(x)

Return of Private Foundation
or Section 4947(a)(1) Trust Treated as Private Foundation
Do not enter social security numbers on this form as it may be made public.

294,9111400701 -1.

		nent of the Treasury Revenue Service	Do not enter so	cial security numbers on gov/Form990PFtor instra		nade public. formation.	pen to Public Inspection
Ī	For ca	lendar year 2019	or tax year beginning		, 2019, and end	ing	, 20
ا ا	Name o	f foundation	·	·		A Employer identif	ication number
_	JUN	E B. GELBAR	T FOUNDATION			65-	<u>-6390197</u>
I	Vumber	and street (or P.O. bo)	x number if mail is not delivered t	o street address)	Room/suit	te B Telephone numb	er (see instructions)
_	PO	BOX 1908				4(7-237-4500
(City or t	own, state or province,	, country, and ZIP or foreign post:	al code			(
)						C If exemption application pending, check here	ation is
λ.		ANDO, FL 32	802-1908				_
N	G Che	eck all that apply:	Initial return	Initial return	of a former public cha	rity D 1. Foreign organiza	tions, check here
			Final return	Amended ret	urn	2. Foreign organiza 85% test, check i	
-			Address change	Name change			
l	$\overline{}$		zation: X Section 501		() //	E If private foundation	status was terminated
			nonexempt charitable trust	Other taxable pri			o)(1)(A), check here . 🕨
l		market value o		unting method: X Ca	sh Accrual	F If the foundation is	in a 60-month termination
		l of year (from Pa	· · · · · · · · · · · · · · · · · · ·	ther (specify)		under section 507(t	o)(1)(B), check here .
T 1				column (d), must be on ca	ish basis.)		(d) Dishumon onto
707	Part		venue and Expenses (The in columns (b), (c), and (d)	(a) nevenue anu	(b) Net investment	(c) Adjusted net	(d) Disbursements for charitable
4		may not necessari	ily equal the amounts in	expenses per books	income	income	purposes (cash basis only)
┥ -	Τ.	column (a) (see in				,	(COST DOSTS OTHY)
=	1 2	Chook V if th	nts, etc., received (attach schedule) e foundation is not required to				1
JAN	١ ـ						
2	ا ا	_	nd temporary cash investments- erest from securities	97,459.	97,453.		STMT 1
12	5a			3,,1233	, , , , , ,		
2 2	Н Б	Net rental income or				1 6	ECEIVED
لا تو	6a	Not one or (loca) from	m cale of access not on line 10	118,421.		1.	TAFO (
6	E b	Gross sales price for assets on line 6a	all 1 200 750			16 nr	700
SEP 2.5 2020	7	Capital gain net inc	come (from Part IV, line 2) .		118,421.	0	1 0 1 2020 101
CQ	8	Net short-term capi	ital gain			1	(0)
	9	Income modification	ons			L 00	DEN UT
E	5 10a	Gross sales less returnand allowances					
ENTELOPE THANK OF TE	į b	Less. Cost of goods se					1
E	E C	•	s) (attach schedule)	7 505	252	_	CENT O
7 6	3 11 12		ch schedule)	7,595.	353. 216,227.		STMT 2
			through 11	223,475. 63,000.	NONE		63,000
9	13		cers, directors, trustees, etc	03,000.	NONE	NONE	
3	2 15		ployee benefits		NONE	NONE	
9	16a		schedule) STMT 3	6,000.	NONE		
ú	Ь		ttach schedule)STMT 4	2,500.	NONE		
	c	_	fees (attach schSaMAT. 5.	27,344.	13,668.		13,671.
Š	17	Interest					
	2 18	Taxes (attach sche	dule) (see instru ctions) . 6.	1,683.	1,683.		
-	19		h schedule) and depletion.				
į	20	Occupancy					
3	21		s, and meetings		NONE		
Č	22		cations	2 2 2 2	NONE	NONE	
	23		tach schedule) STMT. 7.	3,048.	48.		3,000.
•	24	-	d administrative expenses.	102 575	15 200	MANT	00 171
Š	14 15 16 a b c 17 18 19 20 1 22 3 24 25		gh 23	103,575. 250,000.	15,399.	NONE	
C	25 26	_	grants paid	<u>250,000.</u> <u>353,575.</u>	15,399.	NONE	250,000. 338,171.
-	27	Subtract line 26 from	oursements. Add lines 24 and 25	333,313.	10,377.	NONE	330,1/1.
	* ' a		orn line 12:	-130,100.]
	Ь		come (if negative, enter -0-)	250,100.	200,828.		
_	1		me (if negative, enter -0-)				j

JSA For Paperwork Reduction Act Notice, see instructions.

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Form **990-PF** (2019)

9

Pa	art II	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	End of	year
	•	amounts only. (See instructions.)	(a) Book Value	(b) Book Value	(c) Fair Market Value
T	1 .	Cash - non-interest-bearing		342.	
	2	Savings and temporary cash investments	110,306.	178,279.	<u> 178,279</u> .
	3	Accounts receivable >	<u> </u>		
		Less: allowance for doubtful accounts ▶			
	4	Pledges receivable		 	
		Less: allowance for doubtful accounts ▶			
	5	Grants receivable			
-	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule)			
		Less: allowance for doubtful accounts ▶ NONE			
ध	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
۲	10a	Investments - U.S. and state government obligations (attach schedule)			
İ		Investments - corporate stock (attach schedule)			
-	C	Investments - corporate bonds (attach schedule) . STMT .8.	685,000.		
-	11	Investments - land, buildings, and equipment: basis			
		Less: accumulated depreciation (attach schedule)			
- 1	12	Investments - mortgage loans			342.
- 1	13	Investments - other (attach schedule) STMT .9	3,907,811.	4,394,164.	4,885,759.
	14	Land, buildings, and equipment: basis			
- 1		Less: accumulated depreciation (attach schedule)			
1	15	Other assets (describe)			
- 1	16	Total assets (to be completed by all filers - see the			
		instructions. Also, see page 1, item I)	4,703,117.	4,572,785.	5,064,722.
	17	Accounts payable and accrued expenses			1
	18	Grants payable			1
Se	19	Deferred revenue			Ţ
Ξ	20	Loans from officers, directors, trustees, and other disqualified persons			
Liabilities	21	Mortgages and other notes payable (attach schedule)			
تَ	22	Other liabilities (describe >)			1
	23	Total liabilities (add lines 17 through 22)		NONE	
S		Foundations that follow FASB ASC 958, check here			
킬		and complete lines 24, 25, 29, and 30.			İ
ē	24	Net assets without donor restrictions			
8	25	Net assets with donor restrictions · · · · · · · · · · · · · · · · · · ·			<u>i</u>
Net Assets or Fund Balances		Foundations that do not follow FASB ASC 958, check here			
리		and complete lines 26 through 30.			
6	26	Capital stock, trust principal, or current funds	4,703,117.	4,572,785.	
2	27	Paid-in or capital surplus, or land, bldg., and equipment fund			
Se	28	Retained earnings, accumulated (ncome, endowment, or other funds			
۲	29	Total net assets or fund balances (see instructions)	4,703,117.	4,572,785.	<u> </u>
힐	30	Total liabilities and net assets/fund balances (see			1
		instructions)	4,703,117.	4,572,785.	
		Analysis of Changes in Net Assets or Fund Bala			
1		al net assets or fund balances at beginning of year - Part I		- 1	
		-of-year figure reported on prior year's return)			4,703,117.
		er amount from Part I, line 27a		2	-130,100.
3	Oth	er increases not included in line 2 (itemize) ▶		3	
		l lines 1, 2, and 3	. .		4,573,017.
5	Dec	reases not included in line 2 (itemize) > SEE STAT	TEMENT 10	5	232.
6	Tota	al net assets or fund balances at end of year (line 4 minus li	ne 5) - Part II, column (b)	, line 29 6	4,572,785.

