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DLN: 93491238001291

2020

OMB No. 1545-0052

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 <u>www.irs.gov/Form990PF</u> for instructions and the latest information.

Open to Public Inspection

For	caler	ndar year 2020, or tax year beginning 01-01-20	20 , ar	nd endin	g 12-31	-2020	·
		indation /MOND KINSLER		ΑE	mployer ic	lentification numbe	er
		ION INC		65-	0610693		
		I street (or P.O. box number if mail is not delivered to street address) DCA WEST DRIVE1204	Room/suite	ВТ	elephone ni	umber (see instructio	ns)
		1775		(56	1) 364-213	0	_
		i, state or province, country, and ZIP or foreign postal code N, FL 33434		c 1	f exemption	application is pendin	g, check here
G Cł	neck al	l that apply: \Box Initial return \Box Initial return of a	former public charity	D 1	. Foreign o	ganizations, check h	ere
		Final return Amended return		:		rganizations meeting	
		☐ Address change ☐ Name change			·	undation status was	· —
		rpe of organization: Section 501(c)(3) exempt private f				on 507(b)(1)(A), chec	
		1 4947(a)(1) nonexempt charitable trust Other taxable trust Other taxable trust I Other	e private foundation Cash Accru		If the found	ation is in a 60-mont	h termination
of	year (f	from Part II, col. (c), ▶\$ 55,399 Other (specify) (Part I, column (d) must				on 507(b)(1)(B), chec	
Pa	rt I	Analysis of Revenue and Expenses (The total	(a) Revenue and	(h) Not in	voctmont	(a) Adjusted not	(d) Disbursements for charitable
		of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)	expenses per books	(b) Net in in	come	(c) Adjusted net income	purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)					
	2	Check ▶ ☑ if the foundation is not required to attach					
	3	Sch. B Interest on savings and temporary cash investments					
	4	Dividends and interest from securities	1,086		1,086	5	
	5a	Gross rents					
a \	ь	Net rental income or (loss)					
E	6a	Net gain or (loss) from sale of assets not on line 10	2,906				
Revenue	b	Gross sales price for all assets on line 6a 6,660 Capital gain net income (from Part IV, line 2)			2,906		
\simeq	7 8	Net short-term capital gain			2,900		
	9	Income modifications					
	10a	Gross sales less returns and allowances					
	ь	Less: Cost of goods sold					
	С	Gross profit or (loss) (attach schedule)					
	11	Other income (attach schedule)	9.000				
	12	Total. Add lines 1 through 11	3,992		3,992	2	
	13 14	Compensation of officers, directors, trustees, etc. Other employee salaries and wages					
ý	15	Pension plans, employee benefits					-
nse	16a	Legal fees (attach schedule)					
ed y	ь	Accounting fees (attach schedule)	1,600		1,600		
Operating and Administrative Expenses	С	Other professional fees (attach schedule)					
ativ	17	Interest					
istra	18	Taxes (attach schedule) (see instructions)	74		74	1	
nin	19	Depreciation (attach schedule) and depletion					<u> </u>
Adı	20	Occupancy					<u> </u>
nd	21	Printing and publications					
ığ a	23	Other expenses (attach schedule)	% 80		80)	
atir	24	Total operating and administrative expenses.					
per		Add lines 13 through 23	1,754		1,754	!	0
0	25	Contributions, gifts, grants paid	3,500				3,500
	26	Total expenses and disbursements. Add lines 24 and 25	5,254		1,754	<u> </u>	3,500
_	27	Subtract line 26 from line 12:					
	a	Excess of revenue over expenses and disbursements	-1,262				
	ь	Net investment income (if negative, enter -0-)	· 		2,238	3	
	С	Adjusted net income (if negative, enter -0-)					
For	Paper	work Reduction Act Notice, see instructions.		Cat. N	No. 11289	X Foi	rm 990-PF (2020)

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21

22 23

24

25

26

27 28

29 30

Part III

2

3

4

5

Net Assets or Fund Balances

Other liabilities (describe -_

Total liabilities (add lines 17 through 22) .

and complete lines 24, 25, 29 and 30.

Net assets without donor restrictions .

and complete lines 26 through 30.

of-year figure reported on prior year's return)

Other increases not included in line 2 (itemize)

Enter amount from Part I, line 27a

Add lines 1, 2, and 3

Decreases not included in line 2 (itemize) ▶

Net assets with donor restrictions .

Foundations that follow FASB ASC 958, check here

Capital stock, trust principal, or current funds . . .

