## **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

	r calendar year 2019 or tax year beginning		, and ending		
Na	ame of foundation			A Employer identification	number
į	JUNE HIRSCH JONES FOUNDATIO	ON INC		41-215055	3
	umber and street (or P O box number if mail is not delivered to street a		Room/suite	B Telephone number	
	3316 DEVONSHIRE WAY			561-832-9	292
	ty or town, state or province, country, and ZIP or foreign population BEACH GARDENS, FL 334	stal code 418–6880		C If exemption application is	pending, check here
_	Check all that apply Initial return	Initial return of a for	rmer public charity	D 1 Foreign organization	ns, check here
_	Final return	Amended return	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		· · · ·
	Address change	Name change		2 Foreign organizations in check here and attach of	neeting the 85% test, computation
Н	Check type of organization: X Section 501(c)(3) exe	impt private foundation	04	E If private foundation st	atus was terminated
		Other taxable private founda	tion U1	under section 507(b)(	1)(A), check here 🕨 🔲
	Fair market value of all assets at end of year   J Accountin	-	Accrual	F If the foundation is in a	
		ner (specify)	<u> </u>	under section 507(b)(1	1)(B), check here
	>\$ 3,307. (Part I, column				(d) D-b
<u> </u>	The total of amounts in columns (b) (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	1 Contributions, gifts, grants, etc , received	19,395.	• • •	N/A	
	2 Check if the foundation is not required to attach Sch. B			<u> </u>	<del> </del>
3_	3 Interest on savings and temporary cash investments				COM 2 (TIPACETALON )
ĺ	4 Dividends and interest from securities	89.	89.		STATEMENT 2
7	5a Gross rents				<u> </u>
	b Net rental income or (loss)  6a Net gain or (loss) from sale of assets not on line 10	842.	·		STATEMENT 1
9	*				
Вечепи	7 Capital gain net income (from Part IV, line 2)		19,857.		
ď	8 Net short-term capital gain				
	9 Income modifications				
	10a and allowances				
	b Less Cost of goods sold		<del></del>	<del></del>	<u> </u>
Ĵ	c Gross profit or (loss)				<del> </del> ;
707	11 Other income	20,326.	19,946.		<del> </del>
<u>,  —</u>	12 Total Add lines 1 through 11 13 Compensation of officers, directors, trustees, etc	20,320.	15,540.		<del>                                     </del>
>	14 Other employee salaries and wages				<del>                                     </del>
	15 Pension plans, employee benefits			· · · · · · · · · · · · · · · · · · ·	
Sestien	16a Legal fees				
١ و	b Accounting fees STMT 3	1,000.	500.		500.
ון מי	c Other professional fees STMT 4	19.	19.		0.
<b>&gt;</b>	17 Interest		- DE		<del> </del>
SCANNEL Administrative Exp	18 Taxes		RECE	VED	<u> </u>
7	2 19 Depreciation and depletion 20 Occupancy			7	<del> </del> '
, pA	21 Travel, conferences, and meetings	<del></del>	AUG 0 4	2020 101	<del> </del>
and				<del>(420  81</del>	<del> </del>
			GDEN	182	
Operating	24 Total operating and administrative			UT =1	1
Ω	expenses Add lines 13 through 23	1,019.	519.		500.
0	25 Continuations, girts, grants paid	16,000.	<del></del>		16,000.
	28 Total expenses and disbursements	15 010	E10 :		16 500
_	Add lines 24 and 25	17,019.	519.	<del></del>	16,500.
	27 Subtract line 26 from line 12;	3,307.	1		!
	Excess of revenue over expenses and disbursements     Net investment income (if negative, enter -o-)		19,427.		<del> </del>
	c Adjusted net income (if negative, enter -0-)			N/A	<del> </del>
923	501 12-17-19 LHA For Paperwork Reduction Act Notice,	. see instructions.			Form <b>990-PF</b> (2019)

