

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



990-PF

Return of Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

Department of the Treasury Internal Revenue Service

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

OMB No 1545-0052

Fo	r cal	endar year 2012 or tax year beginning		, 2012, and	ending		, 20
N	ame	of foundation				A Employer Identif	cation number
I	IS	A & MICHAEL LEFFELL FOUNDATI	NC			31-663302	1
N	umbe	er and street (or P O box number if mail is not deliver	ed to street address)	Room	n/suite	B Telephone numb	er (see instructions)
						(64	6) 532-2445
6	00	MADISON AVENUE, 20TH FLOOR					
С	ıty or	town, state, and ZIP code					
						C If exemption application pending, check here	ation is
N	ΙEW	YORK, NY 10022				pending, Glack Here	
G	Che	ck all that apply Initial return	Initial return	of a former public	charity	D 1 Foreign organiza	tions check here
		Final return	Amended ref	•	•	2. Foreign organiza	
		Address change	Name change	е		85% test, check i	
Н	Che	ck type of organization X Section 50	(c)(3) exempt private f	oundation	-	1	
Г	ີ s	ection 4947(a)(1) nonexempt charitable trust	Other taxable pr	vate foundation		E If private foundation	n status was terminated
ī			ounting method X C	ash Accrual		1	in a 60-month termination
	of ye	ear (from Part II, col (c), line	Other (specify)			1)(1)(B), check here . >
	-		l, column (d) must be on				_
Р	art l	Analysis of Revenue and Expenses (Th	(a) Revenue and	(L) NI-4 .		4-3 4-4	(d) Disbursements
		total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in	expenses per	(b) Net investmer income	π	(c) Adjusted net income	for charitable purposes
		column (a) (see instructions))	books	mcome		ilicome	(cash basis only)
Т	1	Contributions, gifts, grants, etc., received (attach schedule)	381,764.	-		~~ ~	»
	2	Check ▶ if the foundation is not required to attach Sch B	,	ž			
	3	Interest on savings and temporary cash investments					
	4	Dividends and interest from securities	539,726.	509,39	96.		ATCH 1 , * .
	5 a	Gross rents					* , -
		Net rental income or (loss)	- :	* * * \$	٠ ١		, , ,
a		Net gain or (loss) from sale of assets not on line 10	565,191.				
2	b	Gross sales price for all assets on line 6a 3,110,724					
Revenue	7	Capital gain net income (from Part IV, line 2)	, ; ;	565,19	91.	ξ ,	
œ		Net short-term capital-gain	, , , , , ,	5h - ¢			, á
-	9	Income modifications	* . 2.	· 3	1		,
, .	IO ą	Gross sales less returns 3					
	√b	Gross sales less returns and allowances Cost of goods sold					
,	Ìç	Gross profit or (loss) (attach schedule)		,	3 .	· · · · · · · · · · · · · · · · · · ·	·
	11 \	Other income (attach schedule) ATCH 2	-148,095.	-148,09			y
L	12 `	Total. Add lines 1 through 11	1 1 1 1 1 1 1 1 1	926,49	92.		
	13	Compensation of officers, directors, trustees, etc	. L				
S	14	Other employee salanes and wages	112,500.				112,500
enses	15	Pension plans, employee benefits					
	16 a	Legal fees (attach schedule) ATCH 3	750.			***	750
ũ	b	Accounting fees (attach schedule)ATCH 4	·				1,682
Administrative Ex	С	Other professional fees (attach schedule)					ļ
tra	17	Interest . ATCH .5	17,875.	17,87			
nis.	18	Taxes (attach schedule) (see instructions) $ATCH$. $\ensuremath{\mbox{\ensuremath{\mbox{G}}}}\xspace$	11,254.	1,2	18.		
Ξ	19	Depreciation (attach schedule) and depletion					
Ad	20	Occupancy		ļ			
2	21	Travel, conferences, and meetings	125				105
В	22	Printing and publications	220 226	104 00	. —		135
Operating	23	Other expenses (attach schedule) ATCH .7.		194,92	۷٥٠		33,411
era	24	Total operating and administrative expenses	272 522	214 0	, ,		140 430
8		Add lines 13 through 23	372,532.	214,0	18.		148,478
	25	Contributions, gifts, grants paid		214 2	10		1,707,109
	26	Total expenses and disbursements Add lines 24 and 2	2,079,641.	214,0	ιδ.		1,855,587
- 1	27	Subtract line 26 from line 12	741 055				
		Excess of revenue over expenses and disbursements		710 4	7.4		<u> </u>
		Net investment income (if negative, enter -0-		712,4			<u> </u>
ᆚ		Adjusted net income (if negative, enter -0-). perwork Reduction Act Notice, see instruction		L			Form 990-PF (2012

JSA For Paperwork Reduction Act Notice, see instructions. 2497AN 2532

Form 990-PF (2012)

Page 3

(a) List and 2-story b	d describe the kind(s) of property sold (e rick warehouse, or common stock, 200 s	e g , real estate,	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
a SEE PART IV SCHE	DULE				
<u>b</u>					
С				ļ	
d				<u> </u>	
<u>e</u>				<u> </u>	<u> </u>
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) mini	
a					
b	 				
<u>C</u>					
d					
e					
Complete only for assets	showing gain in column (h) and owned			Gains (Col. (h) g (k), but not less	
(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	COI	Losses (from co	
a			ļ		
b					
<u>c</u>		· · · · · · · · · · · · · · · · ·			
<u>d</u>					
е			ļ. 1		
Capital gain net income or		gain, also enter in Part I, line 7			565 101
Not short torm conital gair	•	(loss), enter -0- in Part I, line 7	2		565,191.
	n or (loss) as defined in sections 12 rt I, line 8, column (c) (see instr				
_					0
Part V Qualification	Under Section 4940(e) for Rec	duped Toy on Net Investment I	3		
	the section 4942 tax on the distrib not qualify under section 4940(e)		ase perio	od?	Yes X No
	ount in each column for each year	<u> </u>	any ent	rioe	
(a)	(b)	(c)	any cin	(d)	
Base period years Calendar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of nonchantable-use assets	1	Distribution r (col (b) divided by	
2011	1,702,194.	24,383,123.		(00: (0) 0::::00 0	0.069810
2010	7,991,810.	23,800,982.			0.335776
2009	2,337,718.	17,550,008.	-		0.133203
2008	956,009.	12,881,816.			0.074214
2007	4,108,046.	10,633,524.			0.386330
Total of line 1, column (d))		2		0.999333
3 Average distribution ratio	for the 5-year base period - divide	the total on line 2 by 5, or by the			
number of years the foun	dation has been in existence if less	s than 5 years	3		0.199867
Enter the net value of nor	ncharitable-use assets for 2012 fro	m Part X, line 5	4	25,	209,388.
Multiply line 4 by line 3			5	5,	038,525.
Enter 1% of net investme	ent income (1% of Part I, line 27b)		6		7,125.
7 Add lines 5 and 6			7	5.	,045,650.
					, 0 10, 000.
8 Enter qualifying distributed If line 8 is equal to or gr					

