

Form **990-PF**  
 Department of the Treasury  
 Internal Revenue Service

**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](http://www.irs.gov/Form990PF) for instructions and the latest information.**

OMB No 1545-0052  
**2019**  
**Open to Public Inspection**

**For calendar year 2019, or tax year beginning 01-01-2019 , and ending 12-31-2019**

Name of foundation THE STEIN FAMILY FOUNDATION		<b>A Employer identification number</b> 26-1173132	
Number and street (or P O box number if mail is not delivered to street address) PO BOX 8650		<b>B Telephone number (see instructions)</b> (858) 756-5753	
City or town, state or province, country, and ZIP or foreign postal code RANCHO SANTA FE, CA 92067		<b>C</b> If exemption application is pending, check here <input type="checkbox"/>	
<b>G</b> Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		<b>D 1.</b> Foreign organizations, check here <input type="checkbox"/> <b>2.</b> Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>	
<b>H</b> Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		<b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
<b>I</b> Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶ \$ <u>4,398,720</u>		<b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	
<b>J</b> Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ <i>(Part I, column (d) must be on cash basis)</i>			

<b>Part I Analysis of Revenue and Expenses</b> <i>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) )</i>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, etc., received (attach schedule)				
	<b>2</b> Check <input checked="" type="checkbox"/> if the foundation is <b>not</b> required to attach Sch B				
	<b>3</b> Interest on savings and temporary cash investments				
	<b>4</b> Dividends and interest from securities	96,321	96,321		
	<b>5a</b> Gross rents				
	<b>b</b> Net rental income or (loss)				
	<b>6a</b> Net gain or (loss) from sale of assets not on line 10	91,211			
	<b>b</b> Gross sales price for all assets on line 6a <u>1,128,065</u>				
	<b>7</b> Capital gain net income (from Part IV, line 2)		91,211		
	<b>8</b> Net short-term capital gain				
	<b>9</b> Income modifications				
	<b>10a</b> Gross sales less returns and allowances				
<b>b</b> Less Cost of goods sold					
<b>c</b> Gross profit or (loss) (attach schedule)					
<b>11</b> Other income (attach schedule)	3,682	1,689			
<b>12 Total.</b> Add lines 1 through 11	191,214	189,221			
<b>Operating and Administrative Expenses</b>	<b>13</b> Compensation of officers, directors, trustees, etc	3,600			3,600
	<b>14</b> Other employee salaries and wages				
	<b>15</b> Pension plans, employee benefits				
	<b>16a</b> Legal fees (attach schedule)				
	<b>b</b> Accounting fees (attach schedule)	3,687			3,687
	<b>c</b> Other professional fees (attach schedule)	27,856	27,856		
	<b>17</b> Interest				
	<b>18</b> Taxes (attach schedule) (see instructions)	3,301	3,241		60
	<b>19</b> Depreciation (attach schedule) and depletion				
	<b>20</b> Occupancy				
	<b>21</b> Travel, conferences, and meetings				
	<b>22</b> Printing and publications				
	<b>23</b> Other expenses (attach schedule)	268			268
	<b>24 Total operating and administrative expenses.</b> Add lines 13 through 23	38,712	31,097		7,615
	<b>25</b> Contributions, gifts, grants paid	184,768			184,768
<b>26 Total expenses and disbursements.</b> Add lines 24 and 25	223,480	31,097		192,383	
<b>27</b> Subtract line 26 from line 12					
<b>a Excess of revenue over expenses and disbursements</b>	-32,266				
<b>b Net investment income</b> (if negative, enter -0-)		158,124			
<b>c Adjusted net income</b> (if negative, enter -0-)					