For	m 99	0-PF (2019) JUNE HIRSCH JONES FOUND			41-	2150553 Page 2
_		Balance Sheets Attached schedules and amounts in the description	Beginning of year		End o	f year
٢	art	column should be for end-of year amounts only	(a) Book Value		(b) Book Value	(c) Fair Market Value
_	1	Cash - non-interest-bearing		0.1		
	1	Savings and temporary cash investments			3,307.	3,307.
		Accounts receivable			3,750,1	3,00,0
	J °	· · · · · · · · · · · · · · · · · · ·		<del></del> -J	<del></del>	
	1	Less; allowance for doubtful accounts		$\dashv$		
	4	Pledges receivable				
		Less, allowance for doubtful accounts				
	5	Grants receivable				
	8	Receivables due from officers, directors, trustees, and other				
		disqualified persons				
	7	, · · · · · .				
	Ι΄.	Other notes and loans receivable	,. <u>, ., ., .</u>	-	<del></del>	
	١.	Less allowance for doubtful accounts		-+		
ets.		Inventories for sale or use		$\rightarrow$		
Assets		Prepaid expenses and deferred charges				
⋖	10a	Investments - U S. and state government obligations				
	Ь	Investments - corporate stock				
	. ا	Investments - corporate bonds	<u> </u>			<del>-</del>
		Investments - land, buildings and equipment basis				
	l		<del></del>			·
		Less accumulated depreciation		-		
	l	Investments - mortgage loans		-+		
	13	Investments - other				
	14	Land, buildings, and equipment, basis				
		Less accumulated depreciation				
	15	Other assets (describe >		J		
	18	Total assets (to be completed by all filers - see the				
		instructions. Also, see page 1, item I)		0.	3,307.	3,307.
_	17	Accounts payable and accrued expenses		**		
	i	· · · · · · · · · · · · · · · · · · ·		<del>-</del> †		
	18	Grants payable		<del></del>		
es	19	Deferred revenue		-+		·
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons				<u> </u>
<u>a</u>	21	Mortgages and other notes payable				
_	22	Other liabilities (describe				
	1	<del></del>	<u> </u>			
	23	Total liabilities (add lines 17 through 22)		0.1	0.	
_		Foundations that follow FASB ASC 958, check here				
/0	l	and complete lines 24, 25, 29, and 30.		ł		
ances	١.,					
		Net assets without donor restrictions	·····	-+		
Bal	25	Net assets with donor restrictions		↓		
פ		Foundations that do not follow FASB ASC 958, check here				
ᆵ		and complete lines 26 through 30.				
ö	28	Capital stock, trust principal, or current funds		0.	0.	ŀ
ţ	27	Paid-in or capital surplus, or land, bldg., and equipment fund		0.1	0.	
SSe	28	Retained earnings, accumulated income, endowment, or other funds		0.1	3,307.	
Ž	29	Total net assets or fund balances		<del>0.1</del>	3,307.	
Net Assets or Fund Bal	1 - 0	Total net assets of fully balances		<del>~ `</del> †	3,3071	
		<b>-</b>		0.1	2 207	Ì
	30	Total liabilities and net assets/fund balances		<u> </u>	3,307.	
Р	art	Analysis of Changes in Net Assets or Fund Ba	alances			
		net assets or fund balances at beginning of year - Part II, column (a), line to	29			_
	•	t agree with end-of-year figure reported on prior year's return)			<u> </u>	0.
2	Enter	amount from Part I, line 27a			2	3,307.
3	Othe	r increases not included in line 2 (itemize)			3	0.
4	Add I	ines 1, 2, and 3			4	3,307.
5	Decr	eases not included in line 2 (itemize)			5	0.
		net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	lumn (b), line 29	_	6	3.307.

Partily Capital Gains	and Lo	sses for Tax on In	vestmen	t Income						
(a) List and describe 2-story brick wa	the kınd(s) arehouse; o	of property sold (for exar r common stock, 200 shs	nple, real esta . MLC Co.)	ato,	I, b	How ac - Purc - Don	cquired chase ation	(c) Date (mo., d	acquired ay, yr)	( <b>d)</b> Date sold (mo , day, yr )
18 KNOWLES CORP										
b										
<u>c</u>					<del> </del>					<u> </u>
<u>d</u>					-					
(e) Gross sales price		epreciation allowed (or allowable)		st or other basis expense of sale	_		<u></u>		ain or (loss s (f) minus (	
a 20,237.		<del></del>		38	30.					19,857.
b										
<u>c</u>										
d								<del></del>		
Complete only for assets showing	ou dain in c	olumn (h) and owned by t	he foundation	on 12/31/69				I) Gaine (C	ol (h) gain	minue
		) Adjusted basis		cess of col. (I)				l (k), but r	not less thai	n -0-) <b>or</b>
(i) FMV as of 12/31/69		as of 12/3 1/69		col (j), if any				Losses	(from col (	h))
8										19,857.
b										
<u>c</u>										
_d	_	<del></del>			-					
8	·				$\neg$		Γ			<del></del> -
2 Capital gain net income or (net ca	ipital loss)	{ If gain, also enter If (loss), enter -0∙	in Part I, line in Part I, line	7 17	<u>}</u>	2				19,857.
3 Net short-term capital gain or (los	ss) as defin	•								
If gain, also enter in Part I, line 8,	•	• • •	- \-/•		)					
If (loss), enter -0- in Part I, line 8  [Part V   Qualification U	Indo C	nation 4040(a) for	Boducos	Toy on Not	100	3	nont In		N/A	
<u> </u>							nent in	come		
(For optional use by domestic private	o toundatioi	ns subject to the section 4	1940(a) tax or	ı net investment ir	icome	θ.)				
If section 4940(d)(2) applies, leave the	his part blai	nk								
Was the foundation liable for the sec	tion 4942 t	ax on the distributable am	ount of any y	ear in the base pe	rıod?					Yes X No
If "Yes," the foundation doesn't qualit	fy under se	ction 4940(e). Do not com	plete this par	t			_			
1 Enter the appropriate amount in	each colum	in for each year, see the in	structions be	fore making any e	ntries	3	_			/3/
(a) Base period years		(b) Adjusted qualifying dist	trihiitions	Net value of no	(c) ancha		-usa assate		Distrib	(d) oution ratio
Calendar year (or tax year beginni 2018	ng in)	Adjusted domining dis	0.	101 1010 07 170		паріо		).	(cor (b) aiv	rided by cal. (c)) • 0 0 0 0 0 0
2017								<del>' '</del>		-000000
2016		<del></del>						$\dashv$		
2015										
2014		<u> </u>								
<b>-</b>										00000
2 Total of line 1, column (d) 2 Average distribution ratio for the	5 year back	s pariod divide the total c	n line 2 hi 5	O or by the numb	or of	voore		2		.000000
3 Average distribution ratio for the the foundation has been in existe			III IIII Z DY S	o, or by ale iluliio	AI OI	years		3		.000000
		a o youro								
4 Enter the net value of noncharitat	le-use asse	ets for 2019 from Part X, I	ıne 5					4		4,989.
										_
5 Multiply line 4 by line 3								5		
A Fisher 107 of modern continuous and modern	/40/ -45	)								104
6 Enter 1% of net investment incon	16 (1% 01 P	art I, line 27 D)						6		194.
7 Add lines 5 and 6								,		194.
8 Enter qualifying distributions from	n Part XII, li	ine 4						8		16,500.
If line 8 is equal to or greater than	line 7, che	ck the box in Part VI, line	1b, and comp	olete that part usin	g a 1	% tax r	rate			
See the Part VI instructions	_									

