efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93491307007490

OMB No. 1545-0052

Department of the Treasury

Return of Private Foundation

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

2019

Internal Revenue Service Do not enter social security numbers on this form as it may be made public. Open to Public ▶ Go to www.irs.gov/Form990PF for instructions and the latest information. Inspection For calendar year 2019, or tax year beginning 01-01-2019 , and ending 12-31-2019 A Employer identification number GERSHON AND LOIS STERN FAMILY FOUNDATION INC 22-3412771 Number and street (or P.O. box number if mail is not delivered to street address) 1171 E LANDIS AVENUE B Telephone number (see instructions) (561) 909-2100 City or town, state or province, country, and ZIP or foreign postal code VINELAND, NJ 08360 ${f C}$ If exemption application is pending, check here ☐ Initial return ☐ Initial return of a former public charity G Check all that apply: **D 1.** Foreign organizations, check here....... 2. Foreign organizations meeting the 85% test, check here and attach computation ... Amended return ☐ Final return Address change ☐ Name change If private foundation status was terminated ☑ Section 501(c)(3) exempt private foundation **H** Check type of organization: under section 507(b)(1)(A), check here \square Section 4947(a)(1) nonexempt charitable trust \square Other taxable private foundation I Fair market value of all assets at end J Accounting method: ✓ Cash ☐ Accrual If the foundation is in a 60-month termination of year (from Part II, col. (c), under section 507(b)(1)(B), check here ☐ Other (specify) line 16) ▶\$ 936,110 (Part I, column (d) must be on cash basis.) Part I Analysis of Revenue and Expenses (The total Disbursements Revenue and (b) Net investment Adjusted net (c) for charitable of amounts in columns (b), (c), and (d) may not necessarily expenses per books equal the amounts in column (a) (see instructions).) (cash basis only) Contributions, gifts, grants, etc., received (attach 292,630 schedule) Check \blacktriangleright \bigsqcup if the foundation is **not** required to attach 2 944 14.268 3 Interest on savings and temporary cash investments 193 Dividends and interest from securities 193 Gross rents 5a b Net rental income or (loss) 6a Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a 7 Capital gain net income (from Part IV, line 2) Net short-term capital gain Income modifications . 10a Gross sales less returns and allowances Less: Cost of goods sold b Gross profit or (loss) (attach schedule) c Other income (attach schedule) 11 Total. Add lines 1 through 11 300,984 1,137 13 Compensation of officers, directors, trustees, etc. 50,000 12,500 37,500 14 Other employee salaries and wages 15 Pension plans, employee benefits Operating and Administrative Expenses 16a Legal fees (attach schedule) . . . 3,200 Accounting fees (attach schedule) Other professional fees (attach schedule) 18 Taxes (attach schedule) (see instructions) Depreciation (attach schedule) and depletion 19 20 21 Travel, conferences, and meetings 22 Printing and publications . . 23 Other expenses (attach schedule) 133 24 Total operating and administrative expenses. Add lines 13 through 23 . . . 53,333 15,700 37,500 69,236 25 Contributions, gifts, grants paid 69,236 26 Total expenses and disbursements. Add lines 24 and 25 122,569 15,700 106,736 27 Subtract line 26 from line 12: Excess of revenue over expenses and 178,415 disbursements

Net investment income (if negative, enter -0-) Adjusted net income (if negative, enter -0-) . . . Attached schedules and amounts in the description column

Beginning of year

Page 2

494

End of year

Form 990-PF (2019)

Balance Sheets

Part II

2

3

Enter amount from Part I, line 27a

Other increases not included in line 2 (itemize)

Add lines 1, 2, and 3

Decreases not included in line 2 (itemize) ▶

	3	Accounts receivable ▶			
		Less: allowance for doubtful accounts ▶		'	
	4	Pledges receivable ▶			
		Less: allowance for doubtful accounts ▶		'	
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions)		350	350
	7	Other notes and loans receivable (attach schedule) ▶			
		Less: allowance for doubtful accounts ▶		'	
S	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
As	10a	Investments—U.S. and state government obligations (attach schedule)	695,549	927,387	935,266
	ь	Investments—corporate stock (attach schedule)			
	С	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment: basis ▶			

.0a	Investments—U.S. and state government obligations (attach schedule)		695,549	9	927,387		
b	Investments—corporate stock (attach schedule)						
c	Investments—corporate bonds (attach schedule)						
L1	Investments—land, buildings, and equipment: basis ▶						
	Less: accumulated depreciation (attach schedule) ▶						
L2	Investments—mortgage loans						
L3	Investments—other (attach schedule)						_
L4	Land, buildings, and equipment: basis ▶						_
	Less: accumulated depreciation (attach schedule) ▶						
L5	Other assets (describe)	% J	244	% J	494	% ⊴	
L6	Total assets (to be completed by all filers—see the						_
	instructions. Also, see page 1, item I)		701,541		928,231		
L7	Accounts payable and accrued expenses						
L8	Grants payable						
L9	Deferred revenue						
20	Loans from officers, directors, trustees, and other disqualified persons						
21	Mortgages and other notes payable (attach schedule)						
22	Other liabilities (describe)	%	0	% J	47,383		
23	Total liabilities(add lines 17 through 22)		0		47,383		
	Foundations that follow FASB ASC 958, check here ▶ □ and complete lines 24, 25, 29 and 30.						
1	Not accets without donor roctrictions	1		I			

