OMB No 1545-0047

Department of the Treasury

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.

Inter	nali	Revenue Service Go to www irs	gov/Form990PF					on O	en to Public Inspectio	
For	ca	lendar year 2019 or tax year beginning		09	9/12 <b>, 2019</b> ,	and endi	ng		12/31 <b>, 20</b> 19	
Nam	e of	foundation		_			A	Employer identifi	cation number	
$\mathbf{T}^{1}$	ΗE	WINKLER LOWY FOUNDATION						84-306936	0	
Num	ber	and street (or P O box number if mail is not delivered	street address)			Room/suite	В	B Telephone number (see instructi		
F	OU	NDATION SOURCE 501 SILVERSIDE	RD					(800) 83	9-1754	
City	or to	own, state or province, country, and ZIP or foreign post	l code							
							C	If exemption application pending, check here	ation is	
W.	ΙL	MINGTON, DE 19809-1377						pending, check here		
GC	he	ck all that apply X Initial return	Initia	return	of a former p	ublic char	ıty n	1 Foreign organiza	tions check here	
		Final return	$\vdash$	nded re	-		, I	2 Foreign organiza		
		Address change	<b>⊢</b>	e chang			,	85% test, check h	nere and attach	
нС	he	ck type of organization X Section 501		<u>_</u>		Ť.	$\mathbf{\Lambda}$	,		
	٦.	ection 4947(a)(1) nonexempt charitable trust			ivate foundat	ion U	\		n status was terminated	
J			unting method			rual		·		
			ther (specify)		2311				in a 60-month termination (1)(B), check here	
		· · · · · · · · · · · · · · · · · · ·	column (d), mus		ash hasis )		-	2	X - X - X - X - X - X - X - X - X - X -	
		Analysis of Revenue and Expenses (The	` '					-	(d) Disbursements	
4		total of amounts in columns (b), (c), and (d)	(a) Revenue expenses		(b) Net inve		(c)	Adjusted net	for charitable purposes	
		may not necessarily equal the amounts in column (a) (see instructions))	books	r <del>-</del>	incom	ie		income	(cash basis only)	
Т.	1	Contributions, qifts, grants, etc., received (attach achedule).	1,560	,000.		,:		k		
	2	Check if the foundation is not required to			th ,t		,	**		
		attach Sch B	• •	39.		39.		-		
	3	Interest on savings and temporary cash investments.								
	4	Dividends and interest from securities								
		Gross rents				+				
		Net rental income or (loss)								
Ĭ,	ба b	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all								
<u>/e</u>	_	assets on line 6a				0.				
Revenue	7	Capital gain net income (from Part IV, line 2).				- 0.				
- 1	В	Net short-term capital gain								
	9 1 a	Income modifications								
-   ' '		and allowances								
		Less Cost of goods sold .								
1	С	Gross profit or (loss) (attach schedule)								
11		Other income (attach schedule)	1,560	030		39.				
12		Total. Add lines 1 through 11	1,300	0.000.		<del></del>				
ဖ <sup>1:</sup>		Compensation of officers, directors, trustees, etc							_	
Ses		Other employee salaries and wages			<u> </u>				<del></del>	
딝		Pension plans, employee benefits			ļ. <del></del>	-		<u> </u>	·-	
滿16	3 a	Legal fees (attach schedule)				+				
او	b	Accounting fees (attach schedule)								
Ę	С	Ofter professionallies (altach schedule)			-				-	
<u>E</u> 17		Interest						<del></del>		
Administrative Expension	3	Taxes (attach schedule) (see instructions)							-	
힐	9	Depreciation (attach schedule) and depletion.							1	
<b>P</b> 20	)	Occupancy						<u> </u>		
<u> </u> 2'		Travel, conferences, and meetings								
pue 22		Printing and publications $\dots$								
[22	3	Other expenses (attach schedule)					-			
Operating 52	1	Total operating and administrative expenses		^						
je		Add lines 13 through 23		0.						
Ö 25	5	Contributions, gifts, grants paid			ļ					
26		Total expenses and disbursements Add lines 24 and 25		0.						
27	7	Subtract line 26 from line 12				.:	40.			
	а	Excess of revenue over expenses and disbursements	1,560	,039.		7 % 1	- r	to the first		
	b	Net investment income (if negative, enter -0-)				39.				
_	С	Adjusted net income (if negative, enter -0-)								
For		perwork Reduction Act Notice, see instructions							Form <b>990-PF</b> (201	