<b>Part II Balance Sheets</b> Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .			
	<b>2</b> Savings and temporary cash investments . . . . .	62,581	99,942	99,942
	<b>3</b> Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	<b>4</b> Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	<b>5</b> Grants receivable . . . . .			
	<b>6</b> Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .			
	<b>7</b> Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	<b>8</b> Inventories for sale or use . . . . .			
	<b>9</b> Prepaid expenses and deferred charges . . . . .			
	<b>10a</b> Investments—U S and state government obligations (attach schedule)	157,202	177,933	185,115
	<b>b</b> Investments—corporate stock (attach schedule) . . . . .			
	<b>c</b> Investments—corporate bonds (attach schedule) . . . . .			
	<b>11</b> Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	<b>12</b> Investments—mortgage loans . . . . .			
	<b>13</b> Investments—other (attach schedule) . . . . .	3,332,718	3,244,466	4,113,663
	<b>14</b> Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
<b>15</b> Other assets (describe ▶ _____)				
<b>16 Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item I)	3,552,501	3,522,341	4,398,720	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .			
	<b>18</b> Grants payable . . . . .			
	<b>19</b> Deferred revenue . . . . .			
	<b>20</b> Loans from officers, directors, trustees, and other disqualified persons			
	<b>21</b> Mortgages and other notes payable (attach schedule) . . . . .			
	<b>22</b> Other liabilities (describe ▶ _____)			
	<b>23 Total liabilities</b> (add lines 17 through 22) . . . . .		0	
<b>Net Assets or Fund Balances</b>	<b>Foundations that follow FASB ASC 958, check here</b> ▶ <input checked="" type="checkbox"/> <b>and complete lines 24, 25, 29 and 30.</b>			
	<b>24</b> Net assets without donor restrictions . . . . .	3,552,501		
	<b>25</b> Net assets with donor restrictions . . . . .			
	<b>Foundations that do not follow FASB ASC 958, check here</b> ▶ <input type="checkbox"/> <b>and complete lines 26 through 30.</b>			
	<b>26</b> Capital stock, trust principal, or current funds . . . . .			
	<b>27</b> Paid-in or capital surplus, or land, bldg , and equipment fund			
	<b>28</b> Retained earnings, accumulated income, endowment, or other funds			
<b>29 Total net assets or fund balances</b> (see instructions) . . . . .	3,552,501	3,522,341		
<b>30 Total liabilities and net assets/fund balances</b> (see instructions) .	3,552,501	3,522,341		

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

<b>1</b> Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return) . . . . .	<b>1</b>	3,552,501
<b>2</b> Enter amount from Part I, line 27a . . . . .	<b>2</b>	-32,266
<b>3</b> Other increases not included in line 2 (itemize) ▶ _____	<b>3</b>	2,500
<b>4</b> Add lines 1, 2, and 3 . . . . .	<b>4</b>	3,522,735
<b>5</b> Decreases not included in line 2 (itemize) ▶ _____	<b>5</b>	394
<b>6</b> Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29 .	<b>6</b>	3,522,341

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co.)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo, day, yr)	(d) Date sold (mo, day, yr)
<b>1 a</b> MORGAN STANLEY - SEE ATTACHED	P	2018-01-01	2019-12-31
<b>b</b> MORGAN STANLEY - SEE ATTACHED	P	2019-12-31	2019-12-31
<b>c</b>			
<b>d</b>			
<b>e</b>			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
<b>a</b> 686,262		576,580	109,682
<b>b</b> 441,803		460,274	-18,471
<b>c</b>			
<b>d</b>			
<b>e</b>			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
<b>a</b>			109,682
<b>b</b>			-18,471
<b>c</b>			
<b>d</b>			
<b>e</b>			

<b>2</b> Capital gain net income or (net capital loss)	<b>2</b>	91,211
<b>3</b> 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 instructions) If (loss), enter -0- in Part I, line 8	<b>3</b>	-18,471

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?  Yes  No  
 If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

**1** Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2018	226,303	4,102,132	0 05517
2017	167,337	3,982,711	0 04202
2016	192,537	3,666,856	0 05251
2015	193,027	3,854,402	0 05008
2014	189,910	3,992,886	0 04756

<b>2</b> Total of line 1, column (d)	<b>2</b>	0 247332
<b>3</b> Average distribution ratio for the 5-year base period—divide the total on line 2 by 5 0, or by the number of years the foundation has been in existence if less than 5 years	<b>3</b>	0 049466
<b>4</b> Enter the net value of noncharitable-use assets for 2019 from Part X, line 5	<b>4</b>	4,090,778
<b>5</b> Multiply line 4 by line 3	<b>5</b>	202,354
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)	<b>6</b>	1,581
<b>7</b> Add lines 5 and 6	<b>7</b>	203,935
<b>8</b> Enter qualifying distributions from Part XII, line 4	<b>8</b>	192,383

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)

Table with 11 rows for excise tax calculations. Includes fields for exempt foundations, tax under section 511, subtitle A tax, and total tax due. Total tax due is 1,682.

Part VII-A Statements Regarding Activities

Table with 10 rows for activity statements. Includes questions about political campaigns, political expenditures, and state reporting. Includes Yes/No columns.

