

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



Form **990-P.F**

Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

| For | calend | lar year 2014 or tax year beginning , | and ending | | | 2-11-11-11 | A CONTRACTOR OF THE CONTRACTOR |
|-----------------------------------------------------------|------------|--------------------------------------------------------------------------------------------------------------|---------------------------------------|-----------------|---------------|---------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | me of fou | | | 1 | Employ | er identification number | |
| | | S & LENA MINKOFF FOUNDATION, | INC | ļ | | | |
| | | BURTON & CO., PA, CPA is street (or P O box number if mail is not delivered to street address) | | | | 6078778 | |
| | | SHERIDAN STREET | | com/suite | 3 Telepho | ne number (see instructions |) |
| | | , state or province, country, and ZIP or foreign postal code | | .02 | ·· | | |
| _ H | OLL: | YWOOD FL 33021 | | (| if exemp | otion application is pending, o | check here |
| G | Check a | all that apply: Initial return Initial return | rn of a former public ch | arity | 1. Fore | ign organizations, check her | e ▶ □ |
| | | Final return Amended | return | | 2. Fore | ign organizations meeting th | |
| | | Address change Name cha | inge | | 85% | test, check here and attach | computation ► |
| H (| Check ty | ype of organization: X Section 501(c)(3) exempt private | foundation | | if private | foundation status was term | ınated under |
| $\overline{}$ | | | le private foundation | ŀ | section : | 507(b)(1)(A), check here | ▶ [_] |
| | | ket value of all assets at J Accounting method: | X Cash Acc | rual i | If the foo | undation is in a 60-month ter | mination |
| е | nd of ye | ear (from Part II, col. (c), Other (specify) | | | under se | ection 507(b)(1)(B), check he | ere 🕨 📗 |
| ال ج | ne 16) 🕽 | ▶ \$ 602,885 (Part I, column (d) must | be on cash basis.) | | | | |
| ⇒ P | art I | Analysis of Revenue and Expenses The total of | (a) Revenue and | (b) Net investi | ment | (c) Adjusted net | (d) Disbursements for charitable |
| . ~ . ~ | | amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions)) | expenses per books | income | | income | purposes |
| - T | 1 | Contributions, gifts, grants, etc , received (attach schedule) | | | | | (cash basis only) |
| | 2 | Check X if the foundation is not required to attach Sch. B | | | | | |
| | 3 | Interest on savings and temporary cash investments | 1 | | 1 | 1 | ···:/// |
| | 4 | Dividends and interest from securities | 18,241 | 18 | ,241 | 18,241 | |
| \bigcirc | 5a | Gross rents | | | | , <u>-</u> | *************************************** |
| y, | b | Net rental income or (loss) | | | | | , |
| Sevenue B | 6a | Net gain or (loss) from sale of assets not on line 10 STMT 1 | -3,303 | | 1711 | | |
| Se Se | ь | Gross sales price for all assets on line 6a 31, 907 | , | | | | |
| E | 7 | Capital gain net income (from Part IV, line 2) | | | 0 | | - |
| | 8 | Net short-term capital gain | | | | 0 | |
| | 9 | Income modifications | | | | | |
| | 10a | Gross sales less returns and allowances | <u> </u> | <u> </u> | | | |
| | b | Less: Cost of goods sold | | | | | |
| | C | Gross profit or (loss) (attach schedule) | | | | | |
| | 11 | Other income (attach schedule) STMT 2 | 5,768 | | ,768 | 5,768 | - 1-1111 Hill Hall Hall |
| | 12 | Total. Add lines 1 through 11 | 20,707 | | ,010 | 24,010 | |
| מע-ג | 13 | Compensation of officers, directors, trustees, etc. | 0 | | | | |
| | 14 | Other employee salaries and wages | | | | | |
| 9 | 15 | Pension plans, employee benefits | · | | | | |
| <u> </u> | 16a | Legal fees (attach schedule) Accounting fees (attach schedule) STMT 3 | 6 902 | ļ <u>.</u> | 246 | | 2 246 |
| Rec in Battoring Operating ସେଉଟର ପମସର ଖଣ୍ଡା rating Exp | Ь | Accounting fees (attach schedule) STMT 3 Other professional fees (attach schedule) | 6,892 | | 3,346 | | 3,346 |
| 4 | C 47 | Interest | <u> </u> | | | | |
| ڄڄو | 17 18 | Taxes (attach schedule) (see instructions) | | | | | |
| 是是 | 19 | | 3 2015 | | | | 7 |
| 器 | 20 | Occupancy | S AD 7 O L J | | | | <u> </u> |
| n A | 21 | Travel, conferences, and meetings | , | | | | |
| にた | 22 | Printing and publications | · · · · · · · · · · · · · · · · · · · | <u> </u> | | | |
| \$4 | 23 | Other expenses (att. sch.) STMT 4 | 982 | | 491 | | 491 |
| ~ ŭ | 24 | Total operating and administrative expenses. | | | | | |
| <u>a</u> | | Add lines 13 through 23 | 7,874 | d : | 3,837 | 0 | 3,837 |
| þe | 25 | Contributions, grits, grants paid | 53,500 | | | | 53,500 |
| 0 | 26 | Total expenses and disbursements. Add lines 24 and 25 | 61,374 | | 3,837 | 0 | |
| | 27 | Subtract line 26 from line 12: | | | | | |
| | а | Excess of revenue over expenses and disbursements | -40,667 | <u>'</u> | | | |
| | b | Net investment income (if negative, enter -0-) | | 20 | 7,173 | | |
| | c | Adjusted net income(if negative, enter -0-) | | 1 | T | 24,010 | |

