5138ORIG

CHANGE IN ACCOUNTING PERIOD

990-PF

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. ▶Go to *www.irs.gov/Form990PF* for instructions and the latest information. OMB No 1545-0047

Open to Public inspection

For		ar year 2019 or tax year beginning 06/01/19 , a	and ending $12/3$	1/19	A Emplo	ver identification number	
Na	rwe oi ior	Indauon			A LIIPIO	yor racinalisation manipol	
J.	.ANGI	ERMAN FOUNDATION		,	86-	-6037146	
		I street (or P O box number if mail is not delivered to street address)	Roo	om/sulte		one number (see instructions	
4	544	E. PALOMINO RD			602	<u>2-708-4040</u>	
		, state or province, country, and ZIP or foreign postal code			C If exem	option application is pending,	check here
P	HOE						, _
_G (Check a		n of a former public cha	rity	D 1. For	relgn organizations, check her	e ▶ <u></u>
		Final return Amended				reign organizations meeting th	
		X Address change Name cha	 		85	% test, check here and attach	computation
<u>H</u> (Check t	ype of organization: \overline{X} Section 501(c)(3) exempt private f	oundation	OU	•	te foundation status was term	inated under
	Section	320	private foundation	09	section	n 507(b)(1)(A), check here	
·I F	air mar	ket value of all assets at J Accounting method:	X Cash Accr	rual		oundation is in a 60-month ter	~ 1
		ear (from Part II, col. (c), Other (specify)			unger	section 507(b)(1)(B), check he	ire
	ne 16) I		be on cash basis.)		· · · · ·		(d) Disbursements
P	art I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal	(a) Revenue and expenses per	(b) Net inve		(c) Adjusted net	for charitable
9		the amounts in column (a) (see instructions))	books	incom	ie	Income	purposes (cash basis only)
7907	1	Contributions, gifts, grants, etc., received (attach schedule)	3,298				
<i>~</i>	2	Check ► X if the foundation is not required to attach Sch. B					
ચ =1,	3	Interest on savings and temporary cash investments	360		360	360	·····
	4	Dividends and interest from securities	36,825		36,825	36,825	
Ž a	5a	Gross rents					
<u> </u>	b	Net rental income or (loss)					
Revenue	6a	Net gain or (loss) from sale of assets not on line 10	32,092				,
Še	b	Gross sales price for all essets on line 6a 149, 827					***************************************
æ	7	Capital gain net income (from Part IV, line 2)			32,092		
	8	Net short-term capital gain				4,814	
ļ	9	Income modifications	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	 			hirtittaan kaan
	10a	Gross sales less returns and allowances					
•	b	Less: Cost of goods sold					
nses Revenu	C	Gross profit or (loss) (attach schedule)	610		610	610	
	11	Other income (attach schedule) STMT 1	610 73,185		610 59,887	610 42,609	······
_	12	Total. Add lines 1 through 11	73,185		9,007	42,609	
Expenses	13	Compensation of officers, directors, trustees, etc.			+		
Š	14	Other employee salaries and wages					
ğ	15 16a	Pension plans, employee benefits Legal fees (attach schedule)					
	b	Accounting fees (attach schedule) STMT 2	653		RECE	10/5	· -
<u>×</u>		Other professional fees (attach schedule)				WED	
rati	17	Interest		8		30	
ist	18	Taxes (attach schedule) (see instructions) STMT 3	108	131	VIAY 2	2021 0 108	
<u>=</u>	19	Depreciation (attach schedule) and depletion			i	38	· · · · · · · · · · · · · · · · · · ·
퉏	20	Occupancy		1 0	GIDE		
⋖	21	Travel, conferences, and meetings				J, U J	
֝ ב	22	Printing and publications				-	
5	23	Other expenses (att sch.) STMT 4	30,445		21,307	30,445	-
Ë	24	Total operating and administrative expenses.				-	
Operating and Administrativ		Add lines 13 through 23	31,206		21,307	31,206	0
چ	25	Contributions, gifts, grants paid	96,596				96,596
_	26	Total expenses and disbursements Add lines 24 and 25	127,802		21,307	31,206	96,596
	27	Subtract line 26 from line 12:			I		
	a	Execss of revenue over expenses and disbursements	-54 , 617			1 44 3	
	b	Net Investment Income (if negative, enter -0-)			18,580		
	١ 🛕	Adjusted net Income (if negative enter -0-)			- 1	11,403	

For Paperwork Reduction Act Notice, see instructions.

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Form 990-PF (2019)