		instructions. Also, see page 1, item I)	701,541	928,231	936,110
	17	Accounts payable and accrued expenses			
	18	Grants payable			
ies	19	Deferred revenue			
ij	20	Loans from officers, directors, trustees, and other disqualified persons			
Liabilities	21	Mortgages and other notes payable (attach schedule)			
_	22	Other liabilities (describe	9	47,383	
	23	Total liabilities(add lines 17 through 22)	0	47,383	
Balances		Foundations that follow FASB ASC 958, check here ▶ □ and complete lines 24, 25, 29 and 30.			
ala	24	Net assets without donor restrictions			
8	25	Net assets with donor restrictions			
or Fund		Foundations that do not follow FASB ASC 958, check here display="block"> display="block" display="block" display="block" block here display="block" disp			
	26	Capital stock, trust principal, or current funds	0	0	
sets	27	Paid-in or capital surplus, or land, bldg., and equipment fund	0	0	
As	28	Retained earnings, accumulated income, endowment, or other funds	701,541	880,848	
Net	29	Total net assets or fund balances (see instructions)	701,541	880,848	
_	30	Total liabilities and net assets/fund balances (see instructions)	701 541	928 231	

	and complete miles 2 if 25, 25 and 501		
24	Net assets without donor restrictions		
25	Net assets with donor restrictions		
	Foundations that do not follow FASB ASC 958, check here and complete lines 26 through 30.		
26	Capital stock, trust principal, or current funds	0	0
27	Paid-in or capital surplus, or land, bldg., and equipment fund	0	0
28	Retained earnings, accumulated income, endowment, or other funds	701,541	880,848
29	Total net assets or fund balances (see instructions)	701,541	880,848
	Total liabilities and not assets (fund balances (see instructions)	701 5/1	020 221

Total liabilities and net assets/fund balances (see instructions) . **Analysis of Changes in Net Assets or Fund Balances**

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

2

3

4

5

6

178,415

880,848

880,848

Form **990-PF** (2019)

892

0

Part III of-year figure reported on prior year's return) 1 701,541

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

orm 990-Pf	(2019)					Page 3	
Part IV	Capital Gains an	d Losses for Tax on Invest	ment Income				
((a) List and describe t 2-story brick ware	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)				
1 a 40000	SHS NY ST DORM AU	2016-12-22	2019-07-01				
b 55000	b 55000 SHS HOUSTON TEX HOTEL OCCUPANCY REV 5.2500% 09/01/19 MS P					2019-01-09	
c 10000	c 100000 SHS VERMONT ST FOR ISSUES DTD GO 3.0% 08/15/19 P				2017-12-13	2019-08-15	
		WTR & SWR SYS REV 0% 12/01	/19	Р	2017-12-13	2019-12-31	
e CAPIT	AL GAINS DIVIDENDS			Р			
G	(e) Gross sales price			other basis	(h) Gain or (loss) (e) plus (f) minus (g)		
a	40,0	000		43,112		-3,112	
b	56,:	110		59,987	'	-3,877	
С	100,0	000		102,559	,	-2,559	
d	100,0	000		96,566	,	3,434	
e		7				7	
Comp	olete only for assets sh	nowing gain in column (h) and ow	ned by the foundation	on 12/31/69	(1)	
F.M	(i) 1.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		(k) s of col. (i) l. (j), if any	Gains (Col. (col. (k), but not	h) gain minus less than -0-) or om col.(h))	
а						-3,112	
b						-3,877	
С						-2,559	
d						3,434	
е						7	
3 Net	· -	n or (loss) as defined in sections I, line 8, column (c) (see instructi		Part I, line 7	3	-6,107	
Part V	Qualification Un	der Section 4940(e) for Re	educed Tay on Net	t Investment In	come		
For optiona	i use by domestic priv	ate foundations subject to the se	ction 4940(a) tax on n	et investment incon	ie.)		
f section 49	40(d)(2) applies, leav	e this part blank.					
		ection 4942 tax on the distributa qualify under section 4940(e). Do	, ,		?	es 🗹 No	
1 Enter	the appropriate amou	int in each column for each year;	see instructions before	e making any entrie			
	(a) od years Calendar (year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharital	ble-use assets	(d) Distribution rati (col. (b) divided by c		
	2018	55,555		469,791		0.118255	
	2017	80,040		220,404		0.363151	
	2016	29,845		64,607		0.461947	
	2015	23,373		17,892		1.306338	
	2014	11,265		26,410		0.426543	
	of line 1, column (d)					2.676234	
		r the 5-year base period—divide tion has been in existence if less		5.0, or by the 3		0.535247	
	,	naritable-use assets for 2019 from	,	4		656,204	
			•	5		351,231	
•	•	income (1% of Part I, line 27b)		6		0	
				7	1	351,231	
		s from Part XII, line 4 ,				106,736	
If line		er than line 7, check the box in Pa				e the Part VI	
					E,	rm 000-DE (2010)	