| Part III | Analysis of Changes in Net Assets or Fund Balances | | |
|--------------|----------------------------------------------------------------------------------------------|---|---------|
| 1 Total net | assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with | | |
| end-of-ye | ar figure reported on prior year's return) | 1 | 725,742 |
| 2 Enter ame | ount from Part I, line 27a | 2 | -40,667 |
| 3 Other inci | reases not included in line 2 (itemize) | 3 | |
| 4 Add lines | 1, 2, and 3 | 4 | 685,075 |
| 5 Decrease | s not included in line 2 (itemize) | 5 | |
| 6 Total net | assets or fund balances at end of year (line 4 minus line 5) – Part II, column (b), line 30 | 6 | 685,075 |

Net value of noncharitable-use assets Adjusted qualifying distributions Calendar year (or tax year beginning in) (col (b) divided by col (c)) 89,883 655,432 0.137136 2013 700,489 103,490 0.147740 2012 92,741 856,259 0.108310 2011 842,122 0.039988 33,675 2010 65,020 815,302 0.079750 2009 0.512924 2

| 2 | Total of line 1, column (d) |
|---|-------------------------------------------|
| ~ | A distribution matic for the E has a mark |

Average distribution ratio for the 5-year base period – divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years

Enter the net value of nonchantable-use assets for 2014 from Part X, line 5

5 Multiply line 4 by line 3

6 Enter 1% of net investment income (1% of Part I, line 27b)

7 Add lines 5 and 6

8 Enter qualifying distributions from Part XII, line 4

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

Part VI instructions

0.102585

618,671

63,466

63,668

57,337

202

3

5

7

| | 990-PF (2014) LOUIS & LENA MINKOFF FOUNDATION, INC 11-6078778 | | | | P | age 4 |
|--------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|---------|-------|-------------|
| | Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instructions) | | | | | |
| 1a | Exempt operating foundations described in section 4940(d)(2), check here ▶ and enter "N/A" on line 1. | | | | | |
| | Date of ruling or determination letter: (attach copy of letter if necessary—see instructions) | | | | | |
| b | Domestic foundations that meet the section 4940(e) requirements in Part V, check | 1 | | | | 202 |
| | here X and enter 1% of Part I, line 27b | | | | | |
| С | | | | | | |
| _ | Part I, line 12, col. (b). | | | | | _ |
| 2 | , , , , , , , , , , , , , , , , , , , , | | | | | 0 |
| 3 | Add lines 1 and 2 | 3 | | | | 202 |
| 4 | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | 4 | | | | 0 |
| 5 | Tax based on investment Income.Subtract line 4 from line 3. If zero or less, enter -0- | 5 | | | | 202 |
| 6 | Credits/Payments: | 1 | | | | |
| a | 2014 estimated tax payments and 2013 overpayment credited to 2014 Expense foreign appropriate to appropriate the course of the | 1 | | | | |
| b | Exempt foreign organizations – tax withheld at source Toy paid with production for extension of type to file (Form 8869) | - 1 | | | | |
| C | Tax paid with application for extension of time to file (Form 8868) Backup withholding erroneously withheld 6d | 1 | | | | |
