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Form 990-PF

Department of the Treasury

Internal Revenue Service

DLN: 93491148001130

OMB No 1545-0052

2019

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

**Return of Private Foundation** 

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Go to <u>www.irs.gov/Form990PF</u> for instructions and the latest information.

Open to Public Inspection

|                    |            | ndar year 2019, or tax year beginning 01-01-20   | 019 , aı                           | nd ending 12-31-          | 2019<br>entification numbe                  | r   |
|--------------------|------------|--|------------------------------------|---------------------------|---|---|
|                    |            | KOWITZ FAMILY FOUNDATION   |                                    | 43-1642451                |   | •   |
| Num                | ber and    | d street (or P O box number if mail is not delivered to street address   | ) Room/suite                       | P Telephone nu            | mber (see instruction                       | 26)   |
| PO                 | BOX 1      | 16150  |                                    | (314) 655-5514            | ·   | 13)   |
|                    |            | n, state or province, country, and ZIP or foreign postal code  |                                    | , ,                       |   |   |
| SIL                | JUIS, N    | MO 63105   |                                    | C ii exemption            | application is pendin                       | g, check here                                   |
| <b>G</b> Ch        | ieck al    |  | former public charity              | <b>D 1.</b> Foreign or    | ganızatıons, check he                       | ere 🕨 🔲   |
|                    |            | ☐ Final return ☐ Amended return  | l                                  |                           | ganizations meeting<br>k here and attach co |   |
|                    |            | Address change ☐ Name change  vpe of organization ☑ Section 501(c)(3) exempt private                             | £                                  | E If private for          | undation status was t                       | erminated . $\square$                           |
|                    |            |  | foundation  le private foundation  | under sectio              | n 507(b)(1)(A), chec                        | k here ► Ш                                      |
|                    |            | ket value of all assets at end  J Accounting method  | ☑ Cash ☐ Accru                     | al F If the founda        | ation is in a 60-montl                      | n termination                                   |
|                    |            | rom Part II, col (c),<br>▶\$ 495,018   | t be on cash basıs )               | under sectio              | n 507(b)(1)(B), chec                        | k here ► Ш                                      |
| Pa                 | rt I       | Analysis of Revenue and Expenses (The total  | (-) B                              |                           |   | (d) Disbursements                               |
|                    |            | of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) ) | (a) Revenue and expenses per books | (b) Net investment income | (c) Adjusted net income                     | for charitable<br>purposes<br>(cash basis only) |
|                    | 1          | Contributions, gifts, grants, etc , received (attach schedule)   | 188,022                            |                           |   |   |
|                    | 2          | Check ▶ ☐ If the foundation is <b>not</b> required to attach   |                                    |                           |   |   |
|                    | 3          | Sch B Interest on savings and temporary cash investments   |                                    |                           |   |   |
|                    | 4          | Dividends and interest from securities   | 6,720                              | 6,720                     |   |   |
|                    | 5a         | Gross rents  |                                    |                           |   |   |
|                    | b          | Net rental income or (loss)  | -                                  |                           |   |   |
| KIE                | 6a         | Net gain or (loss) from sale of assets not on line 10  | 167,014                            |                           |   |   |
| Reverkie           | b          | Gross sales price for all assets on line 6a 212,980  |                                    |                           |   |   |
| Re                 | 7          | Capital gain net income (from Part IV, line 2)   | _                                  | 167,014                   |   |   |
|                    | 8          | Net short-term capital gain  |                                    |                           |   |   |
|                    | 9          | Income modifications   |                                    |                           |   |   |
|                    | 10a<br>b   | Gross sales less returns and allowances Less Cost of goods sold  |                                    |                           |   |   |
|                    | С          | Gross profit or (loss) (attach schedule)   | <u> </u>                           |                           |   |   |
|                    | 11         | Other income (attach schedule)   |                                    |                           |   |   |
|                    | 12         | Total. Add lines 1 through 11  | 361,756                            | 173,734                   |   |   |
|                    | 13         | Compensation of officers, directors, trustees, etc   | 0                                  | 0                         |   | C   |
|                    | 14         | Other employee salaries and wages  |                                    |                           |   |   |
| es                 | 15         | Pension plans, employee benefits   |                                    |                           |   |   |
| ens                | 16a        | Legal fees (attach schedule)   | 00.1                               |                           |   |   |
| Expenses           |            | Accounting fees (attach schedule)  | 3,850                              |                           |   | C   |
|                    | C          | Other professional fees (attach schedule)  | 3,744                              | 3,744                     |   |   |
| and Administrative | 17<br>18   | Interest  Taxes (attach schedule) (see instructions)   | 2,555                              | 0                         |   | C   |
| ni St              | 19         | Depreciation (attach schedule) and depletion   | ,                                  |                           |   |   |
| Ē                  | 20         | Occupancy  |                                    |                           |   |   |
| Ă                  | 21         | Travel, conferences, and meetings  |                                    |                           |   |   |
| an                 | 22         | Printing and publications  |                                    |                           |   |   |
| ing                | 23         | Other expenses (attach schedule)   |                                    |                           |   |   |
| Operatıng          | 24         | Total operating and administrative expenses.   |                                    |                           |   | _   |
| <u>ж</u>           | 25         | Add lines 13 through 23  | 10,149                             |                           |   | 127,145   |
|                    | 25<br>26   | Total expenses and disbursements. Add lines 24 and   | 127,143                            |                           |   | 127,143   |
|                    | 27         | 25 Culturat line 26 from him 12  | 137,294                            | 7,594                     |   | 127,145   |
|                    | 27<br>a    | Subtract line 26 from line 12  Excess of revenue over expenses and   |                                    |                           |   |   |
|                    | _          | disbursements  | 224,462                            |                           |   |   |
|                    | b          | Net investment income (if negative, enter -0-)  Adjusted net income (if negative, enter -0-)                     |                                    | 166,140                   |   |   |
| For                | c<br>Paper | work Reduction Act Notice, see instructions.   | <u> </u>                           | Cat No 11289)             | <u> </u>                                    | <br>m <b>990-PF</b> (2019)                      |

|        |     | Eds anomalice for adaptive decounts F                              |         |         | 1 |
|--------|-----|--|---------|---------|---|
|        | 5   | Grants receivable  |         |         |   |
|        | 6   | Receivables due from officers, directors, trustees, and other      |         |         |   |
|        |     | disqualified persons (attach schedule) (see instructions)          |         |         |   |
|        | 7   | Other notes and loans receivable (attach schedule)                 |         |         |   |
|        |     | Less allowance for doubtful accounts ▶                             |         | '       |   |
| 2      | 8   | Inventories for sale or use  |         |         |   |
| Assets | 9   | Prepaid expenses and deferred charges                              |         |         |   |
| As     | 10a | Investments—U S and state government obligations (attach schedule) |         |         |   |
|        | ь   | Investments—corporate stock (attach schedule)                      | 205,631 | 208,472 |   |
|        | С   | Investments—corporate bonds (attach schedule)                      |         |         |   |
|        | 11  | Investments—land, buildings, and equipment basis ▶                 |         |         |   |
|        |     | Less accumulated depreciation (attach schedule) ▶                  |         | '       |   |
|        | 12  | Investments—mortgage loans   |         |         |   |
|        | 13  | Investments—other (attach schedule)                                |         |         |   |

211.665

164,683

46,982

211,665

211,665

301.953

254,971

46,982

301,953

301,953

211,665

224,462

436,127

134,174

301,953 Form **990-PF** (2019)

1

2

3

4

5

401,537

495.018

# 

Foundations that follow FASB ASC 958, check here ▶

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

Mortgages and other notes payable (attach schedule). . . . . .

Foundations that do not follow FASB ASC 958, check here 🕨 🗹

Total net assets or fund balances (see instructions) . . . . .

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

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

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

**Analysis of Changes in Net Assets or Fund Balances** 

Paid-in or capital surplus, or land, bldg, and equipment fund Retained earnings, accumulated income, endowment, or other funds

17

18

19

20

21

22 23

24

25

26

27

28 29

30

Part III

2

3

Liabilities

Fund Balances

Net Assets or

Grants payable

Other liabilities (describe -\_

and complete lines 24, 25, 29 and 30.

Net assets without donor restrictions . . .

Net assets with donor restrictions . . .

and complete lines 26 through 30.

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

Decreases not included in line 2 (itemize) ▶ .