Form 990-PF (2012)

addresses

ATCH 12

orm	990-PF (2012) LISA & MICHAEL	LEFFELL FOU	NDATION		31-6	633021	Page 6
Par	t VII-B Statements Regarding Activities fo	or Which Form 4	720 May Be Requi	red (contin	ued)		
	During the year did the foundation pay or incur any amou	-					
	(1) Carry on propaganda, or otherwise attempt to influen	ice legislation (section	4945(e))?	Yes	X No		·
	(2) Influence the outcome of any specific public elec	ction (see section 4	1955), or to carry on	,			
	directly or indirectly, any voter registration drive?	•	• • • • • • • • • • • • • • • • • • • •	$\overline{}$	X No	-	
	(3) Provide a grant to an individual for travel, study, or oth			1 1	X No		1 4 4 7
	(4) Provide a grant to an organization other than a						
	section 509(a)(1), (2), or (3), or section 4940(d)(2)? (s	_			X No		
	(5) Provide for any purpose other than religious, ch						
	purposes, or for the prevention of cruelty to children o				X No	.,	× 18
ь	If any answer is "Yes" to 5a(1)-(5), did any of the				scribed in		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	Regulations section 53 4945 or in a current notice regard					5b	NA
	Organizations relying on a current notice regarding disast	•	•		 		* 1 5 5
С	If the answer is "Yes" to question 5a(4), does the					- *``,	3
Ť	because it maintained expenditure responsibility for the gr		,		X No	,	
	If "Yes," attach the statement required by Regulations seci				٠٠٠ تــــا	1	(学)
6a	Did the foundation, during the year, receive any fund	• •	ctly to pay premium:	1			
- u	on a personal benefit contract?	•		Yes	X No	8.8	
h	Did the foundation, during the year, pay premiums, direct					. 6b	X AL PERC - N
	If "Yes" to 6b. file Form 8870	ony or maneony, on a	personal benefit contrac				N 18 1
7 2	At any time during the tax year, was the foundation a pa	rty to a prohibited tax	shelter transaction?	Yes	X No	,	
	If "Yes," did the foundation receive any proceeds or have				_	7b	NA
	t VIII Information About Officers, Directors						1. 1141
_	and Contractors		_		-		
1_	List all officers, directors, trustees, foundation n	(b) Title, and average	(c) Compensation (see	(d) Contribu			
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	employee ben and deferred co	efit plans		se account, lowances
							·
ATO	CH 13		d		d		0
2	Compensation of five highest-paid employees	(other than thos	se included on line	1 - see	instructic	ons). If n	one, enter
	"NONE."			(4) 0 - 4-1-	4 t- T		
ls	a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contribu employee	benefit	(e) Expen	se account,
10	ay italia and address of each employee paid more than \$00,000	devoted to position	(b) Compensation	plans and compens		other al	llowances
STA	ACEY POPOVSKY	MANAGER					
		40.00	112,500.		d		C
Fot:	al number of other employees paid over \$50,000 .				▶		
	1		<u> </u>			Form 99	0-PF (2012)

Part VIII Information About Officers, Directors, Trustees, Foundation Ma and Contractors (continued)		
3 Five highest-paid independent contractors for professional services (see in	structions). If none, enter "NONE	
(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 services		
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct chantable activities during the tax year. Include relevant statistic organizations and other beneficianes served, conferences convened, research papers produced, etc.	cal information such as the number of	Expenses
1 N/A		
1 17/11		
2		
3		
4		
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	l and 2	Amount
1 NONE		
2		
All other program related investments. See instructions		
All other program-related investments. See instructions	į	
3 NONE		
Tabel Add lines 4 through 2		
Total. Add lines 1 through 3	<u> </u>	

Form 990-PF (2012)

Page 8

Pa	rt X Minimum Investment Return (All domestic foundations must complete this part. Foreign see instructions.)	gn founda	ations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes:		
а	Average monthly fair market value of securities	1a	767,770.
b	Average of monthly cash balances	1b	927,904.
C	Fair market value of all other assets (see instructions)	1c	23,897,613.
d	Total (add lines 1a, b, and c)	1d	25,593,287.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Outstands town O forms town And	3	25,593,287.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see		
		4	383,899.
5	Instructions) Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	25,209,388.
6	Minimum investment return. Enter 5% of line 5	6	1,260,469.
Pa	rt 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 p	part.)	
1	Minimum investment return from Part X, line 6	1	1,260,469.
2a	Tax on investment income for 2012 from Part VI, line 5		
_ b	Income tax for 2012 (This does not include the tax from Part VI)	1	
C	Add lines 2a and 2b	2c	14,249.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	1,246,220.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	1,246,220.
6		6	
7	Deduction from distributable amount (see instructions) Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1	7	1,246,220.
Pa	art XII Qualifying Distributions (see instructions)	ll	· · · · · · · · · · · · · · · · · · ·
=	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes	T. E	
' a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26.	1a	1,855,587.
b		1b	
2	Program-related investments - total from Part IX-B Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		· · · · · · · · · · · · · · · · · · ·
2		2	
3	Amounts set aside for specific charitable projects that satisfy the	-	
-		3a	
a b	Suitability test (prior IRS approval required) Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	1,855,587.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		1,000,007.
,	Enter 1% of Part I, line 27b (see instructions)	5	r
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	1,855,587.
0	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when ca		
	qualifies for the section 4940(e) reduction of tax in those years.	iculating V	whether the foundation

Form 990-PF (2012)

Page 9 Form 990-PF (2012) Part XIII Undistributed Income (see instructions) (b) (c) (d) (a) 2012 Years prior to 2011 Corpus 2011 Distributable amount for 2012 from Part XI, 1,246,220 Undistributed income, if any, as of the end of 2012 a Enter amount for 2011 only b Total for prior years 20 10 20 09 20 08 3 Excess distributions carryover, if any, to 2012 3,599,145. a From 2007 **b** From 2008 321,573. c From 2009 1,486,620. 6,844,549. d From 2010 e From 2011 531,774. 12,783,661 f Total of lines 3a through e Qualifying distributions for 2012 from Part XII, line 4 ▶ \$ 1,855,587. a Applied to 2011, 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) 1,246,220. d Applied to 2012 distributable amount 609,367. ***** Remaining amount distributed out of corpus . . Excess distributions carryover applied to 2012 (If an amount appears in column (d), the same amount must be shown in column (a)) Enter the net total of each column as indicated below: 13,393,028. a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income Subtract 4 line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been 3 . ***** * issued, or on which the section 4942(a) tax has been previously assessed d Subtract line 6c from line 6b Taxable 4a from line 2a Taxable amount - see f Undistributed income for 2012 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2013 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions) 8 Excess distributions carryover from 2007 not applied on line 5 or line 7 (see instructions) . . . 3,599,145. Excess distributions carryover to 2013. 9,793,883 Subtract lines 7 and 8 from line 6a 10 Analysis of line 9 321,573. a Excess from 2008 . . . 1,486,620. b Excess from 2009 . . . 6,844,549. c Excess from 2010 . . . 531,774. d Excess from 2011 . . . 609,367.