JSA For Paperwork Reduction Act Notice, see instructions. 9E1410 1 000

SCANNED JAN 1 0 2022

20

Part I		Balance Sheets Attached schedules and amounts in the description column should be for end-of-year		Beginning of year	Er	nd of year	
_			amounts only (See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value	
	1	Cash - non-interest-beari	ng				
	2	Savings and temporary	cash investments		1,560,03		
ļ	3			FARTON TOTAL	D. William & F. Alk	tra in the first of the training	
			btful accounts ▶				
	4	Pledges receivable ▶					
		Less allowance for doub	btful accounts ▶				
	5		· · · · · · · · · · · · · · · · · · ·				
	6	Receivables due from	officers, directors, trustees, and other				
		disqualified persons (att	tach schedule) (see instructions)				
	7	Other notes and loans r	eceivable (attach schedule)	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	The first of the second	1 + 15 + 5 T + 6 + 40 12	
			btful accounts >				
ş	8		e			-	
Assets			eferred charges				
As		·	e government obligations (attach schedule).				
			stock (attach schedule)				
		•	bonds (attach schedule)				
	11	Investments - land, buildings and equipment basis Less accumulated deprecia (attach schedule)	S. <b>&gt;</b>				
	12		loans				
	13	Investments - other (atta	ach schedule)				
	14	Land, buildings, and equipment basis Less accumulated deprecia	tion •			. 9*	
	15	(attach schedule) Other assets (describe	)				
			completed by all filers - see the				
			age 1, item I)		1,560,03	9. 1,560,039.	
T			ccrued expenses				
		• •					
ű		· -					
ij			rs, trustees, and other disqualified persons.				
Liabilities		·	tes payable (attach schedule)				
흔							
		Other habilities (describe	,				
	23	Total liabilities (add line	s 17 through 22)	0.		o .	
7			v FASB ASC 958, check here				
ĕ		and complete lines 24,					
alances		•	or restrictions				
Ba			estrictions · · · · · · · · · · · · · · · · · · ·				
			ollow FASB ASC 958, check here				
틧		and complete lines 26 thro					
or Fund		•	cipal, or current funds				
		•	land, bldg , and equipment fund	l.			
- 20.1			ulated income, endowment, or other funds		1,560,03	9.	
Ş		•	balances (see instructions)	0.	1,560,03		
7			net assets/fund balances (see		· · · · · ·		
ž				0.	1,560,03	9.	
P			nges in Net Assets or Fund Bala				
			alances at beginning of year - Part		must agree with		
'			d on prior year's return)			0	
2			line 27a			1,560,039.	
			led in line 2 (itemize) ▶			3	
						1,560,039.	
		reases not included in	line 2 (itemize)			5	
				lino 5) Dort II column /		1 560 030	
0	ıota	i net assets or tund b	alances at end of year (line 4 minus	ine 5) - Part II, column (	u), iii le 29   (	1,560,039.	

Ра 	(a) List and de	scribe the kind(s) of property sold (for rick warehouse, or common stock, 200	example, real estate,	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
1 a	1					
t	)		_	ļ		
	*					
					_	
<u> </u>	<u>;                                    </u>		(-) Cook or other house	<del>  .</del>		
	(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) minu	
a		-				
<u> </u>					<del></del>	
c						<del></del>
e						
		howing gain in column (h) and owned	by the foundation on 12/31/69	<i>(</i> )	Gains (Col (h) ga	an minus
	(ı) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any		(k), but not less the Losses (from col	nan -0-) <b>or</b>
a					-	
b						
d	l					
е		<u>.                                  </u>		ļ		
2	Capital gain net income		ain, also enter in Part I, line 7 loss), enter -0- in Part I, line 7	2		
3	Net short-term capital g	ain or (loss) as defined in sections	s 1222(5) and (6)			
	If gain, also enter in P	art I, line 8, column (c) See ins	structions $$ if (loss), $$ enter -0- $$ in $$			
			duced Tax on Net Investment I	3		· · · · · · · · · · · · · · · · · · ·
<i>N</i> as		the section 4942 tax on the distrit	r AVAILABLE FOR INITIAL butable amount of any year in the b			Yes No
1		n't qualify under section 4940(e) I	ear, see the instructions before make	ing any en	trios	
<u> </u>	(a)	(b)	(c)	Ing any en	(d)	<del> </del>
Cal	Base period years endar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of nonchantable-use assets		Distribution ra (col (b) divided by	
	2018		-		( (-)	
	2017					
	2016					
	2015					
	2014					
2	Tetal of line 1 column (	۹)		2		
2			de the total on line 2 by 5 0, or by	-		
3	•	·	If less than 5 years	3		<del></del>
4	Enter the net value of no	oncharitable-use assets for 2019	from Part X, line 5	4		
5	Multiply line 4 by line 3.			5		_
6	Enter 1% of net investm	ent income (1% of Part I, line 27b)		6		<u> </u>
7	Add lines 5 and 6			7	<del>-</del>	<u> </u>
8	Enter qualifying distribut If line 8 is equal to or generated VI instructions	tions from Part XII, line 4	c in Part VI, line 1b, and complete	8 that part	using a 1% tax	rate See th