Form 990-PF (2019) JUNE HIRSCH JONES FOUNDATION	INC		41-	2150553	3	Page 4	4
Part VI Excise Tax Based on Investment Income (Section 4	940(a), 4940	(b), 4940(e), or 4	948 -	see instr	uctio	ns)	
1a Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ ar	nd enter "N/A" on li	ne 1.					1
Date of ruling or determination letter: (attach copy of letter if							]
<b>b</b> Domestic foundations that meet the section 4940(e) requirements in Part V, check here	<b>►</b> X and er	iter 1%			1	94.	_
of Part I, line 27b							1
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, ente	r 4% of Part I, line	12, col (b)			<b></b> -		}
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only	y, others, enter -0-	•)	2			<u> </u>	-
3 Add lines 1 and 2			3		1	94.	_
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only	y, others, enter -0	-)	4			<u>0.</u>	_
5 Tax based on investment income Subtract line 4 from line 3 If zero or less, enter -0-			5		1	94.	_
6 Credits/Payments							
a 2019 estimated tax payments and 2018 overpayment credited to 2019	ва	0.	[ [				1
<b>b</b> Exempt foreign organizations - tax withheld at source	6Ь	0.					}
c Tax paid with application for extension of time to file (Form 8868)	6c	0.	, )				
d Backup withholding erroneously withheld	6d	0.					]
7 Total credits and payments Add lines 6a through 6d			7		_	<u>0.</u>	_
8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is	attached		8			<u>0.</u>	_
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		<b>&gt;</b>	9		1	94.	_
10 Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpai	d	_ , ▶	10				_
11 Enter the amount of line 10 to be: Credited to 2020 estimated tex	<b>_</b>	Refunded▶	11				-
Part VII-A   Statements Regarding Activities					1.4		-
1a During the tax year, did the foundation attempt to influence any national, state, or local li	egislation or did it	participate or intervene	ın	<u> </u>	Yes	No	-
any political campaign?				1a	<b>├</b>	X	-
<b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political pu	•		ition	<u>1b</u>	-	X	
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copi	es of any material	s published or					
distributed by the foundation in connection with the activities						- <u></u> -	J
c Did the foundation file Form 1120-POL for this year?				10	ļ	X	
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during		•			1		
(1) On the foundation. > \$O . (2) On foundation manage		0.		ſ		1	1
e Enter the reimbursement (if any) paid by the foundation during the year for political expo	enditure tax impos	ed on foundation		1			1
managers ▶ \$ 0.	1000					,	ı
2 Has the foundation engaged in any activities that have not previously been reported to the	10 IRS7			2_	<b>├</b> ─	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 government of the second	ng instrument, art	icles of incorporation, o	r				1
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	yearr		NT	/A 4b			-
b if "Yes," has it filed a tax return on Form 990-T for this year?  5. Was there a liquidation termination, dissolution or substantial contraction during the vision of the second of th			14	/A   4b   5	<del> </del>	x	-
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year. If "Yes," attach the statement required by General Instruction T	jai <sup>,</sup>			<u> </u>	<u> </u>		1
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfies	od outhor						1
By language in the governing instrument, or	u omino				1	i	
By state legislation that effectively amends the governing instrument so that no manda	atony directions the	at conflict with the state	law			l .	1
remain in the governing instrument?	atory unocuons in	at commet with the state	Idv	8	x		J
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," co	omniata Part II. col	I (c) and Part Y/		7	X	<del></del>	-
Total the touridation have at loads \$0,000 in assets at any little during the year. It is a	Jiiipiete i dit ii, co	(C), and rait Av		<u> </u>	<del>  ^</del>		ì
88 Enter the states to which the foundation reports or with which it is registered. See instru	ctions >			J	]	ļ.,	}
FL							
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the	e Attornev Genera	I (or designate)		<del></del>			
of each state as required by General Instruction G? If "No," attach explanation		(5) Goorginato/		8b	X		i
9 Is the foundation claiming status as a private operating foundation within the meaning o	f section 4942(i)(3	3) or 4942(1)(5) for cale	ndar	<u>                                   </u>	<u></u> -		in
year 2019 or the tax year beginning in 2019? See the instructions for Part XIV. If "Yes," or	1071	,		9		$\overline{\mathbf{x}}$	' <u>_</u>
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a sci		mes and addresses		10		X	-
				Form QQ	DE	(00.40)	•