Other increases not included in line 2 (itemize) -

Enter amount from Part I, line 27a

| ` ,   | e the kınd(s) of property sold (e g ,<br>arehouse, or common stock, 200 shs |   | How acquired P—Purchase D—Donation | (c) Date acquired (mo , day, yr ) | (d) Date sold (mo , day, yr ) |
|---|---|---|------------------------------------|-----------------------------------|-------------------------------|
| 1 a PUBLICLY TRADED SECU                                      | RITIES - LT   |   |                                    |                                   |                               |
| b   |   |   |                                    |                                   |                               |
| С   |   |   |                                    |                                   |                               |
| d   |   |   |                                    |                                   |                               |
| e   |   |   |                                    |                                   |                               |
|   | (f)   | 1   | g)                                 | (                                 | h)                            |
| (e)   | Depreciation allowed  |   | ther basis                         |                                   | or (loss)                     |
| Gross sales price   | (or allowable)  | plus expe   | nse of sale                        | (e) plus (f                       | ) minus (g)                   |
| a 21  | 2,980   |   | 45,966                             |                                   | 167,01                        |
| b   |   |   |                                    |                                   |                               |
| c   |   |   |                                    |                                   |                               |
| d   |   |   |                                    |                                   |                               |
| e   |   |   |                                    |                                   |                               |
| Complete only for assets                                      | s showing gain in column (h) and ow   | ned by the foundation o                                 | n 12/31/69                         | (                                 | T)                            |
|   | (i)   | i .   | k)                                 |                                   | יי.<br>h) gain minus          |
| (i)<br>F M V as of 12/31/69                                   | Adjusted basis  | ,   | of col (ı)                         | col (k), but not                  | less than -0-) <b>or</b>      |
| FM V 45 01 12/31/09   | as of 12/31/69  | over col  | (j), if any                        | Losses (fr                        | om col (h))                   |
| a   |   |   |                                    |                                   | 167,01                        |
| b   |   |   |                                    |                                   |                               |
| c   |   |   |                                    |                                   |                               |
| d   |   |   |                                    |                                   |                               |
| e   |   |   |                                    |                                   |                               |
| 2 Capital gain net income                                     | or (net capital loss)   | If gain, also enter in Pa<br>If (loss), enter -0- in Pa |                                    |                                   |                               |
|   |   |   | 1                                  | 2                                 | 167,014                       |
|   | gain or (loss) as defined in sections 1                                     |   |                                    |                                   |                               |
| If gain, also enter in Pa<br>in Part I, line 8                | rt I, line 8, column (c) (see instruction                                   | ons) If (loss), enter -0-                               | }                                  | 3                                 |                               |
| Part V Qualification U  | Jnder Section 4940(e) for Re  | educed Tax on Net                                       | Investment Inc                     | come                              |                               |
| (For optional use by domestic p                               | private foundations subject to the sec                                      | ction 4940(a) tax on net                                | investment incom                   | e )                               |                               |
|   |   |   |                                    |                                   |                               |
| If section 4940(d)(2) applies, le                             | eave this part blank  |   |                                    | _                                 | _                             |
| Was the foundation liable for th                              | e section 4942 tax on the distributal                                       | ble amount of any year i                                | in the base period?                | >                                 | es 🗹 No                       |
| If "Yes," the foundation does no                              | ot qualify under section 4940(e) Do   | not complete this part                                  |                                    |                                   |                               |
| 1 Enter the appropriate an                                    | nount in each column for each year,   | see instructions before                                 | making any entries                 | 5                                 |                               |
| (a)   | (b)   | (c)   |                                    | <b>(d)</b><br>Distribution rati   | 10                            |
| Base period years Calendar<br>year (or tax year beginning in) | Adjusted qualifying distributions   | Net value of noncharitable                              | e-use assets                       | (col (b) divided by c             |                               |
| 2018  | 161,560   |   | 421,097                            |                                   | 0 383665                      |
| 2017  | 265,423   |   | 422,491                            |                                   | 0 628234                      |
| 2016  | 104,048   |   | 343,555                            |                                   | 0 302857                      |
| 2015  | 173,926   |   | 342,659                            |                                   | 0 507578                      |
| 2014  | 55,530  |   | 334,184                            |                                   | 0 166166                      |
| 2 Total of line 1, column (                                   | d)  |   | 2                                  |                                   | 1 988500                      |
| · ·   | o for the 5-year base period—divide t                                       |   |                                    |                                   |                               |
|   | ndation has been in existence if less                                       |   | 3                                  |                                   | 0 397700                      |
| <b>4</b> Enter the net value of no                            | ncharitable-use assets for 2019 from  | n Part X, line 5  | 4                                  |                                   | 446,774                       |
| <b>5</b> Multiply line 4 by line 3                            |   |   | 5                                  |                                   | 177,682                       |
| <b>6</b> Enter 1% of net investme                             | ent income (1% of Part I, line 27b)   |   | 6                                  |                                   | 1,661                         |
| <b>7</b> Add lines 5 and 6                                    |   |   | 7                                  |                                   | 179,343                       |
| 8 Enter qualifying distribut                                  | ons from Part XII, line 4 ,   |   | 8                                  |                                   | 127,145                       |
|   | eater than line 7, check the box in Pa                                      |   |                                    | g a 1% tax rate Se                |                               |
| mad actions   |   |   |                                    |                                   | orm 000-DE (2010              |

|      | 330-F1 (2013)   |   |   |  |             |                |         | age <b>u</b> |
|------|---|---|---|--|-------------|----------------|---------|--------------|
| Pa   | _   | ling Activities for Which               | Form 4720 May Be                        | Required (continued)                     |             |                |         |              |
| 5a   | During the year did the foundation p  | •                                       |   |  |             |                | Yes     | No           |
|      | (1) Carry on propaganda, or otherw  | · -                                     | , | ☐ Yes 【                                  | <b>Z</b> No |                |         |              |
|      | (2) Influence the outcome of any sp   | · · ·                                   | • |  |             |                |         |              |
|      | on, directly or indirectly, any vol   | -                                       |   | · · · Yes                                | <b>Z</b> No |                |         |              |
|      | (3) Provide a grant to an individual  | • | • •                                     | Yes 🖸                                    | <b>⊘</b> No |                |         |              |
|      | (4) Provide a grant to an organization                                      |   | · -                                     |  |             |                |         |              |
|      | in section 4945(d)(4)(A)? See in  |   |   | · · Yes                                  | ✓ No        |                |         |              |
|      | (5) Provide for any purpose other th  | • •                                     | * **                                    |  | _           |                |         |              |
|      | educational purposes, or for the  | •                                       |   | └ Yes \                                  | <b>∠</b> No |                |         |              |
| b    | ,                                     |   |   | ·  |             |                |         |              |
|      | Regulations section 53 4945 or in a   |   |   | _  | _           | 5b             |         |              |
| _    | Organizations relying on a current notifithe answer is "Yes" to question 5a |   |   |  |             |                |         |              |
| C    | tax because it maintained expenditu   | , .,                                    | •                                       |  | _           |                |         |              |
|      | If "Yes," attach the statement requir                                       |   |   | ' ' ∐ Yes L                              | ا No        |                |         |              |
| 6-   |   | · -                                     | • •                                     | Imac an                                  |             |                |         |              |
| 6a   | Did the foundation, during the year,  |   |   |  |             |                |         |              |
| ь    | a personal benefit contract?<br>Did the foundation, during the year,        |   |   | ⊔ Yes D                                  | <b>∠</b> No | 6b             |         | No           |
| ,    | If "Yes" to 6b, file Form 8870  | pay premiums, directly or me            | illectiy, oli a persoliai be            | ment contract.                           |             | OB             |         | NO           |
| 7a   | At any time during the tax year, was  | the foundation a party to a r           | prohibited tax shelter trai             | nsaction?                                | _           |                |         |              |
|      | If "Yes", did the foundation receive a                                      |   |   | ∟ Yes Ľ                                  | <b>∠</b> No | 7b             |         |              |
| 8    | Is the foundation subject to the sect                                       | , ,                                     |   |  |             | "              |         |              |
| •    | excess parachute payment during th  |   |   |  | <b>a</b>    |                |         |              |
|      |   |   |   |  | <u>∠ No</u> |                |         |              |
| Pa   | and Contractors   | Officers, Directors, Trus               | tees, Foundation Ma                     | anagers, Hignly Paid                     | Empic       | yees,          | ,       |              |
| _    |   |   |   |  |             |                |         |              |
| 1_   | List all officers, directors, trustee                                       | (b) Title, and average                  | (c) Compensation (If                    | (d) Contributions to                     |             |                |         |              |
|      | (a) Name and address  | hours per week                          | not paid, enter                         | employee benefit plans a                 |             | ) Exper        |         |              |
|      |   | devoted to position                     | -0-)                                    | deferred compensation                    |             | other a        | llowand | .es          |
|      | IN MOSKOWITZ  | TRUSTEE<br>2 00                         | 0                                       |  | 0           |                |         | 0            |
|      | PARAISO<br>RON, CA 94920  | 2 00                                    |   |  |             |                |         |              |
|      | MOSKOWITZ   | TRUSTEE                                 | 0                                       |  | 0           |                |         | 0            |
|      | PARAISO   | 1 00                                    |   |  | 1           |                |         |              |
|      | RON, CA 94920   |   |   |  |             |                |         |              |
|      | ELIZABETH MOSKOWITZ   | TRUSTEE<br>1 00                         | 0                                       |  | 0           |                |         | 0            |
|      | LLER PLACE<br>KLYN, NY 11215  |   |   |  |             |                |         |              |
|      | LYNNE MOSKOWITZ   | TRUSTEE                                 | 0                                       |  | 0           |                |         | 0            |
|      | COCHRANE AVENUE   | 1 00                                    |   |  | 1           |                |         | ·            |
|      | AND, CA 94618   |   |   |  |             |                |         |              |
| 2    | Compensation of five highest-pai  | id employees (other than t              | hose included on line :                 |  | ione, e     | nter "         | NONE    |              |
| (a)  | Name and address of each employee   | naid (b) Title, and average             |   | (d) Contributions to<br>employee benefit | (e)         | Expens         | se acco | unt          |
| (4)  | more than \$50,000  | hours per week devoted to position      | (c) Compensation                        | plans and deferred                       |             | ther all       |         |              |
|      |   | devoted to position                     |   | compensation                             |             |                |         |              |
| NON  | E   |   |   |  |             |                |         |              |
|      |   |   |   |  |             |                |         |              |
|      |   |   |   |  |             |                |         |              |
|      |   |   |   |  |             |                |         |              |
|      |   |   |   |  |             |                |         |              |
|      |   |   |   |  |             |                |         |              |
|      |   |   |   |  |             |                |         |              |
|      |   |   |   |  | $\perp$     |                |         |              |
|      |   |   |   |  |             |                |         |              |
|      |   |   |   |  |             |                |         |              |
| Γota | I number of other employees paid over                                       | er \$50,000                             |   | <u> ▶ </u>                               |             |                |         | 0            |
|      |   |   |   |  | Fo          | rm <b>99</b> 0 | 0-PF (  | 2019         |