Form	990-PF (2019) LANGERMAN FOUNDATION		<u>86-603714</u>		Page 2
Pa	Balance Sheets Attached schedules and amounts in the description coll	umn	Beginning of year	End o	of year
	Should be for end-or-year amounts only (See insudction	ns)	(a) Book Value	(b) Book Value	(c) Fair Market Value
1					
2	J,,		35,377	68,947	68,947
3	Accounts receivable				* 1
1	Less: allowance for doubtful accounts		2 1010 (1)7 111 1 1 1 1 1 1		
4				•	
	Less: allowance for doubtful accounts ▶				
5	Grants receivable				
6	Receivables due from officers, directors, trustees, and other		1		
	disqualified persons (attach schedule) (see				
	instructions)		,,, ,,,, ,, ,,,,,,,,,,,,,,,,,,,,,,,,,,		
7	Other notes and loans receivable (att. schedule)				i i i i i i i i i i i i i i i i i i i
	Less: allowance for doubtful accounts ▶	0			
ည္ကု 8	Inventories for sale or use				 -
ASSetS	Prepaid expenses and deferred charges				
č 10	,	_			
	b Investments – corporate stock (attach schedule) SEE STMT		1,205,856	1,100,730	1,432,120
	c Investments – corporate bonds (attach schedule) SEE STMT	. 6	311,650	328,589	330,686
11	Investments – land, buildings, and equipment basis				
	Less accumulated depreciation (attach sch.) ▶			<u> </u>	
12	2 Investments – mortgage loans				
13	Investments – other (attach schedule)				
14	Land, buildings, and equipment basis				
	Less accumulated depreciation (attach sch.)				
15	Other assets (describe ▶)			
16	Total assets (to be completed by all filers – see the				
	instructions Also, see page 1, item I)		1,552,883	1,498,266	1,831,753
17	Accounts payable and accrued expenses				
18	Grants payable				
<u>8</u> 19	Deferred revenue				
20	Loans from officers, directors, trustees, and other disqualified persons				
<u>E</u> 21	Mortgages and other notes payable (attach schedule)				
- 22	P Other liabilities (describe ►)			
23	Total liabilities (add lines 17 through 22)		0	0	
se	Foundations that follow FASB ASC 958, check here and complete lines 24, 25, 29, and 30.	>			
E 25			 		
24 25 25	Foundations that do not follow FASB ASC 958, check here	► X			
밀	and complete lines 26 through 30.	- 11			
3 26	•				•
b 27	• •				
2	•		1,552,883	1,498,266	
ומ			1,552,883	1,498,266	
29	•		1,332,663	1, 490, 200	·····
5 3t	•		1,552,883	1,498,266	
- 	instructions) **Analysis of Changes in Net Assets or Fund Bala	nces	1 1,002,000	1, 490, 200	
	otal net assets or fund balances at beginning of year – Part II, column (a), line a		agree with		
	id-of-year figure reported on prior year's return)	בט (ווושטנ פ	gros with	1	1,552,883
	nter amount from Part I, line 27a			2	-54,617
	NO WINDOW HOLLI WILL WING \$1 G				J = , U = /

1, 498, 266 Form **990-PF** (2019)

1,498,266

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5

6

3 Other increases not included in line 2 (itemize) ▶

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

5 Decreases not included in line 2 (itemize) ▶

4 Add lines 1, 2, and 3

Part IV Capital Gains a	<u>nd Losses for Tax on Investme</u>	ent income					
	the kind(s) of property sold (for example, real estate, rehouse, or common stock, 200 shs MLC Co)		(b) How acquired P – Purchase D – Donation	(c) Date ac (mo , day		(d) Date sold (mo , day, yr)	
1a SEE ATTACHED			P	VARIO	US	VARIOUS	
b SEE ATTACHED			P	VARIO	US	VARIOUS	
С							
d							
<u>e</u>	· · · · · · · · · · · · · · · · · · ·		<u> </u>			<u> </u>	
(e) Gross sales price	(f) Depreciation allowed (or allowable)		or other basis ense of sale		(h) Galn or (loss) ((e) plus (f) minus (g))		
a 27,683		<u> </u>	22,869			4,814	
b 108,646		94,866			13,780		
c 13,498						13,498	
d	· · · · · · · · · · · · · · · · · · ·						
<u>e</u>				***			
Complete only for assets showing	gain in column (h) and owned by the found	ation on 12/31/69				(h) gain minus	
(i) FMV as of 12/31/69	(j) Adjusted basis		ss of col (i)			less than -0-) or om col (h))	
	as of 12/31/69	Over co	l (), if any				
8						4,814	
<u> </u>	·					13,780	
<u>c</u>						_13,498	
d	· · · · · · · · · · · · · · · · · · ·	· ····				_ 	
<u>e</u>							
2 Capital gain net income or (net cap	ortal loss)					22 002	
0. Not alread to me a sold to a sold a sold and a sold a s	if (loss), enter -0- in P	art i, line /	-	2		32,092	
) as defined in sections 1222(5) and (6).	٠ ٦					
= :	olumn (c). See instructions. If (loss), enter	-0- In				4,814	
Part V Qualification Ur	nder Section 4940(e) for Reduc	ad Tay on No	t Investment Inc	3		4,014	
				<u> </u>			
(For optional use by domestic private to	oundations subject to the section 4940(a) to	ax on net investmen	it income.)				
If section 4940(d)(2) applies, leave this	part blank.						
Was the foundation liable for the section	n 4942 tax on the distributable amount of a	nv vear in the base	period?			Yes X No	
	under section 4940(e). Do not complete thi		F				
	ch column for each year; see the instructio		nv entries				
(a)	· 1 - · · · · · · · · · · · · · · · · ·	The bolor of the talling to				(d)	
Base period years	(b) Adjusted qualifying distributions	Net valu	(c) le of noncharitable-use asset:	s		Inbution ratio divided by coi (c))	
Calendar year (or tax year beginning in) 2018		072			(60) (6)	divided by cor (c))	
2017	114,						
2016		825	· · · · · · · · · · · · · · · · · · ·				
	97	912					
2015 2014		496			-		
2014		3701					
2. Total of line 1. solumn (d)				2			
2 Total of line 1, column (d)	year base period – divide the total on line 2	by E.O. or by				· ·	
	has been in existence if less than 5 years	by 3.0, or by		3			
the number of years the foundation	rias been in existence inless than 3 years						
4. Enter the net value of namehoritable	e-use assets for 2019 from Part X, line 5			4		1,666,933	
4 Enter the net value of nonchartable	Fuse assets for 2019 from Fait A, line 5			-		1,000,333	
E. Mulkinkalana A. haalana 2				5			
5 Multiply line 4 by line 3				-3-			
6 Enter 10/ of not uncertainty	(40) of Book Line 07h)					486	
6 Enter 1% of net investment income	(1% of Part I, line 270)			6		100	
7 Add lines F and S				,		486	
7 Add lines 5 and 6				7			
9 Enter qualifying distributions from 5	Sort VII. limo 4			8		96,596	
8 Enter qualifying distributions from F	rart XII, line 4 ine 7, check the box in Part VI, line 1b, and	complete that part	using a 1% tay rate. S			20,330	
Part VI instructions.	no 7, check the box in Fart VI, line 10, and	oompiolo mat part	using a 1 /0 lax (dlb. 3)	03 u 1 0			
i aut vi instructions.							