Part VII-A Statements Regarding Activities (continued)

Table with 3 columns: Question, Yes, No. Rows 11-14 regarding controlled entities, distributions, public inspection, and books in care.

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15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —check here and enter the amount of tax-exempt interest received or accrued during the year.

Table with 3 columns: Question, Yes, No. Row 16 regarding interest in foreign countries.

Part 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.

Main table with 3 columns: Question, Yes, No. Rows 1a-4b regarding Form 4720 exceptions and requirements.

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required** (continued)

<b>5a</b>	During the year did the foundation pay or incur any amount to		<b>Yes</b>	<b>No</b>
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(3) Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions. . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b>	If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions. . . . .		<b>5b</b>	
	Organizations relying on a current notice regarding disaster assistance check here. . . . .	<input type="checkbox"/>		
<b>c</b>	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? . . . . . If "Yes," attach the statement required by Regulations section 53.4945–5(d)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>6a</b>	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b>	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . . If "Yes" to 6b, file Form 8870	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>6b</b>	<b>No</b>
<b>7a</b>	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b>	If "Yes", did the foundation receive any proceeds or have any net income attributable to the transaction? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>7b</b>	
<b>8</b>	Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment during the year? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**

**1 List all officers, directors, trustees, foundation managers and their compensation. See instructions**

(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 plans and deferred compensation	(e) Expense account, other allowances
See Additional Data Table				

**2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."**

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

**Total** number of other employees paid over \$50,000. . . . .

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**

**3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".**

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
<b>Total</b> number of others receiving over \$50,000 for professional services. . . . . ▶		

**Part IX-A Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc

	Expenses
<b>1</b>	
<b>2</b>	
<b>3</b>	
<b>4</b>	

**Part IX-B Summary of Program-Related Investments (see instructions)**

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2

	Amount
<b>1</b>	
<b>2</b>	
All other program-related investments. See instructions	
<b>3</b>	
<b>Total.</b> Add lines 1 through 3 . . . . . ▶	

**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
<b>a</b>	Average monthly fair market value of securities.	<b>1a</b>	4,009,186
<b>b</b>	Average of monthly cash balances.	<b>1b</b>	143,888
<b>c</b>	Fair market value of all other assets (see instructions).	<b>1c</b>	0
<b>d</b>	<b>Total</b> (add lines 1a, b, and c).	<b>1d</b>	4,153,074
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	<b>1e</b>	0
<b>2</b>	Acquisition indebtedness applicable to line 1 assets.	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d.	<b>3</b>	4,153,074
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	62,296
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4.	<b>5</b>	4,090,778
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5.	<b>6</b>	204,539

**Part XI Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here  and do not complete this part.)

<b>1</b>	Minimum investment return from Part X, line 6.	<b>1</b>	204,539
<b>2a</b>	Tax on investment income for 2019 from Part VI, line 5.	<b>2a</b>	3,162
<b>b</b>	Income tax for 2019 (This does not include the tax from Part VI).	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b.	<b>2c</b>	3,162
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1.	<b>3</b>	201,377
<b>4</b>	Recoveries of amounts treated as qualifying distributions.	<b>4</b>	
<b>5</b>	Add lines 3 and 4.	<b>5</b>	201,377
<b>6</b>	Deduction from distributable amount (see instructions).	<b>6</b>	
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	<b>7</b>	201,377

**Part XII Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
<b>a</b>	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	<b>1a</b>	192,383
<b>b</b>	Program-related investments—total from Part IX-B.	<b>1b</b>	
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the		
<b>a</b>	Suitability test (prior IRS approval required).	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule).	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.	<b>4</b>	192,383
<b>5</b>	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.	<b>5</b>	
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4.	<b>6</b>	192,383