Pai	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	nstru	ction	s)	
`1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1				
	Date of ruling or determination letter (attach copy of letter if necessary - see instructions)			۱ -	
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check			<u> 1.</u>	
	here  and enter 1% of Part I, line 27b			;	
С	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-)				
3	Add lines 1 and 2			1.	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)			0.	
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0			1.	
6	Credits/Payments			,	
а	2019 estimated tax payments and 2018 overpayment credited to 2019 6a			ŕ	
b	Exempt foreign organizations - tax withheld at source			•	
С	Tax paid with application for extension of time to file (Form 8868) 6c				
d	Backup withholding erroneously withheld			Ţ	
7	Total credits and payments Add lines 6a through 6d			0.	
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8				
9	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed			<u>1.</u>	
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 ▶ Refunded ▶ 11				
	t VII-A Statements Regarding Activities				
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	L	Yes	No	
	participate or intervene in any political campaign?	1a		X	
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the				
	instructions for the definition	1b		X	
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials				
	published or distributed by the foundation in connection with the activities				
	Did the foundation file Form 1120-POL for this year?	1c		<u> </u>	
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 ▶ \$				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed				
	on foundation managers   \$			.,	
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X	
	If "Yes," attach a detailed description of the activities				
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles	ł		.,	
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X	
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X	
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b			
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		<u>X</u>	
	If "Yes," attach the statement required by General Instruction T				
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			•	
	By language in the governing instrument, or				
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that		v		
	conflict with the state law remain in the governing instrument?	6	X	<del></del>	
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	X		
8a	Enter the states to which the foundation reports or with which it is registered. See instructions.				
	DE,				
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General		v	i	
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	X		
9	is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			1	
	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		X	_
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their		v		
	names and addresses . ATCH . 1	10	Χ		

Pai	VII-A Statements Regarding Activities (continued)			
•			Yes	No
11	t any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	reaning of section 512(b)(13)? If "Yes," attach schedule See instructions			X
12	id the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			
	erson had advisory privileges? If "Yes," attach statement See instructions			X
13	id the foundation comply with the public inspection requirements for its annual returns and exemption application?		X	<u> </u>
	/ehsite address N/A			
14	he books are in care of ▶ FOUNDATION SOURCE Telephone no ▶ 800-839	-175	4	
	ocated at ▶501 SILVERSIDE ROAD, SUITE 123 WILMINGTON, DE ZIP+4 ▶ 19809-1	377		
15	ection 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here			• <u> </u>
	nd enter the amount of tax-exempt interest received or accrued during the year			
16	t any time during calendar year 2019, did the foundation have an interest in or a signature or other authorit	у	Yes	
	ver a bank, securities, or other financial account in a foreign country?		<u> </u>	X
	ee the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of	f		1
_	e foreign country >			Г
Pai	VII-B Statements Regarding Activities for Which Form 4720 May Be Required		157	
	ile Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	-	Yes	No
1a	uring the year, did the foundation (either directly or indirectly)		1	
	1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No		1	,
	2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			İ
	disquamed person.		1	
	y units in goods, services, or racingles to (or accept them from) a disqualified persons.	1		
	ry ray compensation to, or pay or reimbarse the expenses of, a disqualities person		1	İ
	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)?			
	the benefit of use of a disqualified personly			
	6) Agree to pay money or property to a government official? (Exception, Check "No" if the		1	
	foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days)		1	ŀ
	any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in			
U	egulations section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions	.   1ь	1	ļ
	rganizations relying on a current notice regarding disaster assistance, check here		1	
c	id the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that		}	
·	ere not corrected before the first day of the tax year beginning in 2019?			X
2	axes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
	perating foundation defined in section 4942(j)(3) or 4942(j)(5))		1	
а	t the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines			
	d and 6e) for tax year(s) beginning before 2019?			
	"Yes," list the years			
b	re there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2)			
	elating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to		-	
	I years listed, answer "No" and attach statement - see instructions )	. <u>  2b</u>		<u> </u>
С	the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
	·			
3a	id the foundation hold more than a 2% direct or indirect interest in any business enterprise			
b	"Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or			
	squalified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the			
	ommissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of			'
	e 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the			
4	oundation had excess business holdings in 2019)	4a	1	X
	id the foundation invest during the year any amount in a mainter that would jeopardize its charitable purposes Id the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	1.0	+-	T
U	naritable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019?	4b		Х