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, Form	1990-PF (2019) LANGERMAN FOUNDATION 86-6	037146				P	age 4	ı
	ext VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b),		8 – s	ee in	struc			-
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ and enter "N/A" of	on line 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	 	1				486	_
	here ▶ X 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) -)	2				0	_
3	Add lines 1 and 2		3				<u>486</u>	_
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0)-)	4				0	-
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5				<u>486</u>	-
6	Credits/Payments:							
а	2019 estimated tax payments and 2018 overpayment credited to 2019 6a							
b	Exempt foreign organizations – tax withheld at source							
C	Tax paid with application for extension of time to file (Form 8868)							
d	Backup withholding erroneously withheld 6d 6d							
7	Total credits and payments. Add lines 6a through 6d		7					-
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached		8				400	-
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	•	9				486	-
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		10					-
11	Enter the amount of line 10 to be: Credited to 2020 estimated tax	Refunded ►	11					-
	art VII-A Statements Regarding Activities				1		•	-
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	L				Yes	No X	-
	participate or intervene in any political campaign?				1a	-		
Ь	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the						v	
	Instructions for the definition	1-			1b		X	•
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any material	IS						
	published or distributed by the foundation in connection with the activities.						v	
C	Did the foundation file Form 1120-POL for this year?				1c		X	
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 impos	seu						
•	on foundation managers. \$ Has the foundation engaged in any activities that have not previously been reported to the IRS?				2		Х	
2	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, ar	ticles '						
3	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the change				3		Х	
10	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	~			4a		X	•
ча b	If "Yes," has it filed a tax return on Form 990-T for this year?		ז	N/A	4b			•
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		_	1,	5		X	•
-	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 the	nat						
	conflict with the state law remain in the governing instrument?				6	Х		
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, of	col. (c), and Part XV			7	X		
8a	Enter the states to which the foundation reports or with which it is registered. See instructions.	• • •						
	AZ							
ь	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney Gene	eral						
-	(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	3) or						
-	4942(j)(5) for calendar year 2019 or the tax year beginning in 2019? See instructions for Part XIV. If "Yes				[]	1		1/
	complete Part XIV				9		Χ_	. '
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing to	heir						
	names and addresses				10		X	_
- 1		ТОТ	5.0	00 =	.m 99	n-PF	(2010)	

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

Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? 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?

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.)

Form 990-PF (2019)