101111000111 (2010)					1080 0
Part IV Capital Gain	s and Losses for Tax on Inve	estment Income			-
(a) List and de	escribe the kind(s) of property sold (for e	xample, real estate,	(b) How acquired	(c) Date acquired	(d) Date sold
2-story l	brick warehouse; or common stock, 200	shs. MLC Co.)	P - Purchase D - Donation	(mo., day, yr.)	(mo., day, yr.)
1a PUBLICLY TRADED	SECURITIES		D DOMUNGH		
b					
			_	-	
<u> </u>					
d				_	
_е	T	(a) Control other basis		#30: #	
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo ((e) plus (f) min	
a 1,300,759.		1,182,338.		-	118,421.
b	100				
С .					
		-			
			 		
Complete only for accets a	thowing gain in column (h) and owned b	withe foundation on 12/21/69			
Complete only for assets a		<u> </u>		Gains (Col. (h) ga	
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	COI.	(k), but not less t Losses (from co	
	as 01 12/31/65	Over col. (j), it ally			
					118,421.
b					
			ļ		
d					
0 0	lf ga	ain, also enter in Part I, line 7			
2 Capital gain net income	or (net capital loss)	oss), enter -0- in Part I, line 7	2		118,421.
3 Net short-term capital	gain or (loss) as defined in sections	1222(5) and (6):			
If gain, also enter in	Part I, line 8, column (c). See ins	tructions. If (loss), enter -0- in $oldsymbol{1}$			
-		•	3		
	Under Section 4940(e) for Red		ncome		
	c private foundations subject to the	section 4940/s) tay on not investe	nant inco	ma l	
If section 4940(d)(2) applies Was the foundation liable for	r the section 4942 tax on the distrib	outable amount of any year in the b	ase perio	d?]Yes <u>X</u> No
If "Yes," the foundation does	n't qualify under section 4940(e). De	o not complete this part.			
1 Enter the appropriate a	mount in each column for each yea	r; see the instructions before making	ng any en	tries.	
(a)	(b)	(c)		(d) Distribution ra	**-
Base period years Calendar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of noncharitable-use assets		(col. (b) divided by	col. (c))
2018	417,223.	4,866,762.			0.085729
2017	350,416.	4,887,103.		•	0.071702
2016	332,782	4,210,343.			0.079039
2015	345,941.	5,077,269.			0.068135
2014	351,325.	5,368,923.			0.065437
	331/323.	3,300,323.			0.005157
9 Takal at line 4 meter	(4)		2		0.370042
	(d)		-		0.3/0042
_	tio for the 5-year base period - divid		_		0.054000
the number of years th	e foundation has been in existence i	if less than 5 years	3		0.074008
4 Enter the net value of r	noncharitable-use assets for 2019 fr	om Part X, line 5	4	4,	<u>.746,379.</u>
5 Multiply line 4 by line 3	3		5		351,270.
				_	
6 Enter 10/ of not investo	nent income (1% of Part I, line 27b)		6		2,008.
6 Enter 1% of net investr	nent income (1/60) Falt I, lifte 2/D)				_,
9 Add 8=== F 3 6			7		353,278.
7 Add lines 5 and 6			 * -		333,210.
_					220 151
	utions from Part XII, line 4				338,171.
If line 8 is equal to or Part VI instructions.	greater than line 7, check the box	in Part VI, line 1b, and complete	τnat part	using a 1% tax	k rate. See the

Par	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - sec	instru	ctions)	
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1			1	
	Date of ruling or determination letter: (attach copy of letter if necessary - see instructions)				
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check		4,0	<u> 17.</u>	
	here and enter 1% of Part I, line 27b				
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of				
	Part I, line 12, col. (b)				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)			ONE	
3	Add lines 1 and 2		4,0		
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)			ONE	
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0		4,0	<u>17.</u>	
6	Credits/Payments:				
8	2019 estimated tax payments and 2018 overpayment credited to 2019 6a 2,056. Exempt foreign organizations - tax withheld at source				
Þ					
C					
_d	backap withholding choricously withhold		4,0		
7	Total credits and payments. Add lines 6a through 6d		7,0	- / .	
8	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed				
9 10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid				
11	Enter the amount of line 10 to be: Credited to 2020 estimated tax				
	VII-A Statements Regarding Activities				
_	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did in		Yes	No	
	participate or intervene in any political campaign?	1a		X	
ь	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the				
	instructions for the definition	1b		<u>X</u>	
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials		Ì		
	published or distributed by the foundation in connection with the activities.				
C	Did the foundation file Form 1120-POL for this year?	1c		<u>X</u>	
d	d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:				
	(1) On the foundation. ► \$ (2) On foundation managers. ► \$			ļ	
•	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed	1 1			
	on foundation managers. • \$	-			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		<u>X</u>	
_	If "Yes," attach a detailed description of the activities.				
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles	1 1			
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3 4a	+	X	
48	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4b			
_	If "Yes," has it filed a tax return on Form 990-T for this year?	5		X	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		- 		
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:				
•	By language in the governing instrument, or	1 1			
	 By state legislation that effectively amends the governing instrument so that no mandatory directions that 				
	conflict with the state law remain in the governing instrument?	6	X		
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7	Х		
8a	Enter the states to which the foundation reports or with which it is registered. See instructions.				
-	FL	_		}	
Ь	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General	<u> </u> .			
	(or designate) of each state as required by General Instruction G7If "No," attach explanation	8b	Х		
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			,	
	4942(j)(5) for calendar year 2019 or the tax year beginning in 2019? See the instructions for Part XIV. If "Yes,"				
	complete Part XIV	9		<u>X</u>	
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their				
	names and addresses	10		<u> </u>	