**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.



**Part XIII Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
<b>1</b> Distributable amount for 2019 from Part XI, line 7				201,377
<b>2</b> Undistributed income, if any, as of the end of 2019				
<b>a</b> Enter amount for 2018 only. . . . .			170,158	
<b>b</b> Total for prior years 20___, 20___, 20___				
<b>3</b> Excess distributions carryover, if any, to 2019				
<b>a</b> From 2014. . . . .				
<b>b</b> From 2015. . . . .				
<b>c</b> From 2016. . . . .				
<b>d</b> From 2017. . . . .				
<b>e</b> From 2018. . . . .				
<b>f</b> Total of lines 3a through e. . . . .				
<b>4</b> Qualifying distributions for 2019 from Part XII, line 4 ▶ \$ <u>192,383</u>				
<b>a</b> Applied to 2018, but not more than line 2a			170,158	
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .				
<b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .	0			
<b>d</b> Applied to 2019 distributable amount. . . . .				22,225
<b>e</b> Remaining amount distributed out of corpus				
<b>5</b> Excess distributions carryover applied to 2019 (If an amount appears in column (d), the same amount must be shown in column (a) )				
<b>6</b> Enter the net total of each column as indicated below:				
<b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5				
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b . . . . .				
<b>c</b> 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. . . . .				
<b>d</b> Subtract line 6c from line 6b Taxable amount—see instructions . . . . .				
<b>e</b> Undistributed income for 2018 Subtract line 4a from line 2a Taxable amount—see instructions . . . . .				
<b>f</b> Undistributed income for 2019 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2020 . . . . .				179,152
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions). . . . .				
<b>8</b> Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions). . . . .				
<b>9</b> Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a . . . . .				
<b>10</b> Analysis of line 9				
<b>a</b> Excess from 2015. . . . .				
<b>b</b> Excess from 2016. . . . .				
<b>c</b> Excess from 2017. . . . .				
<b>d</b> Excess from 2018. . . . .				
<b>e</b> Excess from 2019. . . . .				

**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9)

**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. . . . . ▶

**b** Check box to indicate whether the organization is a private operating foundation described in section  4942(j)(3) or  4942(j)(5)

**2a** Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .

	Tax year	Prior 3 years			(e) Total
	(a) 2019	(b) 2018	(c) 2017	(d) 2016	
<b>b</b> 85% of line 2a . . . . .					
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed . . . . .					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c . . . . .					
<b>3</b> Complete 3a, b, or c for the alternative test relied upon					
<b>a</b> "Assets" alternative test—enter					
<b>(1)</b> Value of all assets . . . . .					
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</b> "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . . . .					
<b>c</b> "Support" alternative test—enter					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . .					
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . . .					
<b>(3)</b> Largest amount of support from an exempt organization					
<b>(4)</b> Gross investment income					

**Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see instructions.)**

**1 Information Regarding Foundation Managers:**

**a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2) )

**b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here  if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions.

**a** The name, address, and telephone number or e-mail address of the person to whom applications should be addressed

STEIN FAMILY FOUNDATION  
PO BOX 8650  
RANCHO SANTA FE, CA 920678650  
(858) 756-5753

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

THE FOUNDATION DOES NOT REQUIRE AN APPLICATION FORM NOR A FORMAL GRANT PROPOSAL. EACH PROSPECTIVE GRANTEE WILL BE REQUIRED TO SUBMIT A LETTER AND APPROPRIATE SUPPORTING DATA THAT WILL EXPLAIN THE PURPOSES FOR WHICH THE GRANT WILL BE EXPENDED IF RECEIVED AND USUALLY A GRANT APPLICANT WILL BE REQUIRED TO SUBMIT FINANCIAL DATA INCLUDING ITS RECENT FINANCIAL STATEMENTS AND A BUDGET FOR THE YEAR(S) IN WHICH THE GRANT WILL BE EXPENDED.

**c** Any submission deadlines

NONE

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

NONE

**Part XV** Supplementary Information (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i> See Additional Data Table				
<b>Total . . . . .</b> ▶ <b>3a</b>				184,768
<b>b</b> <i>Approved for future payment</i>				
<b>Total . . . . .</b> ▶ <b>3b</b>				