| Forn       | n 990-PF (2019)  | Page <b>7</b>             |
|------------|--|---------------------------|
| Pa         | rt VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid E and Contractors (continued)  | imployees,                |
| 3          | Five highest-paid independent contractors for professional services (see instructions). If none, enter "NO   | NE".                      |
|            | (a) Name and address of each person paid more than \$50,000 (b) Type of service  | (c) Compensation          |
| NON        | <u>E</u>   |                           |
|            |  |                           |
|            |  |                           |
|            |  |                           |
|            |  |                           |
|            |  |                           |
|            |  |                           |
|            |  |                           |
|            |  |                           |
| Tota       | Il number of others receiving over \$50,000 for professional services  | 0                         |
| Pa         | rt IX-A Summary of Direct Charitable Activities  |                           |
|            | he foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of nizations and other beneficiaries served, conferences convened, research papers produced, etc. | Expenses                  |
|            | N/A  | 0                         |
| 2          |  |                           |
| _          |  |                           |
| _          |  |                           |
| 3          |  |                           |
| -          |  |                           |
|            |  |                           |
| <b>"</b> . |  |                           |
| -          |  |                           |
| Pa         | rt IX-B Summary of Program-Related Investments (see instructions)  | _                         |
|            | escribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2  | Amount                    |
| 1          | N/A  | 0                         |
| 2          |  |                           |
| _          |  |                           |
| -          |  |                           |
| A<br>3     | Il other program-related investments. See instructions   |                           |
| 3.         |  | -                         |
| -          |  | -                         |
| Tota       | ıl. Add lınes 1 through 3  | 0                         |
|            |  | Form <b>990-PF</b> (2019) |

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

Amounts set aside for specific charitable projects that satisfy the

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

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

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

3

4

5

2

3a 3h

4

5

127.145

127.145

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19,016

19,016

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0

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|------|--------|--------|---|
|      |        |        | _ |

**b** Total for prior years

a From 2014. . . . .

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

d From 2017. . . . .

e From 2018. . . . .

| -PF (2 | 019)                 |                    |
|--------|----------------------|--------------------|
| (III)  | Undistributed Income | (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. . . . . .

Excess distributions carryover, if any, to 2019

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

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

applied on line 5 or line 7 (see instructions) . . .

Subtract lines 7 and 8 from line 6a . . . . . .

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. . .

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

6 Enter the net total of each column as

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

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 

39.652 159,697

88 384

248,440 145,135

159.697 88,384

248.440

145,135

108.129

(a)

Corpus

681.308

108.129

789,437

39,652

749.785

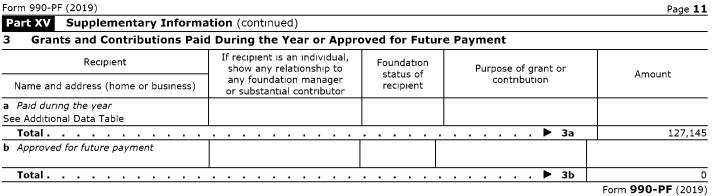
(b)

Years prior to 2018

(c)

2018

| 101111 330 11 (2 | 010, |
|------------------|------|
| Part XIII        | Und  |
|                  |      |
|                  |      |



| -                  | s amounts unless otherwise indicated   | Unrelated bu         | ısıness ıncome       | Excluded by section   | 512, 513, or 514 | (e)<br>Related or exempt               |
|--------------------|--|----------------------|----------------------|-----------------------|------------------|--|
| -                  | n service revenue  | (a)<br>Business code | <b>(b)</b><br>Amount | (c)<br>Exclusion code | (d)<br>Amount    | function income<br>(See instructions ) |
|                    |  |                      |                      |                       |                  |  |
|                    |  |                      |                      |                       |                  |  |
|                    |  |                      |                      |                       |                  |  |
| е                  |  |                      |                      |                       |                  |  |
|                    |  |                      |                      |                       |                  |  |
| 2 Member 3 Interes | and contracts from government agencies ership dues and assessments. st on savings and temporary cash nents |                      |                      |                       |                  |  |
| 4 Divider          | nds and interest from securities   |                      |                      | 14                    | 6,720            |  |
|                    | -financed property   |                      |                      |                       |                  |  |
| <b>b</b> Not d     | lebt-financed property   |                      |                      |                       |                  |  |
|                    | ntal income or (loss) from personal property   |                      |                      |                       |                  |  |
|                    | nvestment income   |                      |                      |                       |                  |  |
| invento            | r (loss) from sales of assets other than   |                      |                      | 18                    | 167,014          |  |
|                    | ome or (loss) from special events  |                      |                      | 10                    | 107,014          |  |
| 10 Gross           | profit or (loss) from sales of inventory   |                      |                      |                       |                  |  |
|                    | revenue <b>a</b>   |                      |                      |                       |                  |  |
|                    |  |                      |                      |                       |                  |  |
|                    |  |                      |                      |                       |                  |  |
|                    |  |                      |                      |                       |                  |  |
|                    | al Add columns (b), (d), and (e).  |                      | 0                    |                       | 173,734          | (                                      |
| 13 Total.          | Add line 12, columns (b), (d), and (e)   |                      |                      |                       | 3                |  |
| (See w             | orksheet in line 13 instructions to verify calcu  -B Relationship of Activities to the                     | llations )           |                      |                       |                  |  |
| Line No.<br>▼      |  |                      |                      |                       |                  |  |
|                    | Explain below how each activity for which the accomplishment of the foundation's exinstructions )          |                      |                      |                       |                  |  |
| <u> </u>           | the accomplishment of the foundation's ex  |                      |                      |                       |                  |  |
| <b>,</b>           | the accomplishment of the foundation's ex  |                      |                      |                       |                  |  |
| <b>Y</b>           | the accomplishment of the foundation's ex  |                      |                      |                       |                  |  |
|                    | the accomplishment of the foundation's ex  |                      |                      |                       |                  |  |
| <b>Y</b>           | the accomplishment of the foundation's ex  |                      |                      |                       |                  |  |
|                    | the accomplishment of the foundation's ex  |                      |                      |                       |                  |  |
|                    | the accomplishment of the foundation's ex  |                      |                      |                       |                  |  |
|                    | the accomplishment of the foundation's ex  |                      |                      |                       |                  |  |
|                    | the accomplishment of the foundation's ex  |                      |                      |                       |                  |  |
|                    | the accomplishment of the foundation's ex  |                      |                      |                       |                  |  |
|                    | the accomplishment of the foundation's ex  |                      |                      |                       |                  |  |
|                    | the accomplishment of the foundation's ex  |                      |                      |                       |                  |  |
|                    | the accomplishment of the foundation's ex  |                      |                      |                       |                  |  |
|                    | the accomplishment of the foundation's ex  |                      |                      |                       |                  |  |
|                    | the accomplishment of the foundation's ex  |                      |                      |                       |                  |  |
|                    | the accomplishment of the foundation's ex  |                      |                      |                       |                  |  |
|                    | the accomplishment of the foundation's ex  |                      |                      |                       |                  |  |
|                    | the accomplishment of the foundation's ex  |                      |                      |                       |                  |  |
|                    | the accomplishment of the foundation's ex  |                      |                      |                       |                  |  |
|                    | the accomplishment of the foundation's ex  |                      |                      |                       |                  |  |

| (20 |  |
|-----|--|
|     | Information Regarding Transfers To and Transactions and Relationships With Noncharitable |
| VIT |  |
| VII | Exempt Organizations   |