Part	t VII-A Statements Regarding Activities (continued)			
	•		Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions	11		l x
12				
	person had advisory privileges? If "Yes," attach statement. See instructions	12		X
13		13	Х	
	Website address ► N/A			
14	The books are in care of ▶ SUNTRUST BANK Telephone no. ▶ (407) 237	-450	0	
	Located at ▶ P.O. BOX 1908, ORLANDO, FL ZIP+4 ▶ 32802-			
15				T
	and enter the amount of tax-exempt interest received or accrued during the year			
16		,	Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of	:		
	the foreign country			
Part	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year, did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for			
	the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the			
	foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days.)			
ь	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in			
	Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		<u>X</u>
	Organizations relying on a current notice regarding disaster assistance, check here			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			
	were not corrected before the first day of the tax year beginning in 2019?	1c		X_
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private]
	operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			1
a	At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines			
	6d and 6e) for tax year(s) beginning before 2019?			
	If "Yes," list the years			
þ	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			1
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			
	all years listed, answer "No" and attach statement - see instructions.)	_2b		
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
	>			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
	at any time during the year?			}
þ	If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or			
	disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the			
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of			
	the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the			
_	foundation had excess business holdings in 2019.)	3b		v
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	_4a		<u> X</u>
Ь	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019?	4b	O DE	-

