COYNE FRTHEY FARM ROAD FATE, MA 02066 GTOPHER L COYNE YDER ROAD	Trust 15 00 Trust 2 00	hours per week devoted to position ee	not paid, enter -0-) 48,000	employee be deferred co	nefit plans	s and				
3070 LONG DANIE 12 NC SCITU CHRIS 385 R	N L COYNE GRAND BAY BLVD UNIT 635 BOAT KEY, FL 34228 EL R COYNE RTHEY FARM ROAD IATE, MA 02066 GTOPHER L COYNE YDER ROAD ASSET, NY 11030	Trust- 15 00 Trust- 2 00 Trust- 2 00	hours per week devoted to position ee	not paid, enter -0-) 48,000	employee be deferred co	nefit plans ompensati	s and	ot	her al	lowand	res
3070 LONG DANIE 12 NC SCITU CHRIS 385 R	N L COYNE GRAND BAY BLVD UNIT 635 BOAT KEY, FL 34228 EL R COYNE FRTHEY FARM ROAD FATE, MA 02066 GTOPHER L COYNE YDER ROAD	Trust- 15 00 Trust- 2 00 Trust- 2 00	hours per week devoted to position ee	not paid, enter -0-) 48,000	employee be deferred co	nefit plans ompensati	s and lon	ot	her al	lowand	res
3070 LONG DANIE 12 NC SCITU CHRIS 385 R MANH 2	N L COYNE GRAND BAY BLVD UNIT 635 BOAT KEY, FL 34228 EL R COYNE FRITHEY FARM ROAD FATE, MA 02066 GTOPHER L COYNE YDER ROAD ASSET, NY 11030 Compensation of five highest-pa	Trust-2 00 Trust-2 00	hours per week devoted to position ee ee ee ee ee eployees (other than the complete	not paid, enter -0-) 48,000 0 nose included on line 1	employee be deferred co	nefit plans ompensati ctions). I	is and	ot ne, en	ter "I	NONE.	ees
3070 LONG DANIE 12 NC SCITU CHRIS 385 R MANH 2	N L COYNE GRAND BAY BLVD UNIT 635 BOAT KEY, FL 34228 EL R COYNE RTHEY FARM ROAD IATE, MA 02066 GTOPHER L COYNE YDER ROAD ASSET, NY 11030	Trust-2 00 Trust-2 00 Trust-2 00	hours per week devoted to position ee ee ee hiployees (other than the control of	not paid, enter -0-) 48,000	L—see instru (d) Cont employ	nefit plans ompensati	If non	ne, en	ter "I	lowand	unt,
DANIE 12 NC SCITU CHRIS 385 R MANH 2 (a)	N L COYNE GRAND BAY BLVD UNIT 635 BOAT KEY, FL 34228 ELR COYNE IRTHEY FARM ROAD IATE, MA 02066 STOPHER L COYNE YOBER ROAD ASSET, NY 11030 Compensation of five highest-pa Name and address of each employee more than \$50,000	Trust-2 00 Trust-2 00 Trust-2 00	hours per week devoted to position ee ee ee ee ee eployees (other than the complete	not paid, enter -0-) 48,000 0 nose included on line 1	L—see instru (d) Cont employ plans an	ctions). I	If non	ne, en	ter "I	NONE.	unt,
3070 LONG DANIE 12 NC SCITU CHRIS 385 R MANH 2	N L COYNE GRAND BAY BLVD UNIT 635 BOAT KEY, FL 34228 ELR COYNE IRTHEY FARM ROAD IATE, MA 02066 STOPHER L COYNE YOBER ROAD ASSET, NY 11030 Compensation of five highest-pa Name and address of each employee more than \$50,000	Trust-2 00 Trust-2 00 Trust-2 no	hours per week devoted to position ee ee ee hiployees (other than the control of	not paid, enter -0-) 48,000 0 nose included on line 1	L—see instru (d) Cont employ plans an	ctions). I	If non	ne, en	ter "I	NONE.	unt,
DANIE 12 NC SCITU CHRIS 385 R MANH 2 (a)	N L COYNE GRAND BAY BLVD UNIT 635 BOAT KEY, FL 34228 ELR COYNE IRTHEY FARM ROAD IATE, MA 02066 STOPHER L COYNE YOBER ROAD ASSET, NY 11030 Compensation of five highest-pa Name and address of each employee more than \$50,000	Trust-2 00 Trust-2 00 Trust-2 no	hours per week devoted to position ee ee ee hiployees (other than the control of	not paid, enter -0-) 48,000 0 nose included on line 1	L—see instru (d) Cont employ plans an	ctions). I	If non	ne, en	ter "I	NONE.	unt,
DANIE 12 NC SCITU CHRIS 385 R MANH 2 (a)	N L COYNE GRAND BAY BLVD UNIT 635 BOAT KEY, FL 34228 ELR COYNE IRTHEY FARM ROAD IATE, MA 02066 STOPHER L COYNE YOBER ROAD ASSET, NY 11030 Compensation of five highest-pa Name and address of each employee more than \$50,000	Trust-2 00 Trust-2 00 Trust-2 no	hours per week devoted to position ee ee ee hiployees (other than the control of	not paid, enter -0-) 48,000 0 nose included on line 1	L—see instru (d) Cont employ plans an	ctions). I	If non	ne, en	ter "I	NONE.	unt,