Form 990-PF (2012)

e Excess from 2012 . . .

JSA 2E1490 1 000

factors:

Form 990-PF (2012)

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

c Any submission deadlines

Form 990-PF (2012)

Page 11

Part XV Supplementary Information (continued)			
3 Grants and Contributions Paid Durin	ng the Year or Appr	oved for F	uture Payment	
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	contribution	
a Paid dunng the year			•	
SEE ATTACHMENT				1,707,109.
		1		
			i	
	İ			
Total			▶ 3a	1,707,109.
b Approved for future payment				
, , , , , , , , , , , , , , , , , , ,				
		1		
]			
		Ì		
		1		
		Ì	1	
	1	1	J	
<u>Total</u>		<u> </u>	Sb	

Page **12**

gross amounts unless otherwise indicated	Unrela	ated business income	Excluded by	section 512, 513, or 514	(e)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
rogram service revenue	-				(See instructions)
					·
			<u> </u>		- ·
			ļ		
Fees and contracts from government agencies					
lembership dues and assessments					
terest on savings and temporary cash investments			14	36,206.	
ividends and interest from securities			14	503,520.	
et rental income or (loss) from real estate					
Debt-financed property					
Not debt-financed property					
et rental income or (loss) from personal property					
ther investment income	E02000	-15,311.	18	-132,784.	
ain or (loss) from sales of assets other than inventory	1		18	565,191.	
et income or (loss) from special events					
ross profit or (loss) from sales of inventory					
ther revenue a					
			1		
			i		1
ubtotal Add columns (b), (d), and (e)	3 % 11	-15,311.	*	972,133.	
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculated the columns of activities and the columns of activities are No. Explain below how each activities.	culations) s to the A	ccomplishment of Ex	empt Purp		956,82
Subtotal Add columns (b), (d), and (e) Sotal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculated the solution of activities e. No. Explain below how each activities to the solution of the solu	culations) s to the Act	ccomplishment of Ex	empt Purp	ooses e) of Part XVI-A contrib	956, 82
total. Add columns (b), (d), and (e) total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calce t XVI-B Relationship of Activities e No. Explain below how each activity	culations) s to the Act	ccomplishment of Ex	empt Purp	ooses e) of Part XVI-A contrib	956, 82
Subtotal Add columns (b), (d), and (e) Sotal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculated the solution of activities e. No. Explain below how each activities to the solution of the solu	culations) s to the Act	ccomplishment of Ex	empt Purp	ooses e) of Part XVI-A contrib	956, 82
Subtotal Add columns (b), (d), and (e) Sotal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculated the solution of activities and the solution of the s	culations) s to the Act	ccomplishment of Ex	empt Purp	ooses e) of Part XVI-A contrib	956, 82
total. Add columns (b), (d), and (e) total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calce t XVI-B Relationship of Activities e No. Explain below how each activity	culations) s to the Act	ccomplishment of Ex	empt Purp	ooses e) of Part XVI-A contrib	956, 82
ubtotal Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calc t XVI-B Relationship of Activities a No. Explain below how each activi	culations) s to the Act	ccomplishment of Ex	empt Purp	ooses e) of Part XVI-A contrib	956, 82
ubtotal Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calc t XVI-B Relationship of Activities a No. Explain below how each activi	culations) s to the Act	ccomplishment of Ex	empt Purp	ooses e) of Part XVI-A contrib	956, 82
total. Add columns (b), (d), and (e) total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calce t XVI-B Relationship of Activities e No. Explain below how each activity	culations) s to the Act	ccomplishment of Ex	empt Purp	ooses e) of Part XVI-A contrib	956, 82
ubtotal Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calc t XVI-B Relationship of Activities a No. Explain below how each activi	culations) s to the Act	ccomplishment of Ex	empt Purp	ooses e) of Part XVI-A contrib	956, 82
ubtotal Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calc t XVI-B Relationship of Activities a No. Explain below how each activi	culations) s to the Act	ccomplishment of Ex	empt Purp	ooses e) of Part XVI-A contrib	956, 82
otal. Add line 12, columns (b), (d), and (e), worksheet in line 13 instructions to verify calc t XVI-B Relationship of Activities No. Explain below how each activities	culations) s to the Act	ccomplishment of Ex	empt Purp	ooses e) of Part XVI-A contrib	956, 82
otal. Add line 12, columns (b), (d), and (e), worksheet in line 13 instructions to verify calc t XVI-B Relationship of Activities No. Explain below how each activities	culations) s to the Act	ccomplishment of Ex	empt Purp	ooses e) of Part XVI-A contrib	956, 82
otal. Add line 12, columns (b), (d), and (e), worksheet in line 13 instructions to verify calc t XVI-B Relationship of Activities No. Explain below how each activity	culations) s to the Act	ccomplishment of Ex	empt Purp	ooses e) of Part XVI-A contrib	956, 82
otal. Add line 12, columns (b), (d), and (e), worksheet in line 13 instructions to verify calc t XVI-B Relationship of Activities No. Explain below how each activities	culations) s to the Act	ccomplishment of Ex	empt Purp	ooses e) of Part XVI-A contrib	956, 82
ubtotal Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calc t XVI-B Relationship of Activities a No. Explain below how each activi	culations) s to the Act	ccomplishment of Ex	empt Purp	ooses e) of Part XVI-A contrib	956, 82
ubtotal Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calc t XVI-B Relationship of Activities a No. Explain below how each activi	culations) s to the Act	ccomplishment of Ex	empt Purp	ooses e) of Part XVI-A contrib	956, 82
ubtotal Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calc t XVI-B Relationship of Activities a No. Explain below how each activi	culations) s to the Act	ccomplishment of Ex	empt Purp	ooses e) of Part XVI-A contrib	956, 82
ubtotal Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calc t XVI-B Relationship of Activities a No. Explain below how each activi	culations) s to the Act	ccomplishment of Ex	empt Purp	ooses e) of Part XVI-A contrib	956, 82
ubtotal Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calc t XVI-B Relationship of Activities a No. Explain below how each activi	culations) s to the Act	ccomplishment of Ex	empt Purp	ooses e) of Part XVI-A contrib	956, 82
otal. Add line 12, columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calce t XVI-B Relationship of Activities e No. Explain below how each activities	culations) s to the Act	ccomplishment of Ex	empt Purp	ooses e) of Part XVI-A contrib	956, 82
Subtotal Add columns (b), (d), and (e) Sotal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculated the solution of activities and the solution of the s	culations) s to the Act	ccomplishment of Ex	empt Purp	ooses e) of Part XVI-A contrib	956, 82
Subtotal Add columns (b), (d), and (e) Sotal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculated the solution of activities and the solution of the s	culations) s to the Act	ccomplishment of Ex	empt Purp	ooses e) of Part XVI-A contrib	956, 82
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculated the columns of activities and columns. Explain below how each activities are the columns of the columns o	culations) s to the Act	ccomplishment of Ex	empt Purp	ooses e) of Part XVI-A contrib	956, 82
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculated the color of the c	culations) s to the Act	ccomplishment of Ex	empt Purp	ooses e) of Part XVI-A contrib	956, 82