Part	VII-B Statements Regarding Activities	for Which Form 4	1720 May Be Req	<u>uired (continue</u>	ed)			
5a '	During the year, did the foundation pay or incur any am	ount to:			_		Yes	No
	(1) Carry on propaganda, or otherwise attempt to influe	nce legislation (section	n 4945(e))?	. Yes X	∐No			
	(2) Influence the outcome of any specific public el	ection (see section	4955); or to carry or	ո,	_			
	directly or indirectly, any voter registration drive?			. Yes X	∐No ∑		١ ,	
	(3) Provide a grant to an individual for travel, study, or	other similar purposes	7	. Yes X	∐ No	:	:	
	(4) Provide a grant to an organization other than a	charitable, etc., org	ganization described i	n	_			
	section 4945(d)(4)(A)? See instructions			. Yes X	∐ No │			
	(5) Provide for any purpose other than religious, of	haritable, scientific,	literary, or educationa	ıl	۱ ا			
	purposes, or for the prevention of cruelty to children	or animals?		. Yes X	∐ No │			
b	If any answer is "Yes" to 5a(1)-(5), did any of the				ed in			
	Regulations section 53.4945 or in a current notice rega	rding disaster assistar	ice? See instructions.		اــــا	5b		
	Organizations relying on a current notice regarding disa	ster assistance, check	here		. ▶∐			
C	If the answer is "Yes" to question 5a(4), does the	foundation claim	exemption from the t	ax	, l			
	because it maintained expenditure responsibility for the	grant?		Yes	_ No :			
	If "Yes," attach the statement required by Regulations so	ection 53.4945-5(d).						
6a	Did the foundation, during the year, receive any fu	nds, directly or indi	ectly, to pay premiur		-, i			
	on a personal benefit contract?			. Yes X	∐No ∫			
ь	Did the foundation, during the year, pay premiums, dire	ctly or indirectly, on a	personal benefit contra	act?		6b_		Х
	If "Yes" to 6b, file Form 8870.				ا ،			
7a	At any time during the tax year, was the foundation a pa	arty to a prohibited tax	shelter transaction?.	. Yes X	∐ No			
Ь	If "Yes," did the foundation receive any proceeds or have	•		on?	• • •	7b		
8	Is the foundation subject to the section 4960 tax on pay				.			
	remuneration or excess parachute payment(s) during th				No			
Part	Information About Officers, Directors	ors, Trustees, Fol	indation ivianager	s, nigniy Paid i	Employe	es,		
1	List all officers, directors, trustees, and foundation	on managers and t	heir compensation.	See instructions.				
			/-\ C		ľ			
•	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plar and deferred compense	ns 187		e accou	
		(b) Title, and average hours per week	(c) Compensation (if not paid,	(d) Contributions to employee benefit plar	ns 187			
norma	(a) Name and address	(b) Title, and average hours per week devoted to position TRUSTEE 1	(c) Compensation (if not paid,	(d) Contributions to employee benefit plar and deferred compensa	ns 187			
NORMA C/O_S	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plar and deferred compensa	ns (B)			ıs
NORMA C/O S MARC	(a) Name and address N LIPOFF UNTRUST BANK P.O. BOX 1908, ORLANDO, FL 32802	(b) Title, and average hours per week devoted to position TRUSTEE 1	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plar and deferred compensa -(ns (B)			ıs
NORMA C/O S MARC : C/O S RONI	(a) Name and address N LIPOFF UNTRUST BANK P.O. BOX 1908, ORLANDO, FL 32802 B SILVERMAN UNTRUST BANK P.O. BOX 1908, ORLANDO, FL 32802 IGEL	(b) Title, and average hours per week devoted to position TRUSTEE 1 TRUSTEE	(e) Compensation (if not paid, enter -0-) 29,000.	(d) Contributions to employee benefit plar and deferred compensa -(ns (9)			-0-
NORMA C/O S MARC : C/O S RONI	(a) Name and address N LIPOFF UNTRUST BANK P.O. BOX 1908, ORLANDO, FL 32802 B SILVERMAN UNTRUST BANK P.O. BOX 1908, ORLANDO, FL 32802	(b) Title, and average hours per week devoted to position TRUSTEE 1 TRUSTEE 1	(e) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plar and deferred compensa -(ns (9)			-0-
NORMA C/O S MARC : C/O S RONI	(a) Name and address N LIPOFF UNTRUST BANK P.O. BOX 1908, ORLANDO, FL 32802 B SILVERMAN UNTRUST BANK P.O. BOX 1908, ORLANDO, FL 32802 IGEL	(b) Title, and average hours per week devoted to position TRUSTEE 1 TRUSTEE 1 TRUSTEE 1 TRUSTEE	(e) Compensation (if not paid, enter -0-) 29,000.	(d) Contributions to employee benefit plar and deferred compensa -(0-			-0- -0-
NORMA C/O S MARC : C/O S RONI C/O S	(a) Name and address N LIPOFF UNTRUST BANK P.O. BOX 1908, ORLANDO, FL 32802 B SILVERMAN UNTRUST BANK P.O. BOX 1908, ORLANDO, FL 32802 IGEL UNTRUST BANK P.O. BOX 1908, ORLANDO, FL 32802	(b) Title, and average hours per week devoted to position TRUSTEE 1 TRUSTEE 1 TRUSTEE 1 TRUSTEE 1	(e) Compensation (if not paid, enter -0-) 29,000. 29,000.	(d) Contributions to employee benefit plar and deferred compensa	0 - 0 -	ther allo	owance	-0- -0-
NORMA C/O S MARC C/O S RONI C/O S	(a) Name and address N LIPOFF UNTRUST BANK P.O. BOX 1908, ORLANDO, FL 32802 B SILVERMAN UNTRUST BANK P.O. BOX 1908, ORLANDO, FL 32802 IGEL UNTRUST BANK P.O. BOX 1908, ORLANDO, FL 32802 Compensation of five highest-paid employees	(b) Title, and average hours per week devoted to position TRUSTEE 1 TRUSTEE 1 TRUSTEE 1 TRUSTEE 1	(e) Compensation (if not paid, enter -0-) 29,000. 29,000.	(d) Contributions to employee benefit plar and deferred compensa	0 - 0 -	ther allo	owance	-0- -0-
NORMA C/O S MARC C/O S RONI C/O S	(a) Name and address N LIPOFF UNTRUST BANK P.O. BOX 1908, ORLANDO, FL 32802 B SILVERMAN UNTRUST BANK P.O. BOX 1908, ORLANDO, FL 32802 IGEL UNTRUST BANK P.O. BOX 1908, ORLANDO, FL 32802 Compensation of five highest-paid employees "NONE."	(b) Title, and average hours per week devoted to position TRUSTEE 1 TRUSTEE 1 TRUSTEE 1 (other than those	(e) Compensation (if not paid, enter -0-) 29,000. 29,000. 5,000.	(d) Contributions to employee benefit plar and deferred compensa -(-(-(-(-(-(-(-(-(-(-(-(-(ns of or or or or or or or or or or or or or	If no	one,	-0- -0- -0-
NORMA C/O S MARC C/O S RONI C/O S	(a) Name and address N LIPOFF UNTRUST BANK P.O. BOX 1908, ORLANDO, FL 32802 B SILVERMAN UNTRUST BANK P.O. BOX 1908, ORLANDO, FL 32802 IGEL UNTRUST BANK P.O. BOX 1908, ORLANDO, FL 32802 Compensation of five highest-paid employees	(b) Title, and average hours per week devoted to position TRUSTEE 1 TRUSTEE 1 TRUSTEE 1 (other than those hours per week	(e) Compensation (if not paid, enter -0-) 29,000. 29,000.	(d) Contributions to employee benefit plan and deferred compensa — ((d) Contributionst employee benefit foliations and deferred compensa — (0- 0- 0- uctions).	If no	owance	-0- -0- -0-