Form	990-PF (2019)	·								Page 6
Pai	rt VII-B S	tatements Regard	ling	Activities for Which	Form 4720 May Be	Required (contil	nued)			
5a	During the ye	ar did the foundation p	oay o	incur any amount to:					Yes	No
	(1) Carry on propaganda, or otherwise attempt to influence legis				tion (section 4945(e))?	Пу	es 🗸	No		
(2) Influence the outcome of any specific p				public election (see secti	on 4955); or to carry					
	on, directly or indirectly, any voter registration drive?						No			
	(3) Provide a grant to an individual for travel, study, or other similar purposes?							No		
	(4) Provide a grant to an organization other than a charitable, etc., organization described						I	Na		
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or									
b			•	ny of the transactions fai		⊔ Y	es 🗸	No		
_	•			nt notice regarding disast				51	,	
	-			regarding disaster assista			▶ □			
С	-	· -		does the foundation claim			ш			
	tax because it	t maintained expenditu	ire re	sponsibility for the grant?						
	If "Yes," attac	th the statement requi	red by	Regulations section 53.4	1945-5(d).	□ 1	es 📙	No		
6a	Did the found	ation, during the year,	rece	ive any funds, directly or	indirectly, to pay premiui	ms on				
	a personal be	nefit contract?					es 🗸	No		
b		ation, during the year, , file Form 8870.	pay	premiums, directly or indi	rectly, on a personal ben	efit contract?	es 🖭	61)	No
7a	•		s the	foundation a party to a pr	rohibited tax shelter tran	saction?	es 🗸			
b	If "Yes", did th	he foundation receive	any p	roceeds or have any net i	ncome attributable to the	ransaction?	es 🖭	NO 71	,	
8				960 tax on payment(s) of						
	excess parach	nute payment during th	ne yea	ar?			es 🗸	N.		
	Ini			ers, Directors, Trusto					s.	
Pai		d Contractors		,,		g,g,		,	,	
1	List all office	rs, directors, truste	es, fo	undation managers and	d their compensation.	See instructions				
		,		b) Title, and average	(c) Compensation (If	(d) Contributio	ns to	(a) Evr	ense ac	count
	(a) Name	and address		hours per week	not paid, enter	employee benefit p			allowan	
CERC	HON A STERN		DDEC	devoted to position IDENT/TREASURER	-0-)	deferred comper				
	LOIRE LANE		0.50	IDENI/TREASURER	0		0			0
	BEACH GARDENS	6, FL 33410								
LOIS	L STERN			PRESIDENT/SECRETARY	0		0			0
	LOIRE LANE	. EL 22410	0.50							
	BEACH GARDENS	o, FL 33410	TRUS	TCC	35.000					
	RT M STERN BARBARA DRIVE		0.10	ICC	25,000		0			0
	RY HILL, NJ 0840	03								
SUSA	N J SPECTOR		TRUS	TEE	25,000		0			0
	AN RIPER LANE	7	0.10							
2	Compensatio		id en	ployees (other than th	ose included on line 1	_see instructions) If nor	l enter	· "NONE	: "
	Compensacio	ni oi iive iligilest-pa	iu en	. , ,	ose included on line 1	(d) Contributio		ie, entei	HONE	· <u>·</u>
(a)		ress of each employee than \$50,000	paid	(b) Title, and average hours per week devoted to position	(c) Compensation	employee ben plans and defe compensatio	efit rred		ense acc allowanc	
NON	E									
Tota	I number of oth	ner employees paid ov	er \$5	0,000			•			0
		·					1	Form 9	90-PF	(2019)

Form 990-PF (2019)		Page 7
Part VIII Information About Officers, Directors, Trustees, and Contractors (continued)	Foundation Managers, Highly Pa	aid Employees,
3 Five highest-paid independent contractors for professional servic	es (see instructions). If none, enter	"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		• 0
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		r of Expenses
1		
2		
3		
4		
Part IX-B Summary of Program-Related Investments (see i	nstructions)	
Describe the two largest program-related investments made by the foundation during the	<u> </u>	Amount
1	,	
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3		• o
Total Add Mico Landagn 5		Form 990-PF (2019)

2b

2c

3

4

5

6

7

1a

1b

2

3a 3b

4

5

32.810

32.810

32.810

106,736

106.736

106.736

Form 990-PF (2019)

Income tax for 2019. (This does not include the tax from Part VI.). . .

Qualifying Distributions (see instructions)

Amounts set aside for specific charitable projects that satisfy the:

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

3

4 5

6

1

2

3

4

5

b

Part XII

Distributable amount before adjustments. Subtract line 2c from line 1.

Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1. . .

Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.

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

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

Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

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

2019

Page 9

32,810

32,810

Form **990-PF** (2019)

Part XIII	J

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

a From 2014.

b From 2015. c From 2016. . .

d From 2017.

e From 2018.

f Total of lines 3a through e.

d Applied to 2019 distributable amount. . . . e Remaining amount distributed out of corpus

same amount must be shown in column (a).)

5 Excess distributions carryover applied to 2019. (If an amount appears in column (d), the

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

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

6 Enter the net total of each column as

b Prior years' undistributed income. Subtract 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 —see instructions 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

indicated below:

4 Qualifying distributions for 2019 from Part 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).

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. **b** Total for prior years: 20______, 20______ Excess distributions carryover, if any, to 2019:

26.620

69.176 32,065

22.478 26,620

69.176

32.065

73.926

9.944 22,478

(a)

Corpus

160.283

73.926

234,209

9.944

224,265

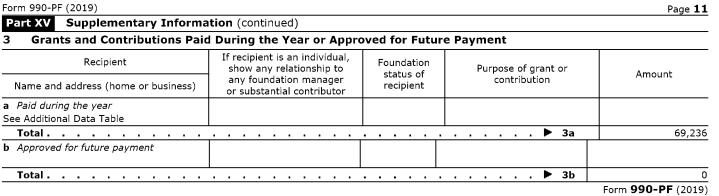
(b)

Years prior to 2018

(c)

2018

factors:



Part XVI-A Analysis of Inter gross amounts unless otherw	ncome-Producing		usiness income	Excluded by section	512, 513, or 514	(e)
•	vise mulcated.	(a)	(b)	(c)	(d)	Related or exempt function income (See instructions.)
Program service revenue: a		Business code	Amount	Exclusion code	Amount	(See manachons.)
b						
c						
d e						
f						
g Fees and contracts from gove	ernment agencies					
Membership dues and assessm						
Interest on savings and tempo investments	rary cash			14	14,268	
1 Dividends and interest from se	curities			14	193	
Net rental income or (loss) from						
a Debt-financed property.b Not debt-financed property.						
Net rental income or (loss) from						
7 Other investment income						
Gain or (loss) from sales of ass inventory				10	C 107	
Net income or (loss) from spec				18	-6,107	
Gross profit or (loss) from sale	es of inventory					
1 Other revenue: a						
b						
d						
u						
e						
e), and (e). .		0		8,354	
e), and (e) o), (d), and (e)				8,354 3	
e), and (e). b), (d), and (e). c), tions to verify calcul of Activities to th	lations.) le Accomplisi	nment of Exemp	ot Purposes	3	
2 Subtotal. Add columns (b), (d) 3 Total. Add line 12, columns (b) (See worksheet in line 13 instructions) Part XVI-B Relationship inc No. Explain below how), and (e)。. o), (d), and (e)。.. uctions to verify calcul	lations.) e Accomplisi income is report	hment of Exempled in column (e) of	pt Purposes Part XVI-A contribu	3tted importantly to	
2 Subtotal. Add columns (b), (d) 3 Total. Add line 12, columns (b) (See worksheet in line 13 instruant XVI-B Relationship Line No. Explain below how enthe accomplishment), and (e)	lations.) e Accomplisi income is report	hment of Exempled in column (e) of	pt Purposes Part XVI-A contribu	3tted importantly to	
2 Subtotal. Add columns (b), (d) 3 Total. Add line 12, columns (b) (See worksheet in line 13 instruant XVI-B Relationship Line No. Explain below how enthe accomplishment), and (e)	lations.) e Accomplisi income is report	hment of Exempled in column (e) of	pt Purposes Part XVI-A contribu	3tted importantly to	
2 Subtotal. Add columns (b), (d) 3 Total. Add line 12, columns (b) (See worksheet in line 13 instruant XVI-B Relationship ine No. Explain below how enthe accomplishment), and (e)	lations.) e Accomplisi income is report	hment of Exempled in column (e) of	pt Purposes Part XVI-A contribu	3tted importantly to	
2 Subtotal. Add columns (b), (d) 3 Total. Add line 12, columns (b) (See worksheet in line 13 instrictions) Part XVI-B Relationship Line No. Explain below how explain below how explain below homes the accomplishment), and (e)	lations.) e Accomplisi income is report	hment of Exempled in column (e) of	pt Purposes Part XVI-A contribu	3tted importantly to	
2 Subtotal. Add columns (b), (d) 3 Total. Add line 12, columns (b) (See worksheet in line 13 instrictions) Part XVI-B Relationship Line No. Explain below how explain below how explain below homes the accomplishment), and (e)	lations.) e Accomplisi income is report	hment of Exempled in column (e) of	pt Purposes Part XVI-A contribu	3tted importantly to	
2 Subtotal. Add columns (b), (d) 3 Total. Add line 12, columns (b) (See worksheet in line 13 instruant XVI-B Relationship Line No. Explain below how enthe accomplishment), and (e)	lations.) e Accomplisi income is report	hment of Exempled in column (e) of	pt Purposes Part XVI-A contribu	3tted importantly to	
2 Subtotal. Add columns (b), (d) 3 Total. Add line 12, columns (b) (See worksheet in line 13 instrictions) Part XVI-B Relationship Line No. Explain below how explain below how explain below homes the accomplishment), and (e)	lations.) e Accomplisi income is report	hment of Exempled in column (e) of	pt Purposes Part XVI-A contribu	3tted importantly to	
2 Subtotal. Add columns (b), (d) 3 Total. Add line 12, columns (b) (See worksheet in line 13 instruant XVI-B Relationship ine No. Explain below how enthe accomplishment), and (e)	lations.) e Accomplisi income is report	hment of Exempled in column (e) of	pt Purposes Part XVI-A contribu	3tted importantly to	
2 Subtotal. Add columns (b), (d) 3 Total. Add line 12, columns (b) (See worksheet in line 13 instruant XVI-B Relationship Line No. Explain below how enthe accomplishment), and (e)	lations.) e Accomplisi income is report	hment of Exempled in column (e) of	pt Purposes Part XVI-A contribu	3tted importantly to	
2 Subtotal. Add columns (b), (d) 3 Total. Add line 12, columns (b) (See worksheet in line 13 instruant XVI-B Relationship Line No. Explain below how enthe accomplishment), and (e)	lations.) e Accomplisi income is report	hment of Exempled in column (e) of	pt Purposes Part XVI-A contribu	3tted importantly to	
2 Subtotal. Add columns (b), (d) 3 Total. Add line 12, columns (b) (See worksheet in line 13 instruant XVI-B Relationship Line No. Explain below how enthe accomplishment), and (e)	lations.) e Accomplisi income is report	hment of Exempled in column (e) of	pt Purposes Part XVI-A contribu	3tted importantly to	
2 Subtotal. Add columns (b), (d) 3 Total. Add line 12, columns (b) (See worksheet in line 13 instruant XVI-B Relationship Line No. Explain below how enthe accomplishment), and (e) b), (d), and (e) uctions to verify calcul of Activities to the activity for which	lations.) e Accomplisi income is report	hment of Exempled in column (e) of	pt Purposes Part XVI-A contribu	3tted importantly to	
2 Subtotal. Add columns (b), (d) 3 Total. Add line 12, columns (b) (See worksheet in line 13 instruant XVI-B Relationship Line No. Explain below how enthe accomplishment), and (e) b), (d), and (e) uctions to verify calcul of Activities to the activity for which	lations.) e Accomplisi income is report	hment of Exempled in column (e) of	pt Purposes Part XVI-A contribu	3tted importantly to	
2 Subtotal. Add columns (b), (d) 3 Total. Add line 12, columns (b) (See worksheet in line 13 instruant XVI-B Relationship ine No. Explain below how enthe accomplishment), and (e) b), (d), and (e) uctions to verify calcul of Activities to the activity for which	lations.) e Accomplisi income is report	hment of Exempled in column (e) of	pt Purposes Part XVI-A contribu	3tted importantly to	
2 Subtotal. Add columns (b), (d) 3 Total. Add line 12, columns (b) (See worksheet in line 13 instruant XVI-B Relationship ine No. Explain below how enthe accomplishment), and (e) b), (d), and (e) uctions to verify calcul of Activities to the activity for which	lations.) e Accomplisi income is report	hment of Exempled in column (e) of	pt Purposes Part XVI-A contribu	3tted importantly to	
2 Subtotal. Add columns (b), (d) 3 Total. Add line 12, columns (b) (See worksheet in line 13 instruant XVI-B Relationship Line No. Explain below how enthe accomplishment), and (e) b), (d), and (e) uctions to verify calcul of Activities to the activity for which	lations.) e Accomplisi income is report	hment of Exempled in column (e) of	pt Purposes Part XVI-A contribu	3tted importantly to	
2 Subtotal. Add columns (b), (d) 3 Total. Add line 12, columns (b) (See worksheet in line 13 instruant XVI-B Relationship Line No. Explain below how enthe accomplishment), and (e) b), (d), and (e) uctions to verify calcul of Activities to the activity for which	lations.) e Accomplisi income is report	hment of Exempled in column (e) of	pt Purposes Part XVI-A contribu	3tted importantly to	
Subtotal. Add columns (b), (d) Total. Add line 12, columns (b) (See worksheet in line 13 instruant XVI-B Relationship ine No. Explain below how enthe accomplishment), and (e) b), (d), and (e) uctions to verify calcul of Activities to the activity for which	lations.) e Accomplisi income is report	hment of Exempled in column (e) of	pt Purposes Part XVI-A contribu	3tted importantly to	
2 Subtotal. Add columns (b), (d) 3 Total. Add line 12, columns (b) (See worksheet in line 13 instrictions) Part XVI-B Relationship Line No. Explain below how explain below how explain below homes the accomplishment), and (e) b), (d), and (e) uctions to verify calcul of Activities to the activity for which	lations.) e Accomplisi income is report	hment of Exempled in column (e) of	pt Purposes Part XVI-A contribu	3tted importantly to	8,354

