	Form	₋ 990-₹	E	Exempt Or				ss Income	Tax	Retur	'n	OMB No 1545-0047
		ડ્યું ,	For ca	ilendar year 2019 or other	•	-		, and ending		112		2019
		urtment of the Treasury nal Revenue Service						ons and the latest info de public if your orga			۱,	Open to Public Inspection for 501(c)(3) Organizations Only
	A	Check box if address changed		Name of organization				and see instructions.		10 0 00 1(0)(D Emp (Emp	loyer identification number ployees' trust, see uctions)
	В Е	exempt under section.	Print SEGAL FAMILY FOUNDATION INC.									66-2446941
] 501(c)(3) イ	Number, street, and room or suite no. If a P.O. box, see instructions.									lated business activity code instructions)
		408(e) 220 (e)	type	City or town, state or province, country, and ZIP or foreign postal code WARREN, NJ 07059							4	
		408A 530(a) 529(a)									900	900001
	C Bo	ook value of all assets end of year	4.0	F Group exemption			<u> </u>					
	<u> </u>	121,646,8		G Check organization			rporatio				(a) trust	Other trust
		nter the number of the c ade or business here	-							nly (or first) plete Parts I-		
		scribe the first in the bl							-			
		isiness, then complete f										
7		uring the tax year, was t		-			ent-subs	diary controlled group	?	>	Y	es X No
S		"Yes," enter the name a				ation.		T-1			000	270 7001
\geq		ne books are in care of urt I Unrelated				<u>-</u>		(A) Income	pnone ni	(B) Expens		279-7881 (C) Net
		Gross receipts or sale:				<u></u>	T	(A) IIIOVIIIC		(b) Expens		(0)
10 00 00 00 00 00 00 00 00 00 00 00 00 0		Less returns and allow			c Balar	nce	1c			١.		//
Q	2	Cost of goods sold (So	hedule	A, line 7)	6	•	2			ŧ . v	•	/ "
É	3	Gross profit. Subtract	line 2 fr	rom line 1c			3			·	• •	
Q		Capital gain net incom	•	•			48_					
Q		Net gain (loss) (Form		• •	Form 4797)		4b			`		<u> </u>
•	C 5	Capital loss deduction Income (loss) from a j			on (attach stat	ement\	4c 5	822,421	_	STMT	19	822,421.
×	6	Rent income (Schedul		ship or all o corporati	on tattaon stati	cincin,	6	111,361		7 5 1111		111,361.
	7	Unrelated debt-finance		ne (Schedule E)			7					
	8	Interest, annuities, roya	alties, ai	nd rents from a contro	olled organizati	on (Schedule F)	8					
	9	Investment income of			17) organizatio	on (Schedule G				·· -		
	10	Exploited exempt activ					10					
	11 12	Advertising income (S Other income (See ins			STATEM	MENT 20	11	24,332	 			24,332.
		Total. Combine lines		, ,	DINIDE	IENI ZU	13	958,114				958,114.
		rt II Deduction	ıs No	t Taken Elsew			or limita	tions on deduction			•	
				e directly connect		nrelated busi	ness inc	come.)		_		45.60
707	14	Compensation of office	ers, dı	rectors, and trustees	(Schedule K)						14	15,600.
ũ	15 16	Salaries and wages Repairs and maintena	000								15 16	
• >	17	Bad debts	IIICE		_ [RF	CFI	VED			17	
	18	Interest (attach sched	ule) (se	e instructions)	İ	1 %		l l			18	
5	19	Taxes and licenses	, ,		l	စ္က		2020			19	
	20	Depreciation (attach f	_	•		16.21	V I A	2020			 _	
	21	Less depreciation cla	méd on	Schedule A and else	where on retur	ኮ		<u> </u>			21b	
;	22	Depletion Contribution de de fac				OG	DE	4, UT			22	
3	23 24	Contributions to defer Employee benefit pro-		npensation plans							23	 _
	25	Excess exempt expen		hedule I)							25	
	26	Excess readership co									26	
	27/	Other deductions (atta						SEE STA	TEME	ENT 21	27	21,783.
	28	Total deductions. Ad		-							28	37,383.
	29	Unrelated business ta									29	920,731.
	30	Deduction for net ope	rating l	oss arising in tax yea	's beginning or	n or after Janua	ary 1, 20	18				Δ
	31	(see instructions)	vahle in	ienma Suhtraet lies 1	≀0 from line ≏0	1					30 31	$\frac{0.}{920,731.}$
		Unrelated business ta 1 01-27-20 LHA For										Form 990-T (2019)
	010	. 51-21-25	. apoit		306 1113						1 1	1