Paid-in or capital surplus, or land, bldg., and equipment fund

	2	Savings and temporary cash investments	242	291	291
	3	Accounts receivable ▶			
		Less: allowance for doubtful accounts ▶			İ
	4	Pledges receivable ▶			
		Less: allowance for doubtful accounts ▶			l
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions)			l
3	7	Other notes and loans receivable (attach schedule)			
		Less: allowance for doubtful accounts ▶			l
	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
As	10a	Investments—U.S. and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)	56,419	% 55,108	55,108
	С	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment: basis ▶			
		Less: accumulated depreciation (attach schedule) ▶			l
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)			
	14	Land, buildings, and equipment: basis ▶			
		Less: accumulated depreciation (attach schedule) ▶			İ
	15	Other assets (describe >)			
	16	Total assets (to be completed by all filers—see the			
		instructions. Also, see page 1, item I)	56,661	55,399	55,399
	17	Accounts payable and accrued expenses			
	18	Grants payable			l
vo.	l		———		1

19 Liabilitie Loans from officers, directors, trustees, and other disqualified persons 20

56,661

56,661

56,661

55,399

55,399

55,399

1 2

3

4

5

6

56,661

-1,262

55,399

55,399 Form **990-PF** (2020)

Mortgages and other notes payable (attach schedule).

Foundations that do not follow FASB ASC 958, check here 🕨 🗹

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions)

Total liabilities and net assets/fund balances (see instructions) .

Total net assets or fund balances at beginning of year-Part II, column (a), line 29 (must agree with end-

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

Analysis of Changes in Net Assets or Fund Balances

Page **3**

2020-05-20 2-13 2020-05-20 3-16 2020-05-20
2-13 2020-05-20
3-16 2020-05-20
(h) Gain or (loss) e) plus (f) minus (g)
654
104
788
(I)
ns (Col. (h) gain minus , but not less than -0-) or osses (from col.(h))
654
104
788
2,906
(d) eserved
1,

Pai	t VII-B	Statements Regard	ling	Activities for Which	Form 4720 May Be	Required (continue	ed)				
5a	During th	e year did the foundation p	рау о	r incur any amount to:							Yes	No
	(1) Carry	on propaganda, or otherw	ise a	ttempt to influence legisla	ation (section 4945(e))?		Yes	~	No			
	(2) Influe	ence the outcome of any sp	ecifi	public election (see sect	tion 4955); or to carry			س	110			
	on, d	rectly or indirectly, any vo	ter re	egistration drive?			Yes	✓	No			
		de a grant to an individual		• • • • • • • • • • • • • • • • • • • •	• •		☐ Yes	✓	No			
		de a grant to an organizati		•				_				
		tion 4945(d)(4)(A)? See ir de for any purpose other t					☐ Yes	✓	No			
		ational purposes, or for the										
b		swer is "Yes" to 5a(1)–(5),	•	•			∐ Yes ibed in	~	No			
_	•	ns section 53.4945 or in a		=						5b		
	-	ions relying on a current n										
c	If the ans	wer is "Yes" to question 5	a(4),	does the foundation claim	n exemption from the			ш				
	tax becau	ise it maintained expenditu	ire re	sponsibility for the grant?	?		Yes		No			
	If "Yes," a	attach the statement requi	red b	y Regulations section 53.	4945–5(d).			_				
6a	Did the fo	oundation, during the year,	rece	ive any funds, directly or	indirectly, to pay premiu	ıms on						
		Il benefit contract?					☐ Yes	✓	No			
b		oundation, during the year,	pay	premiums, directly or ind	lirectly, on a personal be	nefit contract?		•		6 b		No
7 -		o 6b, file Form 8870.	- +h-	foundation a nauty to a n	wahibitad tay abaltar tra	acation?						
7а Ь	-	ne during the tax year, wa did the foundation receive					☐ Yes	✓	No	7b		
8		ndation subject to the sec		·				•		7.5		
_		rachute payment during th						✓				
		Information About (vees.		
Pai	t VIII	and Contractors		c.5, D cc.5, 11 u5.	icos, i cumadation i i	age.o,g	,y . u			,,		
1	List all of	ficers, directors, truste	es, fo	oundation managers an	d their compensation	. See instruct	ions					
				b) Title, and average	(c) Compensation (If	(d) Contr	ibutions 1		(e)	Expen	ise acc	ount.
	(a) N	ame and address		hours per week devoted to position	not paid, enter -0-)	employee ber deferred co					lowand	
INDA	K GOLDEN	BERG		IDENT	0			((
	BOCA W DI		000.	00								
	A FODIMAN	33434	DIDE	CTOR	0				\			
	PONCE DE L	EON	000.		١				Ί			,
	L GABLES, F											
	L J FODIMA	N	DIRE	CTOR 00	0			C	기			(
	34TH ST YORK, NY 1	0016										
ROBE	RT K FODIM	AN .		CTOR	0			C				(
	34TH ST YORK, NY 1	2016	000.	00								
2		ation of five highest-pa	id er	nplovees (other than th	l nose included on line 1	⊥ L—see instruc	tions).	If no	ne, e	nter "	NONE.	"
				<u> </u>		(d) Contr			,			
(a)		address of each employee	paid	(b) Title, and average hours per week	(c) Compensation	employe plans and					se acco	
	[11]	ore than \$50,000		devoted to position			nsation	u	O.	ner an	owance	25
NON												
								_				
								-				
								+				
Гota	l number o	of other employees paid ov	er \$5	0,000		.	•					
		, , p	, -	<u> </u>			•					