NORMA C/O S MARC C/O S RONI C/O S	(a) Name and address N LIPOFF UNTRUST BANK P.O. BOX 1908, ORLANDO, FL 32802 B SILVERMAN UNTRUST BANK P.O. BOX 1908, ORLANDO, FL 32802 IGEL UNTRUST BANK P.O. BOX 1908, ORLANDO, FL 32802 Compensation of five highest-paid employees "NONE."	(b) Title, and average hours per week devoted to position TRUSTEE 1 TRUSTEE 1 TRUSTEE 1 (other than those	(e) Compensation (if not paid, enter -0-) 29,000. 29,000. 5,000.	(d) Contributions to employee benefit plar and deferred compensa -(-(-(-(-(-(-(-(-(-(-(-(-(0- 0- 0- uctions).	If no	one,	-0- -0- -0-
NORMA C/O S MARC C/O S RONI C/O S	(a) Name and address N LIPOFF UNTRUST BANK P.O. BOX 1908, ORLANDO, FL 32802 B SILVERMAN UNTRUST BANK P.O. BOX 1908, ORLANDO, FL 32802 IGEL UNTRUST BANK P.O. BOX 1908, ORLANDO, FL 32802 Compensation of five highest-paid employees "NONE."	(b) Title, and average hours per week devoted to position TRUSTEE 1 TRUSTEE 1 TRUSTEE 1 (other than those hours per week	(c) Compensation (if not paid, enter -0-) 29,000. 29,000. 5,000. (c) Compensation	(d) Contributions to employee benefit plan and deferred compensa -(-(-(-(-(-(-(-(-(-(-(-(-(0- 0- 0- uctions).	If no	one,	-0- -0- -0-
NORMA C/O S MARC C/O S RONI C/O S	(a) Name and address N LIPOFF UNTRUST BANK P.O. BOX 1908, ORLANDO, FL 32802 B SILVERMAN UNTRUST BANK P.O. BOX 1908, ORLANDO, FL 32802 IGEL UNTRUST BANK P.O. BOX 1908, ORLANDO, FL 32802 Compensation of five highest-paid employees "NONE."	(b) Title, and average hours per week devoted to position TRUSTEE 1 TRUSTEE 1 TRUSTEE 1 (other than those hours per week	(e) Compensation (if not paid, enter -0-) 29,000. 29,000. 5,000.	(d) Contributions to employee benefit plan and deferred compensa — ((d) Contributionst employee benefit foliations and deferred compensa — (0- 0- 0- uctions).	If no	one,	-0- -0- -0-
NORMA C/O S MARC C/O S RONI C/O S	(a) Name and address N LIPOFF UNTRUST BANK P.O. BOX 1908, ORLANDO, FL 32802 B SILVERMAN UNTRUST BANK P.O. BOX 1908, ORLANDO, FL 32802 IGEL UNTRUST BANK P.O. BOX 1908, ORLANDO, FL 32802 Compensation of five highest-paid employees "NONE."	(b) Title, and average hours per week devoted to position TRUSTEE 1 TRUSTEE 1 TRUSTEE 1 (other than those hours per week	(c) Compensation (if not paid, enter -0-) 29,000. 29,000. 5,000. (c) Compensation	(d) Contributions to employee benefit plan and deferred compensa -(-(-(-(-(-(-(-(-(-(-(-(-(0- 0- 0- uctions).	If no	one,	-0- -0- -0-
NORMA C/O S MARC C/O S RONI C/O S	(a) Name and address N LIPOFF UNTRUST BANK P.O. BOX 1908, ORLANDO, FL 32802 B SILVERMAN UNTRUST BANK P.O. BOX 1908, ORLANDO, FL 32802 IGEL UNTRUST BANK P.O. BOX 1908, ORLANDO, FL 32802 Compensation of five highest-paid employees "NONE."	(b) Title, and average hours per week devoted to position TRUSTEE 1 TRUSTEE 1 TRUSTEE 1 (other than those hours per week	(c) Compensation (if not paid, enter -0-) 29,000. 29,000. 5,000. (c) Compensation	(d) Contributions to employee benefit plan and deferred compensa -(-(-(-(-(-(-(-(-(-(-(-(-(0- 0- 0- uctions).	If no	one,	-0- -0- -0-
NORMA C/O S MARC C/O S RONI C/O S	(a) Name and address N LIPOFF UNTRUST BANK P.O. BOX 1908, ORLANDO, FL 32802 B SILVERMAN UNTRUST BANK P.O. BOX 1908, ORLANDO, FL 32802 IGEL UNTRUST BANK P.O. BOX 1908, ORLANDO, FL 32802 Compensation of five highest-paid employees "NONE."	(b) Title, and average hours per week devoted to position TRUSTEE 1 TRUSTEE 1 TRUSTEE 1 (other than those hours per week	(c) Compensation (if not paid, enter -0-) 29,000. 29,000. 5,000. (c) Compensation	(d) Contributions to employee benefit plan and deferred compensa -(-(-(-(-(-(-(-(-(-(-(-(-(0- 0- 0- uctions).	If no	one,	-0- -0- -0-
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NORMA C/O S MARC C/O S RONI C/O S	(a) Name and address N LIPOFF UNTRUST BANK P.O. BOX 1908, ORLANDO, FL 32802 B SILVERMAN UNTRUST BANK P.O. BOX 1908, ORLANDO, FL 32802 IGEL UNTRUST BANK P.O. BOX 1908, ORLANDO, FL 32802 Compensation of five highest-paid employees "NONE."	(b) Title, and average hours per week devoted to position TRUSTEE 1 TRUSTEE 1 TRUSTEE 1 (other than those hours per week	(c) Compensation (if not paid, enter -0-) 29,000. 29,000. 5,000. (c) Compensation	(d) Contributions to employee benefit plan and deferred compensa -(-(-(-(-(-(-(-(-(-(-(-(-(0- 0- 0- uctions).	If no	one,	-0- -0- -0-
NORMA C/O S MARC C/O S RONI C/O S	(a) Name and address N LIPOFF UNTRUST BANK P.O. BOX 1908, ORLANDO, FL 32802 B SILVERMAN UNTRUST BANK P.O. BOX 1908, ORLANDO, FL 32802 IGEL UNTRUST BANK P.O. BOX 1908, ORLANDO, FL 32802 Compensation of five highest-paid employees "NONE."	(b) Title, and average hours per week devoted to position TRUSTEE 1 TRUSTEE 1 TRUSTEE 1 (other than those hours per week	(c) Compensation (if not paid, enter -0-) 29,000. 29,000. 5,000. (c) Compensation	(d) Contributions to employee benefit plan and deferred compensa -(-(-(-(-(-(-(-(-(-(-(-(-(0- 0- 0- uctions).	If no	one,	-0- -0- -0-
NORMA C/O S MARC C/O S RONI C/O S	(a) Name and address N LIPOFF UNTRUST BANK P.O. BOX 1908, ORLANDO, FL 32802 B SILVERMAN UNTRUST BANK P.O. BOX 1908, ORLANDO, FL 32802 IGEL UNTRUST BANK P.O. BOX 1908, ORLANDO, FL 32802 Compensation of five highest-paid employees "NONE."	(b) Title, and average hours per week devoted to position TRUSTEE 1 TRUSTEE 1 TRUSTEE 1 (other than those hours per week	(c) Compensation (if not paid, enter -0-) 29,000. 29,000. 5,000. (c) Compensation	(d) Contributions to employee benefit plan and deferred compensa -(-(-(-(-(-(-(-(-(-(-(-(-(0- 0- 0- uctions).	If no	one,	-0- -0- -0-
NORMA C/O S MARC C/O S RONI C/O S (a)	(a) Name and address N LIPOFF UNTRUST BANK P.O. BOX 1908, ORLANDO, FL 32802 B SILVERMAN UNTRUST BANK P.O. BOX 1908, ORLANDO, FL 32802 IGEL UNTRUST BANK P.O. BOX 1908, ORLANDO, FL 32802 Compensation of five highest-paid employees "NONE."	(b) Title, and average hours per week devoted to position TRUSTEE 1 TRUSTEE 1 TRUSTEE 1 (other than those than those hours per week devoted to position	(c) Compensation (if not paid, enter -0-) 29,000. 29,000. 5,000. (c) Compensation	(d) Contributions to employee benefit plar and deferred compensa -(-(-(-(-(-(-(-(-(-(-(-(-(ns (e) (o) (e) d (e) of	If no	one,	-0- -0- -0-