| Part   | XVII     | Information Re   |                    | ransfers To a     | and Transactio               | ons and      | Relatio                 | nships With Nor          | ncharitable              |            |      |
|--|----------|--|--------------------|-------------------|------------------------------|--------------|-------------------------|--------------------------|--------------------------|------------|------|
|  |          | ganization directly or in<br>than section 501(c)(3)                            | directly enga      |                   |                              |              |                         |                          | on 501                   | Yes        | No   |
| a Trai   | sfers i  | from the reporting foun  | dation to a r      | ioncharitable ex  | empt organization            | of           |                         |                          |                          |            |      |
|  |          |  |                    |                   | · -                          |              |                         |                          | . 1a(1)                  |            | No   |
| (2) Other assets   |          |  |                    |                   |                              |              |                         |                          | . 1a(2)                  |            | No   |
| <b>b</b> Other transactions                                |          |  |                    |                   |                              |              |                         |                          |                          |            |      |
| (1) Sales of assets to a noncharitable exempt organization |          |  |                    |                   |                              |              |                         |                          | 1b(1)                    |            | No   |
| (2)  | Purch    | ases of assets from a r  | noncharitable      | exempt organiz    | zation                       |              |                         |                          | 1b(2)                    |            | No   |
|  |          | al of facilities, equipmen   |                    |                   |                              |              |                         |                          | 1b(3)                    |            | No   |
| (4)  | Reım     | bursement arrangemen   | ts                 |                   |                              |              |                         |                          | . 1b(4)                  |            | No   |
|  |          | s or loan guarantees.  |                    |                   |                              |              |                         |                          | . 1b(5)                  |            | No   |
|  |          | mance of services or m   |                    |                   |                              |              |                         |                          |                          |            | No   |
|  | -        | facilities, equipment, r   |                    |                   |                              |              |                         |                          |                          |            | No   |
|  |          | ver to any of the above<br>ds, other assets, or ser                            |                    |                   |                              |              |                         |                          |                          |            |      |
|  |          | nsaction or sharing arra   |                    |                   |                              |              |                         |                          |                          |            |      |
|  |          | _  |                    |                   |                              | _            |                         |                          |                          |            |      |
| (a) Line   | No       | (b) Amount involved  | (c) Name of        | noncharitable exe | mpt organization             | (d) Des      | scription of            | transfers, transactions, | , and sharing arra       | ingemen    | its  |
|  |          |  |                    |                   |                              |              |                         |                          |                          |            |      |
|  | _        |  |                    |                   |                              |              |                         |                          |                          |            |      |
|  |          |  |                    |                   |                              |              |                         |                          |                          |            |      |
|  |          |  |                    |                   |                              |              |                         |                          |                          |            |      |
|  |          |  |                    |                   |                              |              |                         |                          |                          |            |      |
|  |          |  |                    |                   |                              |              |                         |                          |                          |            |      |
|  |          |  |                    |                   |                              |              |                         |                          |                          |            |      |
|  |          |  |                    |                   |                              |              |                         |                          |                          |            |      |
|  |          |  |                    |                   |                              |              |                         |                          |                          |            |      |
|  |          |  |                    |                   |                              |              |                         |                          |                          |            |      |
|  |          |  |                    |                   |                              |              |                         |                          |                          |            |      |
|  |          |  |                    |                   |                              |              |                         |                          |                          |            |      |
|  |          |  |                    |                   |                              |              |                         |                          |                          |            |      |
|  |          |  |                    |                   |                              |              |                         |                          |                          |            |      |
| <b>2a</b> Is th  | ne four  | ndation directly or indire   | ectly affiliate    | d with, or relate | d to, one or more            | tax-exem     | not organi              | zations                  |                          |            |      |
|  |          | in section 501(c) (other   | •                  |                   |                              |              |                         |                          | es 🗹 No                  |            |      |
|  |          | omplete the following s  |                    | . 502(0)(5)) 0    | 5000.011 527                 |              |                         |                          |                          |            |      |
| <b>D</b> 11  | es, c    | (a) Name of organization   |                    | (1                | <b>b)</b> Type of organizati | on           | 1                       | (c) Description          | of relationship          |            |      |
|  |          | . ,  |                    | Ì                 |                              |              |                         | ,,,,,                    | •                        |            |      |
|  |          |  |                    |                   |                              |              |                         |                          |                          |            |      |
|  |          |  |                    |                   |                              |              |                         |                          |                          |            |      |
|  |          |  |                    |                   |                              |              |                         |                          |                          |            |      |
|  | 1        |  |                    |                   |                              |              |                         |                          |                          |            |      |
|  | of m     | er penalties of perjury,<br>ly knowledge and belief<br>ih preparer has any kno | , it is true, c    |                   |                              |              |                         |                          |                          |            |      |
| Sign   |          | *****  | · · 2 <del>*</del> |                   |                              |              | an also and the control |                          | May the IRS d            | ıscuss th  | nis  |
| Here   |          | *****  |                    |                   | 2020-05-05                   | \ \ \ \ '    | *****                   |                          | return<br>with the prepa |            |      |
|  | <b>,</b> |  |                    |                   | _                            | — <b>)</b> : |                         | -                        | below                    | iler silov | WII  |
|  | , ,      | Signature of officer or t  | rustee             |                   | Date                         | ′ ٦          | Title                   |                          | (see instr )             | Yes 🗆      | □No  |
|  |          | D 1/T 1  |                    |                   |                              |              |                         |                          |                          |            |      |
|  |          | Print/Type preparer's  | name               | Preparer's Sigr   | nature                       | Date         |                         | Check if self-           | PTIN                     |            |      |
|  |          |  |                    |                   |                              |              |                         | employed ▶ □             | P0015                    | 1040       |      |
| Paid   |          | R CLIFTON SCHUL  | TE                 |                   |                              |              |                         |                          |                          |            |      |
| Prep   | arer     |  | =========          |                   |                              |              |                         |                          |                          |            |      |
| Use (  |          |  | ERS MINKLE         | R HUBER & HELI    | M LLP                        |              |                         |                          | Fırm's EIN ▶43           | -08315     | 507  |
| JJE (  | J111 Y   |  | 0 MARKET S         | TREET SUITE 50    | 00                           |              |                         |                          |                          |            |      |
|  |          |  |                    |                   |                              |              |                         |                          | Phone no (314            | 1) 655-1   | 5500 |
|  |          | ST   | LOUIS, MO          | 631012501         |                              |              |                         |                          |                          | .,         |      |
|  |          |  |                    |                   |                              |              |                         |                          |                          |            |      |

Form 990PF Part XV Line 1a - List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000).

than \$5,000).

MARVIN MOSKOWITZ

NEVA MOSKOWITZ

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)

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

or substantial contributor

| a Paid during the year                             |      |                   |              |       |
|--|------|-------------------|--------------|-------|
| BAIS ABRAHAM CONGREGATION<br>6910 DELMAR BOULEVARD | NONE | PUBLIC<br>CHARITY | GENERAL FUND | 6,000 |

| JNIVERSITY CITY, MO 63130   |      |                   |                          |  |
|---|------|-------------------|--------------------------|--|
| BAIS YAAKOV OF ST LOUIS<br>700 NORTH SOUTH ROAD<br>ST LOUIS, MO 63130 | NONE | PUBLIC<br>CHARITY | GENERAL FUND - EDUCATION |  |

| BAIS YAAKOV OF ST LOUIS<br>700 NORTH SOUTH ROAD<br>ST LOUIS, MO 63130 | NONE | PUBLIC<br>CHARITY | GENERAL FUND - EDUCATION | 360 |
|---|------|-------------------|--------------------------|-----|
| BAY AREA RESUCE MISSION<br>200 MACDONALD AVENUE                       | NONE | PUBLIC<br>CHARITY | GENERAL FUND             | 300 |

| 700 NORTH SOUTH ROAD<br>ST LOUIS, MO 63130                            |      | CHARITY           |              |     |
|---|------|-------------------|--------------|-----|
| BAY AREA RESUCE MISSION<br>200 MACDONALD AVENUE<br>RICHMOND, CA 94801 | NONE | PUBLIC<br>CHARITY | GENERAL FUND | 300 |

| 31 LO013, MO 03130  |      |                   |              |         |
|---|------|-------------------|--------------|---------|
| BAY AREA RESUCE MISSION<br>200 MACDONALD AVENUE<br>RICHMOND, CA 94801 | NONE | PUBLIC<br>CHARITY | GENERAL FUND | 300     |
| Total   |      |                   | ▶ 3a         | 127,145 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Purpose of grant or If recipient is an individual, Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year BELVEDERE POLICE OFFICERS NONE PUBLIC GENERAL FUND 150 ASSOCIATION CHARITY

| PO BOX 1142<br>BELVEDERE, CA 94920                                |      |                   |              |       |
|---|------|-------------------|--------------|-------|
| BELVEDERE-TIBURON LIBRARY FNDN<br>PO BOX 483<br>TIBURON, CA 94920 | NONE | PUBLIC<br>CHARITY | GENERAL FUND | 500   |
| BERKELEY HILLEL JEWISH STUDENT<br>CENTER<br>2736 BANCROFT WAY     | NONE | PUBLIC<br>CHARITY | GENERAL FUND | 1,000 |

▶ 3a

127,145

BERKELEY, CA 94704

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

| Name and address (home or business)        | or substantial contributor | recipient         |              |     |
|--|----------------------------|-------------------|--------------|-----|
| a Paid during the year                     |                            |                   |              |     |
| BERKELEY REPERTORY THEATRE 999 HARRISON ST | NONE                       | PUBLIC<br>CHARITY | GENERAL FUND | 500 |

| BERKELY, CA 94710   |      |                   |               |       |
|---|------|-------------------|---------------|-------|
| BIALYSTOKER SYNAGOGUE THE<br>7 WILLETT STREET<br>NEW YORK, NY 10002 | NONE | PUBLIC<br>CHARITY | GENERAL FUND  | 300   |
| CERES COMMUNITY PROJECT   | NONE | DUDLIC            | CENERAL ELIND | 2 000 |

| BIALYSTOKER SYNAGOGUE THE<br>7 WILLETT STREET<br>NEW YORK, NY 10002 | NONE | PUBLIC<br>CHARITY | GENERAL FUND | 300   |
|---|------|-------------------|--------------|-------|
| CERES COMMUNITY PROJECT<br>PO BOX 1562<br>SEBASTOPOL, CA 95473      | NONE | PUBLIC<br>CHARITY | GENERAL FUND | 2,000 |
|   |      |                   |              |       |

| 7 WILLETT STREET<br>NEW YORK, NY 10002                         |      | CHARITY           |              |         |
|--|------|-------------------|--------------|---------|
| CERES COMMUNITY PROJECT<br>PO BOX 1562<br>SEBASTOPOL, CA 95473 | NONE | PUBLIC<br>CHARITY | GENERAL FUND | 2,000   |
| Total  |      |                   | ▶ 3a         | 127,145 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year COLLEGE PREPARATORY SCHOOL THE NONE PUBLIC **GENERAL FUND** 500 6100 BBOADWAY ST CHADITY