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3b

4a

N/A

		9) LANGERMAN		1879. 7		5037146		0			
	n VII-B		arding Activities fo	or Which Form	4720 May Be	Required (co	ntinu	<u>ed)</u>			T
а			ay or incur any amount to:					₩	<u> </u>	- Y	s No
			se attempt to influence leg	•			Yes	X N	o [
		- •	ecific public election (see s	section 4955); or to ca	arry on,			₩			
		or indirectly, any voter re	-				Yes	X N			
	• •	•	or travel, study, or other sir	• •	- 1 - 1 -		Yes	X	°		
		-	n other than a charitable, e	tc., organization des	cribed in		V	₩.	_		
		4945(d)(4)(A)? See instr					Yes	X N	° [
			an religious, charitable, sci		ucational		V	▽	_		
		•	f cruelty to children or anin				Yes	X N	°		
)	-		lid any of the transactions	• •	*	ribed		NT /	ء أ ج		1
			a current notice regarding		See instructions			N/	A .5	<u>n</u>	
			tice regarding disaster ass		L			> (ᆜ ┃		
			(4), does the foundation cla	am exemption from tr	ne tax	NT / 7 .	V				
		•	sponsibility for the grant?	0.4045 5/-15		N/A 📙	Yes	∐ Ne	°		
	•	•	d by Regulations section 5	• •							
ı		·	eceive any funds, directly o	or indirectly, to pay pr	remiums			▽		-	
	•	al benefit contract?					Yes	X No	- [
)			pay premiums, directly or in	directly, on a person	al benefit contract?				6	₽	$\frac{1}{X}$
		o, file Form 8870.		ممغلمها مستحداله عاداته			V	X No	_		
	-	• •	the foundation a party to a				Yes	A N			-
1			ny proceeds or have any ne					147	A 7	<u></u>	
			on 4960 tax on payment(s)		1,000 in		Yes	X No			
	remuneration							٠٠٠ لينا			ŧ
<u>۲</u> م	A 17161	or excess parachute pa	tyment(s) during the year?	o Tructoco Ec	undation Mar	agore High	ly Da	id Em	nlovo	200	
a	t VIII	Information Abou	it Officers, Director	s, Trustees, Fo	oundation Mar	nagers, High	ly Pa	id Em	ploye	es,	
	rt VIII	Information Abou and Contractors	ıt Officers, Director	s, Trustees, Fo			ly Pa	id Em	ploye	es,	
	rt VIII	Information Abou and Contractors	ayment(s) during the year? It Officers, Director and foundation manager	s, Trustees, Fo	nsation. See Instru	uctions.				es,	
	rt VIII	Information Abou and Contractors s, directors, trustees,	It Officers, Director	s, Trustees, Fo	nsation. See instru (b) Title, and average	(c) Compensation	(d) (Contribution	ns to nefit (e	Expens	e account
	rt VIII	Information Abou and Contractors s, directors, trustees,	ıt Officers, Director	s, Trustees, Fo	nsation. See Instru	uctions.	(d) (Contribution	ns to nefit (e	Expens	e account
L	st all officer	Information Abou and Contractors s, directors, trustees, (e) Name	It Officers, Director	s, Trustees, Fo	(b) Title, and average hours per week	(c) Compensation	(d) (Contribution inployee ben ins and defe	ns to nefit (e	Expens	
L	rt VIII	Information Abou and Contractors s, directors, trustees, (e) Name	It Officers, Director	s, Trustees, Fo	(b) Title, and average hours per week	(c) Compensation	(d) (Contribution inployee ben ins and defe	ns to nefit (e	Expens	
L	st all officer	Information Abou and Contractors s, directors, trustees, (e) Name	It Officers, Director	s, Trustees, Fo	(b) Title, and average hours per week	(c) Compensation	(d) (Contribution inployee ben ins and defe	ns to nefit (e	Expens	
L	st all officer	Information Abou and Contractors s, directors, trustees, (e) Name	It Officers, Director	s, Trustees, Fo	(b) Title, and average hours per week	(c) Compensation	(d) (Contribution inployee ben ins and defe	ns to nefit (e	Expens	
L	st all officer	Information Abou and Contractors s, directors, trustees, (e) Name	It Officers, Director	s, Trustees, Fo	(b) Title, and average hours per week	(c) Compensation	(d) (Contribution inployee ben ins and defe	ns to nefit (e	Expens	
L	st all officer	Information Abou and Contractors s, directors, trustees, (e) Name	It Officers, Director	s, Trustees, Fo	(b) Title, and average hours per week	(c) Compensation	(d) (Contribution inployee ben ins and defe	ns to nefit (e	Expens	
L	st all officer	Information Abou and Contractors s, directors, trustees, (e) Name	it Officers, Director	s, Trustees, Fo	(b) Title, and average hours per week	(c) Compensation	(d) (Contribution inployee ben ins and defe	ns to nefit (e	Expens	
L	st all officer	Information Abou and Contractors s, directors, trustees, (e) Name	it Officers, Director	s, Trustees, Fo	(b) Title, and average hours per week	(c) Compensation	(d) (Contribution inployee ben ins and defe	ns to nefit (e	Expens	
E	STATEMEN	Information About and Contractors rs, directors, trustees, (a) Name	and foundation manager	s, Trustees, Fo	(b) Title, and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) (en pla	Contribution inployee ben ins and defe	ns to nefit (e	Expens	
L	STATEMEN	Information About and Contractors rs, directors, trustees, (a) Name	it Officers, Director	s, Trustees, Fo	(b) Title, and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) (en pla	Contribution inployee ben ins and defe	ns to nefit (e	Expens	
E	st all officer STATEMEN	Information About and Contractors rs, directors, trustees, (a) Name	and foundation manager	s, Trustees, Fo	(b) Title, and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) (en pla c	Contribution ployee ben is and defeompensation	ns to nefit (e.g.)	Expens	
E	st all officer STATEMEN Compensat	Information About and Contractors s, directors, trustees, (e) Name TT 7	and foundation manager and address d employees (other than	s, Trustees, Fo	(b) Title, and average hours per week devoted to position line 1 — see Instru	(c) Compensation (if not paid, enter -0-)	(d) (en pla c	Contribution in ployee being and defeompensation	is to lefit (e)	Expensor	e account
E	st all officer STATEMEN Compensat	Information About and Contractors rs, directors, trustees, (a) Name	and foundation manager and address d employees (other than	s, Trustees, Fo	(b) Title, and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) (en pla c	Contribution inployee being and defeompensation	is to (e)	Expensor	
E	STATEMEN Compensat "NONE."	Information About and Contractors s, directors, trustees, (e) Name TT 7	and foundation manager and address d employees (other than	s, Trustees, Fo	(b) Title, and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) (en pla c	Contribution ployee ben s and defe ompensatio Contribution ployee ben s and defe	is to (e)	Expensor	e accoun
E	STATEMEN Compensat "NONE."	Information About and Contractors s, directors, trustees, (e) Name TT 7	and foundation manager and address d employees (other than	s, Trustees, Fo	(b) Title, and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) (en pla c	Contribution ployee ben s and defe ompensatio Contribution ployee ben s and defe	is to (e)	Expensor	e accoun
E	STATEMEN Compensat "NONE."	Information About and Contractors s, directors, trustees, (e) Name TT 7	and foundation manager and address d employees (other than	s, Trustees, Fo	(b) Title, and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) (en pla c	Contribution ployee ben s and defe ompensatio Contribution ployee ben s and defe	is to (e)	Expensor	e accoun
E	STATEMEN Compensat "NONE."	Information About and Contractors s, directors, trustees, (e) Name TT 7	and foundation manager and address d employees (other than	s, Trustees, Fo	(b) Title, and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) (en pla c	Contribution ployee ben s and defe ompensatio Contribution ployee ben s and defe	is to (e)	Expensor	e accoun
E	STATEMEN Compensat "NONE."	Information About and Contractors s, directors, trustees, (e) Name TT 7	and foundation manager and address d employees (other than	s, Trustees, Fo	(b) Title, and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) (en pla c	Contribution ployee ben s and defe ompensatio Contribution ployee ben s and defe	is to (e)	Expensor	e accoun
L.	STATEMEN Compensat "NONE."	Information About and Contractors s, directors, trustees, (e) Name TT 7	and foundation manager and address d employees (other than	s, Trustees, Fo	(b) Title, and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) (en pla c	Contribution ployee ben s and defe ompensatio Contribution ployee ben s and defe	is to (e)	Expensor	e accoun
E	STATEMEN Compensat "NONE."	Information About and Contractors s, directors, trustees, (e) Name TT 7	and foundation manager and address d employees (other than	s, Trustees, Fo	(b) Title, and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) (en pla c	Contribution ployee ben s and defe ompensatio Contribution ployee ben s and defe	is to (e)	Expensor	e accoun
E	STATEMEN Compensat "NONE."	Information About and Contractors s, directors, trustees, (e) Name TT 7	and foundation manager and address d employees (other than	s, Trustees, Fo	(b) Title, and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) (en pla c	Contribution ployee ben s and defe ompensatio Contribution ployee ben s and defe	is to (e)	Expensor	e accoun
E	STATEMEN Compensat "NONE."	Information About and Contractors s, directors, trustees, (e) Name TT 7	and foundation manager and address d employees (other than	s, Trustees, Fo	(b) Title, and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) (en pla c	Contribution ployee ben s and defe ompensatio Contribution ployee ben s and defe	is to (e)	Expensor	e accoun
L.	STATEMEN Compensat "NONE."	Information About and Contractors s, directors, trustees, (e) Name TT 7	and foundation manager and address d employees (other than	s, Trustees, Fo	(b) Title, and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) (en pla c	Contribution ployee ben s and defe ompensatio Contribution ployee ben s and defe	is to (e)	Expensor	e accoun