Page 5

Pa	art VII-A   Statements Regarding Activities (continued)			
			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		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address NONE			
14	The books are in care of ▶ JUNE JONES Telephone no. ▶ 561-83			
	Located at ► 3316 DEVONSHIRE WAY, PALM BEACH GARDENS, FL ZIP+4 ►33	<u> 418</u>		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here		. ▶	$\cdot$
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank,		Yes	
	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.	<u></u>	Yes	No
18	During the year, did the foundation (either directly or indirectly).	1		'
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	1		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			1
	(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"			
	if the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days )	]		1
t	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	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			
0	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			_ !
	before the first day of the tax year beginning in 2019?	1c		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))			1
E	At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines			
	6d and 6e) for tax year(s) beginning before 2019?			
	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			
	statement - see instructions ) . N/A	2b		
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	1		
	<b>&gt;</b>			
38	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time	ł i	' I	,
	during the year?			
b	If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or disqualified persons after	( i	i i	
	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 Form 4720,	[l	. <u></u> [	
	Schedule C, to determine if the foundation had excess business holdings in 2019 ) N/A	3ь		
48	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	48	]	Х
þ	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 leonardy before the first day of the tax year beginning in 2019?	أبدا	- 7	v

				000 DE 1004
Total number of other employees paid over \$50,000				
	<u> </u>			
		· · · · · · · · · · · · · · · · · · ·		
<del></del>	7	J	J	l
<del>"</del>	<del>                                     </del>	<del>                                     </del>		
<del></del>	┥	ļ		
<del></del>	<del></del>			
<del></del>	ન	ļ		1
<del></del>	<del></del>	<del> </del>	<u> </u>	<del></del>
NONE	7			1
NONE	- <del>  </del>	<del>                                     </del>	- somponouson	·
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, othe allowances

 $\triangleright$ 

Total. Add lines 1 through 3

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

Form **990-PF** (2019)

4940(e) reduction of tax in those years

Part XIII Undistributed Income (see instructions)

			<del></del>	T
	(a)	(b)	(c)	(d)
	Corpus	Years prior to 2018	2018	20 19
1 Distributable amount for 2019 from Part XI,				
line 7				55.
2 Undistributed income, if any, as of the end of 2019			0.	
a Enter amount for 2018 only			0.	<del> </del>
b Total for prior years		^		
	·	0.		l
3 Excess distributions carryover, if any, to 2019:				
a From 2014				
b From 2015				
c From 2016				
dFrom 2017				
e From 2018			<del></del>	<del> </del>
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2019 from				
Part XII, line $4 \triangleright \$$ 16,500.			^	
a Applied to 2018, but not more than line 2a			0.	
<b>b</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 2019 distributable amount	15 115			55.
e Remaining amount distributed out of corpus	16,445.	<u>.                                    </u>	<u> </u>	
5 Excess distributions carryover applied to 2019 (If an amount appears in column (d) the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
& Corpus Add lines 31, 4c, and 4e Subtract line 5	16,445.		:	
b Prior years' undistributed income Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years'				
undistributed income for which a notice of				1
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 2018 Subtract line			<del>-</del>	
4a from line 2a Taxable amount - see instr.			0.	
f Undistributed income for 2019. Subtract	<u> </u>			
lines 4d and 5 from line 1. This amount must				
be distributed in 2020				0.
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)	0.			
8 Excess distributions carryover from 2014				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2020				
Subtract lines 7 and 8 from line 6a	16,445.			ı
IO Analysis of line 9				
a Excess from 2015				i
b Excess from 2016		1		
c Excess from 2017				
d Excess from 2018		j		
e Excess from 2019 16,445.				

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3 Grants and Contributions Paid During the Y	ear or Approved for Future	Payment		
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
ALZHEIMER'S RESEARCH	NONE	PC	GENERAL	
22512 GATEWAY CENTER DRIVE		ŀ		1 000
CLARKSBURG, MD 20871		<del> </del>		1,000
ALZHEIMERS ASSOCIATION	NONE	PC	GENERAL	
14010 ROOSEVELT BLVD, SUITE 709	10.2	1		
CLEARWATER, FL 33762	<del> </del>			5,000
ANTI-DEFAMATION LEAGUE	NONE	PC	GENERAL	
605 THIRD AVENUE		}		1 000
NEW YORK, NY 10158	<del> </del>	<u> </u>		1,000
CONGREGATION EMANU-EL OF THE CITY OF	NONE	PC	GENERAL	
NEW YORK				
1 EAST 65TH STREET		!		1 000
NEW YORK, NY 10065				1,000
HABITAT FOR HUMANITY	NONE	PC	GENERAL	
6831 N MILITARY TRAIL		}		1 000
WEST PALM BEACH, FL 33407  Total SEE COI	NTINUATION SHEE	T(S)	▶ 3a	1,000
b Approved for future payment				
27027				
NONE				
Total	<del></del>	l	▶ 3b	0