_	-
Page	•

3 Five highest-paid independent contractors for professional services.	See instructions. If none, enter "NONE	11
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
MANTE		NONE
NONE		NONE
Total number of others receiving over \$50,000 for professional services		NONE
Part IX-A Summary of Direct Charitable Activities		210212
List the foundation's four largest direct charitable activities during the tax year. Include releving an organizations and other beneficiaries served, conferences convened, research papers produced,		Expenses
1 NONE		·
2		
3		
Part IX-B Summary of Program-Related Investments (see instru		
Describe the two largest program-related investments made by the foundation during the tax year		Amount
1 NONE		
2		<u> </u>
All other program-related investments. See instructions.		
3 NONE		
Total. Add lines 1 through 3		

Par	ΧÎ	Minimum Investment Return (All domestic foundations must complete this part. Fore see instructions.)	ign fou	indations,
1	Fair	market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purpo	oses:		
а	Avera	age monthly fair market value of securities	1a	4,693,951.
b	Avera	age of monthly cash balances	1b	124,708.
C	Fair r	narket value of all other assets (see instructions)	1c	NONE
d	Total	(add lines 1a, b, and c)	1d	4,818,659.
8	Rędu	ction claimed for blockage or other factors reported on lines 1a and	i	
	1c (a	ttach detailed explanation)		
2	Acqu	isition indebtedness applicable to line 1 assets	2	NONE
3	Subtr	ract line 2 from line 1d	3	4,818,659.
4	Cash	deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see		
	instru	uctions),	4	72,280.
5	Net v	ralue of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	4,746,379.
6	Minin	num investment return. Enter 5% of line 5	6	<u>23</u> 7,319.
Par	: XI	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating found and certain foreign organizations, check here ▶ and do not complete this part.)	dations	:
1	Minir	num investment return from Part X, line 6	1	237,319.
2a	Tax o	on investment income for 2019 from Part VI, line 5 2a 4,017.		•
b	Incon	ne tax for 2019. (This does not include the tax from Part VI.) 2b		
C		ines 2a and 2b	2c	4,017.
3	Distri	butable amount before adjustments. Subtract line 2c from line 1	3	233,302.
4		veries of amounts treated as qualifying distributions	4	NONE
5		lines 3 and 4	5	233,302.
6		ction from distributable amount (see instructions)	6	NONE
7		ibutable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
			7	233,302.
Par	XII	Qualifying Distributions (see instructions)		
1	Amo	unts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expe	nses, contributions, gifts, etc total from Part I, column (d), line 26	1a	338,171.
b	Progr	ram-related investments - total from Part IX-B	1b	
2	Amo	unts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purpo	oses	2	NONE
3	Amo	unts set aside for specific charitable projects that satisfy the:		
а	Suita	bility test (prior IRS approval required)	3a	NONE
b	Cash	distribution test (attach the required schedule)	3b	NONE
4		lying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	338,171.
5	Foun	dations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		
	Enter	1% of Part I, line 27b. See instructions	5	N/A
6		sted qualifying distributions. Subtract line 5 from line 4	6	338,171.
	Note	: The amount on line 6 will be used in Part V, column (b), in subsequent years when ca	lculatin	
		qualifies for the section 4940(e) reduction of tax in those years.		

Form 990-PF (2019)	atructional			Page 3
Part XIII Undistributed Income (see ins	(a)	(b)	(c)	(d)
1 Distributable amount for 2019 from Part X	I, Corpus	Years prior to 2018	2018	2019
line 7	•			233,302.
2 Undistributed income, if any, as of the end of 2015			NONT	
a Enter amount for 2018 only		NONE	NONE	
b Total for prior years: 20,20,20		NONE		
3 Excess distributions carryover, if any, to 2019				
a From 2014	<u>-</u>			
b From 2015 94, 974	·			
e From 2016	-			
d From 2017	늭 !			
f Total of lines 3a through e				
4 Qualifying distributions for 2019 from Part XI line 4: ▶ \$ 338,171.	' '			
			NONE	
a Applied to 2018, but not more than line 2a			HONE	
b Applied to undistributed income of prior year (Election required - see instructions)		NONE		
c Treated as distributions out of corpus (Election	n			
required - see instructions)	. NONE			
d Applied to 2019 distributable amount				233,302.
e Remaining amount distributed out of corpus.				
5 Excess distributions carryover applied to 2019 (If an amount appears in column (d), the sam amount must be shown in column (a).)	e NONTE			NONE
6 Enter the net total of each column a indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line	664,366.			
b Prior years' undistributed income. Subtrac	_{tt}			
line 4b from line 2b		NONE		
c Enter the amount of prior years' undistribute				
income for which a notice of deficiency ha been issued, or on which the section 4942(a				
tax has been previously assessed		NONE		
d Subtract line 6c from line 6b. Taxabl	e			
amount - see instructions		NONE		
e Undistributed income for 2018. Subtract lin 4a from line 2a. Taxable amount - se				
instructions			NONE	
f Undistributed income for 2019. Subtract line	s			
4d and 5 from line 1. This amount must b				
distributed in 2020	•			NONE
7 Amounts treated as distributions out of corpu	s			
to satisfy requirements imposed by section	n			
170(b)(1)(F) or 4942(g)(3) (Election may b	370377			
required - see instructions)	. NONE			
8 Excess distributions carryover from 2014 no applied on line 5 or line 7 (see instructions)				
9 Excess distributions carryover to 2020	.			
Subtract lines 7 and 8 from line 6a				
10 Analysis of line 9:				
a Excess from 2015 94,974				
b Excess from 2016 127,709	<u>. </u>			
c Excess from 2017	<u>.</u>]			
d Excess from 2018 135,993	<u>.</u>]			
e Excess from 2019 104,869				