Form 990-PF (2019) LANGERMAN		86-603/146	Page /
Part VIII Information About and Contractors (c	Officers, Directors, Trustees, Foun ontinued)	dation Managers, Highly Paid	Employees,
	ractors for professional services. See instruc	tions. If none, enter "NONE."	
(a) Name and addre	ss of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE			
······································			
Total number of others receiving over \$50,00	0 for professional services		
	ct Charitable Activities		
	les during the tax year. Include relevant statistical information s	such as the number of	Expenses
1 THE FOUNDATION MAKE	ES CONTRIBUTIONS TO PRE-	-SELECTED	
	ATIONS FROM INCOME FROM		
CONTRIBUTIONS TO T	HE FOUNDATION.		
2			
			
3			
4			
4			
Part IX-B Summary of Prog	ram-Related Investments (see instru	uctions)	
	nade by the foundation during the tax year on lines 1 and 2		Amount
1 N/A			
2			
All other program-related Investments See instructions			
3			
		>	
Total. Add lines 1 through 3		<u> </u>	

	1990-PF (2019) DANGERGAN FOONDATION 00-005/140	6-	Page o
P	Minimum Investment Return (All domestic foundations must complete this part. Foreign instructions)	gn ro	undations,
_	see instructions.)	·····	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
_	purposes.	١.	1 (40 150
a	Average monthly fair market value of securities	1a	1,640,156
b	Average of monthly cash balances	1b	52,162
C	Fair market value of all other assets (see instructions)	1c	1 600 310
d	Total (add lines 1a, b, and c)	1d	1,692,318
е	Reduction claimed for blockage or other factors reported on lines 1a and	1	
	1c (attach detailed explanation) 1e 0		
2	Acquisition indebtedness applicable to line 1 assets	2_	0
3	Subtract line 2 from line 1d	3_	1,692,318
4	Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see		
	instructions)	4	25,385
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5_	1,666,933
6	Minimum investment return. Enter 5% of line 5	6	48,866
Pi	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating	four	dations
	and certain foreign organizations, check here ▶ and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	48,866
2a	Tax on investment income for 2019 from Part VI, line 5		
b	income tax for 2019. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	486
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	48,380
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	48,380
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	48,380
Pi	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc. – total from Part I, column (d), line 26	1a	96,596
þ	Program-related investments – total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	96,596
5	Foundations 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	486
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	96,110
٠	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation		
	qualifies for the section 4940(e) reduction of tax in those years		