Pa	rt VII-B State	ments Regarding Activities	for Which Form	4720 May Be Req	uired (continu	ied)			
`5a	During the year, di	d the foundation pay or incur any am	ount to			_		Yes	No
	(1) Carry on propa	aganda, or otherwise attempt to influ	ence legislation (section	n 4945(e)) <sup>?</sup>	Yes	X No			i
	(2) Influence the outcome of any specific public election (see section 4955), or to carry on,								
	directly or indirectly, any voter registration drive?								
	(3) Provide a gran	t to an individual for travel, study, or	other similar purposes?	·	Yes	X No			
	(4) Provide a grai	nt to an organization other than a	charitable, etc., org	anization described in					
	section 4945(c	I)(4)(A)? See instructions			Yes _	X No			)
		ny purpose other than religious, c				_		ł	
	purposes, or fo	or the prevention of cruelty to children	or animals?		Yes	X No	l		
b	If any answer is	"Yes" to 5a(1)-(5), did any of the	transactions fail to	qualify under the ex	ceptions describ	bed in			
	Regulations section		5b_						
	Organizations relyi	ng on a current notice regarding disa	ister assistance, check	here		. ▶∐		i	ļ
С	If the answer is	"Yes" to question 5a(4), does the	foundation claim ex	xemption from the ta	x — –	_	l		
	because it maintair	ned expenditure responsibility for the	grant?		Yes	No			i
	· ·	statement required by Regulations s	, ,					i	
6a	Did the foundation	n, during the year, receive any fu	nds, directly or indire	ectly, to pay premium	ns				
		fit contract?				X No	ł	-	~ '
b	Did the foundation	, during the year, pay premiums, dir	ectly or indirectly, on a	personal benefit contra	ct <sup>9</sup>	• • • •	6b		X
	If "Yes" to 6b, file F				П., Г	ज I			,
7a		the tax year, was the foundation a p				X No		-	
b		undation receive any proceeds or ha	•		on/	• • • •	7b	$\longrightarrow$	
8		ubject to the section 4960 tax on pa			Yes	X No	ŀ		
Do		cess parachute payment(s) during the ation About Officers, Director					es.		
	and Co	ontractors					,		
_1_	List all officers, o	directors, trustees, and foundate	ion managers and	(c) Compensation.	See instruction (d) Contributions	4- I			
	(a) N	lame and address	hours per week devoted to position	(If not paid, enter -0-)	employee benefit pl and deferred compen	ans (e)	Expense ther allo		
			devotes to position		<u> </u>				
ATC	H 2			0.		0.			0.
				_					
2	Compensation o "NONE."	f five highest-paid employees	(other than thos	e included on line			If no	ne, e	enter
/=1	Name and address of	each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions employee bene	fit (e)l	Expense		
(4)	Name and address of	each employee paid more than \$50,000	devoted to position	(c) Compensation	plans and defem compensation		her allo	wance	S
				_					
	NONE								
			1			į			
		·	<u> </u>						
Tota	number of other	employees paid over \$50,000	<u> </u>	· · · · · · · · · · · · · · · · · · ·		<b>&gt;</b>	n 990	<u> </u>	

Par	t VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employ	ees,
	and Contractors (continued)	
	Five highest-paid independent contractors for professional services. See instructions. If none, enter "NONE	
<u> </u>	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NON	<u> </u>	0.
		<del>-</del>
	number of others receiving over \$50,000 for professional services	
	t IX-A Summary of Direct Charitable Activities	
Lis	t the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of janizations and other beneficianes served, conferences convened, research papers produced, etc.	Expenses
1	N/A	
_		
2 _		
_		
_		
3 _		
_		
		<u> </u>
<b>~</b> -		
-		
Par	IX-B Summary of Program-Related Investments (see instructions)	
	scribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1_	NONE	
_		
_		
2 _		
-		
—AI	other program-related investments. See instructions	<del>_</del>
3 _		
_	NONE	
Tota	. Add lines 1 through 3	