		SEGAL FAMILY FOUNDATION INC.	56-	-2446941	Page 2
Par		Total Unrelated Business Taxable Income			
32 ~	Ţotal c	of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32	920,7	/31.
33	Amou	nts paid for disallowed fringes	38		
34	Charit	able contributions (see instructions for limitation rules) STMT 25	34		73.
35	Total u	inrelated business taxable income before pre-2018 NOLs and specific deduction Subtract line 34 from the sum of lines 32 and 38	35	828,7	758.
36		tion for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36		
37		f unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	828,7	758.
38	_	ic deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38		000.
39	•	ted business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,	17		
US		the smaller of zero or line 37	39	827,7	758.
Par		Tax Computation	1 33 1	<u> </u>	30.
40 /	/ 4	zations Taxable as Corporations. Multiply line 39 by 21% (0.21)	1 40 1	173,8	129
•			1 1		, <u>, , , , , , , , , , , , , , , , , , </u>
41		Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from:	41		
		ax rate schedule or Schedule D (Form 1041)			
42	-	tax. See instructions	42	_ 	
43		tive minimum tax (trusts only)	43		
44	_	Noncompliant Facility Income. See instructions	44	452	-
45		Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	173,8	<u> 329.</u>
	/ - 311	Tax and Payments			
46 a	Foreig	n tax credit (corporations attach Form 1118; trusts attach Form 1116)	411		
b	Other o	credits (see instructions)	41 1		
C	Genera	Il business credit. Attach Form 3800]]]		
d	Credit	for prior year minimum tax (attach Form 8801 or 8827)			
е	Total c	redits. Add lines 46a through 46d	46e		
47	Subtra	ct line 46e from line 45	47	173,8	<u> 29.</u>
48	Other t	axes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	48		
49	Total t	ax. Add lines 47 and 48 (see instructions)	49	173,8	29.
50	2019 n	et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50		0.
51 a		nts: A 2018 overpayment credited to 2019 (04 51a 6 , 319 .	Π		
	•	stimated tax payments (0 b 51b 10,000.	11		
		posited with Form 8868 (D C 51c 50,000.	11		
		n organizations; Tax paid or withheld at source (see instructions)	11		
	_	withholding (see instructions) 51e	11		
		for small employer health insurance premiums (attach Form 8941)	11		
		redits, adjustments, and payments: Form 2439	11		
9		orm 4136			
52		ayments. Add lines 51a through 51g	52	66,3	119.
53	•	ted tax penalty (see instructions). Check if Form 2220 is attached	53		38.
54		e. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed STATEMENT 22	54	113,2	
55		syment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55		10.
56	•		56		
Part		ne amount of line 55 you want: Credited to 2020 estimated tax Refunded Statements Regarding Certain Activities and Other Information (see instructions)	1 30 1		
				Yes	No
57		time during the 2019 calendar year, did the organization have an interest in or a signature or other authority financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file		res	1 110
				1	1 1
	here	Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country KENYA		X	I
				—— ^	X
58		the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		 	1
50		see instructions for other forms the organization may have to file.		•	l'
59		ne amount of tax-exempt interest received or accrued during the tax year \$	ine and hel-	let it is true	
Sign	c	nder penalties of perjury I declare that I have examined this caturn, including accompanying schedules and statements, and to the best of my knowled crect, and complete. Declaration of preparer (other than tagoayer) is based on all information of which preparer has any knowledge	ige and ben	er, it is true,	
Here		. v // / /////	-	discuss this return v	with
				eea) woled nwork	N.
			structions)?	X Yes	No
		Districtly advantal by Stewart Kreintit	f PTIN		
Paid		Dir cirkSuren Katala, a. o. Self- employed		0000011	
Prep	arer	STEVEN AREINIK / Date 2020 11 10 10:00:028 45:00 11/9/20/20		0839914	
Use	Only	Firm's name ► EISNERAMPER LLP Firm's EIN ►	<u> 13</u>	-163982	<u> </u>
	_	1001 BRICKELL BAY DRIVE, SUITE 1400		004 5	_
		Firm's address ► MIAMI, FL 33131-4938 Phone no. (<u>371-620</u>	
022711 /	1-27-20			Form 990-T	(2010)