Form	990-PF (2019) LANGERMAN FO	UNDATION		86-60371	46	Page 9
	rt XIII Undistributed Income					
			(a)	(b)	(c)	(d)
1	Distributable amount for 2019 from Part XI,		Corpus	Years prior to 2018	2018	2019
	line 7					48,380
2	Undistributed income, if any, as of the end	of 2019:				
	Enter amount for 2018 only	إ	,			
b	Total for prior years: 20, 20					·····
3	Excess distributions carryover, if any, to 20					
_	From 2014	93,860				
þ	From 2015	91,388 91,388				
	From 2016	114, 114				
d	From 2017	99,072				
e f	From 2018 L Total of lines 3a through e	33,012	489,822			
4	Qualifying distributions for 2019 from Part 2	, IIX	,			
•	line 4. ▶ \$ 96,596	· · · · · · · · · · · · · · · · · · ·				
а	Applied to 2018, but not more than line 2a					
	Applied to undistributed income of prior year	ars				
_	(Election required – see instructions)					
С	Treated as distributions out of corpus (Elec	etion				
	required – see instructions)			********		
d	Applied to 2019 distributable amount			••••		48,380
е	Remaining amount distributed out of corpus	s	48,216			
5	Excess distributions carryover applied to 20	019				
	(If an amount appears in column (d), the sa	ame				
	amount must be shown in column (a).)	<u> </u>				
6	Enter the net total of each column as					
	indicated below:		E20 020			
	Corpus. Add lines 3f, 4c, and 4e. Subtract		538,038			
b	Prior years' undistributed income Subtract					
	line 4b from line 2b			.		
C	Enter the amount of prior years' undistribut income for which a notice of deficiency has		İ			
	been issued, or on which the section 4942					
	tax has been previously assessed	(4)				
d						
_	amount - see instructions	ŧ				
е	Undistributed income for 2018. Subtract lin	ne				
	4a from line 2a. Taxable amount - see					
	instructions	<u>. </u>				
f	Undistributed income for 2019. Subtract lin	nes				
	4d and 5 from line 1 This amount must be	1				,
	distributed in 2020	ļ				C
7	Amounts treated as distributions out of cor	'				
	to satisty requirements imposed by section					
	170(b)(1)(F) or 4942(g)(3) (Election may b	е				*** 11 111 1 1 1 1
	required—see instructions)			7. 12.999		
8	Excess distributions carryover from 2014 r		93,860			'.' . : '
_	applied on line 5 or line 7 (see instructions)					
9	Excess distributions carryover to 2020 Subtract lines 7 and 8 from line 6a		444,178			
10		 	133/1/0			
10 a	Analysis of line 9 Excess from 2015	91,388				
a h	Excess from 2016	91,388				
r	Excess from 2017	114,114				
d	Excess from 2018	99,072				
e	Excess from 2019	48,216			<u> </u>	
						QQA-DF /001

•						
5138OF						
	1990-PF (2019) LANGERMAN FC			86-6037		Page 1 (
·	Private Operating Fo			in VII-A, question	9)	/
1 a	If the foundation has received a ruling or of foundation, and the ruling is effective for 2			_		
b	Check box to indicate whether the foundat	•		In costion	1942(j)(3) or 494	2(j)(5)
2a	Enter the lesser of the adjusted net	Tax year	g roundation described	Prior 3 years	1942(1)(3) 01 494	
	income from Part I or the minimum	(a) 2019	(b) 2018	(c) 2017	(d) 2016	(e) Total
	investment return from Part X for	· · · · · · · · · · · · · · · · · · ·				
	each year listed					
b	85% of line 2a					
c	Qualifying distributions from Part XII,					
	line 4, for each year listed			/	1	
d	Amounts included in line 2c not used directly					<u> </u>
	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		/	Y		
а	"Assets" alternative test – enter:		/			
	(1) Value of all assets			<u></u>		
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
ь	"Endowment" alternative test – enter 2/3					
•	of minimum investment return shown in	·				
	Part X, line 6, for each year listed					
С	"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(j)(3)(B)(iii)				 -	
	(3) Largest amount of support from					
	an exempt organization	/		<u> </u>		
mp _s	(4) Gross investment income irt XV Supplementary Infori	nation (Complete	this part only if	the foundation	had \$5 000 or mo	re in assets at
F 44	any time during the y	•	•	ine iounidation	40,000 01 1110	10 111 400010 41
1	Information Regarding Foundation Ma					
а	List any managers of the foundation who h	-	an 2% of the total cont	ributions received by th	e foundation	
	before the close of any tax year (but only if	they have contributed r	nore than \$5,000). (See	e section 507(d)(2).)		
	N/A					
b	List any managers of the foundation who o	wn 10% or more of the	stock of a corporation (or an equally large port	ion of the	
	ownership of a partnership or other entity)	of which the foundation	has a 10% or greater in	nterest.		
	N/A					
2	Information Regarding Contribution, G		-			
	-	makes contributions to	•			
	unsolicited requests for funds. If the found	= =	s, etc., to individuals or	organizations under of	ther conditions,	
	complete items 2a, b, c, and d. See instruc					
а	The name, address, and telephone number	r or email address of th	e person to whom appli	cations should be addr	essed:	
	N/A					

The form in which applications should be submitted and information and materials they should include:

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other

N/A

factors: N/A

c Any submission deadlines:

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Recipient show any relationship to Purpose of grant or status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year JEWISH NATIONAL FUND 1645 E. MISSOURI NONE PUBLIC PHOENIX AZ 85016 SUPPORT 20,000 FISHER CENTER FOR ALZHEIMER'S RESEA ONE INTREPID SOUARE WEST NONE PUBLIC NEW YORK NY 10036 SUPPORT 20,000 GESHER DISABILITY RESOURCES 12701 N. SCOTTSDALE RD. S NONE PUBLIC SCOTTSDALE AZ 85224 SUPPORT 10,000 FIRST PLACE PHOENIX PUBLIC 3001 N. 3RD. STREET NONE PHOENIX AZ 85012 SUPPORT 10,000 TEMPLE EMETH 194 GROVE STREET NONE PUBLIC CHESTNUE HILL MA 02467 SUPPORT 2,500 ALBUQUERQUE CENTER FOR PEAGE AND 202 HARVARD DR. SE NONE PUBLIC ALBUQUERQUE NM 87106 SUPPORT 2,500 BREAST CANCER FOUNDATION 28 W. 44TH ST. STE. 310 NONE PUBLIC NEW YORK NY 10036 SUPPORT 10,000 CENTER FOR REPRODUCTIVE RIGHTS PUBLIC 199 WATER STREET NONE SUPPORT NEW YORK NY 10038 10,000 CURE ALZHEIMER'S FUND PUBLIC 34 WASHINGTON ST. STE 310 NONE SUPPORT WELLESLEY HILLS MA 02481 10,000 LAWRENCE FAMILY JEWISH COMMUNITY 4126 EXECUTIVE DR. PUBLIC SUPPORT 696 LA JOLLA CA 92037 96,596 Total ▶ 3a **b** Approved for future payment N/A

▶ 3b

Total

3 Grants and Contributions Paid During	the Veer or Approved to	or Euturo Boymont		
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	Contribution	
a Paid during the year TEMPLE BETH TIKVAH	NONE	PUBLIC	SUPPORT	900
		<u>.</u>		
		1		
Total			▶ 3a	
b Approved for future payment N / A		Į.		
		-		
Total			▶ 3b_	

Part XVI-	A Analysis of Income-Producing Ac	tivities				
	nounts unless otherwise indicated.		d business income	Exclude	d by section 512, 513, or 514	
		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income
-	ervice revenue:					(See instructions)
a			_	↓		
b				+		
				 		
				+		
f				+		
·	and contracts from government agencies			+		
_	p dues and assessments			+		
	savings and temporary cash investments	· · · · ·		14	360	
	and interest from securities			14	36,825	
5 Net rental in	ncome or (loss) from real estate.		··· · - · · · · · · · · · · · · · · · ·	''		
a Debt-fi	nanced property					
b Not de	bt-financed property					
6 Net rental II	ncome or (loss) from personal property				. <u>.</u>	
7 Other inves			 	14	610	
=	ss) from sales of assets other than inventory			14	32,092	
	or (loss) from special events			-		
	it or (loss) from sales of inventory			+		
h Other rever	une. a	 		+	·-··	
<u> </u>				 		+'
d				1 -		
e						
12 Subtotal. A	dd columns (b), (d), and (e)		(0	69,887	_ 0
13 Total. Add	line 12, columns (b), (d), and (e)				13	69,887
	In line 13 instructions to verify calculations)		<u> </u>		·	
Part XVI-E						
Line No. ▼	Explain below how each activity for which income is accomplishment of the foundation's exempt purpose					
N/A						
				 -		
	· 		 -			<u> </u>
	 		 			
						
	 					
					······································	
						
	- 					
						·
	1					
						

, ` Form 990	,)-PF (201	9) LANGERMAI	N FOUND	DATION		86	-6037146			Pa	ge 13
Part :	XVII	Information Reg		ransfers To and Tr	ansactio			Vith Noncharitab	le E		
1 Die		Organizations		in any of the following with					3	Voc	Ma
				in any of the following with			escribed		- 1	Yes	No
	janization:		11 301(0)(3) 0	rganizations) or in section	527, retatil	ig to political					
			-+!	-b	_46.						İ
		om the reporting rounds	alion to a non	charitable exempt organiz	ation or:			į			v
	Cash								(1)		X
	Other as		•					Į.	a(2)		X
	her transa							į			v
		assets to a noncharita	•	-				T T	b(1)		X
		es of assets from a no							b(2)		X
		f facilities, equipment,	or other asse	ts) -	b(3)		X
		rsement arrangements						•	b(4)		
		r loan guarantees							b(5)		X
			•	undraising solicitations				- -	b(6)		X
	` -		•	er assets, or paid employe		بمريام اماريم طمراه	+b	L.	1c		
				ete the following schedule on by the reporting foundat							
	•	•	•	show in column (d) the va							
(a) Li		(b) Amount involved		e of noncharitable exempt organi				ansactions, and sharing arra	ngemer	nts	
N/A			 								
			<u> </u>								
			 -								
		<u> </u>	 					 			
			 							-	
			 								
			-	-							
			 								
			 -								
			 								
·		-	 	· · · · · · · · · · · · · · · · · · ·							
			 								
				<u></u>		*****					
2a lst	he founda	ation directly or indirect	ly affiliated wi	th, or related to, one or mo	ore tax-exer	npt organization	ns	_	_	_	
des	scribed in	section 501(c) (other the	han section 5	01(c)(3)) or in section 527	77			L	_ Ye	s X	No
b _lf "	Yes," com	plete the following sch	edule								
) Name of organization		(b) Type of organizati	on	<u></u>	(c) Descri	otion of relationship			
N/2	<u> </u>						•				
							_ .				
	 			<u> </u>							
		 									