Part XVI	Information Re Exempt Organ		sfers To and Tr	ansactions	and Relationships Wi	th Noncha	ritabl	e
in se orgal a Trans (1) C (2) C b Othe (1) S (2) P (3) R (4) R (5) L (6) P c Shar	ne organization direct ction 501(c) of the Conizations? If of the conizations? If of the conizations? If the conizations: If the conizations: If the conizations: If the conizations are conizations of assets to a not curchases of assets from the conization of	ode (other than see any foundation to a see any founda	noncharitable exen t organization exempt organization sets or fundraising solic other assets, or pa	npt organizations) or npt organizations	th any other organization de in section 527, relating to pon of	1a(1b) 1b) 1b) 1b)	2) (1) (2) (3) (4) (5) (6) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	X X X X X X X X
value	of the goods, other	assets, or services	s given by the rep	orting founda imn (d) the v	ition If the foundation recei alue of the goods, other ass	ived less thatets, or servi	n fair i ces rec	marke ceive
(a) Line no	(b) Amount involved	(c) Name of none	chantable exempt organi	_ -	d) Description of transfers, transaction	ns, and shanng a	arrangem	ents
	N/A			IN	/A			
								
	 							
		 	····		···			
		<u> </u>						
-								
desc	•) of the Code (othe	•		more tax-exempt organizatection 527?	tions	Yes [X N
	(a) Name of organization		(b) Type of org	anization	(c) Description	n of relationship		

			Line I have
Paid	Print/Type preparer's name	Preparer's signature	Date Check if PTIN
	WILLIAM ZATORSKI	William a. Zatorski	11/15/2013 self-employed P00846377
Preparei	I Firm's name PRICEWALERIOUS	SECOOPERS LLP	Firm's EIN ▶ 13-4008324
Use Only	Firm's address ▶ 300 MADISON AV	ENUE	
	NEW YORK, NY	100	17 Phone no 646-471-3000

Form 990-PF (2012)

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No 1545-0047

2012

Name of the organization		Employer Identification number
LISA & MICHAEL LEFFE	LL FOUNDATION	31-6633021
Organization type (check one):	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private	te foundation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private for	oundation
	501(c)(3) taxable private foundation	
Note. Only a section 501(c)(7 instructions	covered by the General Rule or a Special Rule. '), (8), or (10) organization can check boxes for both the General Rule a	nd a Special Rule See
General Rule		
	filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5 one contributor. Complete Parts I and II	i,000 or more (in money or
Special Rules		
under sections 509	c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % sup (a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, dur 5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) and II.	ring the year, a contribution of
during the year, tot	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received all contributions of more than \$1,000 for use <i>exclusively</i> for religious, closes, or the prevention of cruelty to children or animals. Complete Par	haritable, scientific, literary,
during the year, coinot total to more the year for an exclusive applies to this orga	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received intributions for use exclusively for religious, charitable, etc., purposes, bean \$1,000. If this box is checked, enter here the total contributions that elly religious, charitable, etc., purpose. Do not complete any of the particular because it received nonexclusively religious, charitable, etc., are the contributions.	but these contributions did at were received during the s unless the General Rule contributions of \$5,000 or
990-EZ, or 990-PF), but it mu	t is not covered by the General Rule and/or the Special Rules does not ist answer "No" on Part IV, line 2 of its Form 990, or check the box on PF, to certify that it does not meet the filing requirements of Schedule	line H of its Form 990-EZ or on
For Paperwork Reduction Act Notice	ce, see the Instructions for Form 990, 990-EZ, or 990-PF.	nedule B (Form 990, 990-EZ, or 990-PF) (201

Name of organization LISA & MICHAEL LEFFELL FOUNDATION

Employer identification number 31-6633021

Part I	Contributors (see instructions). Use duplicate copies of Par	t I if additional space is need	ed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MICHAEL J. LEFFELL	01.070	Person X Payroll
	35 SHELDRAKE ROAD	\$81,879.	Noncash X (Complete Part II if there is
	SCARSDALE, NY 10583		a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2_	PORTAGE CAPITAL LLC 600 MADISON AVENUE - 20TH FLOOR NEW YORK, NY 10022	\$299,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)

Employer identification number

31-6633021

a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1_	2,878 SHS DELPHI AUTOMOTICE PLC		
		\$81,879.	VARIOUS
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	100,000 SHARES VRINGO, INC.		
		\$299,000.	_VARIOUS
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

Employer identification number

31-6633021

Part III	Exclusively religious, charitable, etc., that total more than \$1,000 for the year.	individual contribu ear. Complete colun	tions to section 5 nns (a) through (e	01(c)(7), (8), or (10) organizations) and the following line entry.
	For organizations completing Part III, e contributions of \$1,000 or less for the	e year. (Enter this info	ormation once. Se	charitable, etc., ee instructions.) ►\$
	Use duplicate copies of Part III if addition	onal space is neede	d	
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
		(e) Transf	-	
	Transferee's name, address, at	nd ZIP + 4	Relatio	nship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
		(e) Transf	er of gift	
	Transferee's name, address, a	nd ZIP + 4	Relatio	nship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
		(e) Transi	fer of aift	
	Transferee's name, address, a		-	onship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
		(e) Trans		
	Transferee's name, address, a	and ZIP + 4	Relatio	onship of transferor to transferee
				Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

- DIVIDENDS AND INTEREST FROM SECURITIES PART I FORM 990PF,

NET	INVESTMENT INCOME	233,661.	167,512.	68,495.	37.	30.	3,218.	16,036.	2,039.	18,368.	509,396.
REVENUE AND	EXPENSES PER BOOKS	243,172.	182,924.	72,103.	37.	30.	3,218.	17,835.	2,039.	18,368.	539,726.
											TOTAL
	DESCRIPTION	MH DAVIDSON & CO.	MHD MANAGEMENT CO.	DK GROUP LLC	MMI GROTON, LLC	MMI HARTFORD, LLC	J.P. MORGAN	US TRUST	CHARLES SCHWAB	BANK OF AMERICA	

PART I - OTHER INCOME FORM 990PF,

NET	INVESTMENT	INCOME	-12,398.	-78,748.	-40,659.	-17,509.	1,218.	1.
REVENUE AND N	EXPENSES	PER BOOKS	-12,398.	-78,748.	-40,659.	-17,509.	1,218.	⊢
		DESCRIPTION	DK GROUP LLC	MH DAVIDSON & CO.	MHD MANAGEMENT CO.	MMI GROTON	MMI HARTFORD	ENERGY TRANSFER EQUITY LP

-148,095. TOTALS

-148,095.