3 Grants and Contributions Paid During the				
Recipient	If recipient is an individual,	Foundation	Purpose of grant or	
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	status of recipient	contribution	Amount
JCS CHABAD OF PALM BEACH	NONE	PC	GENERAL	
361 S. COUNTY ROAD, STE D	10111			
PALM BEACH, FL 33480	<u> </u>		<del></del>	1,00
MOTHERS AGAINST DRUNK DRIVING	NONE	PC	GENERAL	
1489 N MILITARY TRAIL				
WEST PALM BEACH, FL 33409	<u> </u>		<del> </del>	1,50
NEW HORIZONS SERVICE DOGS	NONE	PC	GENERAL	
1590 LAUREL PARK CT				
ORANGE CITY, FL 32763				1,00
PALM BEACH COUNTY FOOD BANK	NONE	PC	GENERAL	
525 GATOR DRIVE				50
LANTANA, FL 33462				50
PARTNER PROGRAM	NONE	PC	GENERAL	
40 RECTOR STREET, 16TH FL NEW YORK, NY 10006				50
PLANNED PARENTHOOD FEDERATION OF	NONE	PC	GENERAL	
931 VILLAGE BLVD, STE 904 WEST PALM BEACH, FL 33409				2,00
TRUSTBRIDGE HOSPICE	NONE	PC	GENERAL	
5300 EAST AVENUE WEST PALM BEACH, FL 33407			<u> </u>	50
				i
	<del> </del>			
		•		

nter gross amounts unless otherwise indicated.	Unrelat	ed business income		ded by section 512, 513, or 514	(e)
	(a) Business code	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income
1 Program service revenue,	COUB		,	<del></del>	
<u> </u>	<del>-</del>		<del>-</del>		<del></del> -
b	1	<u> </u>	<del>                                      </del>		
d			$\vdash$		
<del></del>					
	_		<u> </u>		
g Fees and contracts from government agencies			<del>                                     </del>		
! Membership dues and assessments			<del>                                     </del>		<del></del>
Interest on savings and temporary cash	-				
investments	ì		1		
Dividends and interest from securities			14	89.	
Net rental income or (loss) from real estate:					<u> </u>
a Debt-financed property					
b Not debt-financed property					
Net rental income or (loss) from personal					·-
property	[				
Other investment income					
Gain or (loss) from sales of assets other					
than inventory			18	842.	
Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory					
Other revenue.					
a	_ 1				
b					
<u> </u>			1	1	
d					
d		0.		931.	
d e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e)		0.		931.	
e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie	es to the Acc	omplishment of E	xemp	ot Purposes	93
d e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie	es to the Acc	omplishment of E	xemp	ot Purposes	93
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) Be worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie  Explain below how each activity for which in	es to the Acc	omplishment of E	xemp	ot Purposes	93
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) Be worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities  Explain below how each activity for which in	es to the Acc	omplishment of E	xemp	ot Purposes	93
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) Be worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie  Explain below how each activity for which in	es to the Acc	omplishment of E	xemp	ot Purposes	93
d e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie ine No Explain below how each activity for which in	es to the Acc	omplishment of E	xemp	ot Purposes	93
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) Be worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie  Explain below how each activity for which in	es to the Acc	omplishment of E	xemp	ot Purposes	93
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) Be worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities  Explain below how each activity for which in	es to the Acc	omplishment of E	xemp	ot Purposes	93
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) Be worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie  Explain below how each activity for which in	es to the Acc	omplishment of E	xemp	ot Purposes	93
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) Be worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie  Explain below how each activity for which in	es to the Acc	omplishment of E	xemp	ot Purposes	93
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) Be worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie  Explain below how each activity for which in	es to the Acc	omplishment of E	xemp	ot Purposes	93
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d e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie ine No Explain below how each activity for which in	es to the Acc	omplishment of E	xemp	ot Purposes	93
d e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie ine No Explain below how each activity for which in	es to the Acc	omplishment of E	xemp	ot Purposes	93
d e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie ine No Explain below how each activity for which in	es to the Acc	omplishment of E	xemp	ot Purposes	93
d e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie ine No Explain below how each activity for which in	es to the Acc	omplishment of E	xemp	ot Purposes	93
d e 2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) 9 Worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie Line No Explain below how each activity for which in	es to the Acc	omplishment of E	xemp	ot Purposes	93

