

Form 990-7

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No 1545-0047

2019

For calendar year 2019 or other tax year beginning and ending 1912

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury Internal Revenue Service

Part I: Name of organization (SEGAL FAMILY FOUNDATION INC.), Employer identification number (56-2446941), Address (67 MOUNTAIN BLVD, STE 201, WARREN, NJ 07059), City or town, state or province, country, and ZIP or foreign postal code (900001)

C Book value of all assets at end of year (121,646,843), F Group exemption number, G Check organization type (501(c) corporation)

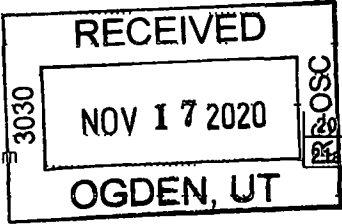
H Enter the number of the organization's unrelated trades or businesses (1) Describe the only (or first) unrelated trade or business here (INVESTMENT IN PARTNERSHIP)

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No (X)

J The books are in care of (MARTIN SEGAL) Telephone number (908-279-7881)

Table with 4 columns: (A) Income, (B) Expenses, (C) Net. Rows include Gross receipts or sales, Less returns and allowances, Cost of goods sold, Gross profit, Capital gain net income, Net gain (loss), Capital loss deduction for trusts, Income (loss) from a partnership or an S corporation, Rent income, Unrelated debt-financed income, Interest, annuities, royalties, and rents from a controlled organization, Investment income, Exploited exempt activity income, Advertising income, Other income, Total.

Part II: Deductions Not Taken Elsewhere. Rows include Compensation of officers, directors, and trustees, Salaries and wages, Repairs and maintenance, Bad debts, Interest, Taxes and licenses, Depreciation, Less depreciation claimed on Schedule A and elsewhere on return, Depletion, Contributions to deferred compensation plans, Employee benefit programs, Excess exempt expenses, Excess readership costs, Other deductions, Total deductions, Unrelated business taxable income before net operating loss deduction, Deduction for net operating loss arising in tax years beginning on or after January 1, 2018, Unrelated business taxable income.



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Part III Total Unrelated Business Taxable Income

Table with 3 columns: Line number, Description, Amount. Includes lines 32-39 for unrelated business taxable income.

Part IV Tax Computation

Table with 3 columns: Line number, Description, Amount. Includes lines 40-45 for tax computation.

Part V Tax and Payments

Table with 3 columns: Line number, Description, Amount. Includes lines 46-56 for tax and payments.

Part VI Statements Regarding Certain Activities and Other Information

Table with 3 columns: Question, Yes, No. Includes questions 57-59 regarding foreign activities and tax-exempt interest.

Sign Here

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.

Signature of officer: [Signature] Date: 11/10/2020 Title: OFFICER

May the IRS discuss this return with the preparer shown below (see instructions)? [X] Yes [] No

Paid Preparer Use Only

Table with 4 columns: Print/Type preparer's name, Preparer's signature, Date, Check if self-employed, PTIN, Firm's name, Firm's EIN, Firm's address, Phone no.

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ► **N/A**

1	Inventory at beginning of year	1		6	Inventory at end of year	6	
2	Purchases	2		7	Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3	Cost of labor	3					
4a	Additional section 263A costs (attach schedule)	4a					
b	Other costs (attach schedule)	4b		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		Yes No
5	Total. Add lines 1 through 4b	5					

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)
(see instructions)

1. Description of property

(1) **MANSFIELD ROAD - COMMERCIAL PROPERTY**

(2)

(3)

(4)

2. Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)	111,361.	
(2)		
(3)		
(4)		
Total	0.	Total 111,361.

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ► **111,361.**

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ► **0.**

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	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)		%		
(4)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A) 0.	Enter here and on page 1, Part I, line 7, column (B) 0.
Total dividends-received deductions included in column 8			0.	0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A)	Add columns 6 and 11 Enter here and on page 1, Part I, line 8, column (B)
Totals			0.	0.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A)		Enter here and on page 1, Part I, line 9, column (B)
Totals		0.		0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	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)	Enter here and on page 1, Part I, line 10, col (B)			Enter here and on page 1, Part II, line 25
Totals		0.	0.			0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated 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	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))		0.	0.			0.

Part II **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	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, col (A) 0.	Enter here and on page 1, Part I, line 11, col (B) 0.				Enter here and on page 1, Part II, line 26 0.

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

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated 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.

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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 990-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, PAGE 1, LINE 12		24,332.

FORM 990-T	OTHER DEDUCTIONS	STATEMENT 21
DESCRIPTION		AMOUNT
ACCOUNTING FEES		6,675.
OFFICE EXPENSE		6,952.
INSURANCE		1,927.
BOARD EXPENSE		6,229.
TOTAL TO FORM 990-T, PAGE 1, LINE 27		21,783.

FORM 990-T	INTEREST AND PENALTIES	STATEMENT 22
TAX FROM FORM 990-T, PART IV		107,510.
UNDERPAYMENT PENALTY		5,738.
LATE PAYMENT INTEREST		1,036.
LATE PAYMENT PENALTY		2,150.
TOTAL AMOUNT DUE		116,434.

FORM 990-T		LATE PAYMENT INTEREST			STATEMENT 23	
DESCRIPTION	DATE	AMOUNT	BALANCE	RATE	DAYS	INTEREST
EXTENSION PAYMENT	05/15/20	-50,000.	-50,000.		61	
TAX DUE	07/15/20	157,510.	107,510.	.0300	117	1,036.
DATE FILED	11/09/20		108,546.			
TOTAL LATE PAYMENT INTEREST						1,036.

FORM 990-T		LATE PAYMENT PENALTY			STATEMENT 24	
DESCRIPTION	DATE	AMOUNT	BALANCE	MONTHS	PENALTY	
TAX DUE	07/15/20	107,510.	107,510.	4	2,150.	
DATE FILED	11/09/20		107,510.			
TOTAL LATE PAYMENT PENALTY					2,150.	

FORM 990-T

CONTRIBUTIONS SUMMARY

STATEMENT 25

QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT
 QUALIFIED CONTRIBUTIONS SUBJECT TO 25% LIMIT

CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS
 FOR TAX YEAR 2014 27,553,711
 FOR TAX YEAR 2015 27,577,834
 FOR TAX YEAR 2016
 FOR TAX YEAR 2017
 FOR TAX YEAR 2018

TOTAL CARRYOVER 55,131,545
 TOTAL CURRENT YEAR 10% CONTRIBUTIONS

TOTAL CONTRIBUTIONS AVAILABLE 55,131,545
 TAXABLE INCOME LIMITATION AS ADJUSTED 91,973

EXCESS CONTRIBUTIONS 55,039,572
 EXCESS 100% CONTRIBUTIONS 0
 TOTAL EXCESS CONTRIBUTIONS 55,039,572

ALLOWABLE CONTRIBUTIONS DEDUCTION 91,973

TOTAL CONTRIBUTION DEDUCTION 91,973