**Part XVI-A Analysis of Income-Producing Activities**

Enter gross amounts unless otherwise indicated		Unrelated business income		Excluded by section 512, 513, or 514		<b>(e)</b> Related or exempt function income (See instructions )
		<b>(a)</b> Business code	<b>(b)</b> Amount	<b>(c)</b> Exclusion code	<b>(d)</b> Amount	
<b>1</b>	Program service revenue					
<b>a</b>	_____					
<b>b</b>	_____					
<b>c</b>	_____					
<b>d</b>	_____					
<b>e</b>	_____					
<b>f</b>	_____					
<b>g</b>	Fees and contracts from government agencies					
<b>2</b>	Membership dues and assessments. . . . .					
<b>3</b>	Interest on savings and temporary cash investments . . . . .					
<b>4</b>	Dividends and interest from securities. . . . .			14	96,321	
<b>5</b>	Net rental income or (loss) from real estate					
<b>a</b>	Debt-financed property. . . . .					
<b>b</b>	Not debt-financed property. . . . .					
<b>6</b>	Net rental income or (loss) from personal property					
<b>7</b>	Other investment income. . . . .					
<b>8</b>	Gain or (loss) from sales of assets other than inventory . . . . .			18	91,211	
<b>9</b>	Net income or (loss) from special events					
<b>10</b>	Gross profit or (loss) from sales of inventory					
<b>11</b>	Other revenue					
<b>a</b>	FEDERAL TAX REFUND					1,993
<b>b</b>	LITIGATION SETTLEMENT			18	236	
<b>c</b>	MISCELLANEOUS INV INC			18	1,453	
<b>d</b>	_____					
<b>e</b>	_____					
<b>12</b>	Subtotal Add columns (b), (d), and (e). . . . .				189,221	1,993
<b>13</b>	<b>Total.</b> Add line 12, columns (b), (d), and (e). . . . . (See worksheet in line 13 instructions to verify calculations )					<b>191,214</b>

**Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes**

<b>Line No.</b> ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See instructions )
11a	Refund of federal taxes paid in 2018 on investment income

**Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations**

**Part XVII**

- 1** Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?
  - a** Transfers from the reporting foundation to a noncharitable exempt organization of
    - (1) Cash. . . . .
    - (2) Other assets. . . . .
  - b** Other transactions
    - (1) Sales of assets to a noncharitable exempt organization. . . . .
    - (2) Purchases of assets from a noncharitable exempt organization. . . . .
    - (3) Rental of facilities, equipment, or other assets. . . . .
    - (4) Reimbursement arrangements. . . . .
    - (5) Loans or loan guarantees. . . . .
    - (6) Performance of services or membership or fundraising solicitations. . . . .
  - c** Sharing of facilities, equipment, mailing lists, other assets, or paid employees. . . . .
- d** If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

	Yes	No
<b>1a(1)</b>		No
<b>1a(2)</b>		No
<b>1b(1)</b>		No
<b>1b(2)</b>		No
<b>1b(3)</b>		No
<b>1b(4)</b>		No
<b>1b(5)</b>		No
<b>1b(6)</b>		No
<b>1c</b>		No

(a) Line No	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

**2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527?  Yes  No

**b** If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b> ▶		2020-06-17	
	Signature of officer or trustee	Date	Title

May the IRS discuss this return with the preparer shown below (see instr ) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
---

<b>Paid Preparer Use Only</b>	Print/Type preparer's name  MARK BENITO CPA	Preparer's Signature	Date	Check if self-employed ▶ <input type="checkbox"/>	PTIN  P00145865
	Firm's name ▶ Benito & Company				Firm's EIN ▶ 33-0739062
	Firm's address ▶ 10801 Thornmint Road Suite 150 San Diego, CA 92127				Phone no (858) 487-0777

**Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation**

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
JEROME STEIN PO BOX 8650 RANCHO SANTA FE, CA 920678650	President 5 00	600		
SHARON STEIN PO BOX 8650 RANCHO SANTA FE, CA 920678650	Vice President 5 00	600		
GREGORY STEIN 4114 ROSEDALE AVENUE AUSTIN, TX 78756	Trustee 5 00	600		
KAREN NUNEZ 1346 HARDIN DRIVE EL CAJON, CA 92020	Director 5 00	600		
DANA STEIN 7694 SONATA LANE SAN DIEGO, CA 92127	Director 5 00	600		
LISA STEIN 847 MOHAWK ST COLUMBUS, OH 43206	Director 5 00	600		

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CASA DE AMPARO 325 BUENA CREEK RD SAN MARCOS, CA 92069	NONE	PUBLIC	GENERAL OPERATING EXPENSES	50,550
CYSTIC FIBROSIS FOUNDATION 10455 SORRENTO VALLEY RD 103 SAN DIEGO, CA 92121	NONE	PUBLIC	GENERAL OPERATING EXPENSES	1,500
THE ELIZABETH HOSPICE FOUNDATION 500 LA TERRAZA BLVD 130 ESCONDIDO, CA 92025	NONE	PUBLIC	GENERAL OPERATING EXPENSES	6,500
<b>Total . . . . .</b> ▶ <b>3a</b>				184,768