DANIE 12 NC SCITU CHRIS 385 R MANH 2 (a)	N L COYNE GRAND BAY BLVD UNIT 635 BOAT KEY, FL 34228 ELR COYNE IRTHEY FARM ROAD IATE, MA 02066 STOPHER L COYNE YOBER ROAD ASSET, NY 11030 Compensation of five highest-pa Name and address of each employee more than \$50,000	Trust-2 00 Trust-2 00 Trust-2 no	hours per week devoted to position ee ee ee hiployees (other than the control of	not paid, enter -0-) 48,000 0 nose included on line 1	L—see instru (d) Cont employ plans an	ctions). I	If non	ne, en	ter "I	NONE.	unt,
DANIE 12 NC SCITU CHRIS 385 R MANH 2 (a)	N L COYNE GRAND BAY BLVD UNIT 635 BOAT KEY, FL 34228 ELR COYNE IRTHEY FARM ROAD IATE, MA 02066 STOPHER L COYNE YOBER ROAD ASSET, NY 11030 Compensation of five highest-pa Name and address of each employee more than \$50,000	Trust-2 00 Trust-2 00 Trust-2 no	hours per week devoted to position ee ee ee hiployees (other than the control of	not paid, enter -0-) 48,000 0 nose included on line 1	L—see instru (d) Cont employ plans an	ctions). I	If non	ne, en	ter "I	NONE.	unt,
DANIE 12 NC SCITU CHRIS 385 R MANH 2 (a)	N L COYNE GRAND BAY BLVD UNIT 635 BOAT KEY, FL 34228 ELR COYNE IRTHEY FARM ROAD IATE, MA 02066 STOPHER L COYNE YOBER ROAD ASSET, NY 11030 Compensation of five highest-pa Name and address of each employee more than \$50,000	Trust-2 00 Trust-2 00 Trust-2 no	hours per week devoted to position ee ee ee hiployees (other than the control of	not paid, enter -0-) 48,000 0 nose included on line 1	L—see instru (d) Cont employ plans an	ctions). I	If non	ne, en	ter "I	NONE.	unt,
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DANIE 12 NC SCITU CHRIS 385 R MANH 2 (a)	N L COYNE GRAND BAY BLVD UNIT 635 BOAT KEY, FL 34228 ELR COYNE IRTHEY FARM ROAD IATE, MA 02066 STOPHER L COYNE YOBER ROAD ASSET, NY 11030 Compensation of five highest-pa Name and address of each employee more than \$50,000	Trust-2 00 Trust-2 00 Trust-2 no	hours per week devoted to position ee ee ee hiployees (other than the control of	not paid, enter -0-) 48,000 0 nose included on line 1	L—see instru (d) Cont employ plans an	ctions). I	If non	ne, en	ter "I	NONE.	unt,
DANIE 12 NC SCITU CHRIS 385 R MANH 2 (a)	N L COYNE GRAND BAY BLVD UNIT 635 BOAT KEY, FL 34228 ELR COYNE IRTHEY FARM ROAD IATE, MA 02066 STOPHER L COYNE YOBER ROAD ASSET, NY 11030 Compensation of five highest-pa Name and address of each employee more than \$50,000	Trust-2 00 Trust-2 00 Trust-2 no	hours per week devoted to position ee ee ee hiployees (other than the control of	not paid, enter -0-) 48,000 0 nose included on line 1	L—see instru (d) Cont employ plans an	ctions). I	If non	ne, en	ter "I	NONE.	unt,
DANIE 12 NC SCITU CHRIS 385 R MANH 2 (a)	N L COYNE GRAND BAY BLVD UNIT 635 BOAT KEY, FL 34228 ELR COYNE IRTHEY FARM ROAD IATE, MA 02066 STOPHER L COYNE YOBER ROAD ASSET, NY 11030 Compensation of five highest-pa Name and address of each employee more than \$50,000	Trust-2 00 Trust-2 00 Trust-2 no	hours per week devoted to position ee ee ee hiployees (other than the control of	not paid, enter -0-) 48,000 0 nose included on line 1	L—see instru (d) Cont employ plans an	ctions). I	If non	ne, en	ter "I	NONE.	unt,
3070 LONG DANIE 12 NC SCITU CHRIS 385 R MANH 2 (a)	N L COYNE GRAND BAY BLVD UNIT 635 BOAT KEY, FL 34228 ELR COYNE IRTHEY FARM ROAD IATE, MA 02066 STOPHER L COYNE YOBER ROAD ASSET, NY 11030 Compensation of five highest-pa Name and address of each employee more than \$50,000	Trust-15 00 Trust-2 00 Trust-2 00 aid en	hours per week devoted to position ee ee ee ee tiployees (other than ti (b) Title, and average hours per week devoted to position	not paid, enter -0-) 48,000 0 nose included on line in the second control of the secon	L—see instru (d) Cont employ plans an compo	ctions). I	If non	ne, en	ter "I	NONE.	unt,