*,41 x

Page 3

Schedule A - Cost of Good	s Sold. Enter	method of inver	ntory va	aluation N/A	<u> </u>		- <u></u> -
1 Inventory at beginning of year	1		6	Inventory at end of ye	ar		6
2 Purchases	2		7	Cost of goods sold. S	Subtract	line 6	
3 Cost of labor	3		7	from line 5. Enter here	e and in f	Part I,	
4a Additional section 263A costs				line 2		L	7
(attach schedule)	4a		8	Do the rules of section	n 263A (with respect to	Yes No
b Other costs (attach schedule)	4b	_	1	property produced or	acquired	for resale) apply to	
5 Total. Add lines 1 through 4b	. 5		7	the organization?			
Schedule C - Rent Income	(From Real	Property and	Pers	onal Property I	Lease	d With Real Prope	rty)
(see instructions)							
1. Description of property							
(1) MANSFIELD ROAD -	COMMERC	IAL PROP	ERT	Υ			
(2)							
(3)							· —
(4)				· · · · · · · · · · · · · · · · · · ·			
	2. Rent receive	ed or accrued					
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	centage of than	of rent for p	oersona i j	nal property (if the percente property exceeds 50% or if d on profit or income)	age		onnected with the income in 2(b) (attach schedule)
(1)			_	111,3	61.		·
(2)							
(3)							
(4)							
Total	0.	Total		111,3	61.		
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		ter		111,3		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	0.
Schedule E - Unrelated Deb		Income (see	ınstruc	tions)			
		, , , , , , , , , , , , , , , , , , , ,	2.	Grass income from		3. Deductions directly conne to debt-finance	cted with or allocable d property
1. Description of debt-fir	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)							
(2)							
(3)							
(4)							
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-finar	adjusted basis flocable to aced property schedule)	6.	Column 4 divided by column 5	İ	7. Gross income reportable (column 2 x column 6)	8 , Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)				%			
(2)				%			
(3)			Ι	%			
(4)		<u> </u>		%	l		
						nter here and on page 1. Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Totals				•		0.	0.
Total dividends-received deductions in	cluded in column	8					0.
							Form 990-T (2019)

<u></u>	Annuities, Roy			Controlled O				·		
1. Name of controlled organize	2.	Employer entification number	3. Net un	related income e instructions)	4 , To	tal of specified ments made	includ	rt of column 4 led in the cont ation's gross	olling	6. Deductions directly connected with income in column 5
(1)		 	+				 			
(2)										
(3)										
(4)										
ionexempt Controlled Organ	ızatıons									
7. Taxable income	8. Net unrelated in (see instruc		9. Tota	l of specified payr made	nents	10. Part of colu in the controll gross	mn 9 tha ing organ s income	nzation's	11. De- with	ductions directly connected income in column 10
(1)										
(2)										
(3)										
(4)	<u> </u>									
						Add colun Enter here and line 8, c		1, Part I,	Enter h	d columns 6 and 11 ere and on page 1, Part I, line 8, column (B)
otals					▶			0.		0
Schedule G - Investme		a Section	n 501(c)(7	7), (9), or (⁻	17) Org	anization			•	
(see inst	ructions)		· - _	1						 _
1 . Desc	cription of income			2. Amount of	псоте	Deduction directly conne	cted	4. Set-		Total deductions and set-asides
·····						(attach sched	lule)	(attach 6	Ciledule)	(col 3 plus col 4)
(1)	 -	· · · · · · · · · · · · · · · · · · ·	 	ļ						
(2)				 						
(3)				 						
(4)				Enter here and o	n nace 1			<u> </u>		Enter here and on page
				Part I, line 9, co	umn (A)	• ,			, ,	Part I, line 9, column (B)
otals Schedule I - Exploited	Evernt Activi	ty Incom	Other	Then Adv	0.l	a Income	<u>·</u>			0
see instr		ty incom	ie, Otrier	Illali Auv	CI (ISIII	g mcome				
1. Description of exploited activity	2. Gross unrelated business income from trade or business	directly with p of u	expenses connected groduction nrelated ss income	4. Net incom from unrelated business (co minus column gain, compute through	trade or lumn 2 3) If a cols 5	5. Gross inco from activity t is not unrelat business inco	hat ed	6. Exp attribute colun	ble to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)										
(2)										
(3)										
(4)										
	Enter here and on page 1, Part I, line 10, col (A)	page line 10	ere and on 1, Part I, 0, col (B)			- 1			*	Enter here and on page 1, Part II, line 25
otals •	0		<u> </u>	<u> </u>			<u> </u>	<u> </u>		0
Schedule J - Advertisi				a a li al c t a c t i	Dan!a					
Part I Income From	Periodicais Re	eportea d	n a Con	solidated	oasis		_			
1. Name of periodical	2. Gros advertisii income	ים פר	3. Direct vertising costs	4. Adverti or (lose) (co col 3) If a ga cols 5 th	1 2 minus in, compute	5. Circulat income	ion	6. Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
1)										
(2)]			
(3)]			· ·
4)				[-	•	1				
										