Pai	t X	Minimum Investment Return (All domestic foundations must complete this part. Fore see instructions.)	ıgn foı	undations,
1		market value of assets not used (or held for use) directly in carrying out charitable, etc.,		· · · · · · · · · · · · · · · · · · ·
		oses	-	
		age monthly fair market value of securities	1a	195,005.
		age of monthly cash balances	1b	193,003.
		market value of all other assets (see instructions)	1c	195,005.
d	Tota	I (add lines 1a, b, and c)	1d	193,003.
е		action claimed for blockage or other factors reported on lines 1a and		
		attach detailed explanation)	_	
2		uisition indebtedness applicable to line 1 assets	2	105 005
3		ract line 2 from line 1d	3	195,005.
4		n deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see		0.005
		uctions),	4	2,925.
5		value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	192,080.
6	Mini	mum investment return. Enter 5% of line 5	6	2,921.
Par	t XI	<b>Distributable Amount</b> (see instructions) (Section 4942(j)(3) and (j)(5) private operating four and certain foreign organizations, check here ▶ and do not complete this part)	ndation	S
1	Minir	num investment return from Part X, line 6	1	2,921.
2 a		on investment income for 2019 from Part VI, line 5		<u> </u>
b	Incor	me tax for 2019 (This does not include the tax from Part VI). 2b		
		lines 2a and 2b	2c	1.
3		butable amount before adjustments Subtract line 2c from line 1	3	2,920.
4		overies of amounts treated as qualifying distributions	4	
5		lines 3 and 4	5	2,920.
6		uction from distributable amount (see instructions)	6	
7		ributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
-		1	7	2,920.
Par		Qualifying Distributions (see instructions)	· · · ·	
1	Λmo	unts paid (including administrative expenses) to accomplish charitable, etc., purposes	Γ Τ	<del></del>
-		enses, contributions, gifts, etc total from Part I, column (d), line 26	1a	
	-	ram-related investments - total from Part IX-B	1b	
	_	unts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.	16	
2				
		oses	2	
3		unts set aside for specific charitable projects that satisfy the		
		ability test (prior IRS approval required)	3a	
		n distribution test (attach the required schedule)	3b	
4		fying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	
5		ndations that qualify under section 4940(e) for the reduced rate of tax on net investment income	_	^
_		r 1% of Part I, line 27b See instructions.	5	0.
6		sted qualifying distributions. Subtract line 5 from line 4	6	0.
	Note	:: The amount on line 6 will be used in Part V, column (b), in subsequent years when ca	lculatir	ng whether the foundation
		qualifies for the section 4940(e) reduction of tax in those years		

Part XIII Undistributed Income (see ins	tructions)		<del>, </del>	<del></del>
	(a)	(b)	(c)	(d)
1 Distributable amount for 2019 from Part XI	Corpus	Years prior to 2018	2018	2019
line 7				2,920.
2 Undistributed income, if any, as of the end of 2019				'
a Enter amount for 2018 only				
<b>b</b> Total for pnor years 20 17 ,20 16 ,20 15				
3 Excess distributions carryover, if any, to 2019				
a From 2014				
<b>b</b> From 2015				-
c From 2016				
d From 2017				
e From 2018				
f Total of lines 3a through e		1	, , ,	- :
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)			<u> </u>	
c Treated as distributions out of corpus (Election required - see instructions)			- •	
d Applied to 2019 distributable amount				
e Remaining amount distributed out of corpus				•
5 Excess distributions carryover applied to 2019 (If an amount appears in column (d), the same amount must be shown in column (a) )	;			
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	.			
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	1			
amount - see instructions e Undistributed income for 2018 Subtract line			<del> </del>	+
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				2,920.
distributed in 2020				2,320.
7 Amounts treated as distributions out of corpus				
to satisfy requirements imposed by section	1			
170(b)(1)(F) or 4942(g)(3) (Election may be				
required - see instructions)				
8 Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions)	1			
9 Excess distributions carryover to 2020.				
Subtract lines 7 and 8 from line 6a	1			
10 Analysis of line 9				•
a Excess from 2015		,,		
b Excess trom 2016	J	,,,	,	
c Excess from 2017				
d Excess from 2018				]
e Excess from 2019		· · ·		