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

Form 990-PF (2019)		Page 7
Part VIII Information About Officers, Directors, Trustees, and Contractors (continued)	Foundation Managers, Highly P	aid Employees,
3 Five highest-paid independent contractors for professional service	es (see instructions). If none, ente	r "NONE".
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		>
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include rele organizations and other beneficiaries served, conferences convened, research papers produ		er of Expenses
1		
2		
3		
4		
Part IX-B Summary of Program-Related Investments (see	instructions)	
Describe the two largest program-related investments made by the foundation during the	ne tax year on lines 1 and 2	Amount
1		
2		
All other program-related investments. See instructions		
3		
Total. Add lines 1 through 3		F 000 PF (2010)
		Form 990-PF (2019)

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

3h

4

5

61.976

61,976

Form **990-PF** (2019)

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

the section 4940(e) reduction of tax in those years

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

4

5

Page 9

66,525

61,976

4,549

Form **990-PF** (2019)

Form 990-PF (20	019)	
Part XIII	Undistributed Income	(see instructions)

b Total for prior years

a From 2014.

e From 2018.

XII, line 4 🕨 \$ a Applied to 2018, but not more than line 2a **b** Applied to undistributed income of prior years (Election required—see instructions). c Treated as distributions out of corpus (Election required—see instructions).

d Applied to 2019 distributable amount. e Remaining amount distributed out of corpus **5** Excess distributions carryover applied to 2019

same amount must be shown in column (a))

(If an amount appears in column (d), the

a Corpus Add lines 3f, 4c, and 4e Subtract line 5

6 Enter the net total of each column as

b Prior years' undistributed income Subtract line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. d Subtract line 6c from line 6b Taxable amount e Undistributed income for 2018 Subtract line 4a from line 2a Taxable amount—see instructions f Undistributed income for 2019 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) 8 Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions) . . .

9 Excess distributions carryover to 2020.

10 Analysis of line 9 a Excess from 2015. . **b** Excess from 2016. .

c Excess from 2017. . . . d Excess from 2018. . e Excess from 2019. .