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
<b>a</b> <i>Paid during the year</i>				
JEWISH FAMILY SERVICE 8804 BALBOA AVENUE SAN DIEGO, CA 92123	NONE	PUBLIC	GENERAL OPERATING EXPENSES	15,268
KIDS INCLUDED TOGETHER 2820 ROOSEVELT RD STE 202 SAN DIEGO, CA 92106	NONE	PUBLIC	GENERAL OPERATING EXPENSES	1,000
NORTH COAST REPERTORY THEATRE 987 LOMAS SANTA FE DR STE D SOLANA BEACH, CA 92075	NONE	PUBLIC	GENERAL OPERATING EXPENSES	8,250
<b>Total . . . . .</b>				<b>184,768</b>



**3a**



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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
RADY CHILDREN'S HOSPITAL FOUNDATION 3020 CHILDRENS WAY SAN DIEGO, CA 92123	NONE	PUBLIC	GENERAL OPERATING EXPENSES	10,000
JEWISH FEDERATION OF SD COUNTY 4950 MURPHY CANYON RD SAN DIEGO, CA 92123	NONE	PUBLIC	GENERAL OPERATING EXPENSES	10,000
THE VISION OF CHILDREN FOUNDATION 12555 HIGH BLUFF DR 330 SAN DIEGO, CA 92130	NONE	PUBLIC	GENERAL OPERATING EXPENSES	1,700
<b>Total . . . . .</b> ▶ <b>3a</b>				184,768

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
<b>a</b> <i>Paid during the year</i>				
VISTA HILL FOUNDATION 8910 CLAIREMONT MESA BLVD SAN DIEGO, CA 92123	NONE	PUBLIC	GENERAL OPERATING EXPENSES	10,000
COMMUNITY RESOURCE CENTER 650 SECOND STREET ENCINITAS, CA 92024	NONE	PUBLIC	GENERAL OPERATING EXPENSES	3,000
MIRA COSTA COLLEGE FOUNDATION ONE BARNARD DR OCEANSIDE, CA 92056	NONE	PUBLIC	GENERAL OPERATING EXPENSES	4,000
<b>Total . . . . .</b>				<b>184,768</b>



**3a**

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
JUVENILE DIABETES RESEACH FOUNDATIO 5665 OBERLIN DR STE 106 SAN DIEGO, CA 92121	NONE	PUBLIC	GENERAL OPERATING EXPENSES	1,000
MAMA'S KITCHEN3960 HOME AVENUE SAN DIEGO, CA 92105	NONE	PUBLIC	GENERAL OPERATING EXPENSES	1,500
SOLUTIONS FOR CHANGE 722 WEST CALIFORNIA AVE VISTA, CA 92083	NONE	PUBLIC	GENERAL OPERATING EXPENSES	10,000
<b>Total . . . . .</b> ▶ <b>3a</b>				184,768

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
<b>a</b> <i>Paid during the year</i>				
MHS FAMILY RECOVERY CENTER 1100 SPORTFISHER DRIVE OCEANSIDE, CA 92054	NONE	PUBLIC	GENERAL OPERATING EXPENSES	1,000
ANY BABY CAN OF AUSTIN INC 6207 SHERIDAN AVE AUSTIN, TX 78723	NONE	PUBLIC	GENERAL OPERATING EXPENSES	6,000
REEB AVENUE CENTER 330 WEST SPRING ST COLUMBUS, OH 43215	NONE	PUBLIC	GENERAL OPERATING EXPENSES	2,500
<b>Total . . . . .</b> ▶ <b>3a</b>				184,768

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
STAND WITH US SAN DIEGO PO BOX 341069 LOS ANGELES, CA 90034	NONE	PUBLIC	GENERAL OPERATING EXPENSES	3,000
SPIRIT OF LIBERTY FOUNDATION 18029 CALLE AMBIENTE STE 506 RANCHO SANTA FE, CA 92067	NONE	PUBLIC	GENERAL OPERATING EXPENSES	1,000
HELPING HAND HOME FOR CHILDREN 3804 AVENUE B AUSTIN, TX 78751	NONE	PUBLIC	GENERAL OPERATING EXPENSES	4,000
<b>Total . . . . .</b> ▶ <b>3a</b>				184,768