| OAKLAND, CA 94618   |      | CHARITI           |              |       |
|---|------|-------------------|--------------|-------|
| CONGREGATION EMANU-EL<br>2 LAKE STREET<br>SAN FRANCISCO, CA 94118 | NONE | PUBLIC<br>CHARITY | GENERAL FUND | 5,360 |
| CONTEMPORARY ART MUSEUM ST<br>LOUIS<br>3750 WASHINGTON BLVD       | NONE | PUBLIC<br>CHARITY | GENERAL FUND | 4,000 |

| 2 LAKE STREET<br>SAN FRANCISCO, CA 94118  |      | CHARITY           |              | -,      |
|---|------|-------------------|--------------|---------|
| CONTEMPORARY ART MUSEUM ST<br>LOUIS<br>3750 WASHINGTON BLVD<br>ST LOUIS, MO 63108 | NONE | PUBLIC<br>CHARITY | GENERAL FUND | 4,000   |
| Total   |      |                   | ▶ 3a         | 127,145 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year CONTRA COSTA JEWISH DAY SCHOOL NONE PUBLIC GENERAL FUND - EDUCATION 10,000 955 RISA ROAD CHARITY LAFAYETTE, CA 94549

| CORNELL UNIVERSITY<br>130 E SENECA STREET SUITE 400<br>ITHACA, NY 14850                           | NONE | PUBLIC<br>CHARITY | GENERAL FUND - EDUCATION | 1,000 |
|---|------|-------------------|--------------------------|-------|
| CORPORATION OF THE FINE ARTS<br>MUSEUM<br>50 HAGIWARA TEA GARDEN DRIVE<br>SAN FRANCISCO, CA 94118 | NONE | PUBLIC<br>CHARITY | GENERAL FUND - ARTS      | 1,000 |

Total . .

127,145

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Purpose of grant or If recipient is an individual, Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year DISABLED AMERICAN VETERANS NONE PUBLIC GENERAL FUND 250 PO BOX 14301 CHARITY

| CINCINNATI, OH 45250  |      |                   |                          |       |
|---|------|-------------------|--------------------------|-------|
| DUKE UNIVERSITYBOX 90581<br>DURHAM, NC 27708  | NONE | PUBLIC<br>CHARITY | GENERAL FUND - EDUCATION | 1,500 |
| FRIENDS OF ISREAL DEFENSE FORCES<br>870 MARKET ST SUITE 1015<br>SAN FRANCISCO, CA 94102 | NONE | PUBLIC<br>CHARITY | GENERAL FUND             | 5,900 |

127,145

▶ 3a

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Purpose of grant or If recipient is an individual, Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year GUIDING EYES FOR THE BLIND NONE PUBLIC GENERAL FUND 500 611 GRANITE SPRINGS RD CHARITY

| YORKTOWN HEIGHTS, NY 10598  |      |                   |              |     |
|---|------|-------------------|--------------|-----|
| H THE HEBREW FREE LOAN SOCIETY<br>674 THIRD AVENUE SUITE 1905<br>NEW YORK, NY 10017 | NONE | PUBLIC<br>CHARITY | GENERAL FUND | 500 |

| H THE HEBREW FREE LOAN SOCIETY<br>674 THIRD AVENUE SUITE 1905<br>NEW YORK, NY 10017 | NONE | PUBLIC<br>CHARITY | GENERAL FUND  | 50   |
|---|------|-------------------|---------------|------|
| HTILELL CODNELLEAS COLLEGE AVE  | NONE | DUBLIC            | CENEDAL ELIND | 1 50 |

| 674 THIRD AVENUE SUITE 1905<br>NEW YORK, NY 10017 |      | CHARITY |              |     |
|---|------|---------|--------------|-----|
| HILLELL CORNELL548 COLLEGE AVE                    | NONE | PUBLIC  | GENERAL FUND | 1,. |

| NEW YORK, NY 10017             |      |                   |              |      |
|--------------------------------|------|-------------------|--------------|------|
| HILLELL CORNELL548 COLLEGE AVE | NONE | PUBLIC<br>CHARITY | GENERAL FUND | 1,50 |

| HILLELL CORNELL548 COLLEGE AVE<br>ITHACA, NY 14850 | NONE | PUBLIC<br>CHARITY | GENERAL FUND | 1,500 |
|--|------|-------------------|--------------|-------|
|  |      |                   |              |       |

127,145

|   | ·                             |       | l       |             | <del> </del> |
|---|-------------------------------|-------|---------|-------------|--------------|
|   | ITHACA, NY 14850              |       | CHARITY |             |              |
| ı | MILLEL CONVELESTO COLLEGE AVE | INONE | I ODLIC | GENERALIOND | 1            |

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 HILLEL AT UCLA574 HILGARD AVENUE NONE PUBLIC **GENERAL FUND** 1,000

| LOS ANGELES, CA 90024  |      | CHARITY           |              |       |
|--|------|-------------------|--------------|-------|
| HILLEL ST LOUIS-WASHINGTON<br>UNIVERSITY<br>6300 FORSYTH BOULEVARD<br>ST LOUIS, MO 63105 | NONE | PUBLIC<br>CHARITY | GENERAL FUND | 1,000 |
| INVESTIGATIVE PROJECT ON<br>TERRIORISM FUND<br>5505 CONNECTICUT AVE NW NO 341            | NONE | PUBLIC<br>CHARITY | GENERAL FUND | 1,500 |

127,145

| 6300 FORSYTH BOULEVARD<br>ST LOUIS, MO 63105  |      |                   |              |     |
|---|------|-------------------|--------------|-----|
| INVESTIGATIVE PROJECT ON<br>TERRIORISM FUND<br>5505 CONNECTICUT AVE NW NO 341<br>WASHINGTON, DC 20015 | NONE | PUBLIC<br>CHARITY | GENERAL FUND | 1,5 |

| ST LOUIS, MO 63105  |      |                   |              |    |
|---|------|-------------------|--------------|----|
| INVESTIGATIVE PROJECT ON<br>TERRIORISM FUND<br>5505 CONNECTICUT AVE NW NO 341<br>WASHINGTON, DC 20015 | NONE | PUBLIC<br>CHARITY | GENERAL FUND | 1, |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Purpose of grant or Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year JEWISH BRAILLE INSTITUTE NONE **PUBLIC GENERAL FUND** 1,000 110 EAST 30TH STREET CHARITY NEW YORK, NY 10016

| <u>'</u>   |      |                   |              |       |
|--|------|-------------------|--------------|-------|
| JEWISH FAMILY AND CHILDREN'S<br>SERVICES<br>2150 POST STREE PO BOX 159004<br>SAN FRANCISCO, CA 94115 | NONE | PUBLIC<br>CHARITY | GENERAL FUND | 3,500 |
| JEWISH FOUNDATION FOR THE  | NONE | PUBLIC            | GENERAL FUND | 1,000 |

| SAN FRANCISCO, CA 94115   |      |                   |              |       |
|---|------|-------------------|--------------|-------|
| JEWISH FOUNDATION FOR THE<br>RIGHTEOUS<br>305 7TH AVENUE 19TH FLOOR<br>NEW YORK, NY 10001 | NONE | PUBLIC<br>CHARITY | GENERAL FUND | 1,000 |

▶ 3a

127,145

| SAN FRANCISCO, CA 94115   |      |                   |              |      |
|---|------|-------------------|--------------|------|
| JEWISH FOUNDATION FOR THE<br>RIGHTEOUS<br>305 7TH AVENUE 19TH FLOOR<br>NEW YORK, NY 10001 | NONE | PUBLIC<br>CHARITY | GENERAL FUND | 1,00 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year 1 THE JEWISH NEWS WEEKLY NONE PUBLIC. GENERAL FUND 250

| KQED2601 MARIPOSA ST<br>SAN FRANCISCO, CA 94110      | NONE | PUBLIC<br>CHARITY | GENERAL FUND | 300 |
|--|------|-------------------|--------------|-----|
| 225 BUSH STREET SUITE 480<br>SAN FRANCISCO, CA 94104 |      | CHARITY           |              |     |

| Total  |      |                   | ▶ 3a        | 127,145 |
|--|------|-------------------|-------------|---------|
| MAKE-A-WISH FOUNDATION<br>600 KELLWOOD PARKWAY<br>CHESTERFIELD, MO 63017 | NONE | PUBLIC<br>CHARITY | ANNUAL FUND | 500     |
| SAN FRANCISCO, CA 94110  |      | CHARITY           |             |         |

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 MARINE TOYS FOR TOTS FOUNDATION NONE PUBLIC GENERAL FUND 200

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

| 18251 QUANTICO GATEWAY DRIVE<br>TRIANGLE<br>TRIANGLE, VA 22172     |      | CHARITY           |              |       |
|--|------|-------------------|--------------|-------|
| MASORTI FOUNDATION 475 RIVERSIDE DRIVE SUITE 832 NEW YORK NY 10115 | NONE | PUBLIC<br>CHARITY | GENERAL FUND | 1,000 |

| MASORTI FOUNDATION<br>475 RIVERSIDE DRIVE SUITE 832<br>NEW YORK, NY 10115     | NONE | PUBLIC<br>CHARITY | GENERAL FUND          | 1,000 |
|---|------|-------------------|-----------------------|-------|
| MET COUNCIL ON JEWISH POVERTY<br>120 BROADWAY 7TH FLOOR<br>NEW YORK, NY 10271 | NONE | PUBLIC<br>CHARITY | HIGH HOLIDAY CAMPAIGN | 500   |

| NEW YORK, NY 10115  |      | CHARTT            |                       |         |
|---|------|-------------------|-----------------------|---------|
| MET COUNCIL ON JEWISH POVERTY<br>120 BROADWAY 7TH FLOOR<br>NEW YORK, NY 10271 | NONE | PUBLIC<br>CHARITY | HIGH HOLIDAY CAMPAIGN | 500     |
| Total   |      |                   | <b>&gt;</b> 3a        | 127,145 |