V 12-7F

ATTACHMENT 3 PAGE 22

FEES
LEGAL
ı
н
PART
990PE,
FORM

CHARITABLE PURPOSES	750.	750.
ADJUSTED NET INCOME		
NET INVESTMENT INCOME		
REVENUE AND EXPENSES PER BOOKS	750.	750.
		TOTALS
DESCRIPTION	NYS DEPARTMENT OF LAW	

FORM 990PF, PART I - ACCOUNTING FEES

CHARITABLE PURPOSES	1,682.	1,682.
ADJUSTED NET INCOME		
NET INVESTMENT INCOME		
REVENUE AND EXPENSES PER BOOKS	1,682.	1,682.
		TOTALS
DESCRIPTION	ACCOUNTING FEES	

FORM 990PF, PART I - INTEREST EXPENSE

NET INVESTMENT INCOME	17,745.	17,875.
REVENUE AND EXPENSES PER BOOKS	17,745.	17,875.
		TOTALS
DESCRIPTION	MH DAVIDSON & CO. CHARLES SCHWAB	

V 12-7F

TAXES

PART I

FORM 990PF,

1,218.	11,254.	TOTALS
NON	10,036.	FEDERAL EXCISE TAXES
47.	47.	FTC - DK GROUP LLC
371.	371.	FTC - MH DAVIDSON & CO.
376.	376.	FTC - MHD MANAGEMENT CO.
335.	335.	FTC - JP MORGAN
.68	.68	FTC - CHARLES SCHWAB
INCOME	PER BOOKS	DESCRIPTION
INVESTMENT	EXPENSES	
NET	AND	
	REVENUE	

OTHER EXPENSES PART I FORM 990PF,

CHARITABLE PURPOSES 7,000.	33,411.	
NET INVESTMENT <u>INCOME</u> 31,942. 99,189. 46,407. 17,022.	194,925.	
EXPENSES AND EXPENSES PER BOOKS 31,942. 99,189. 46,407. 46,407. 7,002.	26,411.	
DESCRIPTION THROUGH MH DAVIDSON & CO. THROUGH MHD MANAGEMENT CO. THROUGH DK GROUP LLC THROUGH WMI HARTFORD LLC THROUGH US TRUST THROUGH JP MORGAN MISCELLANEOUS EXPENSES	OTHER REIMBURSEMENT EXPENSES TOTALS	

TOTALS

ATTACHMENT

ω

- CORPORATE STOCK PART II FORM 990PF,

ENDING <u>FMV</u>	4, 411. 3, 223. 3, 154. 8, 082. 6, 879. 59, 431. 15, 441. 886. NONE. 81, 010. 7, 373. NONE. 26, 465. 33, 320. 24, 378. 20. 16, 720. 183, 330. 15, 466.
ENDING BOOK VALUE	47,724. 34,875. 34,119. 10,989. 7,404. 88,456. 28,143. 964. NONE. 39,706. 7,903. NONE. 17,492. 189,035. 14,778.
DESCRIPTION	884 SHS COMDISCO HOLDING CO. 646 SHS COMDISCO HOLDING CO. 632 SHS COMDISCO HOLDING CO. 1 SHS COMDISCO HOLDING CO. 250 SHS DOW CHEMICAL CO. 75 SHS FEDERAL EXPRESS CORP. 25,617 SHS PARMALAT SPA 6,743 SHS PARMALAT SPA 19 SHS SOUTHERN UNION CO. 381 SHS GOUTHERN UNION CO. 500 SHS SPDR GOLD TRUST 100 SHS UNITED PARCEL SERVICE 6,136 SHS GABRIEL RESOURCES 17,205 SHS GABRIEL RESOURCES 2,028 SHS AMERICAN CAP. LTD. 2,028 SHS AMERICAN CAP. LTD. ENERGY TRANSFER EQUITY LP 4,000 SHS FERRO CORP. 9,700 HOME LOAN SERVICING 1,125 SHS OVERSEAS SHIPPING 250 SHS QUALCOMM, INC.

ATTACHMENT 9 PAGE 28

BONDS	
CORPORATE	
ı	
ΙΙ	
PART	
990PF,	
FORM	

DESCRIPTION	_ i	
\leftarrow	SH COLUMBIA STMF SCO, INC. 8.75%	
ഥ	္ပ	
	ı	
261,000 PSI 209,400 PSI	PSINETINC - 11809 PSINETINC - 10.5%	
	PSINETINC - 11.50%	

ENDING <u>EMV</u>	NONE. NONE. NONE. 816. 2,610.	3,688.
ENDING BOOK VALUE	NONE. NONE. 561. 224. 184.	1,083.

TOTALS

DESCRIPTION

MMI GROTON, LLC MMI HARTFORD, LLC MAXIM REAL ESTATE INVESTMENTS MHD MANAGEMENT CO. MH DAVIDSON & CO. DK GROUP LLC

BOOK VALUE ENDING

ENDING FMV

> 2,787,937. 1,756,348. 38,640. 102,229. 239,270. 21,367,180.

21,027,910. 1,962,176. 1,288,515. 177,493. 192,682. 239,270.

26,291,604.

TOTALS

24,888,046.

ATTACHMENT 10 PAGE 29

FORM 990PF, PART III - OTHER INCREASES IN NET WORTH OR FUND BALANCES

DESCRIPTION	AMOUNT
REFUND OF PREVIOUSLY PAID EXCISE TAXES FMV OF STOCK CONTRIBUTIONS OVER BASIS	113,000. 221,481.
OTHER CURRENT PERIOD ADJUSTMENT TOTAL	5,679. 340,160.

LINE 10 - NEW SUBSTANTIAL CONTRIBUTORS PART VII-A, FORM 990PF,

DIRECT PUBLIC SUPPORT

DATE

299,000.

PORTAGE CAPITAL LLC 600 MADISON AVENUE - 20TH FLOOR NEW YORK, NY 10022

NAME AND ADDRESS

VARIOUS

TOTAL CONTRIBUTION AMOUNTS

299,000.