Subtract lines 7 and 8 from line 6a

indicated below:

b From 2015. . . . c From 2016. . .

d From 2017. . . .

- 1 Distributable amount for 2019 from Part XI, line 7 2 Undistributed income, if any, as of the end of 2019
- a Enter amount for 2018 only.

 - Excess distributions carryover, if any, to 2019 1,807
 - 2 434
 - 2.547
- f Total of lines 3a through e. 4 Qualifying distributions for 2019 from Part

2.239

(a)

Corpus

6.788

4.549

2,239

2,239

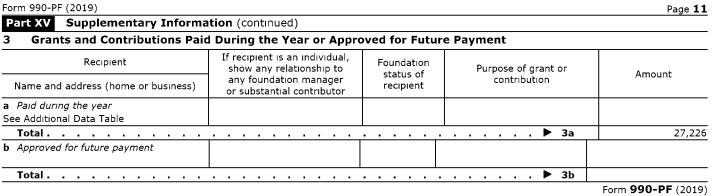
(b)

Years prior to 2018

(c)

2018

factors



Enter gross amounts unless otherwise indicated		Unrelated bu	siness income	Excluded by section	512, 513, or 514	(e) Related or exemp	
1 Program	n service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions)	
		-					
		 					
		 					
f							
2 Membe	and contracts from government agencies rship dues and assessments t on savings and temporary cash						
	nents			14	36,579		
5 Net rer	ital income or (loss) from real estate						
	financed property						
	ebt-financed property						
	Ital income or (loss) from personal property						
	(loss) from sales of assets other than						
invento	` ,			18	7,733		
9 Net inc	ome or (loss) from special events				·		
	profit or (loss) from sales of inventory						
	evenue a						
		 					
		 					
	al Add columns (b), (d), and (e).				44,312		
	Add line 12, columns (b), (d), and (e)			13	· · · · · · · · · · · · · · · · · · ·	44,312	
(See wo	orksheet in line 13 instructions to verify calcu B Relationship of Activities to the						
rait AV.			IIICIIL OI EXCII				
Line No. ▼	Explain below how each activity for which the accomplishment of the foundation's explainstructions)	income is reporte	d ın column (e) d	of Part XVI-A contribut			
	Explain below how each activity for which the accomplishment of the foundation's ex	income is reporte	d ın column (e) d	of Part XVI-A contribut			
	Explain below how each activity for which the accomplishment of the foundation's ex	income is reporte	d ın column (e) d	of Part XVI-A contribut			
	Explain below how each activity for which the accomplishment of the foundation's ex	income is reporte	d ın column (e) d	of Part XVI-A contribut			
	Explain below how each activity for which the accomplishment of the foundation's ex	income is reporte	d ın column (e) d	of Part XVI-A contribut			
	Explain below how each activity for which the accomplishment of the foundation's ex	income is reporte	d ın column (e) d	of Part XVI-A contribut			
	Explain below how each activity for which the accomplishment of the foundation's ex	income is reporte	d ın column (e) d	of Part XVI-A contribut			
	Explain below how each activity for which the accomplishment of the foundation's ex	income is reporte	d ın column (e) d	of Part XVI-A contribut			
	Explain below how each activity for which the accomplishment of the foundation's ex	income is reporte	d ın column (e) d	of Part XVI-A contribut			
	Explain below how each activity for which the accomplishment of the foundation's ex	income is reporte	d ın column (e) d	of Part XVI-A contribut			
	Explain below how each activity for which the accomplishment of the foundation's ex	income is reporte	d ın column (e) d	of Part XVI-A contribut			
	Explain below how each activity for which the accomplishment of the foundation's ex	income is reporte	d ın column (e) d	of Part XVI-A contribut			
	Explain below how each activity for which the accomplishment of the foundation's ex	income is reporte	d ın column (e) d	of Part XVI-A contribut			
	Explain below how each activity for which the accomplishment of the foundation's ex	income is reporte	d ın column (e) d	of Part XVI-A contribut			
	Explain below how each activity for which the accomplishment of the foundation's ex	income is reporte	d ın column (e) d	of Part XVI-A contribut			
	Explain below how each activity for which the accomplishment of the foundation's ex	income is reporte	d ın column (e) d	of Part XVI-A contribut			
	Explain below how each activity for which the accomplishment of the foundation's ex	income is reporte	d ın column (e) d	of Part XVI-A contribut			
	Explain below how each activity for which the accomplishment of the foundation's ex	income is reporte	d ın column (e) d	of Part XVI-A contribut			
	Explain below how each activity for which the accomplishment of the foundation's ex	income is reporte	d ın column (e) d	of Part XVI-A contribut			
	Explain below how each activity for which the accomplishment of the foundation's ex	income is reporte	d ın column (e) d	of Part XVI-A contribut			
	Explain below how each activity for which the accomplishment of the foundation's ex	income is reporte	d ın column (e) d	of Part XVI-A contribut			
Line No.	Explain below how each activity for which the accomplishment of the foundation's ex	income is reporte	d ın column (e) d	of Part XVI-A contribut			