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Page 13

I IVI N	rait	<u> </u>	Exempt Organ	egarding Transfers to a nizations	and Iransactions a	na nelationships wit	ii Nonchantable	•	
(climer than section 50 (Ic(3)) organizations) or in section 527, relating to political organizations?  1) Cash 2) Other assets 2) Other stansactions. (1) Sales of assets to a noncharitable exempt organization (1) Sales of assets to a noncharitable exempt organization (2) Purchase of assets from a noncharitable exempt organization (3) Rental of facilities, equipment, or other assets (4) Ammunitarians of sancies or members by or fundrasing solicitations (5) Losins or losin quarantees (6) Performance of sancies or members by or fundrasing solicitations (5) Losins or losin quarantees (6) Performance of sancies or members by or fundrasing solicitations (7) Ammunitarians (8) Performance of sancies or members by or fundrasing solicitations (8) Performance of sancies or members by or fundrasing solicitations (9) Performance of sancies or members by or fundrasing solicitations (9) Performance of sancies or members by or fundrasing solicitations (9) Performance of sancies or members by or fundrasing solicitations (9) Performance of sancies, equipment, making lists, other assets, or paid amployees (15) X (16) Performance of sancies or members by or fundrasing solicitations (16) Performance of sancies or members by or fundrasing solicitations (17) Ammunitarians (18) Performance of sancies or members by or fundrasing solicitations (18) Performance of sancies or members by or fundrasing solicitations (19) Performance of sancies or members by or fundrasing solicitations (19) Performance of sancies or members by or fundrasing solicitations (19) Performance of sancies or members by or fundrasing solicitations (19) Performance of sancies or members by or fundrasing solicitations or sancies or sancies solicitations of sancies solicitations or sancies solicita	1 Did	the or			ng with any other organization	on described in section 501(c)	<del></del>	Yes	No
a Transfers from the resporting foundation to a noncharitable exempt organization of.  (1) Cash  (2) Other assets  5) Other transactions.  (2) Purchases of assets from a noncharitable exempt organization  (2) Purchases of assets from a noncharitable exempt organization  (3) Rentiol of takes, equipment or other assets  (4) Rembursement arrangements  (5) Loans or long outrainless  (6) Performance of services or membership or fundrasing solicitations  (6) Performance of services or membership or fundrasing solicitations  (6) Performance of services or membership or fundrasing solicitations  (7) Saming of feelbles, equipment in maling lists, other assets, or paid employees  (8) The answer or say of this above 8"Ns; Complete the following schedule. Column (9) should always show the fair marked value of the goods, other assets, or services given by the reporting foundation if the following schedule. Column (9) should always show the fair marked value of the goods, other assets, or services given by the reporting foundation if the following schedule. Column (9) should always show the fair marked value of the goods, other assets, or services given by the reporting foundation if the following schedule several exemptions of sharing arrangement, show in section 501(c)(3)) or in section 501(c) (6) the response of the section 501(c)(3)) or in section 501(c) (6) the response of 501(c)(3)) or in section 501(c) (6) the response of 501(c)(3)) or in section 501(c) (6) the response of 501(c)(3)) or in section 501(c) (6) the response of 501(c)(3)) or in section 501(c) (6) the response of 501(c)(3)) or in section 501(c) (6) the response of 501(c)(6) or in section 501(c)(6) or i							[		
19   Cash   12   X	•		( /, / )	•			İ		1
(2) Other assets  Other transcrions.  (1) Sales of assets to a noncharitable exempt organization  (2) Purchases of assets from a noncharitable exempt organization  (3) Rental of facilities, equipment, or other assets  (4) Rembursement arrangements  (5) Loans or of ana guarantes  (5) Loans of chara guarantes  (6) Performance of services or membership or fundrissing solicitations  (6) Performance of services or membership or fundrissing solicitations  (7) Fertical devices of the above is "visi," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation if the foundation received dissists that fair market value in any transaction or sharing arrangement, show in column (c) the value of the goods, other assets, or services received.  2a is the foundation directly or indirectly arrangement, show in the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services received.  2a is the foundation directly or indirectly arrangement, show in column (c) the value of the goods, other assets, or services received.  2a is the foundation directly or indirectly arrangement, show in social arrangement, show in social arrangement, show in social arrangement, show in social arrangement, show in section 50 (lo) (other than section 50 (lo)) or in section 527?  2b If "Yes," complete the following schedule  (a) Namount strokled in the section 50 (lo)) or in section 527?  (b) If "Yes," complete the following schedule  (a) It was defined in the section of injurity or indirectly or indirec			,	•			1a(1)	] ]	Х
b. Other transactions.  (1) Sales of acests to a monchantable exempt organization  (2) Purchases of assets from a monchantable exempt organization  (3) Ramial of facilities, equipment, or other assets  (4) Raminus months arrangements  (5) Leass or loan guarantees  (5) Performance of services or membership or fundrasing solicitations  (5) Performance of services or membership or fundrasing solicitations  (5) Performance of services or membership or fundrasing solicitations  (5) Performance of services or membership or fundrasing solicitations  (6) Performance of services or membership or fundrasing solicitations  (7) When the services or membership or fundrasing solicitations  (8) Performance of services or membership or fundrasing solicitations  (9) Performance of services or membership or fundrasing solicitations  (9) Performance of services or membership or fundrasing solicitations  (9) Performance of services or membership or fundrasing solicitations  (9) Performance of services or membership or fundrasing solicitations  (9) Performance of services or membership or fundrasing solicitations  (9) Performance of services or membership or fundrasing solicitations  (9) Performance of services or membership or fundrasing solicitations  (9) Performance of services or services (control or services (control or services)  (9) Amount involved (9) Manual fundrasing services (control or services)  (9) Amount involved (9) Performance or services (control or services)  (9) Amount involved (9) Performance or services (control or services)  (9) Amount involved (9) Performance or services (services)  (9) Amount involved (9) Performance (9) Performance or services (service			assets						
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(4) Rembursement arrangements (5) Loans or loan guarantees (6) Performance of services or membership or fundraising solicitations (6) Performance of services or membership or fundraising solicitations (7) Performance of services or membership or fundraising solicitations (8) Performance of services or membership or fundraising solicitations (9) Performance of services or services or services or services or services green by the reporting foundation if the foundation necessed less than fair market value in any transaction or sharing arrangement, show in column (4) the value of the goods, other assets, or services received.  (9) Amount involved  (10) Amount involved (10) Am	(2)	Purch	ases of assets from a no	oncharitable exempt organization			1b(2)		X
(§) Loans or loan guarantees (9) Performance of services or membership or fundraising solicitations (9) Performance of services or membership or fundraising solicitations (9) Performance of services or membership or fundraising solicitations (10) Item answer to any of the above is "fee; "complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services (necewed.  1) Live no (b) Amount involved (c) Name of noncharitable exempt organization (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of earders, transactions, and sharing arrangements, show in section 50 f(c) (other than section 50 f(c)) (other than section 50	(3)	Renta	of facilities, equipment,	or other assets			1b(3)		X