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Part VIII Information About Officers, Directors, Training and Contractors (continued)	ustees, Foundation Managers, Highly Paid	l Employees,
3 Five highest-paid independent contractors for profession		IONE".
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
	_	
Total number of others receiving over \$50,000 for professional service	ces	
Part IX-A Summary of Direct Charitable Activities List the foundation's four largest direct charitable activities during the tax year. 1	Include relevant statistical information such as the number of	:
organizations and other beneficiaries served, conferences convened, research pa	apers produced, etc.	Expenses
1		
		4
2		
-		-
-		-
3		
4		_
		4
Part IX-B Summary of Program-Related Investmen	ite (egg instructions)	
Describe the two largest program-related investments made by the foundation		Amount
1 N/A	,	
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3		P
		5 000 PF (3030)

2b

2c

3

4

5

6

7

1a

1b

2

3a 3b

4

5

3,645

3.645

3.645

3,500

3,500

3,500

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Income tax for 2020. (This does not include the tax from Part VI.). . .

Qualifying Distributions (see instructions)

Amounts set aside for specific charitable projects that satisfy the:

the section 4940(e) reduction of tax in those years.

3

4 5

6

1

2

3

4

5

b

Part XII

Distributable amount before adjustments. Subtract line 2c from line 1.

Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1. . .

Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.

Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4

income. Enter 1% of Part I, line 27b. See instructions.

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

3,645

3,500

145

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art	XIII	

a From 2015.

b From 2016. c From 2017. . . d From 2018. e From 2019.

f Total of lines 3a through e.

d Applied to 2020 distributable amount. . . . e Remaining amount distributed out of corpus **5** Excess distributions carryover applied to 2020.

same amount must be shown in column (a).)

(If an amount appears in column (d), the

a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5

6 Enter the net total of each column as

b Prior years' undistributed income. Subtract c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. **d** Subtract line 6c from line 6b. Taxable amount —see instructions e Undistributed income for 2019. Subtract line 4a from line 2a. Taxable amount—see instructions f Undistributed income for 2021. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020 7 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) 8 Excess distributions carryover from 2015 not applied on line 5 or line 7 (see instructions) . . .

9 Excess distributions carryover to 2021.

10 Analysis of line 9: a Excess from 2016.

b Excess from 2017. . c Excess from 2018. . d Excess from 2019. . e Excess from 2020. .

Subtract lines 7 and 8 from line 6a

indicated below:

4 Qualifying distributions for 2020 from Part XII, line 4: ▶ \$ a Applied to 2019, but not more than line 2a **b** Applied to undistributed income of prior years (Election required—see instructions). c Treated as distributions out of corpus (Election required—see instructions).

m 990-PF (20	20)	
Part XIII	Undistributed Income (see instru	ctions)
		(a) Corpus
Distributab	e amount for 2020 from Part XI, line 7	

1	Distributable amount for 2020 from Part XI, line 7				
2	Undistributed income, if any, as of the end of 2020:				
а	Enter amount for 2019 only	L			
b	Total for prior years: 20	Ĺ			

Excess distributions carryover, if any, to 2020:

361

216

362

145

217

217

(b)

Years prior to 2019

(c)

2019

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

c Any submission deadlines:

factors:

		_

Total .

Page **11**

3,500

Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant
lame and address (home or business)	any foundation manager or substantial contributor	recipient	contribution

Grants and Contributions Paid During the Year or Approved for Future Payment

a Paid during the year BOCA RATON REGIONAL HOSPITAL FOUNDA 745 MEADOWS ROAD BOCA RATON, FL 33486	UNRELATED	EXEMPT	GENERAL CONTRIBUTION	