EXPENSE ACCT AND OTHER ALLOWANCES	0	0	0
CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	0	0	0
COMPENSATION	0	0	0
TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	5.00	5.00	GRAND TOTALS
	, 20тн ғъоок	, 20TH FLOOR	
NAME AND ADDRESS	MICHAEL LEFFELL 600 MADISON AVENUE, NEW YORK, NY 10022	LISA LEFFELL 600 MADISON AVENUE, 20TH FLOOR NEW YORK, NY 10022	

SCHEDULE D (Form 1041)

Department of the Treasury

Internal Revenue Service
Name of estate or trust

Capital Gains and Losses

► Attach to Form 1041, Form 5227, or Form 990-T.

Information about Schedule D (Form 1041) and its separate instructions is at www.irs.gov/form1041.

OMB No 1545-0092

2012

Employer identification number

LISA & MICHAEL LEFFELL FOUNDATION 31-6633021 Note: Form 5227 filers need to complete only Parts I and II Short-Term Capital Gains and Losses - Assets Held One Year or Less Part I (f) Gain or (loss) for (b) Date acquired (c) Date sold (e) Cost or other basis (a) Description of property (d) Sales price the entire year Subtract (e) from (d) (Example 100 shares 7% preferred of "Z" Co) (see instructions) 1a ATTACHMENT 1 2,108,428. 2,297,609. -189,181. b Enter the short-term gain or (loss), if any, from Schedule D-1, line 1b 1b Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824 2 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts 3 Short-term capital loss carryover Enter the amount, if any, from line 9 of the 2011 Capital Loss Net short-term gain or (loss). Combine lines 1a through 4 in column (f) Enter here and on line 13, column (3) on the back -189,181. Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year (f) Gain or (loss) for (b) Date acquired (mo , day, yr) (e) Cost or other basis (a) Description of property (Example 100 shares 7% preferred of "Z" Co) (c) Date sold (mo, day, yr) (d) Sales price the entire year Subtract (e) from (d) (see instructions) 6a ATTACHMENT 2 1,002,296. 247,924. 754,372. b Enter the long-term gain or (loss), if any, from Schedule D-1, line 6b 6b Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824 7 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts 8 Capital gain distributions Gain from Form 4797, Part I 10 10 Long-term capital loss carryover Enter the amount, if any, from line 14 of the 2011 Capital Loss 11 Net long-term gain or (loss). Combine lines 6a through 11 in column (f) Enter here and on line 14a, column (3) on the back 754,372. For Paperwork Reduction Act Notice, see the Instructions for Form 1041. Schedule D (Form 1041) 2012

Sched	dule D (Form 1041) 2012		,,		Page 2
Par	Summary of Parts I and II		(1) Beneficianes'	(2) Estate's or trust's	(3) Total
-	Caution: Read the instructions before completing this		(see instr)	or trust's	100 101
13	Net short-term gain or (loss)	13			-189,181.
14	Net long-term gain or (loss):	140			754,372.
a	Total for year	14a 14b			734,372.
		14c	<u> </u>		
15	28% rate gain	15		···· ·	565,191.
	e: If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4		rm 990-T Part I line	ta) If lines 14a a	
gaıns	, go to Part V, and do not complete Part IV. If line 15, column (3), is a no	et los	s, complete Part IV an	d the Capital Los	s Carryover Worksheet, as
neces					
16	t IV Capital Loss Limitation Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, P	ort I I	ine (c. if a truet) the si	maller of	
a	The loss on line 15, column (3) or b \$3,000	æ1 (1, 1	ine 40, ii a trust), trie si	16	(
Note	The loss on line 15, column (3) or b \$3,000 If the loss on line 15, column (3), is more than \$3,000, or if Form 1041,	page	1, line 22 (or Form 99	0-T, line 34), is a	loss, complete the Capital
	Carryover Worksheet in the instructions to figure your capital loss carryover				
Pai			,		
	n 1041 filers. Complete this part only if both lines 14a and 15 in coli		•	imount is entere	a in Part I or Part II and
	e is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is mor- tion: Skip this part and complete the Schedule D Tax Worksheet in the ii				
	other line 14b, col (2) or line 14c, col (2) is more than zero, or	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	oth Form 1041, line 2b(1), and Form 4952, line 4g are more than zero				
Form	n 990-T trusts. Complete this part only if both lines 14a and 15 a	re ga	ins, or qualified divi	dends are inclu	ded in income in Part I
	orm 990-T, and Form 990-T, line 34, is more than zero. Skip this part	and o	complete the Schedu	ile D Tax Works	sheet in the instructions
If eit	her line 14b, col (2) or line 14c, col. (2) is more than zero				
17	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 3	4) .	. 17		
18	Enter the smaller of line 14a or 15 in column (2)		,		
	but not less than zero		* * *		
19	Enter the estate's or trust's qualified dividends		*		
	from Form 1041, line 2b(2) (or enter the qualified		1, 1	1	
	dividends included in income in Part I of Form 990-T) 19				
20	Add lines 18 and 19				
21	If the estate or trust is filing Form 4952, enter the		<u> </u>		
	amount from line 4g, otherwise, enter -0 ▶ 21				
22	Subtract line 21 from line 20 If zero or less, enter -0				
23	Subtract line 22 from line 17 If zero or less, enter -0		23		
24	Enter the smaller of the amount on line 17 or \$2,400		24		
25	Is the amount on line 23 equal to or more than the amount on line 24				
	Yes. Skip lines 25 and 26, go to line 27 and check the "No" box		0.5		
26	No. Enter the amount from line 23				
26 27	Subtract line 25 from line 24	• • •	26		
27	Yes. Skip lines 27 thru 30, go to line 31 No. Enter the smaller of line 17 or lin	- 20	27		
	1 es. Skip lines 27 thru 30, go to line 31	10 22			
28	Enter the amount from line 26 (If line 26 is blank, enter -0-)		28		
20	Enter the amount nom the 20 (if the 20 is blank, sixer 0)	• • •	20		
29	Subtract line 28 from line 27		29		
30	Markette bar 00 has 450/ / 45)		<u> </u>	30	
31	Figure the tax on the amount on line 23 Use the 2012 Tax Rate	 e Sch	nedule for Estates a		
•	(see the Schedule Ginstructions in the instructions for Form 1041)				
	(coo in a concean a monatana mana mana mana mana mana mana man			= :-	T
32	Add lines 30 and 31			32	
33	Figure the tax on the amount on line 17 Use the 2012 Tax Rati	e Scl	nedule for Estates a		
	(see the Schedule Ginstructions in the instructions for Form 1041)				
34	Tax on all taxable income. Enter the smaller of line 32 or line 33	here	and on Form 1041.	Schedule	†
	G, line 1a (or Form 990-T, line 36)				
		<u> </u>			edule D (Form 1041) 2012