(a) Performance of services or membership or fundraising solicitations of Sharing of facilities, equipment, maining lists, other assets, or paid employees  If the answer to any of the above s "yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.  a) the value of the goods, other assets, or services received.  a) the value of the goods, other assets, or services received.  a) the value of the goods, other assets, or services received.  a) the value of the goods, other assets, or services received.  a) the value of the goods, other assets, or services received.  a) the value of the goods, other assets, or services received.  a) the value of the goods, other assets, or services received.  a) the value of the goods, other assets, or services received.  a) the value of the goods, other assets, or services received.  b) Anount involved (e) Name of noncharitable exempt organization (d) Description of relationship and the value of the goods, other assets, or services received.  b) Anount involved (e) Name of noncharitable exempt organization (e) Description of relationship and the value of the properties of prepare (their than secondary of the value of the prepare (their than secondary of the value of the prepare (their than secondary of the value of the prepare (their than secondary of the value of the prepare (their than secondary of the value of the prepare (their than secondary of the value of the prepare (their than secondary of the value of the prepare (their than secondary of the value of the prepare (their than secondary of the value of the value of the prepare (their than secondary of the value of the value of the value of the	(4)	Reimt	ursement arrangements	3			16(4)		X
e Sharing of facilities, equipment, mailing lists, other assets, or paid employees  d if the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services received.  a), i.m. no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, variaccions, and sharing arrangements  N/A  2a is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 50 (lo) (other than section 50 (lo)(3)) or in section 52??  b) If "Yes," complete the following schedule  (a) Name of organization (b) Type of organization (c) Description of relationship  N/A    White presidence of parzyr, I dicties that I have examined this return, including accompanying achedules and alterments, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge and alterments. and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge and preparer solution.  Print/Type preparer's name  Proparer's specified  Print saddress ▶ 505 SOUTH FLAGLER DR, #900	(5)	Loans	or loan guarantees				1b(5)		Х
d if the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation if the foundation received lists than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.  a) Line no (b) Amount involved (c) Name of noncharitable evempt organization (d) Description of transfers, transactions, and sharing arrangements  N/A  2a is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 50 (c) (other than section 50 (c)(3)) or in section 527?  If "Yes," complete the following schedule  (a) Rame of organization (b) Type of organization (c) Description of relationship  N/A  Under penathes of parjury, I decline that I have examined this return, including accompanying schedules and alterments, and to the Deat of my knowledge and belief, it is true, correct, and complete. Declination of prepare (other than taxogyry) is based on all information of which prepare has any knowledge and belief, it is true, correct, and complete. Declination of prepare (other than taxogyry) is based on all information of which prepare has any knowledge and belief, it is true, correct, and complete. Declination of prepare (other than taxogyry) is based on all information of which prepare has any knowledge.  Print Vype preparer's name  Preparer   Print	(6)	Perfo	mance of services or me	embership or fundraising solicitati	ons		16(6)		
or services given by the reporting foundation if the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.    a	c Sha	aring of	facilities, equipment, ma	ailing lists, other assets, or paid er	nployees		1c		X
column (d) the value of the goods, other assets, or services received.  a) Inne no (b) Amount myohod (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements  N/A  2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 50 (tc) (other than section 50 (tc) (	d if ti	ne ansv	er to any of the above is	s "Yes," complete the following sch	edule. Column (b) should alv	ways show the fair market value	of the goods, other as:	sets,	
e)Lime no (b) Amount travolved (c) Name of nonchardable exempt organization (d) Description of transfers, transactions, and sharing arrangements N/A  2a is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 50 I(c) (other than section 50 I(c)(3)) or in section 527?  3 in Yes, complete the following schedules and statements, and to the best of my knowledge of the property of the pro	or s	services	given by the reporting f	foundation. If the foundation receive	ved less than fair market valu	ie in any transaction or sharing	arrangement, show in		
N/A  2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 50 f(c) (other than section 50 f(c)(3)) or in section 52??    Ves	col	umn (d	) the value of the goods,						
2a is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 50 f(c) (other than section 50 f(c)(3)) or in section 527?  If "Yes," complete the following schedule (e) Name of organization (b) Type of organization (c) Description of relationship N / A    Under penalties of pergury, I declare that I have examined this return, including accompanying achievable and statements, and to the beat of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than basyley) is based on all information of which preparer has any knowledge and statements. And to the beat of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than basyley) is based on all information of which preparer has any knowledge and statements. And to the beat of my knowledge and statements and to the beat of my knowledge and statements. And to the beat of my knowledge and statements and to the beat of my knowledge and statements. And to the beat of my knowledge and statements and to the beat of my knowledge and statements. And to the beat of my knowledge and statements and to the beat of my knowledge and statements. And to the beat of my knowledge and statements and to the beat of my knowledge and statements. And to the beat of my knowledge and statements and to the beat of my knowledge and statements. And to the beat of my knowledge and statements and to the beat of my knowledge and statements. And to the beat of my knowledge and statements and to the beat of my knowledge and statements. And to the beat of my knowledge and statements and to the beat of my knowledge and statements. And to the beat of my knowledge and statements and to the beat of my knowledge and statements. And to the beat of my knowledge and statements and to the beat of my knowledge and statements. And to the beat of my knowledge and statements and the my knowledge and statements and the my knowledge and statements and the my knowledge and st	(a)Line n	0	(b) Amount involved	(c) Name of noncharitab	le exempt organization	(d) Description of transfers,	transactions, and sharing ar	rangeme	ents
In section 501(c) (other than section 501(c)(3)) or in section 527?  b If "Yes," complete the following schedule  (a) Name of organization  (b) Type of organization  (c) Description of relationship  N/A  Sign  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.  Y 7 44 20  Signature of officer or trustee  Print/Type preparer's name  Preparer's address  Date  Print/Type preparer's name  Preparer's address  Date  Check if PTIN  PTIN  PO0021956  Firm's name CALER, DONTEN, LEVINE ET AL, P.A.  Firm's EIN ► 59 – 2831281				N/A					
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N/A  Sign Here    Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge return with the preparer shown below? See instr.   X 7   4/20	b if "	Yes," co			1000		<del></del>		
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Signature of officer or trustee  Paid  Paid  Print/Type preparer's name  DAVID S. DONTEN  Firm's name ► CALER, DONTEN, LEVINE ET AL, P.A.  Firm's address ► 505 SOUTH FLAGLER DR, #900				\	N7 012-		shown below	2 See in:	str T
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·		ا و	Firm's address ► 50	5 SOUTH FLACTER	R DR #900				
		1				8 Phone no	561-832-9	292	