orm 990-F							Pa	ge 13
Part XV	Information Regarding Exempt Organizations	Transfers To a	and Transaction	ns and Rel	ationships With Nonchar	itable		
	organization directly or indirectly er er than section 501(c)(3) organizati						Yes	No
a Transfe	rs from the reporting foundation to a	noncharitable exe	empt organization	of:				
(1) Ca	sh					1a(1)		No
(2) Ot	her assets					1a(2)		No
b Other t	ransactions:							
(1) Sa	les of assets to a noncharitable exer	npt organization.				1b(1)		No
(2) Pu	rchases of assets from a noncharital	ole exempt organiz	zation			1b(2)		No
(3) Re	ntal of facilities, equipment, or othe	assets				1b(3)		No
(4) Re	imbursement arrangements					1b(4)		No
(5) Lo	ans or loan guarantees					1b(5)		No
	formance of services or membership	_				1b(6)		No
_	of facilities, equipment, mailing list					1c		No
of the g	nswer to any of the above is "Yes," of loods, other assets, or services given transaction or sharing arrangement, (b) Amount involved (c) Name	by the reporting	foundation. If the f i) the value of the	oundation regoods, other	ceived less than fair market va	ue	ngemen	ıts
describ	oundation directly or indirectly affilia ed in section 501(c) (other than sect " complete the following schedule. (a) Name of organization	ion 501(c)(3)) or i	•		_	✓ No		
	(a) Name of organization		b) Type of organization	11	(C) Description of rela	lionship		
0	nder penalties of perjury, I declare t f my knowledge and belief, it is true hich preparer has any knowledge.				other than taxpayer) is based o	n all info	rmatio	n of
Here L	*****		2020-10-26	****	** retu	the IRS di n	scuss tr	1IS
	Signature of officer or trustee		Date	Title	belo	the prepa w instr.)	_	
	Print/Type preparer's name	Preparer's Sigr	nature	Date	Check if self-	DOJECT	2001	
Paid	MARJORIE HORWIN CPA				employed ▶ □	P01283	5U81	
Prepar Use On	ly	OWN ARGIZ & FAF		ı	Firm's	EIN ►01	-07200)52
	Firm's address ► 225 NE MIZI	IER BLVD SUITE 6	85					
	BOCA RATOI	ATON, FL 33432				none no. (561) 909-2100		

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 any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

AMERICAN FOREIGN ACADEMIC RESEARCH 750 JETTON STREET DAVIDSON, NC 28036	NONE	PUBLIC CHARITY	SUPPORT FOR OPERATION	5,000
BETH ISRAEL CONGREGATION	NONE	PUBLIC	SUPPORT FOR OPERATIONS	2 040