| d | Backup withholding erroneously withheld Total credits and payments. Add lines 6a through 6d | 7 | : | | | |
| 7 | Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached | 8 | | | | |
| 8 9 | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed | 9 | | | | 202 |
| 10 | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | 10 | | | | |
| 11 | Enter the amount of line 10 to be: Credited to 2015 estimated tax | 11 | | | | |
| | rt VII-A Statements Regarding Activities | | | - | - | |
| 1a | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it | | | | Yes | No |
| | participate or intervene in any political campaign? | | | 1a | | X |
| b | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see | | | | | |
| | Instructions for the definition)? | | (| 1b | | X |
| | If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials | | | | | |
| | published or distributed by the foundation in connection with the activities. | | | | I | |
| С | Did the foundation file Form 1120-POL for this year? | | | 1c | | X |
| d | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: | | | | , [| |
| | (1) On the foundation. ▶ \$ (2) On foundation managers. ▶ \$ | _ | | | 1 | |
| е | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed | | | | 1 | |
| | on foundation managers. \$ | | ' | | 1 | |
| 2 | Has the foundation engaged in any activities that have not previously been reported to the IRS? | | | 2 | | X |
| _ | If "Yes," attach a detailed description of the activities | | | | | |
| 3 | Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of | | | 3 | 1 | v |
| 4- | incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes | | | 4a | | <u> X</u> |
| 4a | Did the foundation have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a tax return on Form 990-T for this year? | • | N/A | 4b | | |
| ь 5 | Was there a liquidation, termination, dissolution, or substantial contraction during the year? | | , | 5 | | X |
| _ | If "Yes," attach the statement required by General Instruction T. | | | | | |
| 6 | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: | | | | | |
| - | By language in the governing instrument, or | | | | | |
| | By state legislation that effectively amends the governing instrument so that no mandatory directions that | | | | | |
| | conflict with the state law remain in the governing instrument? | | | 6 | X | |
| 7 | Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV | | | 7 | X | |
| 8a | Enter the states to which the foundation reports or with which it is registered (see instructions) NONE. | | | | · | |
| b | If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General | | | | | |
| | (or designate) of each state as required by General Instruction G? If "No," attach explanation | | | 8b | X | <u></u> |
| 9 | Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or | | | | .,,,, | |
| | 4942(j)(5) for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," | | | | | |
| | complete Part XIV | | | 9 | | X |
| 10 | Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their | | | | |] |
| | names and addresses | | | 10 | | X |
| | | | 1 | Form 95 | ルーピト | (2014) |

Form 990-PF (2014)