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

Name and address (home or business)

| Name and address (nome or business)                   | or substantial contributor |                   |              |       |
|---|----------------------------|-------------------|--------------|-------|
| a Paid during the year                                |                            |                   |              |       |
| MINDFUL LITTLES21C ORINDA WAY 405<br>ORINDA, CA 84563 | NONE                       | PUBLIC<br>CHARITY | GENERAL FUND | 2,500 |
| NATIONAL INSTITUTE FOR 1EWISH                         | NONE                       | PUBLIC            | GENERAL FUND | 500   |

recipient

| NATIONAL INSTITUTE FOR JEWISH<br>HOSPICE<br>732 UNIVERSITY STREET<br>NORTH WOODMERE, NY 11581 | NONE | PUBLIC<br>CHARITY | GENERAL FUND | 500 |
|---|------|-------------------|--------------|-----|
|   |      |                   |              |     |

| HOSPICE<br>732 UNIVERSITY STREET<br>NORTH WOODMERE, NY 11581 |      | CHARITY           |              |        |
|--|------|-------------------|--------------|--------|
| NATIONAL JEWISH HEALTH<br>1400 JACKSON STREET                | NONE | PUBLIC<br>CHARITY | GENERAL FUND | 15,000 |

| NORTH WOODMERE, NY 11581  |      |                   |              |        |
|---|------|-------------------|--------------|--------|
| NATIONAL JEWISH HEALTH<br>1400 JACKSON STREET<br>DENVER, CO 80206 | NONE | PUBLIC<br>CHARITY | GENERAL FUND | 15,000 |

| NATIONAL JEWISH HEALTH<br>1400 JACKSON STREET<br>DENVER, CO 80206 | NONE | PUBLIC<br>CHARITY | GENERAL FUND | 15,000  |
|---|------|-------------------|--------------|---------|
| Total   |      |                   | ▶ 3a         | 127,145 |

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

| PANCREATIC CANCER ACTION<br>NETWORK<br>1500 ROSECRANS AVENUE SUITE 200<br>MANHATTAN BEACH, CA 90266 | NONE | PUBLIC<br>CHARITY | GENERAL FUND | 500   |
|---|------|-------------------|--------------|-------|
| PARK SLOPE JEWISH CENTER  | NONE | PUBLIC            | GENERAL FUND | 2,500 |

| MANITAN BEACH, CA 30200  |      |                   |              |       |
|--|------|-------------------|--------------|-------|
| PARK SLOPE JEWISH CENTER<br>1320 8TH AVE<br>BROOKLYN, NY 11215 | NONE | PUBLIC<br>CHARITY | GENERAL FUND | 2,500 |
| PLANNED PARENTHOOD<br>2185 PACHECO STREET                      | NONE | PUBLIC<br>CHARITY | GENERAL FUND | 1,000 |

| BROOKLYN, NY 11215   |      |                   |              |       |
|--|------|-------------------|--------------|-------|
| PLANNED PARENTHOOD<br>2185 PACHECO STREET<br>CONCORD, CA 94520 | NONE | PUBLIC<br>CHARITY | GENERAL FUND | 1,000 |
|  |      |                   |              |       |

Total .

127,145

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Purpose of grant or If recipient is an individual, Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year ROBERT LOUIS STEVENSON SCHOOL NONE GENERAL FUND - EDUCATION 1,200 PUBLIC

24 WEST 74TH STREET

SAN FRANCISCO, CA 94119

| NEW YORK, NY 10023   |      | CHARGIT           |              |       |
|--|------|-------------------|--------------|-------|
| SALVATION ARMY832 FOLSOM STREET<br>SAN FRANCISCO, CA 94107 | NONE | PUBLIC<br>CHARITY | GENERAL FUND | 500   |
| SAN FRANCISCO CHAMBER ORCHESTRA<br>PO BOX 191564           | NONE | PUBLIC<br>CHARITY | GENERAL FUND | 2,500 |

CHARITY

127,145

▶ 3a

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

| SAN FRANCISCO - MARIN FOOD BANK<br>900 PENNSYLVANIA AVENUE<br>SAN FRANCISCO, CA 94107 | NONE | PUBLIC<br>CHARITY | GENERAL FUND        | 300   |
|---|------|-------------------|---------------------|-------|
| SHAKESPEARE FESTIVAL OF ST LOUIS<br>5715 ELIZABETH AVENUE                             | NONE | PUBLIC<br>CHARITY | GENERAL FUND - ARTS | 3,000 |

| 5715 ELIZABETH AVENUE<br>ST LOUIS, MO 63110         |      | CHARITY           |              |     |
|---|------|-------------------|--------------|-----|
| SHAVING ISRAELPO BOX 6991<br>CHESTERFIELD, MO 63006 | NONE | PUBLIC<br>CHARITY | GENERAL FUND | 500 |

127,145

▶ 3a

| ST LOUIS, MO 63110        |      |                   |              |   |
|---------------------------|------|-------------------|--------------|---|
| SHAVING ISRAELPO BOX 6991 | NONE | PUBLIC<br>CHARITY | GENERAL FUND | į |

Total . .

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 SIMON WIESENTHAL CENTER NONE PUBLIC **GENERAL FUND** 1.500 1399 SOUTH ROXBURY DRIVE CHARITY

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

| LOS ANGELES, CA 90035   |      | 0.17.11.12.1      |              |        |
|---|------|-------------------|--------------|--------|
| SOUTHERN POVERTY LAW CENTER<br>400 WASHINGTON AVE<br>MONTGOMERY, AL 36104 | NONE | PUBLIC<br>CHARITY | GENERAL FUND | 2,000  |
| SPONSORS FOR EDUCATIONAL OPPORTUNITY 55 EXCHANGE PLACE SUITE 601          | NONE | PUBLIC<br>CHARITY | GENERAL FUND | 20,000 |

| 400 WASHINGTON AVE<br>MONTGOMERY, AL 36104  |      | CHARITY           |                | ŕ       |
|---|------|-------------------|----------------|---------|
| SPONSORS FOR EDUCATIONAL OPPORTUNITY 55 EXCHANGE PLACE SUITE 601 NEW YORK, NY 10005 | NONE | PUBLIC<br>CHARITY | GENERAL FUND   | 20,000  |
| Total   |      |                   | <b>&gt;</b> 3a | 127,145 |

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

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

| a Paid during the year                                     |      |                   |                          |     |
|--|------|-------------------|--------------------------|-----|
| ST JOSEPH INDIAN SCHOOLPO BOX 300<br>CHAMBERLAIN, SD 57325 | NONE | PUBLIC<br>CHARITY | GENERAL FUND - EDUCATION | 250 |

| CHAMBERLAIN, SD 57325  |      | CHARITY           |              |       |
|--|------|-------------------|--------------|-------|
| ST JUDE CHILDREN'S RESEARCH<br>HOSPITAL<br>501 ST JUDE PLACE | NONE | PUBLIC<br>CHARITY | GENERAL FUND | 2,000 |

| ST JUDE CHILDREN'S RESEARCH<br>HOSPITAL<br>501 ST JUDE PLACE<br>MEMPHIS, TN 38105 | NONE | PUBLIC<br>CHARITY | GENERAL FUND | 2,000 |
|---|------|-------------------|--------------|-------|
|   |      |                   |              |       |

| 501 ST JUDE PLACE<br>MEMPHIS, TN 38105 |      |        |              |     |
|--|------|--------|--------------|-----|
| SMILE TRAINPO BOX 96231                | NONE | PUBLIC | GENERAL FUND | 300 |

| MEMPHIS, TN 38105       |      |        |              |     |
|-------------------------|------|--------|--------------|-----|
| SMILE TRAINPO BOX 96231 | NONE | PUBLIC | GENERAL FUND | 300 |

| MEMPHIS, IN 38105       |      |        |              |     |
|-------------------------|------|--------|--------------|-----|
| SMILE TRAINPO BOX 96231 | NONE | PUBLIC | GENERAL FUND | 300 |

| SMILE TRAINPO BOX 96231 | NONE | PUBLIC  | GENERAL FUND | 30 |
|-------------------------|------|---------|--------------|----|
| WASHINGTON, DC 20090    |      | CHARITY |              |    |

| VASHINGTON, DC 20090 | CHARITY |         |
|----------------------|---------|---------|
| Total                |         | 127,145 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year TEMPLE SINAI OF GLENDALE NONE PUBLIC **GENERAL FUND** 1,250 1212 NORTH PACIFIC AVENUE CHARITY

| TORALL PRED COLLOCA  | NONE | DUDLIC            | CENERAL FUND | 500 |
|--|------|-------------------|--------------|-----|
| TIBURON VOLUNTEER FIRE<br>DEPARTMENT<br>1679 TIBURON BLVD<br>TIBURON, CA 94920 | NONE | PUBLIC<br>CHARITY | GENERAL FUND | 250 |
| GLENDALE, CA 91202   |      |                   |              | 1   |

| 1679 TIBURON BLVD<br>TIBURON, CA 94920                              |      | CHARITY           |              |     |
|---|------|-------------------|--------------|-----|
| TORAH PREP SCHOOL<br>609 NORTH AND SOUTH ROAD<br>ST LOUIS, MO 63130 | NONE | PUBLIC<br>CHARITY | GENERAL FUND | 500 |

| Total   |      |                   | ▶ 3a         | 127,145 |
|---|------|-------------------|--------------|---------|
| TORAH PREP SCHOOL<br>609 NORTH AND SOUTH ROAD<br>ST LOUIS, MO 63130 | NONE | PUBLIC<br>CHARITY | GENERAL FUND | 500     |
| TIBURON, CA 94920   |      |                   |              |         |