BETH ISRAEL CONGREGATION 1015 E PARK AVENUE VINELAND, NJ 083600852	NONE	PUBLIC CHARITY	SUPPORT FOR OPERATIONS	2,040
CHABAD AT THE SHORE	NONE	PUBLIC	SUPPORT FOR OPERATIONS	180

VINELAND, NJ 083600852				
CHABAD AT THE SHORE 6605 ATLANTIC AVENUE VENTNOR, NJ 08406	NONE	PUBLIC CHARITY	SUPPORT FOR OPERATIONS	180

▶ 3a

69,236

CHABAD AT THE SHORE 6605 ATLANTIC AVENUE VENTNOR, NJ 08406	NONE	PUBLIC CHARITY	SUPPORT FOR OPERATIONS	1

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

- '				
CHEVRA KADISHA OF ALLIANCE PO BOX 934 VINELAND, NJ 08362	NONE	PUBLIC CHARITY	SUPPORT FOR OPERATIONS	100
CHOP FOUNDATION	NONE	PUBLIC	SUPPORT FOR OPERATIONS	100

CHOP FOUNDATION 3401 CIVIC CENTER BLVD PHILADELPHIA, PA 19104	NONE	PUBLIC CHARITY	SUPPORT FOR OPERATIONS	100
COLUMBIA UNIVERSITY MEDICAL CENTER	NONE	PUBLIC CHARITY	SUPPORT FOR OPERATIONS	5,000

PHILADELPHIA, PA 19104				
COLUMBIA UNIVERSITY MEDICAL CENTER 630 WEST 168TH STREET BOX 92 NEW YORK, NY 10032	NONE	PUBLIC CHARITY	SUPPORT FOR OPERATIONS	5,000

69,236

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 status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year COMIC DELIEE DED NOSE DAV ELIND NONE PUBLIC SUPPORT FOR OPERATIONS 100

488 MADISON AVE 10TH FLOOR NEW YORK, NY 10022	None	CHARITY	SOLL OWN LINK OF EIGHT ON S	100
COOPER MEDICAL SCHOOL 401 S BROADWAY CAMDEN, NJ 08103	NONE	PUBLIC CHARITY	SUPPORT FOR OPERATIONS	1,000

COOPER MEDICAL SCHOOL 401 S BROADWAY CAMDEN, NJ 08103	NONE	PUBLIC CHARITY	SUPPORT FOR OPERATIONS	1,000
DAANA-FARBER CANCER INSTITUTE (THE JIMMY FUND) 10 BROOKLINE PLACE WEST	NONE	PUBLIC CHARITY	SUPPORT FOR OPERATIONS	100

CAMDEN, NJ 08103				
DAANA-FARBER CANCER INSTITUTE (THE JIMMY FUND) 10 BROOKLINE PLACE WEST BROOKLINE, MA 02445	NONE	PUBLIC CHARITY	SUPPORT FOR OPERATIONS	100

Total .

69,236

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 FRENCHMAN'S CREEK CHARITIES NONE PUBLIC SUPPORT FOR OPERATIONS 845 FOUNDATION CHARITY

13495 TOURNAMENT DRIVE PALM BEACH GARDENS, FL 33410				
JEWISH FAMILY & CHILDREN'S SERVICE OF PALM BEACH COUNTY INC 5841 CORPORATE WAY SUITE 200 WEST PALM BEACH, FL 33407	NONE	PUBLIC CHARITY	SUPPORT FOR OPERATIONS	700
JEWISH FEDERATION OF CUMBERLAND	NONE	PUBLIC	SUPPORT FOR OPERATIONS	5,000

OF PALM BEACH COUNTY INC 5841 CORPORATE WAY SUITE 200 WEST PALM BEACH, FL 33407		CHARITY		, ••
JEWISH FEDERATION OF CUMBERLAND GLOUCESTER & SALEM COUNTIES 1015 E PARK AVENUE SUITE B VINELAND, NJ 08360	NONE	PUBLIC CHARITY	SUPPORT FOR OPERATIONS	5,000

Total			▶ 3a	69,236
JEWISH FEDERATION OF CUMBERLAND GLOUCESTER & SALEM COUNTIES 1015 E PARK AVENUE SUITE B VINELAND, NJ 08360	NONE	PUBLIC CHARITY	SUPPORT FOR OPERATIONS	5,000
WEST PALM BEACH, FL 33407				

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 status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

JEWISH FEDERATION OF SOUTHERN NEW JERSEY 1301 SPRINGDALE RD 200 CHERRY HILL, NJ 08003	NONE	PUBLIC CHARITY	SUPPORT FOR OPERATIONS	4,000
JUPITER MEDICAL CENTER	NONE	PUBLIC	SUPPORT FOR OPERATIONS	1,200

JUPITER MEDICAL CENTER 1210 S OLD DIXIE HWY JUPITER, FL 33458	NONE	PUBLIC CHARITY	SUPPORT FOR OPERATIONS	1,200
LARKIN STREET YOUTH SERVICES	NONE	PUBLIC	SUPPORT FOR OPERATIONS	1,500

JUPITER, FL 33458		CHARIT		
LARKIN STREET YOUTH SERVICES 134 GOLDEN GATE AVE SAN FRANCISCO, CA 94102	NONE	PUBLIC CHARITY	SUPPORT FOR OPERATIONS	1,500

69,236

JUPITER, FL 33458				
LARKIN STREET YOUTH SERVICES 134 GOLDEN GATE AVE SAN FRANCISCO, CA 94102	NONE	PUBLIC CHARITY	SUPPORT FOR OPERATIONS	1,50

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 status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year MEMORIAL CLOAN METTERING CANCER DUBLIC CURRORT FOR OBERATIONS AND 200