		0.	0							

Form 990-T (2019) SEGAL FAMILY FOUNDATION INC. 56-24469 Part | I | Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1. Name of periodical		2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)	ヿ						
(2)	\neg						
(3)							, , ,
(4)							<u> </u>
Totals from Part I	>	0.	0.	3, 7	<u> </u>	1	0
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)		ر المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المر من المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع الم		Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5)		0.	0.	[E7 **'* -!	1 1 1	-	0

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to urrelated business
(1) MARTIN SEGAL	PRESIDENT	10.00%	15,600.
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		>	15,600.

Form 990-T (2019)

116,434.

		
FORM 990-T	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 19
DESCRIPTION		NET INCOME OR (LOSS)
VARIOUS K-1'S - ORDINARY	BUSINESS INCOME (LOSS)	822,421
TOTAL INCLUDED ON FORM 9	90-T, PAGE 1, LINE 5	822,421
FORM 990-T	OTHER INCOME	STATEMENT 20
DESCRIPTION		AMOUNT
INVESTMENT INCOME - UBS		24,332
TOTAL TO FORM 990-T, PAG	E 1, LINE 12	24,332
FORM 990-T	OTHER DEDUCTIONS	STATEMENT 21
DESCRIPTION		AMOUNT
ACCCOUNTING FEES OFFICE EXPENSE INSURANCE BOARD EXPENSE		6,675 6,952 1,927 6,229
TOTAL TO FORM 990-T, PAG	E 1, LINE 27	21,783
FORM 990-T	INTEREST AND PENALTIES	STATEMENT 22
TAX FROM FORM 990-T, PAI UNDERPAYMENT PENALTY LATE PAYMENT INTEREST LATE PAYMENT PENALTY	RT IV	107,510. 5,738. 1,036. 2,150.

TOTAL AMOUNT DUE

FORM 990-T	LATE	PAYMENT IN	nterest 		STA	TEMENT 23	
DESCRIPTION	DATE	TRUOMA	BALANCE	RATE	DAYS	INTEREST	
EXTENSION PAYMENT TAX DUE DATE FILED	05/15/20 07/15/20 11/09/20	-50,000. 157,510.	-50,000. 107,510. 108,546.	.0300	61 117	1,036.	
TOTAL LATE PAYMENT	INTEREST					1,036.	
TOTAL DATE PAINENT .							
FORM 990-T		PAYMENT PEN	JALTY		STA	TEMENT 24	
		PAYMENT PEN	JALTY BALANCE	мо	STA NTHS	TEMENT 24 PENALTY	
FORM 990-T	LATE	AMOUNT	BALANCE	10.	·		

FORM 990-T	CONTRIBUTIONS SUMMARY	STATEMENT	25
	CONTRIBUTIONS SUBJECT TO 100% LIMIT CONTRIBUTIONS SUBJECT TO 25% LIMIT		
FOR TAX FOR TAX FOR TAX	OF PRIOR YEARS UNUSED CONTRIBUTIONS YEAR 2014 27,553,711 YEAR 2015 27,577,834 YEAR 2016 YEAR 2017 YEAR 2018		
TOTAL CARE	RYOVER 55,131,545 RENT YEAR 10% CONTRIBUTIONS		
	PRIBUTIONS AVAILABLE 55,131,545 ICOME LIMITATION AS ADJUSTED 91,973		
EXCESS 100	TTRIBUTIONS 55,039,572 SCONTRIBUTIONS 0 SSS CONTRIBUTIONS 55,039,572		
	CONTRIBUTIONS DEDUCTION	91,	973
TOTAL CONT	RIBUTION DEDUCTION	91,	973