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

| Name and address (home or business) | or substantial contributor | recipient |              |       |
|-------------------------------------|----------------------------|-----------|--------------|-------|
| a Paid during the year              |                            |           |              |       |
| US HOLOCAUST MEMORIAL MUSEUM        | NONE                       | PUBLIC    | GENERAL FUND | 6,525 |

| 100 RAOUL WALLENBERG PLACE SW<br>WASHINGTON, DC 20024  | NONE | CHARITY           | GENERAL FUND | 6,525 |
|--|------|-------------------|--------------|-------|
| WOUNDED WARRIOR PROJECT<br>4899 BELFORT ROAD SUITE 300 | NONE | PUBLIC<br>CHARITY | GENERAL FUND | 1,500 |

| WASHINGTON, DC 20024   |      |                   |              |       |
|--|------|-------------------|--------------|-------|
| WOUNDED WARRIOR PROJECT<br>4899 BELFORT ROAD SUITE 300<br>JACKSONVILLE, FL 32256 | NONE | PUBLIC<br>CHARITY | GENERAL FUND | 1,500 |
| WORLD JEWISH CONGRESS  | NONE | PUBLIC            | GENERAL FUND | 500   |

| 4899 BELFORT ROAD SUITE 300<br>JACKSONVILLE, FL 32256                        | NONE | CHARITY           | GENERAL FUND | 1,500 |
|--|------|-------------------|--------------|-------|
| WORLD JEWISH CONGRESS<br>501 MADISON AVENUE 17TH FLOOR<br>NEW YORK, NY 10022 | NONE | PUBLIC<br>CHARITY | GENERAL FUND | 500   |

| Total  |      |                   | <b>.</b> 3a  | 127 145 |
|--|------|-------------------|--------------|---------|
| WORLD JEWISH CONGRESS<br>501 MADISON AVENUE 17TH FLOOR<br>NEW YORK, NY 10022 | NONE | PUBLIC<br>CHARITY | GENERAL FUND | 500     |
| JACKSONVILLE, TE 32230   |      |                   |              | 1       |

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

| Name and address (home or business)            | or substantial contributor |                   |              |     |
|--|----------------------------|-------------------|--------------|-----|
| a Paid during the year                         |                            |                   |              |     |
| AMERICAN JEWISH COMMITTEE<br>165 E 56TH STREET | NONE                       | PUBLIC<br>CHARITY | GENERAL FUND | 300 |

recipient

| NEW YORK, NY 10022                           |      | CHARTT            |              |     |
|--|------|-------------------|--------------|-----|
| AMERICAN RED CROSS<br>10195 CORPORATE SQUARE | NONE | PUBLIC<br>CHARITY | GENERAL FUND | 400 |
| ST LOUIS, MO 63132                           | !    |                   |              | 1   |

| AMERICAN RED CROSS<br>10195 CORPORATE SQUARE<br>ST LOUIS, MO 63132 | NONE | PUBLIC<br>CHARITY | GENERAL FUND | 400   |
|--|------|-------------------|--------------|-------|
| ANTI-DEFAMATION LEAGUE<br>34 N BRENTWOOD BLVD SUITE 2              | NONE | PUBLIC<br>CHARITY | GENERAL FUND | 5,000 |

| 10195 CORPORATE SQUARE<br>ST LOUIS, MO 63132                                | NONE | CHARITY           | GENERAL FUND | 400   |
|---|------|-------------------|--------------|-------|
| ANTI-DEFAMATION LEAGUE<br>34 N BRENTWOOD BLVD SUITE 2<br>ST LOUIS, MO 63105 | NONE | PUBLIC<br>CHARITY | GENERAL FUND | 5,000 |

| Total   |      |                   | ▶ 3a         | 127,145 |
|---|------|-------------------|--------------|---------|
| ANTI-DEFAMATION LEAGUE<br>34 N BRENTWOOD BLVD SUITE 2<br>ST LOUIS, MO 63105 | NONE | PUBLIC<br>CHARITY | GENERAL FUND | 5,000   |
| ST LOUIS, MO 63132  |      | CHARTT            |              |         |

| efile GRAPHIC print - DO NOT F | ROCESS                                | As Filed Data - |                        | D                      | LN: 93491148001130                          |  |
|--------------------------------|---------------------------------------|-----------------|------------------------|------------------------|---|--|
| TY 2019 Accounting Fe          | ees Sche                              | dule            |                        |                        |   |  |
|                                |                                       |                 |                        |                        |   |  |
|                                | Name: THE MOSKOWITZ FAMILY FOUNDATION |                 |                        |                        |   |  |
|                                |                                       | 43-1642451      |                        | 301127111011           |   |  |
|                                | LIIV.                                 | +3-10+2+31      |                        |                        | 1   |  |
| Category                       | Amou                                  | unt Ne          | t Investment<br>Income | Adjusted Net<br>Income | Disbursements<br>for Charitable<br>Purposes |  |

3,850

3,850

ACCOUNTING FEES

| efile GRAPHIC | print - DO NOT PROCESS | As Filed Data - | DLN: 93491148001130 |
|---------------|------------------------|-----------------|---------------------|
|               |                        |                 |                     |
|               |                        |                 |                     |

## **TY 2019 Investments Corporate Stock Schedule**

Name: THE MOSKOWITZ FAMILY FOUNDATION

---- 40 464045

| EIN: 43-1642451  Investments Corporation Stock Schedule |                           |                                  |  |  |  |
|---|---------------------------|----------------------------------|--|--|--|
| Name of Stock   | End of Year Book<br>Value | End of Year Fair<br>Market Value |  |  |  |
| 100 SHS APPLE INC                                       | 7,809                     | 29,365                           |  |  |  |
| 100 SHS BOEING COMPANY                                  | 5,680                     | 26,061                           |  |  |  |
| 100 SHS UNITEDHEALTH GROUP INC                          | 3,319                     | 29,398                           |  |  |  |
| 200 SHS CITIGROUP INC                                   | 9,558                     | 15,978                           |  |  |  |
| 200 SHS EXXON MOBIL CORP COM                            | 8,354                     | 13,956                           |  |  |  |
| 30 SHS ALPHABET INC                                     | 15,632                    | 53,552                           |  |  |  |
| 300 SHS JOHNSON & JOHNSON COM                           | 3,436                     | 43,761                           |  |  |  |
| 600 SHS FRANKLIN RESOURCES INC                          | 8,900                     | 15,588                           |  |  |  |
| 292 SHS HEALTH CARE SELECT SECTOR SPDR FUND ETF         | 25,000                    | 29,743                           |  |  |  |
| 675 SHS ISHARES NASDAQ BIOTECHNOLOGY ETF                | 74,729                    | 81,344                           |  |  |  |
| 1080 SHS WISDOMTREE US SMALLCAP EARNINGS FUND ETF       | 39,937                    | 41,526                           |  |  |  |
| 175 SHS INTEL CORP                                      | 3,644                     | 10,474                           |  |  |  |
| 100 SHS CISCO SYSTEMS INC                               | 2,474                     | 10,791                           |  |  |  |

| De                                   | Amount          |                       |                     |
|--------------------------------------|-----------------|-----------------------|---------------------|
| EIN:                                 | 43-1642451      |                       |                     |
| Name:                                | THE MOSKOW      | ITZ FAMILY FOUNDATION |                     |
| TY 2019 Other Decreases Sche         | edule           |                       |                     |
| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - |                       | DLN: 93491148001130 |

BASIS ADJUSTMENT

| efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93491148001130 |            |                |              |                                 |  |  |  |  |
|--|------------|----------------|--------------|---------------------------------|--|--|--|--|
| TY 2019 Other Professional Fees Schedule                                 |            |                |              |                                 |  |  |  |  |
|  |            |                |              |                                 |  |  |  |  |
| Name: THE MOSKOWITZ FAMILY FOUNDATION                                    |            |                |              |                                 |  |  |  |  |
|  | 43-1642451 |                | 115/112011   |                                 |  |  |  |  |
| EIN: 43-1042431  |            |                |              |                                 |  |  |  |  |
| Category   | Amount     | Net Investment | Adjusted Net | Disbursements<br>for Charitable |  |  |  |  |

| Category                | Amount | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements<br>for Charitable<br>Purposes |
|-------------------------|--------|--------------------------|------------------------|---|
| OTHER PROFESSIONAL FEES | 3,744  | 3,744                    |                        | 0   |

| efile GRAPHIC print - DO NOT PRO   | CESS As Filed Data | - | DL | N: 93491148001130 |  |  |  |
|--|--------------------|---|----|-------------------|--|--|--|
| TY 2019 Taxes Schedule   |                    |   |    |                   |  |  |  |
| Name: THE MOSKOWITZ FAMILY FOUNDATION  EIN: 43-1642451  Category Amount Net Investment Adjusted Net Disbursements Income Income for Charitable |                    |   |    |                   |  |  |  |
|  | Purposes           |   |    |                   |  |  |  |
| 2019 ESTIMATES   | 2,320              | 0 |    | 0                 |  |  |  |
| 2018 BALANCE DUE   | 235                | 0 |    | 0                 |  |  |  |