LISA 6 MICHAEL LEFFELL FOUNDATION Schedule D Detail of Short-term Capital Gains and Losses

				240	2000
Description	Date Acquired	Date Sold	Gross Sales Price	Cost or Other Basis	Snort-term Gain/Loss
APITAL GAINS (LOSSES) HELD FOR INVESTMENT PURPOSES					
	SIOTOWN	SHOTORY	75.283		75,283.
THROUGH MH DAVIDSON & CO.	WANTOUS	SHOTOWN	14 264		14,264
THROUGH MHD MANAGEMENT CO	VARIOUS	VARIOUS		3,793.	-3,793.
1 INCOCAL DISCONDING THE CONTROL OF	VARIOUS	12/26/2012	5, 922.	7, 585	-1,663.
2 A78 SHS DELIBITIONOTIVE PLC	08/17/2012	08/17/2012	84,635.	59, 981	24,654
10 SSO SHS COLUMBIA ST MINI FUND	VARIOUS	VARIOUS	1,753,324.	1,750,000	3, 324
500 SHS OVERSEAS SHIPHOLDING GROUP	VARIOUS	VARIOUS	175,000.	476,250.	-301,250
OTAL CAPITAL GAINS (LOSSES) HELD FOR INVESTMENT PURPOSES			2,108,428.	2,297,609.	-189,181
Totals			2,108,428	2,297,609.	-189,181.

JSA 2F0971 1 000

V 12-7F

31-6633021

31-6633021

ATTACHMENT 2

LISA & MICHAEL LEFFELL FOUNDATION

Schedule D Detail of Long-term Capital Gains and Losses

CAPITAL GAINS (LOSSES) HELD FOR INVESTMENT PURPOSES THROUGH MH DAVIDSON & CO THROUGH MHD MANAGEMENT CO THROUGH DK GROUP LLC			3	Dasis	Gain/Loss
CAPITAL GAINS (LOSSES) HELD FOR INVESTMENT PURPOSES THROUGH MH DAVIDSON & CO THROUGH MHD MANAGEMENT CO THROUGH DK GROUP LLC					
THROUGH MH DAVIDSON & CO THROUGH MHD MANAGEMENT CO THROUGH DK GROUP LLC					
THROUGH MHD MANAGEMENT CO THROUGH DK GROUP LLC	VARIOUS	VARIOUS	310,025		310,025
THROUGH DK GROUP LLC	VARIOUS	VARIOUS	228,103.		228,103.
	VARIOUS	VARIOUS	130,350		130,350
17 933 SHS GARRIEL RESOURCES	VARIOUS	06/29/2012	26,843	134,039	-107,196.
100.000 SHS VRINGO. INC	10/12/2011	12/26/2012	281,985.	99,417	182,568
5.408 SHS GABRIEL RESOURCES	VARIOUS	06/29/2012	8,170	11,019	-2,849
381 SHS SQUITHERN INTON COMPANY	10/14/2002	03/26/2012	16,820.	3,449.	13, 371.
TOTAL CAPITAL GAINS (LOSSES) HELD FOR INVESTMENT PURPOSES			1,002,296.	247,924	754,372
			1,002,296.		
Totals				247,924.	754,372.

JSA 2F0970 1 000

ATTACHMENT 2 PAGE 39

LISA & MICHAEL LEFFELL FOUNDATION 31-6633021
FORM 990-PF - PART IV
CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

Kind of P	roperty		Des	cription		0	Date acquired	Date sold
Gross sale price less	Depreciation allowed/	Cost or other	FMV as of	Adj basis as of	Excess of FMV over	۲	Gain	
price less penses of sale	allowable	basis	12/31/69	12/31/69	adı basıs	H	(loss)	
		THROUGH MH PROPERTY TY		co.		Р	VARIOUS	VARIOUS
75,283.		1					75,283.	
		THROUGH MHD		co.		Р	VARIOUS	VARIOUS
14,264.							14,264.	
		THROUGH DK				Р	VARIOUS	VARIOUS
		3,793.					-3,793.	
		2,100 SHS V				Р	VARIOUS	12/26/2012
5,922.		7,585.					-1,663.	
		2,878 SHS D PROPERTY TY				D	08/17/2012	08/17/2012
84,635.		59,981.					24,654.	
				MUNI. FUND	ı	Р	VARIOUS	VARIOUS
,753,324.		PROPERTY TY 1,750,000.	PE: SECURI	TIES			3,324.	
				OLDING GROU	P	P	VARIOUS	VARIOUS
175,000.		PROPERTY TY 476,250.	PE: SECURI	ries			-301,250.	
		THROUGH MH		co.		P	VARIOUS	VARIOUS
310,025.		PROPERTY TY	PE: OTHER				310,025.	
		THROUGH MHD	MANAGEMEN'	co.		P	VARIOUS	VARIOUS
228,103.		PROPERTY TY	PE: OTHER				228,103.	
220, 2001			anoun tta					, , , , , , , , , , , , , , , , , , ,
		THROUGH DK PROPERTY TY				P	VARIOUS	VARIOUS
130,350.							130,350.	
		17,933 SHS PROPERTY TY				P	VARIOUS	06/29/201
26,843.		134,039.	PE: SECURI	1100			-107,196.	
		100,000 SHS				D	10/12/2011	12/26/201
281,985.		99,417.	.FE. SECURI	1 1 1 1 2 3			182,568.	
000 2497AN 2	1532		V 12-	7 F				PAGE 1

LISA & MICHAEL LEFFELL FOUNDATION 31-6633021
FORM 990-PF - PART IV
CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

Kind of P		Description				인	Date acquired	Date sold
Gross sale price less	Depreciation allowed/	Cost or other	FMV as of	Adj basis as of	Excess of FMV over	Ĭ	Gain or	·
expenses of sale	allowable	basis	12/31/69	12/31/69	adı basıs	Н	(loss)	
		5,408 SHS G				Р	VARIOUS	06/29/201
8,170.		PROPERTY TY 11,019.	PE: SECURIT	IES			-2,849.	
8,170.		11,019.					-2,049.	
		381 SHS SOU				P	10/14/2002	03/26/201
16,820.		PROPERTY TY 3,449.	PE: SECURIT	IES			13,371.	
10,020.]					13,371.	
TOTAL GAIN(LC	SS)						565,191.	
							,	
						Ц		
		1						
							:	
]						l		
SA		<u> </u>			· · · · · · · · · · · · · · · · · · ·	1_		<u> </u>
SA 90 1 000 2497AN 2			V 12-7					PAGE :