CENTER PO BOX 27106 NEW YORK, NY 100877106	NONE	CHARITY	RESEARCH	200
MORSE LIFE 4847 FRED GLADSTONE DRIVE	NONE	PUBLIC CHARITY	SUPPORT FOR OPERATIONS	250

PO BOX 27106 NEW YORK, NY 100877106				
MORSE LIFE 4847 FRED GLADSTONE DRIVE WEST PALM BEACH, FL 33417	NONE	PUBLIC CHARITY	SUPPORT FOR OPERATIONS	250
PALM BEACH STATE COLLEGE	NONE	PUBLIC	SUPPORT FOR OPERATIONS	32:

4847 FRED GLADSTONE DRIVE WEST PALM BEACH, FL 33417		CHARITY		
PALM BEACH STATE COLLEGE 4200 CONGRESS AVE LAKE WORTH, FL 33461	NONE	PUBLIC CHARITY	SUPPORT FOR OPERATIONS	321

69,236

WEST PALM BEACH, FL 33417				
PALM BEACH STATE COLLEGE 4200 CONGRESS AVE LAKE WORTH, FL 33461	NONE	PUBLIC CHARITY	SUPPORT FOR OPERATIONS	32

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 PENN STATE UNIVERSITY NONE PUBLIC SUPPORT FOR OPERATIONS 500 DEVELOPMENT CHARITY 2583 GATEWAY DR STE 130

STATE COLLEGE, PA 16801				
PLANNED PARENTHOOD OF SOUTH FLORIDA 2300 NORTH FLORIDA MANGO RD WEST PALM BEACH, FL 33409	NONE	PUBLIC CHARITY	SUPPORT FOR OPERATIONS	350
ST JUDE CHILDREN'S RESEARCH	NONE	PUBLIC	SUPPORT FOR OPERATIONS	100

WEST PALM BEACH, FL 33409				
ST JUDE CHILDREN'S RESEARCH HOSPITAL 3750 NW 87TH AVENUE SUITE 100 DORAL, FL 33178	NONE	PUBLIC CHARITY	SUPPORT FOR OPERATIONS	100

•				
ST JUDE CHILDREN'S RESEARCH HOSPITAL 3750 NW 87TH AVENUE SUITE 100 DORAL, FL 33178	NONE	PUBLIC CHARITY	SUPPORT FOR OPERATIONS	100
Total			▶ 3a	69,236

Recipient If recipient is an individual, show any relationship to any foundation manager or substantial contributor

Recipient If recipient is an individual, show any relationship to any foundation manager or substantial contributor

Purpose of grant or contribution

a Paid during the year

THE SCRIPPS RESEARCH INSTITUTE 10550 NORTH TORREY PINES ROAD TPC2 LA JOLLA, CA 92037	NONE	PUBLIC CHARITY	SUPPORT FOR OPERATIONS	650
LINIVERSITY OF PENNSYLVANIA	NONE	PUBLIC	SUPPORT FOR OPERATIONS	40 000

Total			▶ 3a	69,236
UNIVERSITY OF PENNSYLVANIA 3451 WALNUT STREET PHILADELPHIA, PA 19104	NONE	PUBLIC CHARITY	SUPPORT FOR OPERATIONS	40,000
LA JOLLA, CA 92037				

efile GRAPHIC print - DO NOT P	ROCESS	As Filed Data -		DI	LN: 93491307007490			
TY 2019 Accounting Fees Schedule								
Name: GERSHON AND LOIS STERN FAMILY								
	FOUNDATION INC							
EIN: 22-3412771								
Category	Amo	ount Ne	t Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes			

3,200

3,200

PROFESSIONAL FEES

TY 2019 Explanation of Non-Filing with Attorney General Statement

Name: GERSHON AND LOIS STERN FAMILY

DLN: 93491307007490

FOUNDATION INC **EIN:** 22-3412771

JERSEY DIVISION OF CONSUMER AFFAIRS.

Statement:

THE NEW JERSEY GERSHON AND LOIS STERN FAMILY FOUNDATION ("TAXPAYER") AS A PRIVATE

AFFAIRS, CHARITABLE REGISTRATION, AS THERE IS NO PUBLIC SOLICITATION FOR DONATIONS.

THEREFORE, THE TAXPAYER IS EXEMPT FROM THE FILING REGISTRATION STATEMENT WITH THE NEW

FOUNDATION IS NOT REQUIRED TO FILE ANNUALLY WITH NEW JERSEY DIVISION OF CONSUMER

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491307007490			
TY 2019 Investments Government Obligations Schedule						
Name:	GERSHON AND	LOIS STERN FAMILY				
	FOUNDATION	INC				
EIN:	22-3412771					
US Government Securities - End of Year Book Value:		0				
US Government Securities - End of Year Fair Market Value:		0				
State & Local Government Securities - End of Year Book Value:		927,387				
State & Local Government Securities - End of Year Fair		·				
Market Value:		935,266				

erile GRAPHIC print - DO NOT PROCESS	AS FIIEU Data -	DLN: 93491307007490	
TY 2019 Other Assets Schedule	3		
Name: (SERSHON AND LOTS ST	TERN FAMILY	

	_		
Other	Accete	Schedule	

ASIA CRABUTO SEINA DO NOT BROCESS

EIN: 22-3412771

FOUNDATION INC.