Part XVII	Information Regarding Transfers To and Transactions and Relationships With Noncharit Exempt Organizations	able	
	nization directly or indirectly engage in any of the following with any other organization described in section 501		Vac

Part XV	Ш	Exempt Organi		ransı	rers to a	and Fransact	ions	and F	Relatio	nsnips with Non	icnarita	Die		
			directly enga							n described in sections?	on 501		Yes	No
a Transfe	rs fro	n the reporting foun	dation to a n	oncha	ırıtable exe	empt organizatio	on of	_						
(1) Ca	sh.										. 1	a(1)		No
(2) Otl	her as	ssets									. 1	a(2)		No
b Other tr	ransad	tions												
		assets to a nonchar	•	_							. 1	b(1)		No
(2) Pu	ırchas	es of assets from a r	noncharitable	exem	ıpt organız	zation					1	b(2)		No
` '		f facilities, equipmer	•								<u> 1</u>	b(3)		No
		sement arrangemen										b(4)		No
		loan guarantees.										b(5)		No
		nce of services or m	•		-						· [1	b(6)		No
-		cilities, equipment, r	-								· . L	1c		No
										ways show the fair m d less than fair mark		ue		
										ts, or services receiv				
	1		ا د د د											
(a) Line No	1 (1) Amount involved	(c) Name of	noncna	aritable exel	mpt organization	(a) Desc	cription of	transfers, transactions,	and sharin	g arrai	ngemen	ts
	1													
	1													
	<u> </u>													
	1													
	1													
	1													
	1													
2a Is the fo	ounda	tion directly or indire	ectly affiliated	with	, or relate	d to, one or mo	re tax-	-exem	pt organı	zations				
describe	ed in s	section 501(c) (other	r than section	501(c)(3)) or i	in section 527?				🗆 Ye	es 🔽	No		
b If "Yes,"	" com	plete the following s	chedule											
		(a) Name of organization	on		(E	Type of organiz	atıon			(c) Description	of relations	ship		
1 11	Indor i	consisted of posture	I doclare that	t I bay	40 0V2min	ad this raturn	neludu	ng 266	ompanyu	ng schedules and sta	stomonto	d	to the	host
										than taxpayer) is ba				
l w		reparer has any kno			•		·		•	. , ,				
Sign	***	***				2020-07-13		*	****		May the	IRS di	scuss th	115
Here 👠						2020 07 13		_			return with the	prepar	rer show	vn
	Sia	nature of officer or t	rustee			Date		7 T	itle		below	_		_
	0,9	nature of officer of t	doce					•	icic		(see inst	r) 🛂	Yes L	No
		Print/Type preparer's	name	Prena	arer's Sigr	nature	D-	ate			PTIN	_		
	'	· · · · · · · · · · · · · · · · · · ·	=				ا	4.0		Check if self-		21076	150	
		Melissa L Feener								employed ▶ 🔲	P	01076	150	
Paid		menssa E i cenel												
Prepare	er ϝ	ırm's name ▶ Garr	y T Center Cl	PAs									1661	. 1 4
Use On	ly 📙										Firm's EIN	► 14·	-16615	14
	F	ırm's address ► 17	'21 Central A	venue	:									
		All	bany, NY 12:	205						F	Phone no	(518) 869-2	2051