Pa	rt XIV Private Ope	erating Foundations	(see instructions a	nd Part VII-A, questi	on 9)	NOT APPLICABL
1a	If the foundation has	received a ruling or d	etermination letter that	t it is a private oper	ating	
	foundation, and the ruling	is effective for 2019, en	ter the date of the ruling		▶	
Ь	Check box to indicate v	whether the foundation	is a private operating	foundation described in	n section 4942(j)	(3) or 4942(j)(5)
2a	Enter the lesser of the ad-	Tax year		Prior 3 years	,	(e) Total
	justed net income from Part	(a) 2019	(b) 2018	(c) 2017	(d) 2016	197 100
	I or the minimum investment return from Part X for each					
	year listed				/	
ь	85% of line 2a					
	Qualifying distributions from Part					
•	XII, line 4, for each year listed .					
d	Amounts included in line 2c not					
	used directly for active conduct					
	Oualifying distributions made					
ŭ	directly for active conduct of					
	exempt activities. Subtract line					
3	2d from line 2c					
	alternative test relied upon		,			
a	"Assets" alternative test - enter					
	(1) Value of all assets (2) Value of assets qualifying				-	
	under section					
_	4942(j)(3)(B)(i)					· · · · · ·
U	"Endowment" alternative test- enter 2/3 of minimum invest-					
	ment return shown in Part X,					
	line 6 for each year listed					
C	"Support" alternative test - enter:					
	(1) Total support other than gross investment income					
	(interest, dividends, rents,					
	payments on securities loans (section 512(a)(5))/					
	or royalties)					
	(2) Support from general public and 5 or more					
	exempt organizations as					
	provided in section 4942					
	(3) srgest amount of sup-					
	port from an exempt organization					
_	(4) Gross investment income -					
Pai				only if the founda	ation had \$5,000 o	r more in assets at
		uring the year - see				
1	Information Regarding	Foundation Manager	's:			
а	List any managers of					ed by the foundation
	before the close of any	tax year (but only if th	iey have contributed in	nore than \$5,000). (S	ee section 507(d)(2).)	
	NONE					
Ь	List any managers of	the foundation who	own 10% or more of	f the stock of a corp	oration (or an equally	large portion of the
	ownership of a partner	ship or other entity) of	which the foundation	has a 10% or greater	interest.	
	NONE					
2	Information Regarding	Contribution, Grant,	Gift, Loan, Scholarshi	p, etc., Programs:		
	Check here ▶ if t	he foundation only	makes contributions	to preselected char	itable organizations a	and does not accept
	unsolicited requests for					
	complete items 2a, b,	c, and d. See instructio	ns.		_	
а	The name, address, an	d telephone number o	r email address of the	person to whom appl	lications should be add	ressed:
	SEE STATEMENT					
b	The form in which app		mitted and information	n and materials they	should include:	
_	SEE ATTACHED ST					
	SEE ALIMCHED 5.	ENTERENT FOR DI	.H. 4			
	Any submission deadli	nes'				
U	•		יאוני ס			
	SEE ATTACHED ST	INTEREDIT FOR DI	NC Z			
	Any restrictions or li	mitations on sucre-	euch ac by googs	nhical areas sharite	able fields kinds of	institutions or other
a	factors:	imiations on awards,	, aucii as by geogra	ipinoai areas, Criafila	ipic licius, killus Ol	manianons, or other
			NE 1			
	SEE ATTACHED ST	<u>LATEMENT FOR LI</u>	NE Z			

3 Grants and Contributions Paid Dur	ing the Year or App	roved for	Future Payment	
Recipient	if recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	status of recipient	contribution	
a Paid during the year				
SEE ATTACHED				
	NONE	PC	GENERAL OPERATING	250,000.
			†	
		}		
Total	 	<u> </u>		250,000.
b Approved for future payment				
		ĺ		
		ĺ		
		<u> </u>	<u> </u>	
Total			▶ _3b_	İ

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated business income		Excluded by section 512, 513, or 514		(e)
1 Program service revenue:	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions.)
8			ļ		
b					
С					
d					
е					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
		- · · ·			
3 Interest on savings and temporary cash investments			14	97,459.	
4 Dividends and interest from securities 5 Net rental income or (loss) from real estate:					
b Not debt-financed property					·
6 Net rental income or (loss) from personal property			 		
7 Other investment income			18	118,421.	
8 Gain or (loss) from sales of assets other than inventory			1 -0	110,121.	
9 Net income or (loss) from special events · · ·			 		
10 Gross profit or (loss) from sales of inventory	-		 		
11 Other revenue: a b FEDERAL TAX REFUND			1	7,242.	
CLACC ACREON CHERT			14	257.	
			14	257. 96.	
d <u>SECURITIES LITIGAT</u>			14	90.	
8			 	202 475	
12 Subtotal. Add columns (b), (d), and (e)				223,475.	202 455
13 Total. Add line 12, columns (b), (d), and (e)			• • • • • •	13	223,475.
(See worksheet in line 13 instructions to verify calcu		. C. L	4 D		
Part XVI-B Relationship of Activities	to the A	ccomplishment of Ex	kempt Pur	poses	
Line No. Explain below how each activit	y for which	n income is reported in	n column (e	e) of Part XVI-A contribu	ited importantly to the
▼ accomplishment of the foundation	on's exemp	t purposes (other than l	by providing	funds for such purposes	s). (See instructions.)
					
					<u> </u>
					
					
					
		NOT APPLICABLE	E		
	<u> </u>				
					
				. —	
" ' •				·	
					
					

Part X	VII	Information Re Organizations	garding Tran	sfers to and	Transaction	s and I	Relationships Wi	th Nonchar	itable	Exe	mpt
1 Di	id the		y or indirectly (angage in any o	of the following	g with ar	ny other organizatio	n described		Yes	No
		•	•			-	on 527, relating				
		ations?			•		_				
	_	rs from the reporting	foundation to	a noncharitable	exempt organi	ization of	4		 	ł	
(1) Casi	1	. <i></i>						1a(1)		X
(2) Othe	er assets	<i></i> .						18(2)		X
ЬО	ther tr	ansactions:								i f	l
{1) Sale	s of assets to a none	charitable exem	pt organization					1b(1)		X
[2	2) Purc	chases of assets from	n a noncharitab	le exempt organ	nization				16(2)		X
(3) Ren	tal of facilities, equip	ment, or other	assets				· · · · · · ·	16(3)	<u></u>	_X_
		nbursement arrange						• • • • • •	1b(4)	<u> </u>	X
		ns or loan guarantee									X
											X
										لــــا	<u> X</u>
							Column (b) should				
							. If the foundation				
							of the goods, othe				
(a) Line	no. I	(b) Amount involved	(c) Name of n	oncharitable exempt	organization	(d) Des	scription of transfers, tran	sactions, and shar	ing arra	ngeme	nts
											
											
											
											
						 					
						 					
						 					
						!					
						:					
		· · · · · · · · · · · · · · · · · · ·									
			•	_							
d	escrib	ed in section 501(c)	(other than sec				re tax-exempt orga		Y	es 🔼	X No
<u>b lf</u>	"Yes,	complete the follow									
		(a) Name of organization	<u>n</u>	(b) Type	of organization		(e) Desc	ription of relations	ship		
											
											
						∤					
		·		· · · · · · · · · · · · · · · · · · ·							
	Under	penalties of periury, I decla	re that I have exami	ned this return, includ	ing accompanying s	chedules and	statements, and to the be	est of my knowledd	e and t	sellef, it	rs true.
۵.		and complete Occleration of									
Sign	 	The land]/Jan	1 8/2	1/20	Char	2 & Trustee	May the IRS			return
Here	Sign	ature of officer or trustee		Date		Title		See instruction			No.
	L	Orlea (Torres		10			15				
Paid		Print/Type preparer's na		Preparer's sign	\wedge		Date		אודי מרכי		
. g.d Prepa	TAF	JENNIFER AVE		1 Danis		relle	08/11/2020			8188	35
•	1		ANCH BANKI		-		Firm's	EIN ► 56-	0149	200	
Use C	ן אוחי		BOX 2907	- TRUST TA	X DEPT	004 00	.07	044 3	ດລຸລ	100	
		W1	LSON, NC		27	<u>894-29</u>	107 Phone			0-PF	(2019)
											• • •