Beginning of Year -End of Year - Book **Book Value** Value

244

494

End of Year - Fair Market Value

494

DIN. 02401207007400

Description

PY EXCISE TAX CREDIT CARRYFORWARD

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLI	N: 93491307007490		
TY 2019 Other Expenses Schedule						
Name: GERSHON AND LOIS STERN FAMILY						
FOUNDATION INC						
EIN:	22-3412771					
Other Expenses Schedule						
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		
ANNUAL REPORT AND REGISTRATION FEES	33	0		0		
OFFICE EXPENSE	100	0		0		

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 934913070	07490			
TY 2019 Other Increases Schedule							
Name	CERCUON AND	NAME OF COMPANY					
name:	GERSHON AND	LOIS STERN FAMILY					
	FOUNDATION I	INC					
EIN:	22-3412771						
D ₁	escription		Amount				
1099 REPORTING DIFFERENCES				892			

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		D	LN: 93491307007490		
TY 2019 Other Liabilities Schedule						
Name:	GERSHON AND		N FAMILY			
EIN:	22-3412771					
Description	n		Beginning of Year - Book Value	End of Year - Book Value		
CASH OVERDRAFT			0	47,383		

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491307007490
TY 2019 Substantial Contribut Schedule	tors	
	GERSHON AND FOUNDATION 22-3412771	 ΓERN FAMILY
Name		Address
LOIS L STERN 2015 CLAT DATED AUGUST 17 2015		3583 LOIRE LANE PALM BEACH GARDENS, FL 33410
LOIS L STERN 2016 CLAT		3583 LOIRE LANE PALM BEACH GARDENS, FL 33410
GERSHON A STERN 2016 CLAT		1147 BARBARA DRIVE CHERRY HILLS, NJ 08003

efile GRAPHIC print - I	-	led Data -		OMB No. 1545-0047			
(Form 990, 990-EZ,		Schedule of Contributo Attach to Form 990, 990-EZ, or 990					
or 990-PF) Department of the Treasury Internal Revenue Service	P-PF. information.	2019					
Name of the organizatior GERSHON AND LOIS STE FOUNDATION INC	RN FAMILY		Employe 22-34127	r identification number 71			
Organization type (che	ck one):						
Filers of:	Section:						
Form 990 or 990-EZ	☐ 501(c)() (enter t	number) organization					
	4947(a)(1) nonex	cempt charitable trust not treated a	s a private foundation				
	☐ 527 political organ	nization					
Form 990-PF	☑ 501(c)(3) exempt	t private foundation					
	4947(a)(1) nonex	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	☐ 501(c)(3) taxable	private foundation					
		Z, or 990-PF that received, during atributor. Complete Parts I and II. S					
Special Rules							
under sections to received from a	09(a)(1) and 170(b)(1)(A)(vi) by one contributor, during the	I(c)(3) filing Form 990 or 990-EZ th i), that checked Schedule A (Form e year, total contributions of the gro ne 1. Complete Parts I and II.	990 or 990-EZ), Part II, line 1	13, 16a, or 16b, and that			
during the year,	total contributions of more th	I(c)(7), (8), or (10) filing Form 990 on han \$1,000 <i>exclusively</i> for religious children or animals. Complete Part	s, charitable, scientific, literary				
during the year, If this box is che purpose. Don't o	contributions exclusively for cked, enter here the total cor omplete any of the parts unle	I(c)(7), (8), or (10) filing Form 990 or religious, charitable, etc., purpose entributions that were received duri- less the General Rule applies to th ng \$5,000 or more during the year	s, but no such contributions t ng the year for an <i>exclusively</i> nis organization because it re	otaled more than \$1,000. religious, charitable, etc., ceived <i>nonexclusively</i>			
990-EZ, or 990-PF), bu	it must answer "No" on Part	General Rule and/or the Special Ru rt IV, line 2, of its Form 990; or che doesn't meet the filing requirement	ck the box on line H of its For				
For Paperwork Reduction of for Form 990, 990-EZ, or 99	act Notice, see the Instructions 0-PF.	Cat. No. 30613X	Schedule B (Form 9	990, 990-EZ, or 990-PF) (2019)			

Name of organization Employer identification number GERSHON AND LOIS STERN FAMILY 22-3412771 FOUNDATION INC Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. Contributors (a) (c) (d) (b) No. **Total contributions** Type of contribution Name, address, and ZIP + 4 LOIS L STERN 2015 CLAT DATED AUGUST 17 2015 Person 3583 LOIRE LANE Payroll \$ 203,885 Noncash PALM BEACH GARDENS, FL 33410 (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution LOIS L STERN 2016 CLAT ✓ Person Payroll 3583 LOIRE LANE \$ 60,604 Noncash PALM BEACH GARDENS, FL 33410 (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution GERSHON A STERN 2016 CLAT Person **Payroll** 1147 BARBARA DRIVE \$ 28,141 Noncash CHERRY HILL, NJ 08003 (Complete Part II for noncash contributions.) (b) (c) (a) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person **Payroll** \$ Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** \$ Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Schedule	B (Form 990, 990-EZ, or 990-PF) (2019)			Page 4
	rganization AND LOIS STERN FAMILY ON INC			Employer identification number 22-3412771
Part III	than \$1,000 for the year from any one contribute	or. Comple of excluse uctions.) I	ete columns (a) thr ively religious, cha	oed in section 501(c)(7), (8), or (10) that total more rough (e) and the following line entry. For aritable, etc., contributions of \$1,000 or less for
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and ZIP 4	(e)	Transfer of gift Re	elationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and ZIP 4	(e)	Transfer of gift Re	elationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	- (c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and ZIP 4	(e)	Transfer of gift Re	elationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	- (c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and ZIP 4	(e)	Transfer of gift	elationship of transferor to transferee
				Schedule B (Form 990, 990-EZ, or 990-PF) (2019)