3,500 **b** Approved for future payment

▶ 3b

	I-A Analysis of Income-Producing	Activities				rage 12
Enter gros	s amounts unless otherwise indicated.		usiness income	Excluded by section		(e) Related or exempt
1 Program	m service revenue:	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions.)
	and contracts from government agencies					
	ership dues and assessments					
3 Intere	st on savings and temporary cash ments					
4 Divide	nds and interest from securities			14	1,086	
	ntal income or (loss) from real estate:					
	-financed property debt-financed property					
6 Net re	ntal income or (loss) from personal property					
	investment income					
invent				14	1,360	1,546
	come or (loss) from special events:					
	profit or (loss) from sales of inventory revenue: a					
12 Subto	tal. Add columns (b), (d), and (e).				2,446	1,546
	Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu			1	3	3,992
Line No.	Explain below how each activity for which the accomplishment of the foundation's expression of the second of the foundation.	income is report	ed in column (e) c	of Part XVI-A contribu		
	instructions.)					

or	rm 990-PF (20.	20)		P
Ŀ	Part XVII	Information Regarding Transfers To and Transactions and Relationships With Noncharit Exempt Organizations	able	
1		nization directly or indirectly engage in any of the following with any other organization described in section 501 in section 501(c)(3) organizations) or in section 527, relating to political organizations?		Yes

		anization directly or ir han section 501(c)(3)								tion 501		Yes	No
a Trai	nsfers fi	rom the reporting four	ndation to a r	oncha	ritable exe	empt organization	on of:						
(1)	Cash.										1a(1)		No
(2)	Other	assets									1a(2)		No
b Oth	er trans	sactions:											
		of assets to a nonchar	•	_							1b(1)		No
		ases of assets from a r									1b(2)		No
		l of facilities, equipme									1b(3)		No
		ursement arrangemer									1b(4)		No
. ,		or loan guarantees.									1b(5)		No
		nance of services or m			-					•	1b(6)		No
	-	facilities, equipment, r			· ·						1c		No
of the	ne good ny tran	er to any of the above ls, other assets, or ser saction or sharing arra	vices given b ingement, sh	oy the	reporting f column (d	foundation. If th	e foundatione goods, o	on receive other asse	ed less than fair ma ets, or services rec	arket valu eived.	e		
(a) Line	No.	(b) Amount involved	(c) Name of	noncha	aritable exer	mpt organization	(d) Des	scription of	f transfers, transaction	ns, and sha	ring arrar	ngemen	ts
	_												
des	cribed i	dation directly or indir n section 501(c) (othe mplete the following s	r than section		,	•				Yes 💆	Z No		
	res, co	(a) Name of organization			(t) Type of organiza	ation		(c) Description	on of relation	nshin		
		(a) Name or organization	011		(2	Type or organize	1011		(c) Description	on or relation	лэтр		
6	of my	r penalties of perjury, / knowledge and beliet n preparer has any kno	f, it is true, c							based on	all infor	mation	n of
Sign Here	*	****				2021-08-26	<u> </u>	*****		return	ne IRS dis ne prepar		
	ľ S	ignature of officer or t	rustee			Date	, -	Title		(see ir	nstr.)	Yes [] No
		Print/Type preparer's	s name	Prepa	arer's Sigr	ature	Date		Check if self- employed ▶ □	PTIN	P01054	872	
Paid		STEVEN ZUCKER					2021	-08-26					
Prep Use (Firm's name ► STE	VEN ZUCKER	CPA P	'A		•		•	Firm's E	IN ▶65-	07690)54
	-	Firm's address ► 1640 TOWN CENTER STE 218											
		w	ESTON, FL 3	3326						Phone n	o. (954)	389-9	∍920

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TY 2020 Accounting Fees Schedule										
Name: SIB & RAYMOND KINSLER										
FOUNDATION INC										
TOUNDATION INC										
EIN: 65-0610693										
Category	mount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes						
ACCOUNTING FEES	1,600	1,600								

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TY 2020 Investments Corpora	te Stock Schedule	
Name:	SIB & RAYMOND KINSLER	
	FOUNDATION INC	

EIN:	65-0610693
Investments Corporation Stock Schedule	

AMERICAN FUNDAMENTAL INVESTORS

Investments Corporation Stock Schedule						
Name of Stock	End of Year Book Value	End of Year Fair Market Value				
AMERICAN CAPITAL GRTH & INC. FD	15,006	15,006				
AMERICAN BALANCED FUND	27,190	27,190				

12,912

12,912

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TY 2020 Other Expenses Schedule									
- -									
Name: SIB & RAYMOND KINSLER									
FOUNDATION INC									
EIN: 65-0610693									
Other Expenses Schedule									
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes					
EXPENSES									
INVESTMENT SERVICE FEES	80	80							

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TY 2020 Taxes Schedule									
				1					
Name:	Name: SIB & RAYMOND KINSLER								
	FOUNDATION INC								
EIN:	65-0610693			•					
Taxes Schedule									
Category An	mount I	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes					
IRS	74	74							