Form	990-	PF	(201	91

4-3069360	Page 10

	1 990-PF (2019)		FR LOWY FOUND			84-3069.				
			<del></del>	and Part VII-A, ques		NOT A	PPLICABLE			
`1a	1a If the foundation has received a ruling or determination letter that it is a private operating									
	foundation, and the ruling is effective for 2019, enter the date of the ruling ▶									
	Check box to indicate v	whether the foundation	is a private operatin		n section	4942(j)(3) of	4942(j)(5)			
2 a	Enter the lesser of the ad-	Tax year		Prior 3 years			(e) Total			
	justed net income from Part  or the minimum investment	(a) 2019	(b) 2018_	(c) 2017	(d) 2	2016	···			
	return from Part X for each			ł						
	year listed									
b	85% of line 2a									
С	Qualifying distributions from Part									
	XII, tine 4, for each year listed .						_			
d	Amounts included in line 2c not				1					
	used directly for active conduct of exempt activities									
е	Qualifying distributions made									
	directly for active conduct of exempt activities. Subtract line				[					
	2d from line 2c									
3	Complete 3a, b, or c for the alternative test relied upon									
а	"Assets" alternative test - enter									
	(1) Value of all assets	<u></u>		<i>X</i>			. <u>-</u> _			
	(2) Value of assets qualifying		/							
	under section 4942(j)(3)(B)(i)									
b	"Endowment" alternative test-				}					
	enter 2/3 of minimum invest-				ļ	i				
	ment return shown in Part X, line 6 for each year listed									
С	"Support" alternative test - enter				1					
	(1) Total support other than									
	gross investment income (interest, dividends, rents,	/			1					
	payments on securities									
	loans (section 512(a)(5)), or royalties)									
	(2) Support from general									
	public and 5 or more exempt organizations as				1					
	provided in section 4942 (j)(3)(B)(iii)						-			
	(3) Largest amount of sup-	7								
	port from an exempt organization									
	(4) Gross investment income.	/	<u> </u>							
Pa				rt only if the found	ation had	\$5,000 or more	e in assets at			
		uring the year - see								
1	Information Regarding	-					41 8 4-4			
а	List any managers of	the foundation who retails the	nave contributed m	ore than 2% of the tol I more than \$5,000) (S	ai contribut See section 5	ions received by	the foundation			
			iey nave contributed	Tillore than \$5,000) (c	occ section c	)0 / (d)(2) )				
	JANINE LOWY		100/	of the steel of a cor	2012122 /22	an aqually large	nortion of the			
D	List any managers of			on has a 10% or greate		an equally large	portion of the			
	ownership of a partiter	simple of editor entity) of	Willow the roundation	on has a 1070 or greate	· merest					
	N/A									
2	Information Regarding	Contribution Grant	Gift Loan Scholar	shin etc. Programs:						
_					ntoble even					
	Uneck here	ne roundation only i	makes contribution	s to preselected chai rants, etc., to individua	ntable orga als or organ	nizations and do	es not accept her conditions			
	complete items 2a, b, c			rants, etc., to marridu	als of organ	iizations under ot	ner conditions,			
	The name, address, ar			the person to whom an	nlications sho	ould be addressed	<del></del>			
a	The hame, address, at	ia telephone number	or email address or	the person to whom ap	phoations 31	odia be addressed				
_ <u>_</u>	The form in which appl	ications should be sub	mitted and informa	tion and materials they	should inclu	ıde				
~	ioini iii miion appi	icationic criodic be sut	tog ond mornia	and materials they		- <del></del>				
С	Any submission deadling	nes	<del></del>			·- <u>-</u>	<del>_</del>			
•	, coomingor addam	·								
d	Any restrictions or lin	mitations on awards.	such as by geod	graphical areas, charit	able fields.	kinds of institut	ions, or other			
	factors		, ,	· ·	•					

Part XV Supplementary Information	(continued)			Page <b>11</b>
3 Grants and Contributions Paid Du Recipient Name and address (home or business)	ring the Year or App	roved for	Future Payment	
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	
a Paid during the year				
		İ		
		İ		
		]		
		}		
Total				
b Approved for future payment				
				İ
	<u> </u>			ļ
Total			▶ 3b	