# 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

2019

Name of the organization Employer identification number JUNE HIRSCH JONES FOUNDATION INC 41-2150553 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, 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) (2019)

Name of organization

Employer identification number

J	JNE	HIRSCH	JONES	FOUNDATION	IN

JUNE :	HIRSCH JONES FOUNDATION INC	41	-2150553
Part I	Contributors (see instructions) Use duplicate copies of Part I if additional	al space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JUNE JONES  3316 DEVONSHIRE WAY  PALM BEACH GARDENS, FL 33418	\$19,395.	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions )

Name of organization

`, `p :

Employer identification number

### JUNE HIRSCH JONES FOUNDATION INC

41-2150553

OIAT I	HIRSCH JONES FOUNDATION INC		-2130333
Part II	Noncash Property (see instructions) Use duplicate copies of Pa	rt II if additional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions )	(d) Date received
	1,000 SHARES KNOWLES CORP		
		   \$19,395.	08/06/19
(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
		   s	
(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

FORM 990-PF	GAIN	OR	(LOSS)	FRO	M SZ	ALE	OF	ASSE	TS_		ST.	ATEMENT	1
(A) DESCRIPTION OF PROP	ERTY				٠		ž	MANN ACQUI			TE JIRED	DATE S	OLD
KNOWLES CORP							_	•	-				
(B) GROSS SALES PRIC		COS'	C) T OR BASIS	E	XPEI	O) NSE ALE	OF	Γ	(E) EPRE	c.	GAI	(F) N OR LOS	s
20,2			19,395	•			0			0.			42.
CAPITAL GAINS DIVID	ENDS FR	.OM	PART IV										0.
TOTAL TO FORM 990-P	F, PART	I,	LINE 6	A								8	42.
FORM 990-PF	DIVID	END	S AND I	NTER	EST	FR	MC	SECUR	ITIE	S	ST	ATEMENT	2
SOURCE	GROS AMOU		GA	ITAL INS DEND				) NUE OOKS		(B) INVE T INC		(C) ADJUST NET INC	
NORTHERN TRUST		89	•	(	0.			89.	. 89.		89.		
TO PART I, LINE 4		89	•	( 	0.			89.			89.		
FORM 990-PF			ACCO	UNTI	NG I	ree:	 S		·		ST	ATEMENT	3
DESCRIPTION			(A) EXPENS PER BO	ES		r II	B) NVE:	ST- OME	AD	(C) JUSTE INCC		(D) CHARITA PURPOS	
ACCOUNTING			1,	000.				500.				5	00.
TO FORM 990-PF, PG	1, LN 1	— 6в	1,	000.		_		500.		·		5	00.

### JUNE HIRSCH JONES FOUNDATION INC

FORM 990-PF 0	THER PROFES	S	TATEMENT 4	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
MANAGEMENT FEES	19.	19.		0.
TO FORM 990-PF, PG 1, LN 16C	19.	19.		0.