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d List and describe the kind(s) of property sold (e.g., real estate, (b) (d) (c) (a) 2-story brick warehouse, or common stock, 200 shs MLC Co) How acquired Date acquired Date sold P-Purchase (mo, day, yr) (mo, day, yr) D-Donation Ρ 50 ANADARKO PETE 2015-06-08 2019-08-22 670 OCCIDENTAL PETE CORP DEL Р 2019-08-22 2019-09-26 11 RESIDEO TECHNOLOGIES Р 2011-02-07 2019-10-25 3 ALPHABET INC CL C Р 2014-09-05 2019-12-02 2 AMAZON COM INC Ρ 2017-04-10 2019-12-02 10 ECOLAB INC Ρ 2014-09-05 2019-12-02 Р 20 MICROSOFT CORP 2015-06-08 2019-12-02 10 VISA INC Ρ 2012-12-20 2019-12-02 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h Depreciation allowed Cost or other basis Gain or (loss) (e) Gross sales price (f) (or allowable) (q) plus expense of sale (h) (e) plus (f) minus (g) 3,629 4,214 -585 30 31 -1 99 109 -10 3.936 1,724 2,212 3,641 1,819 1,822 1,875 1,146 729 3,044 947 2,097 1,841 372 1,469 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col (h) gain minus col (k), but not less than -0-) or (i) F M V as of 12/31/69 Adjusted basis Excess of col (1) Losses (from col (h)) **(I)** (j) as of 12/31/69 (k) over col (j), if any -585 -1 -10 2,212 1,822 729 2,097 1,469

Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year CIRCUS ARTS CONSERVATORY INC N/A NC FOR EDUCATIONAL AND 500 2075 BAHIA VISTA STREET TRAINING PROGRAMS SARASOTA EL 34239

JAKA301A,1E 34239				
FLORIDA STUDIO THEATRE INC 1241 NORTH PALM AVENUE SARASOTA, FL 34236	N/A	NC	FOR PERFORMING ARTS SCHOLARSHIP	2,500
RINGLING COLLEGE LIBRARY ASSOCIATION 2700 N TAMIAMI TRAIL SARASOTA, FL 34234	N/A	NC	FOR EDUCATIONAL PROGRAM	2,100

Total .

27,226

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of

THE UNITED WAY1445 2ND ST SARASOTA, FL 34236	N/A	NC	FOR WORLDWIDE PROGRAMS	2,500
a Paid during the year				
Name and address (home or business)	or substantial contributor	recipient		

WESTCOAST BLACK THEATRE TROUPE OF FL 1343 MAIN ST STE 402 SARASOTA, FL 34236	N/A	NC	FOR PERFORMING ARTS PROGRAM	4,500
INLY SCHOOL INC	N/A	NC	FOR EDUCATIONAL PROGRAM	3 000

OF FL 1343 MAIN ST STE 402 SARASOTA, FL 34236			PROGRAM	
INLY SCHOOL INC 46 WATCH HILL DRIVE SCITUATE, MA 02066	N/A	NC	FOR EDUCATIONAL PROGRAM	3,000

Total			▶ 3a	27,226
INLY SCHOOL INC 46 WATCH HILL DRIVE SCITUATE, MA 02066	N/A	NC	FOR EDUCATIONAL PROGRAM	3,000
1343 MAIN ST STE 402 SARASOTA, FL 34236			TROGRAM	

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year				
SIXTEEN HANDS HORSE SANCTUARY INC 712 ROY MOORE ROAD ONA, FL 33865	N/A	NC	FOR HORSE SANCTUARY	100

ONA, FL 33865				
TOWER FOUNDATION OF MANHASSET INC PO BOX 421 MANHASSET, NY 11030	N/A	NC	FOR AUTISM PROGRAM	1,200
JEWISH RECONSTRUCTION SOCIETY OF THE NOR	N/A	NC	FOR EDUCATIONAL PROGROM	5,926