Part XVI-A	Analysis of Income-Prod	ucing Act	ivities			
	mounts unless otherwise indicated	Unrela (a)	ated business income (b)	Excluded b	y section 512, 513, or 514 (d)	(e) Related or exempt function income
1 Program s	ervice revenue	Business code	Amount	Exclusion code	Amount	(See instructions)
a				+		
ь				ļ		
с			<u> </u>	ļ		_
d						_
e						<u> </u>
f				ļ	<u> </u>	
•	d contracts from government agencies		_			
2 Membersh	ip dues and assessments			14	39.	
3 Interest on	savings and temporary cash investments -			1 1 1	- 37.	
	and interest from securities			+		
	income or (loss) from real estate			+		<u>.</u>
a Debt-fii	nanced property			<del> </del>		
	bt-financed property			+		
6 Net rental II	ncome or (loss) from personal property		_		_	
7 Other inve	stment income	<u></u>		<del>-</del>		
8 Gain or (los	s) from sales of assets other than inventory		<u> </u>	-		
	e or (loss) from special events					
	fit or (loss) from sales of inventory			<del>- </del>		
11 Other reve	nue a					
b						
c						
d				+		
е					39.	
	Add columns (b), (d), and (e)					39.
	line 12, columns (b), (d), and (e)				13	
Part XVI-B	et in line 13 instructions to verify calc  Relationship of Activitie					<del></del>
<b>V</b>	accomplishment of the foundation	on's exemp	ot purposes (other than	by providing	funds for such purpose	s) (See instructions )
	<u> </u>					
-						
						-
		_	<u> </u>			<u> </u>
					<del></del>	
						<del></del>
			<u> </u>	<del>_</del>		<del></del>
					<del></del> .	<del>_</del>
				<del> </del>		
	<del></del>					<del></del>

84-3069360 Part XVII Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt **Organizations** 

1	Did the	e organization direct	ly or indirectly e	engage in any of	the following	with any	other orga	inization	described		Yes	No
	in sec	ction 501(c) (other	than section	501(c)(3) organi	zations) or	in section	n 527, re	lating to	political			
	organi	zations?										
а	Transf	ers from the reportin	g foundation to	a noncharitable e	xempt organi	zation of						
	(1) Ca	sh			. <b></b> .					1a(1)		Х
	(2) Otl	her assets								1a(2)		Х
b	Other	transactions										
	(1) Sa	les of assets to a no	ncharitable exem	npt organization						15(1)		Х
		rchases of assets fro		•								Х
		ntal of facilities, equi								1		Х
		imbursement arrange	•									Х
		ans or loan guarantee								-		Х
		rformance of service										Х
c		g of facilities, equipm								-		Х
		answer to any of th									air m	arket
_		of the goods, other			_				-			
		in any transaction or		- •								
(a) L	ne no	.(b) Amount involved		oncharitable exempt or			ription of trans					-
(-, -		N/A	(4)			N/A						
	<u> </u>	<u></u>					<del></del>		<del></del> -			
	<u> </u>			-								
			· <del></del> -	•		<u> </u>						_
						_						
									<del>-</del>	-		
	<u> </u>	<u> </u>										
				<del></del>			_					
	<u>-</u>	<del></del>			-							
	<del></del>			<del></del>								_
		<del></del>		<del>_</del> _		<u></u>						
							-		·			
		<del>-</del>	· ·-	<del></del>	·	<u> </u>						
								_				
	1. 41	f		1 4 4 41					-4			_
		foundation directly (	-					_		<b>س</b> ۷.	s X	۱
		ped in section 501(c)		tion 501(c)(3)) or	in section 52	<i>! !</i>		• • • • •	[	1 €	:S <u>_^</u>	] NO
_ <u>D</u>	ii Yes	," complete the follow		(h) Tuno of				(a) Decemb	on of rolations			
	_	(a) Name of organization	·	(b) Type of	organization			(c) Descript	on of relations	тір		
		<u> </u>										
								_				
					<del>.</del>			_				
		<del></del> -		<del></del>			· · · · · · · · · · · · · · · · · · ·					
	Under	penalties of perjury, I decla	re that I have examine	ad this setum including	accompanying sch	edules and e	tatements and t	o the best o	f my knowledg	a and h	elief i	is this
		t, and complete Declaration of						o the best o	i iliy kilowigog	e and o	cii <del>c</del> i, ii	15 tiue,
Sign		All o	. 0	16/04	(20 N	Doc	- ^ <u>\</u> - <	. 1	May the (RS	discuss	this	retum
lere	.   <b>*/</b> -	gun	<u> </u>	10/07	700	Pra	Siaer		•	eparer si		elow?
	aigr	nature of officer or trostee	$\overline{}$	Date '		Title			See instruction	s <u>X</u>	Yes	N∘
		Ta		1	<u> </u>		16.6		,			
aid		Print/Type preparer's nar		Preparer's signatur			Date	Che	~ <u> </u>	PTIN		^
		JEFFREY D HASH		JEFFREY D	HASKELL		05/06/2	2020 self		P0134		<u> </u>
-	arer		UNDATION SO					Firm's EIN	▶51039	<u> 18347</u>	<u> </u>	
Jse	Only		E HOLLOW LN	•								
		LA:	KE SUCCESS,	NY		110	42	Phone no	800-83			
									_	000	DE.	

## Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service Name of the organization

## **Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No 1545-0047

2019

Employer identification number

THE WINKLER LOWY FO	UNDATION	84-3069360			
Organization type (check one)					
Filers of:	Section:				
Form 990 or 990-EZ	501(c)( ) (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a private fou	ndation			
	527 political organization				
Form 990-PF	X 501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundate	ion			
	501(c)(3) taxable private foundation				
	covered by the <b>General Rule</b> or a <b>Special Rule</b> .  7), (8), or (10) organization can check boxes for both the General Rule and a S	Special Rule See			
General Rule					
For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special Rules					
regulations under : 13, 16a, or 16b, a	in described in section $501(c)(3)$ filing Form 990 or 990-EZ that met the 33 1 sections $509(a)(1)$ and $170(b)(1)(A)(vi)$ , that checked Schedule A (Form 990 and that received from any one contributor, during the year, total contributions of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. C	or 990-EZ), Part II, line s of the greater of <b>(1)</b>			
contributor, during	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that re the year, total contributions of more than \$1,000 <i>exclusively</i> for religious, ch onal purposes, or for the prevention of cruelty to children or animals. Complet	aritable, scientific,			
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year					
990-EZ, or 990-PF), but it mu	t isn't covered by the General Rule and/or the Special Rules doesn't file Scheust answer "No" on Part IV, line 2, of its Form 990, or check the box on line It to certify that it doesn't meet the filing requirements of Schedule B (Form 990,	d of its Form 990-EZ or on its			

Employer identification number 84-3069360

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
1_	LOWY, JANINE  1012 N. CRESCENT DRIVE  BEVERLY HILLS, CA 90210	\$\$.	Person  Payroll  Noncash  (Complete Part II for noncash contributions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
			Person Payroll Noncash (Complete Part II for noncash contributions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
			Person Payroll Noncash (Complete Part II for noncash contributions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
			Person Payroll Noncash (Complete Part II for noncash contributions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		<b>\$</b>	Person Payroll Noncash (Complete Part II for noncash contributions)			

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

Name of organization THE WINKLER LOWY FOUNDATION

Employer identification number

84-3069360

Part II Nonc	eash Property (see instructions). Use duplicate copies	of Part II if additional space is ne	eded. . <del></del>
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		<u></u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		   \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		   \$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)
Name of organization THE WINKLER LOWY FOUNDATION

Employer identification number 84-3069360

(† tt C U		the year from any lons completing Part e year. (Enter this in	one contributor. ( till, enter the total formation once S	Complete columns (a) through (e) and of exclusively religious, charitable, etc
(a) No from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
_		(e) Transf	er of gift	-
	Transferee's name, address, an	nd ZIP + 4	Relation	nship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
	Transferee's name, address, ar	(e) Transf		nship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
-	Transferee's name, address, ar	(e) Transf	-	nship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
	Transferee's name, address, ar	(e) Transf		nship of transferor to transferee
	i ransteree's name, address, ar	1U ZIF T 4	Relatio	namp of translator to translate

THE WINKLER LOWY FOUNDATION

ATTACHMENT 1

LINE 10 - SUBSTANTIAL CONTRIBUTORS PART VII-A, FORM 990PF,

NAME AND ADDRESS

LOWY, JANINE 1012 N. CRESCENT DRIVE BEVERLY HILLS, CA 90210

ATTACHMENT 2	EXPENSE ACCT AND OTHER ALLOWANCES	.0	0.
ATTACE	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	.0	0
	COMPENSATION	O	0.
RS, DIRECTORS, AND TRUSTEES	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	DIR, PRES, SEC, TREAS 1.00	GRAND TOTALS
FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES	NAME AND ADDRESS	JANINE LOWY FOUNDATION SOURCE 501 SILVERSIDE RD WILMINGTON, DE 19809-1377	

84-3069360

2019 FORM 990-PF

THE WINKLER LOWY FOUNDATION