	Under pen	alties of perjury. I declare that	at I have examine	l ed this return, including accompa	anying schedu	les and statements	s, and to the best of my	knowledge and belief, it is to	ue,	_	
J				an taxpayer) is based on all info				May the IRS discus		turn	
Sign		<i>f</i> .	1					with the preparer sh	own be	llow ²	_ }
Here		d) . ►	1			.1 /		See instructions	X Y	Yes	No
		Nechel V	my	J		12/21	DIRE	CTOR			
- 1	Signa	ture of officer or trustee	-U		Date		Title				
	Print/Tyr	pe preparer's name		Prepa	rer's signature	·	*	Date		Check	Н
D=1-4	1			laces	1 Plan		· A	A HILL		self-em	" ployed
Paid Proporor	JOSEF	H G. KENNEDY,	CPA	7000	gister -	<u> </u>	1 Bare	Q. A.K. 19 12	<u> 202</u>	1	
Preparer	Firm's n		AGE AD		LLC			PTIN - P00			
Use Only	Firm's a			OURI AVE STE	C200			Firm's EIN ▶ 82-4			
	<u> </u>	PHOEN	IIX, AZ	85014				Phone no 602-	<u>.569</u>	9-99	<u>959</u>

610 610 1,3 Adjusted Net Charitable Charitable Purpose Purpose Income 108 653 653 108 Net Investment 610 610 Adjusted Net Adjusted Net Income Statement 2 - Form 990-PF, Part I, Line 16b - Accounting Fees Statement 1 - Form 990-PF, Part I, Line 11 - Other Income s. S Statement 3 - Form 990-PF, Part I, Line 18 - Taxes 610 610 Revenue per Net Investment Investment Books **Federal Statements** Net ‹› 108 653 653 108 Total Total Description 5138ORIG Langerman Foundation INDIRECT TAXES/LICENSES INVESTMENT FEE REBATE Description Description FYE: 12/31/2019 86-6037146 TOTAL TOTAL TOTAL

Expenses 4-7 330,686 330,686 1,432,120 1,432,120 Charitable Purpose Fair Market Fair Market Value Value S 0 Statement 7 - Form 990-PF, Part VIII, Line 1 - List of Officers, Directors, Trustees, Etc. Benefits 21,307 9,012 30,445 Basis of Valuation Basis of Valuation Statement 5 - Form 990-PF, Part II, Line 10b - Corporate Stock Investments Statement 6 - Form 990-PF, Part II, Line 10c - Corporate Bond Investments Adjusted Net Statement 4 - Form 990-PF, Part I, Line 23 - Other Expenses Compensation S 328,589 1,100,730 328,589 1,100,730 End of End of Year Year 21,307 21,307 Investment Net 1.00 Average Hours S 1,205,856 311,650 311,650 1,205,856 Beginning of Year Beginning of Year 21,307 9,012 30,445 DIRECTOR Title Total BAIRD STOCK AND BALANCED FUNDS BAIRD TAXABLE BOND FUNDS CHECK PRINTING BANK SERVICE CHARGES Description Description Name and Address Description 4544 E. PALOMINO RD. PHOENIX AZ 85018 INVESTMENT FEES RICHARD LANGERMAN OFFICE EXPENSE FYE: 12/31/2019 TOTAL TOTAL EXPENSES

Federal Statements

5138ORIG Langerman Foundation

86-6037146

Foundation
Langerman
51380RIG

86-6037146 FYE: 12/31/2019

Federal Statements

continued)
Etc. (c
l

Benefits Expenses	0	0	0	0
Compensation	0	0	0	0
Average Hours	1.00	1.00	1.00	1.00
Title	DIRECTOR	DIRECTOR	PRESIDENT	DIRECTOR
Name and Address	ROBERT LANGERMAN 930 EL RIO DR. SAN JOSE CA 95125	JULIE KAGAN 4544 E. PALOMINO RD PHOENIX AZ 85018	ANDREW LANGERMAN 455 W. 23RD ST. APT. 3A NEW YORK NY 10011	AMY LANGERMAN 6215 BRANTING ST SAN DIEGO CA 92122

Form C	990-PF	Underdistribution and Ex	2019				
Form 990-F	730-1 1	For calendar year 2019, or tax year beginning	06/01/19	, ending	12/	31/19	2010
Name							
LANGE	ERMAN F	OUNDATION				86-603	entification Number 37146

Undistributed Income Carryovers Form 990-PF, Part XIII

	Prior Undistributed Income				Next Year Carryover		
Tax Year	Nontaxable or Previously Taxed	Taxable in 2019	Total per Year	Current Year Decreases	Nontaxable or Previously Taxed	Taxable In 2020	
Years prior							
20 15							
20 16				Ţ			
20 17							
2018							
2019			48,380	48,380			
otal Carryove	r to Next Year						

^{*} Carryover amount includes 4942(a) amounts

Excess Distribution Carryovers Form 990-PF, Part XIII

		Current Year	Next Year
	Preceding Tax Year Excess Distributions	Decreases	Carryover
2014	93,860	93,860	
2015	91,388		91,388
2016	91,388		91,388
2017	114,114		114,114
2018	99,072		99,072
Current Y	/ear Excess Distribution Generated (20	19)	48,216
Total Carryover to Next Year			444,178