, ELECTRONICALLY FILED ON YOUR BEHALF - DO NOT FILE

Form **8868**

Application for Extension of Time To File an

(Rev January 20	013)	Exempt	Organ	ization Return	ľ	OMB No 1	545-1709	
Department of the		▶ File a	separate ap	oplication for each return.				
		Automatic 3-Month Extension, o	omplete o	only Part Land check th	is box		▶ X	
	_	Additional (Not Automatic) 3-Mo					تتا ۲۰۰۰	
=	-	<i>inless</i> you have already been grain		•		=	8	
					-			
		You can electronically file Form						
		to file Form 990-T), or an addition						
		tension of time to file any of the associated With Certain Persona						
		details on the electronic filing of the						
		-Month Extension of Time. On				miles a rrom	DI OIRG	
		to file Form 990-T and requesting				mnlete		
	-	· · · · · · · · · · · · · · · · · · ·				-	\Box	
All other cor				Co. and trusta must use t			of time	
			ips, Remile	os, and trusts must use r				
to file incom		s cempt organization or other filer, see in	etructions		Enter filer's Identify			
Туре ог	I Maille Of Ex	tempt organization of other mer, see in	Structions		Employer identification i	number (EIN) C)r	
print	T T C A C	MICHARI LEGGELL GOINDA	TT ON		21 66220	21		
File by the		MICHAEL LEFFELL FOUNDA reet, and room or suite no If a P O bo		etions	31-6633021 Social security number (SSN)			
due date for	ľ	•	•	CHOITS	Social security number (SSN)			
filing your return See		DISON AVENUE, 20TH FLOOR or post office, state, and ZIP code. For a foreign address, see instructions						
instructions	I -		a loreign au	dress, see instructions				
	<u> </u>	RK, NY 10022			- · · · · · · · · · · · · · · · · · · ·		0 4	
Enter the Re	eturn code 1	or the return that this application	is for (file a	a separate application fo	or each return)		. [0 4	
Application	** *	······································	Return	Application			Return	
ls For			Code	ls For			Code	
Form 990 or	Form 990-	EZ	01	Form 990-T (corporat	ion)		07	
Form 990-Bl			02	Form 1041-A			08	
Form 4720-			03	Form 4720			09	
Form 990-PF			04	Form 5227	······································		10	
		a) or 408(a) trust)	05	Form 6069			11	
		than above)	06	Form 8870			12	
 The book 	s are in the	care of ▶ MICHAEL LEFFELT	L					
		646 532-2445	`	FAX No ▶			_ 	
		es not have an office or place of					▶∟	
		Return, enter the organization's fo				If th	nis is	
				art of the group, check t	this box \dots	· 💹 and att	ach	
a list with the	<u>e names ar</u>	id EINs of all members the extens	on is for					
•		natic 3-month (6 months for a cor	•	-	•			
until		08/15 , 20 13 , to file the	exempt org	ganization return for the	e organization named	above The e	extension is	
		n's return for						
		ear 20 <u>12</u> or						
▶ [_]	tax year be	eginning	, 20	, and ending	·	, 20		
				_				
2 If the to	ax year ent	ered in line 1 is for less than 12 m	onths, ched	ck reason L Initial r	eturn 💹 Final retu	ırn		
c	hange in a	ccounting period						
	<u> </u>							
		is for Form 990-BL, 990-PF, 99	90-T, 4720), or 6069, enter the	tentative tax, less an	- I I	22 421	
		edits See instructions	4700	. 6060	Supple	3a \$	33,431	
	• •	n is for Form 990-PF, 990-T,				25 6	3 /31	

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

c Balance due. Subtract line 3b from line 3a Include your payment with this form, if required, by using EFTPS

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

(Electronic Federal Tax Payment System) See instructions

Form 8868 (Rev 1-2013)

30,000.

orm 8868 (F	Rev 1-2013)				Page 2
If you ar	re filing for an Additional (Not Automatic) 3-M	onth Exten	sion, complete only Part II	and check this box	▶ X
Note. Only	complete Part II if you have already been gra	nted an au	tomatic 3-month extension of	on a previously filed Form 886	6 8
•	re filing for an Automatic 3-Month Extension,				
Part II	Additional (Not Automatic) 3-Month E			nal (no copies needed).	
				ter filer's identifying number, s	ee instructions
	Name of exempt organization or other filer, see in	nstructions		Employer identification number	
Type or			i	, ,	
print	LISA & MICHAEL LEFFELL FOUNDA	TTON		31-6633021	
Pillit	Number, street, and room or suite no If a P O bo		ctions	Social security number (SSN)	
File by the	600 MADISON AVENUE, 20TH FLOO	•		, ,	
due date for filing your	City, town or post office, state, and ZIP code For		dress see instructions		
return See		i a lorcigii aa	areas, ace manactions		
instructions	NEW YORK, NY 10022			-L 4\	
	Return code for the return that this application			n return)	
Applicatio	n	Return	Application		Return
ls For		Code	is For		Code
Form 990	or Form 990-EZ	01			
Form 990-	BL	02	Form 1041-A		08
Form 4720	0 (ındıvıdual)	03	Form 4720		09
Form 990-	PF	04	Form 5227		10
Form 990-	-T (sec 401(a) or 408(a) trust)	05	Form 6069		11
Form 990-	-T (trust other than above)	06	Form 8870		12
STOP! Do	not complete Part II if you were not already	granted ar	automatic 3-month extens	sion on a previously filed Fo	orm 8868.
4 I req 5 For 6 6 If the 7 State	cole group, check this box	on is for intil ning nonths, che	, 20 , and ck reason Initial ret	1/15 , 20 13 d ending urn Final return	_, 20
9a If the	is application is for Form 990-BL, 990-PF, 9	90-T 4720	or 6060 enter the tent:	ative tax less any	
	efundable credits. See instructions	55-1, 4 720	, or occo, order the tellt	8a \$	33,431.
	is application is for Form 990-PF, 990-T,	4720 0	6069 enter any refund		33, 331.
	nated tax payments made. Include any pi		-		
	unt paid previously with Form 8868	iloi yeai (verpayment anowed as	8b \$	33,431.
	nce Due. Subtract line 8b from line 8a Include	VOUE DOVE	ant with this form if require		33,431.
			ient with this form, if require		0
(Elec	ctronic Federal Tax Payment System) See instru		-4 h l - 4 - d f D	8c \$	
	-		st be completed for Pa	-	
	ties of perjury, I declare that I have examined this form, rect, and complete, and that I am authorized to prepare this f		companying schedules and statement	ents, and to the best of my know	ledge and belief,
Signature >	Joel S. Friedlander)	Title ► ENROLLED AGE	ENT Date ▶ 07/29	9/2013
Prices	aterhouseCoopers LLP			Form 886	68 (Rev 1-2013)
	dison Avenue				
ием то:	rk, NY 10017				