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
THE CENTER FOR HEALTHY FAMILIES 500 SOUTH FRONT ST STE 930 COLUMBUS, OH 43215	NONE	PUBLIC	GENERAL OPERATING EXPENSES	2,500
VILLAGE PROJECT AFRICA INC PO BOX 382 NOBLESVILLE, IN 46061	NONE	PUBLIC	GENERAL OPERATING EXPENSES	13,000
ARMS WIDE OPEN 237 EAST MAIN STREET EL CAJON, CA 92020	NONE	PUBLIC	GENERAL OPERATING EXPENSES	4,000
<b>Total . . . . .</b> ▶ <b>3a</b>				184,768

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
WILDFIRE EDUCATION 255 E BECK ST COLUMBUS, OH 43206	NONE	PUBLIC	GENERAL OPERATING EXPENSES	5,000
CHESD HOME HOPE VILLAGE SAN DIEGO PO BOX 151676 SAN DIEGO, CA 92175	NONE	PUBLIC	GENERAL OPERATING EXPENSES	1,000
DEAF COMMUNITY SERVICE OF SAN DIEGO 1545 HOTEL CIRCLE SOUTH STE 300 SAN DIEGO, CA 92108	NONE	PUBLIC	GENERAL OPERATING EXPENSES	7,500
<b>Total . . . . . ▶ 3a</b>				184,768

**TY 2019 Accounting Fees Schedule****Name:** THE STEIN FAMILY FOUNDATION**EIN:** 26-1173132**Software ID:** 19009920**Software Version:** 2019v5.0

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
BOOKKEEPING	1,245	0	0	1,245
TAX PREPARATION & CONSULTING	2,442	0	0	2,442



**TY 2019 Investments Government Obligations Schedule****Name:** THE STEIN FAMILY FOUNDATION**EIN:** 26-1173132**Software ID:** 19009920**Software Version:** 2019v5.0**US Government Securities - End  
of Year Book Value:**

177,933

**US Government Securities - End  
of Year Fair Market Value:**

185,115

**State & Local Government  
Securities - End of Year Book  
Value:****State & Local Government  
Securities - End of Year Fair  
Market Value:**

**TY 2019 Investments - Other Schedule****Name:** THE STEIN FAMILY FOUNDATION**EIN:** 26-1173132**Software ID:** 19009920**Software Version:** 2019v5.0**Investments Other Schedule 2**

<b>Category/ Item</b>	<b>Listed at Cost or FMV</b>	<b>Book Value</b>	<b>End of Year Fair Market Value</b>
RANCHO SANTA FE OFFICE CENTER	AT COST	96,792	96,792
CITI SMITH BARNEY (028200)	AT COST	3,147,674	4,016,871

**TY 2019 Other Decreases Schedule****Name:** THE STEIN FAMILY FOUNDATION**EIN:** 26-1173132**Software ID:** 19009920**Software Version:** 2019v5.0

<b>Description</b>	<b>Amount</b>
COST BASIS ROUNDING	5
PASSTHROUGH ENTITY LOSS	389

**TY 2019 Other Expenses Schedule****Name:** THE STEIN FAMILY FOUNDATION**EIN:** 26-1173132**Software ID:** 19009920**Software Version:** 2019v5.0**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
POSTAGE	268			268

**TY 2019 Other Income Schedule****Name:** THE STEIN FAMILY FOUNDATION**EIN:** 26-1173132**Software ID:** 19009920**Software Version:** 2019v5.0**Other Income Schedule**

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
FEDERAL TAX REFUND	1,993		
LITIGATION SETTLEMENT	236	236	
MISCELLANEOUS INV INC	1,453	1,453	

**TY 2019 Other Increases Schedule****Name:** THE STEIN FAMILY FOUNDATION**EIN:** 26-1173132**Software ID:** 19009920**Software Version:** 2019v5.0

<b>Description</b>	<b>Amount</b>
PRIOR YEAR ACCOUNT BALANCE NOT REPORTED	2,500

**TY 2019 Other Professional Fees Schedule****Name:** THE STEIN FAMILY FOUNDATION**EIN:** 26-1173132**Software ID:** 19009920**Software Version:** 2019v5.0

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
INVESTMENT FEES	27,856	27,856	0	0

**TY 2019 Taxes Schedule****Name:** THE STEIN FAMILY FOUNDATION**EIN:** 26-1173132**Software ID:** 19009920**Software Version:** 2019v5.0

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
ATTORNEY GENERAL	50			50
FOREIGN TAXES WITHHELD	3,241	3,241		
FRANCHISE TAX FEES	10			10