- DIVIDENDS AND INTEREST FROM SECURITIES PART I FORM 990PF,

NET INVESTMENT INCOME	3,097. 10,621.	26,649. 18,591. 605.	553. 86. 2,882. 33,522.	97,453.
REVENUE AND EXPENSES PER BOOKS	3,097. 10,621. 6.	26,649. 18,591. 605.	553. 86. 2,882. 33,522. 847.	97,459.
DESCRIPTION	USGI REPORTED AS NONQUALIFIED DIVIDENDS FOREIGN DIVIDENDS NONDIVIDEND DISTRIBUTIONS	DOMESTIC DIVIDENDS OTHER INTEREST FOREIGN INTEREST	U.S. GOVERNMENT INTEREST (FEDERAL TAXABLE US GOVERNMENT INTEREST REPORTED AS QUALI NONQUALIFIED FOREIGN DIVIDENDS NONQUALIFIED DOMESTIC DIVIDENDS SECTION 199A DIVIDENDS	TOTAL

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NET INVESTMENT INCOME	257. 96. 353.
REVENUE AND EXPENSES PER BOOKS	7,242.257.96.
	TOTALS
DESCRIPTION	FEDERAL TAX REFUND CLASS ACTION SETTLEMENT SECURITIES LITIGATION

FEES	
LEGAL	
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PART	
990PF,	
FORM	## ## ## ## ## ## ## ## ## ## ## ## ##

CHARITABLE PURPOSES	6,000.
ADJUSTED NET INCOME	NONE
NET INVESTMENT INCOME	NONE
REVENUE AND EXPENSES PER BOOKS	6,000.
	TOTALS
DESCRIPTION	LEGAL FEES

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CHARITABLE PURPOSES	2,500.
ADJUSTED NET INCOME	NONE
NET INVESTMENT INCOME	NONE
REVENUE AND EXPENSES PER BOOKS	2,500.
DESCRIPTION	TAX PREPARATION FEE (NON-ALLOC

FEES	
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PROFES	
OTHER	======
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FORM	

CHARITABLE PURPOSES	13,973. -302. -13,671.
NET INVESTMENT INCOME	13,973. -305. 13,668.
REVENUE AND EXPENSES PER BOOKS	27,947. -603. 27,344.
DESCRIPTION	SUNTRUST FEES OVERPAYMENT P/E 4/30/19 TOTALS

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STATEMENT

TAXES
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PART
990PF,
FORM

NET INVESTMENT INCOME	1 1 1 1 1	1,294.	389.		1,683.	
REVENUE AND EXPENSES PER BOOKS	! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! !	1,294.	389.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1,683.	
DESCRIPTION	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	FOREIGN TAXES	EIGN TAXES ON NONQUALIFIED		TOTALS	
DES	!	FOR	FOR			

- OTHER EXPENSES

FORM 990PF, PART I

3,000.

48.

NET INVESTMENT INCOME

REVENUE

3,000.

AND EXPENSES PER BOOKS	3,000.	3,048.		
	& MAINTENANCE	TOTALS =		HMH989 X71G 08/11/2020 10:38:57
DESCRIPTION	WEB HOSTING & MAIN ADMIN FEE			HMH989 X71G

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65-6390197

CORPORATE BONDS PART II FORM 990PF,

DESCRIPTION

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STATE STATE

TOTALS

INVESTMENTS
OTHER
1
II
PART
990PF,

======================================	COST/ FMV CORF	ENDING BOOK VALUE	ENDING , FMV
58620103 DOUBLELINE TOT 7956H484 T ROWE PRICE E	បប	2,48 0,27	31,62
7283A102 T RWE PR OM US S/ 64287630 ISHARES TR RUSSEL	บบ	107,879. 124,190.	129,865. 135,395.
45775L408 T ROWE PRICE INSTL L 464286632 ISHARES INC MSCI ISR	บบเ	9,95 8,52	32,03 53,62
33203371 9257V201	ບ ບ ເ	115,467.	118,231.
7/902698 EATON VANCE ATLANT 22040100 VANGUARD INSTL IND	ט ט נ	, 79	5,28
6924G870 BLUES	ນບ	22, 22,	32,2 32,2
0770	บบ	1,43	2,13
57663503 WESTERN ASSET COR	יטו	 	1
89509207 MERGER FU 6513XU24 STATE OF	ບ ບ	117,650. 155,000.	120,500. 155,000.
6514AJG5 STATE	Ü	00,00	00,00
7790 6513	ບບ	05,3 80,0	, 000 800,
6513BF52 STATE OF	บ	50,00	50,00
21910501 VANGUARD	ָּט	89,08	16,79
6513 6513	υt	0,0	00,00
21937504 VANGUARD	ນ ບ	65,48	63,26
57663669 WESTERN A	บ	276,770.	283,39
H	TOTALS	4,394,164.	4,885,759.

.

FORM 990PF, PART III - OTHER DECREASES IN NET WORTH OR FUND BALANCES _______

AMOUNT DESCRIPTION

ROUNDING 2. MUTUAL FUND TIMNIG DIFFERENCE 230.

TOTAL 232. ========== JUNE B. GELBART FOUNDATION
FORM 990PF, PART XV - LINES 2a - 2d

RECIPIENT NAME:

NORMAN LIPOFF, ESQ. GREENBERG TRAURIG

ADDRESS:

333 SOUTHEAST 2ND AVE. SUITE 4400

MIAMI, FL 33131

RECIPIENT'S PHONE NUMBER: 305-579-0500

FORM, INFORMATION AND MATERIALS:

SEE ://gelbartfoundation.org/apply/

SUBMISSION DEADLINES:

DECEMBER 31 OF THE YEAR PRIOR TO THE YEAR OF THE GRANT

RESTRICTIONS OR LIMITATIONS ON AWARDS:

PROGRAMS FOR NEEDY CHILDREN IN ISRAEL. PROGRAMS FOR JEWISH CHILDREN AN

ELDERLY IN THE U.S. FOR MORE INFORMATION

VISIT ://gelbartfoundation.org/guidelines/