IOWER FOUNDATION OF MANHASSET INC PO BOX 421 MANHASSET, NY 11030	N/A	NC	FOR AUTISM PROGRAM	1,200
JEWISH RECONSTRUCTION SOCIETY OF THE NOR 1001 PLANDOME ROAD PLANDOME, NY 11030	N/A	NC	FOR EDUCATIONAL PROGROM	5,926

Total			▶ 3a	27,226
JEWISH RECONSTRUCTION SOCIETY OF THE NOR 1001 PLANDOME ROAD PLANDOME, NY 11030	N/A	NC	FOR EDUCATIONAL PROGROM	5,926
INC PO BOX 421 MANHASSET, NY 11030				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Purpose of grant or Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business)

or substantial contributor

Total .

	or substantial contributor			
a Paid during the year				
OPERATION KINDNESS OF FLORIDA INC	N/A		FOR WOUNDED FLORIDA VETERANS AND THEIR FAMILIES	2,000

LUSTGARTEN FOUNDATION 415 CROSSWAYS PARK DRIVE WOODBURY, NY 11797 N/A NC FOR PANCREATIC CANCER RESEARCH	LONGBOAT KEY, FL 34228			PROGRAM	
	415 CROSSWAYS PARK DRIVE	N/A	NC		

50

27,226

415 CROSSWAYS PARK DRIVE WOODBURY, NY 11797			RESEARCH	
HUMANE SOCIETY OF SARASOTA 2331 15TH STREET SARASOTA, FL 34237	N/A	NC	FOR NO-KILL ANIMAL SHELTER	50

415 CROSSWAYS PARK DRIVE WOODBURY, NY 11797	IV/A	NC	RESEARCH	
HUMANE SOCIETY OF SARASOTA 2331 15TH STREET	N/A	NC	FOR NO-KILL ANIMAL SHELTER	

Recipient Purpose of grant or If recipient is an individual, Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year				
SHRINERS HOSPITAL FOR CHILDREN 516 CAREW STREET	N/A	NC	FOR CHILD CARE	100

SPRINGFIELD, MA 01104				
SINGING CITY1501 CHERRY STREET PHILADELPHIA, PA 19102	N/A	NC	FOR COMMUNITY CHOIR	1

SINGING CITY1501 CHERRY STREET PHILADELPHIA, PA 19102	N/A	NC	FOR COMMUNITY CHOIR	1,500
SNEAKERS FOR SOLDIERSPO BOY 454	N/Δ	NC	FOR TROOPS	1 000

PHILADELPHIA, PA 19102		NC .	TOK COMMONITY CHOIK	1,300
SNEAKERS FOR SOLDIERSPO BOX 454 CHESTER SPRINGS, PA 19425	N/A	NC	FOR TROOPS	1,000

PHILADELPHIA, PA 19102				
SNEAKERS FOR SOLDIERSPO BOX 454 CHESTER SPRINGS, PA 19425	N/A	NC	FOR TROOPS	1,000

NEAKERS FOR SULDIERSPO BUX 454	I N/A	NC	FUR TROUPS	1,000
CHESTER SPRINGS, PA 19425				·

CHESTER SPRINGS, PA 19425		
Total	 ▶ 3a	27,226

Recipient Foundation Purpose of grant or If recipient is an individual, Amount contribution show any relationship to status of any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year				
COLLIER HOSPICE CENTER 3210 N LUTHERAN PARKWAY WHEAT RIDGE, CO 80033	N/A	NC	FOR HOSPICE CARE	100

WHEAT RIDGE, CO 80033				
ST JUDE CHILDRENS RESERACH HOSPITAL 2 PINE WEST PLAZA 202 ALBANY, NY 10560	N/A	NC	FOR CHILD CARE	100

efile GRAPHIC print - DO NOT P	ROCESS As Filed	Data -	DL	N: 93491202000000			
TY 2019 Accounting Fe	es Schedule						
Name: LEWIS FOUNDATION							
EIN: 14-6049219							
Softw	ware ID: 190099	920					
Software \	Version: 2019v5	5.0					
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes			
ACCOUNTING FEE	9,80	05 4,903	0	4,902			

Note: To capture the full content of this	lote: To capture the full content of this document, please select landscape mode (11" $ imes$ 8.5") when printing.						
TY 2019 Depreciation Schedule							
Name:	LEWIS FOUNDA	TION					
EIN:	14-6049219						
Software ID:	19009920						
Software Version:	2019v5.0						
Depreciation Schedule	1						1