| efile GRAPHIC print - [   | OO NOT PROCESS  | As Filed Data -  |  |   |   | DLN: 93491148001130  |  |
|---|---|--|--|---|---|--|--|
| Schedule B  | Schedule of Contributors  |  |  |   | OMB No 1545-0047                                    |  |  |
| (Form 990, 990-EZ,<br>or 990-PF)<br>Department of the Treasury<br>Internal Revenue Service  |   |  | Form 990, 990-EZ, or 990-<br><u>//Form990</u> for the latest i   |   |   | 2019   |  |
| Name of the organization<br>THE MOSKOWITZ FAMILY  |   |  |  |   | Employer id   | entification number  |  |
|   |   |  |  |   | 43-1642451  |  |  |
| Organization type (che  | eck one)  |  |  |   |   |  |  |
| Filers of:  | Section:  |  |  |   |   |  |  |
| Form 990 or 990-EZ  | ☐ 501(c)(   | 501(c)( ) (enter number) organization  |  |   |   |  |  |
|   | ☐ 4947(a)(  | 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation |  |   |   |  |  |
|   | ☐ 527 political organization  |  |  |   |   |  |  |
| Form 990-PF   | <b>5</b> 01(c)(3)   | √ 501(c)(3) exempt private foundation  |  |   |   |  |  |
|   | 4947(a)(1) nonexempt charitable trust treated as a private foundation |  |  |   |   |  |  |
|   | 501(c)(3) taxable private foundation                                  |  |  |   |   |  |  |
|   |   |  | F that received, during t<br>mplete Parts I and II So  |   |   |  |  |
| Special Rules   |   |  |  |   |   |  |  |
| under sections 5<br>received from ai  | 509(a)(1) and 170(b)  | (1)(A)(vi), that chec<br>uring the year, total                                   | Form 990 or 990-EZ the<br>ked Schedule A (Form to<br>contributions of the greater<br>lete Parts I and II                                     | 990 or 990-EZ), Pa  | rt II, line 13,                                     | 16a, or 16b, and that  |  |
| during the year,  | total contributions o   | f more than \$1,000  | or (10) filing Form 990 o<br><i>exclusively</i> for religious<br>animals Complete Parts  | , charitable, scienti   |   |  |  |
| during the year,<br>If this box is che<br>purpose Don't o                                   | contributions exclusecked, enter here the complete any of the p       | ervely for religious, contributions contributions contributions contributions.   | or (10) filing Form 990 of<br>haritable, etc., purposes<br>that were received during<br>neral Rule applies to the<br>or more during the year | s, but no such cont<br>ng the year for an <i>e</i><br>is organization bed | ributions total<br>xclusively rel<br>ause it receiv | led more than \$1,000 igious, charitable, etc , ved nonexclusively |  |
| Caution: An organization 990-EZ, or 990-PF), but or on its Form 990PF, F 990-EZ, or 990-PF) | t it <b>must</b> answer "No   | on Part IV, line 2,  | of its Form 990, or ched   | ck the box on line H  | of its Form 9                                       | n 990,<br>990-EZ   |  |
| For Paperwork Reduction of for Form 990, 990-EZ, or 99                                      |   | ructions   | Cat No 30613X  | Schedul   | е В (Form 990,                                      | 990-EZ, or 990-PF) (2019)  |  |

Employer identification number 43-1642451

| HE MOSKOWITZ           | FAMILY FOUNDATION   | 43-1642451                 |  |
|------------------------|---|----------------------------|--|
| Part I<br>Contributors | Contributors (see instructions) Use duplicate copies of Part I if addition. | al space is needed         |  |
| (a)<br>No.             | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution  |
| 1                      | MARVIN & NEVA MOSKOWITZ  PO BOX 16150  ST LOUIS, MO 63105                   | \$ 3,850                   | <ul><li>✓ Person</li><li>☐ Payroll</li><li>☐ Noncash</li></ul>           |
| (a)<br>No.             | (b)<br>Name, address, and ZIP + 4   | (c) Total contributions    | (Complete Part II for noncash contributions )  (d)  Type of contribution |
| <b>NO.</b>             | MARVIN & NEVA MOSKOWITZ  PO BOX 16150  ST LOUIS, MO 63105                   | \$ 184,172                 | Person Payroll Noncash (Complete Part II for noncash contributions)      |
| (a)<br>No.             | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution  |
|                        |   |                            | Person Payroll Noncash (Complete Part II for noncash contributions)      |
| (a)<br><b>N</b> o.     | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution  |
| -                      |   |                            | Person Payroll Noncash (Complete Part II for noncash contributions)      |
| (a)<br>No.             | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution  |
| -                      |   |                            | Person Payroll Noncash (Complete Part II for noncash                     |
| (a)<br>No.             | (b) Name, address, and ZIP + 4  | (c) Total contributions    | (d) Type of contribution   |
|                        |   | \$                         | Person Payroll Noncash (Complete Part II for noncash contributions)      |

Name of organization **Employer identification** THE MOSKOWITZ FAMILY FOUNDATION number 43-1642451 Part II Noncash Property (see Instructions) Use duplicate copies of Part II if additional space is needed (a) (c) (b) (d) FMV (or estimate) No. from Description of noncash property given Date received Part I (See instructions) See Additional Data Table \$ (c) (a) (b) (d) FMV (or estimate) No. from Description of noncash property given Date received Part I (See instructions) (c) (a) (b) (d) No. from FMV (or estimate) Description of noncash property given Date received Part I (See instructions) \$ (a) (c) (b) (d) No. from FMV (or estimate) Description of noncash property given Date received Part I (See instructions)

(a)

No. from

Part I

(a)

No. from

Part I

(b)

Description of noncash property given

(b)

Description of noncash property given

\$

\$

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

(c)

FMV (or estimate)

(See instructions)

(c)

FMV (or estimate)

(See instructions)

(d)

Date received

(d)

Date received

| Schedule                  | B (Form 990, 990-EZ, or 990-PF) (2019)                     |  |  | Page 4  |  |
|---------------------------|--|--|--|---|--|
|                           | rganization<br>OWITZ FAMILY FOUNDATION                     |  |  | Employer identification number  |  |
| Part III                  | than \$1,000 for the year from any one con                 | ributor. Complete c<br>total of exclusively<br>instructions.) > \$ | ations described i<br>olumns (a) throug<br>religious, charital | in section 501(c)(7), (8), or (10) that total more th (e) and the following line entry. For ble, etc., contributions of \$1,000 or less for |  |
| (a)<br>No. from<br>Part I | (b) Purpose of gift  | (c) Us   | se of gift   | (d) Description of how gift is held   |  |
|                           | Transferee's name, address, and                            | ` '  | nsfer of gift<br>Relatio                                       | onship of transferor to transferee  |  |
| (a)<br>No. from<br>Part I | (b) Purpose of gift  | (c) Use of gift  |  | (d) Description of how gift is held   |  |
|                           | Transferee's name, address, and                            | onship of transferor to transferee                                 |  |   |  |
| (a)<br>No. from<br>Part I | (b) Purpose of gift  | (c) Use of gift  |  | (d) Description of how gift is held   |  |
|                           | (e) T Transferee's name, address, and ZIP 4                |  | Transfer of gift Relationship of transferor to transferee      |   |  |
| (a)<br>No. from<br>Part I | (b) Purpose of gift  | (c) Use of gift  |  | (d) Description of how gift is held   |  |
|                           | (e) Transfer of gift Transferee's name, address, and ZIP 4 |  |  | elationship of transferor to transferee   |  |
|                           |  |  |  | hedule B (Form 990, 990-EZ, or 990-PF) (2019  |  |

### **Additional Data**

#### Software ID:

**Software Version:** 

**EIN:** 43-1642451

Name: THE MOSKOWITZ FAMILY FOUNDATION

| Form 990 Schedule B, Part II - Noncash Property (see Instructions) Use duplicate copies of Part II if additional space is needed |  |  |                      |  |  |
|--|--|--|----------------------|--|--|
| (a)<br>No. from Part I   | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions) | (d)<br>Date received |  |  |
| <u>2</u>   | 30 SHS BOEING CO                             | <u>\$ 12,306</u>                               | 2019-02-05           |  |  |
| <u>2</u>   | 10 SHS ALPHABET INC                          | \$ 11,460                                      | 2019-02-05           |  |  |
| 2  | 200 SHS INTEL CORPORATION                    | \$ 10,002                                      | 2019-02-05           |  |  |
| <u>2</u>   | 200 SHS MICROSOFT CORPORATION                | \$ 21,444                                      | 2019-02-05           |  |  |
| 2  | 100 SHS APPLE INC                            | <u>\$ 20,901</u>                               | 2019-08-29           |  |  |
| 2  | 400 SHS QUALCOMM, INC                        | \$ 30,580                                      | 2019-08-29           |  |  |
| <u>2</u>   | 225 SHS CISCO SYSTEMS, INC                   | <u>\$ 9,864</u>                                | 2019-12-06           |  |  |
| <u>2</u>   | 175 SHS INTEL CORPORATION                    | <u> </u>                                       | 2019-12-06           |  |  |
| <u>2</u>   | 75 SHS JP MORGAN CHASE & CO                  | \$ 10,128                                      | 2019-12-06           |  |  |
| <u>2</u>   | 120 SHS QUALCOMM, INC                        | \$ 10,058                                      | 2019-12-06           |  |  |
| <u>.</u>   |  |  |                      |  |  |

Form 990 Schedule B, Part II - Noncash Property (see Instructions) Use duplicate copies of Part II if additional space is needed (a) (b) (d) FMV (or estimate) No. from Part I Description of noncash property given Date received (See instructions) 65 SHS MICROSOFT CORPORATION \$ 9,864 2019-12-06 200 SHS MICROSOFT CORPORATION \$ 27,624 2019-08-29