DLN: 93491202000000

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

	Depreci	ation Schedule							
Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
OFFICE EQUIPMENT (2015)	2015-03-21	1,718	1,422	200DB	11 52 %	198			
OFFICE EQUIPMENT (2015)	2015-07-24	1,690	1,398	200DB	11 52 %	195			
OFFICE EQUIPMENT (2017)	2017-09-06	963	501	200DB	19 20 %	185			
OFFICE EQUIPMENT (2019)	2019-07-13	5,191		200DB	20 00 %	1,038			

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491202000000
TY 2019 Investments Corpora	te Stock Schedule	
Name:	LEWIS FOUNDATION	
EIN:	14-6049219	
Software ID:	19009920	
Software Version:	2019v5.0	
Investments Corporation Stock Schedule		

Software version: 201905.0		
Investments Corporation Stock Schedule		
Name of Stock	End of Year Book Value	End of Year Fair Market Value
TRADED STOCKS-SEE SCHEDULE NO. 1	429,542	682,008

erile draphic print - Do NOT PROCESS AS Filed Data -	DLN: 9349120200000
TY 2019 Investments - Other Schedule	
Name: LEWIS FOUNDATION	
EIN: 14-6049219	

DI NI 03/01/20/2000000

Software ID: 19009920

ofile CRADUIC print - DO NOT PROCESS | As Filed Data -

Software Version: 2019v5 0

SOILWAI	ς

2013/011 2013/03.0						
Investments Other Schedule 2						
Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value			
TRADED MUTUAL FUNDS-SEE SCHEDULE NO. 1	AT COST	495,888	537,614			
TRADED HEDGE FUNDS-SEE SCHEDULE NO. 1	AT COST	108,689	108,195			
TRADED REAL ESTATE FUNDS-SEE SCH. NO. 1	AT COST	14,019	13,861			
TRADED TANGIBLE ASSETS-SEE SCH. NO. 1	AT COST	40,000	20,562			

file GRAPHIC print - DO NOT PROC	ESS As Filed Da	ta -	DLI	N: 93491202000000
TY 2019 Land, Etc. Schedule				
Nan	ne: LEWIS FOUN	DATION		
E	IN: 14-6049219			
Software	ID: 19009920			
Software Version	on: 2019v5.0			
Category / Item	Cost / Other	Accumulated	Book Value	End of Year Fair

Software version: 2019V5.0					
Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value	
Machinery and Equipment	12,325	7,700	4,625		

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN	N: 93491202000000		
TY 2019 Other Expenses Schedule						
Name:	LEWIS FOUNDA	TION				
EIN:	14-6049219					
Software ID:	19009920					
Software Version:	2019v5.0					
Other Expenses Schedule						
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		
EPTL FILING FEES	250	125		125		
OFFICE EXPENSE	909	455		454		

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DI	N: 93491202000000
TY 2019 Other Liabilities Sche	dule			
Name:	LEWIS FOUND	ATION		
EIN:	14-6049219			
Software ID:	19009920			
Software Version:	2019v5.0			
Description	n		Beginning of Year - Book Value	End of Year - Book Value
BOA Credit Card				22

efile GRAPHIC print - DO NOT PROCE	SS As Filed Data	-	DLN	l: 93491202000000		
TY 2019 Other Professional Fees Schedule						
Na	me: LEWIS FOUN	NDATION				
EIN: 14-6049219						
Software ID: 19009920						
Software Vers	ion: 2019v5.0					
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		
INVESTMENT FEES	10,057	5,029	0	5,028		

efile GRAPHIC print - DO NOT PR	OCESS	As Filed Data	Data - DLN: 93491202000000			
TY 2019 Taxes Schedule	2					
, I	Name:	LEWIS FOUN	1DATION			
	EIN:	14-6049219				
Software ID: 19009920						
Software Ve	ersion:	2019v5.0				
Category Amount Net Investment Adjusted Net Disbursements Income Income Furposes						
FOREIGN TAXES		483	242		241	