| | -PF (2014) LOUIS & LENA M | | | 078778 | | | Page 6 |
|------------------------------------------|-------------------------------------------------|----------------------------------------|---------------------------------------|-----------------------------------|----------------------------------------|----------|----------------------------|
| Part \ | | Activities for Which Form | 4720 May Be Re | quired (contir | nued) | · | |
| | ring the year did the foundation pay or incur | - | | | (m) | | |
| | Carry on propaganda, or otherwise attemp | · · · · · · · · · · · · · · · · · · · | | <u> </u> | 'es 🗶 No | | 1 |
| (2) | Influence the outcome of any specific publ | | carry on, | | [==] | | |
| | directly or indirectly, any voter registration | • | | . 📙 ነ | es X No | | I |
| | Provide a grant to an individual for travel, | | | . 📙 ነ | 'es 🏻 No | | 1 |
| (4) | Provide a grant to an organization other th | an a charitable, etc., organization | described in | | <u></u> | | |
| | section 4945(d)(4)(A)? (see instructions) | | | . LY | 'es 🗶 No | | |
| (5) | Provide for any purpose other than religiou | · · · · · · · · · · · · · · · · · · · | educational | | (| | 1 |
| | purposes, or for the prevention of cruelty t | | | . — | 'es 🏋 No | | I |
| | ny answer is "Yes" to 5a(1)–(5), did any of | | | cribed in | 37./2 | | 1 |
| | gulations section 53.4945 or in a current no | <u> </u> | • | | N/A | 5b | |
| | ganizations relying on a current notice regains | | | | ▶□ | | I |
| | ne answer is "Yes" to question 5a(4), does t | • | n the tax | N/A 🗆 Y | | | |
| | cause it maintained expenditure responsibili | • | | N/A Y | ′es 🔝 No | | |
| | Yes," attach the statement required by Regu | | | | | | I |
| | the foundation, during the year, receive an | y tunds, directly or indirectly, to pa | y premiums | г, | TVP | | ı |
| | a personal benefit contract? | disa athe an in disa athe an a manual | and homest contract | | 'es 🗶 No | 6. | x |
| | the foundation, during the year, pay premit | ums, directly or indirectly, on a pers | sonal benefit contract | • | · | 6b | |
| | Yes" to 6b, file Form 8870. | -4: | lter trenenation? | | es X No | . [| 1 |
| | any time during the tax year, was the found | | | | es X No N/A | 7b | Ī |
| T- T | Yes," did the foundation receive any procee | rs, Directors, Trustees, Fo | | | | | |
| Part \ | and Contractors | is, Directors, Trustees, Po | unuation manag | ers, riigiliy re | ald Employees | , | |
| l liet: | all officers, directors, trustees, foundat | on managers and their comper | sation (see instruc | tions). | | | |
| List | an officers, unoctors, dustoss, fourtuat | ion managers and mon compen | | | (d) Contributions to | | |
| | (a) Name and addres | · · | (b) Title, and average hours per week | (c) Compensation (if not paid, | employee benefit | | nse account, |
| | ta) radio and dadios | | devoted to position | enter -0-) | plans and deferred compensation | other a | illowances |
| GEORG | E MINKOFF | GREAT BARRINGTON | PRESIDENT | | <u> </u> | | |
| | WE ROAD | MA 01230 | 1.00 | n | o | 1 | 0 |
| | MINKOFF HODES | DELRAY BEACH | V.P., TREAS. | | | | |
| | JETTY LANE | FL 33446 | 1.00 | , | o | l | 0 |
| | LAWLOR | GARDEN CITY | SECRETARY | <u>_</u> | | | |
| | UENTIN ROOSEVELT BLVD | NY 11530 | 1.00 | 0 | . 0 | İ | 0 |
| _100 9 | 024/12/1 10002/22/2 22/2 | | | <u>`</u> | <u> </u> | | |
| | | • | | | | ļ | |
| 2 Co | empensation of five highest-paid employ | vees (other than those included | on line 1 - see ins | tructions). If non | e, enter | | |
| | ONE." | | | • | • | | |
| | | | (b) Title, and average | | (d) Contributions to | | |
| | (a) Name and address of each employee paid n | nore than \$50,000 | hours per week | (c) Compensation | employee benefit plans and deferred | | nse account, allowances |
| | | | devoted to position | | compensation | Outer a | iiiOwaliocs |
| NONE | | | | | | | |
| _ | | | | | ļ | <u> </u> | |
| | | | | | | | |
| • | • | | | | | 1 | |
| | | | | | | | |
| _ | · · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · · | | | | | |
| | | | | | | | |
| ` | | | | <u> </u> | <u> </u> | | |
| | | | | | | | |
| | | _ | | | | | |
| otal nu | mber of other employees paid over \$50,000 | | | | | • | 0 |
| | | | | | | orm 990 |)-PF (2014) |

| Part VIII Information About Officers, Directors, Trustees, Foundation | 11-6078778 | Page 7 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|------------------|
| and Contractors (continued) | n Managers, rignly Palo Emp | oloyees, |
| 3 Five highest-paid independent contractors for professional services (see instruction | ons). 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 statistical information such a organizations and other beneficiaries served, conferences convened, research papers produced, etc. | s the number of | Expenses |
| 1 N/A | | |
| 2 | | |
| | | |
| 3 | | |
| 4 | | |
| Part IX-B Summary of Program-Related Investments (see instruction | ne) | |
| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 | | Amount |
| 1 N/A | | - Tunodik |
| | | |
| 2 | | |
| | • | |
| All other program-related investments See instructions 3 | | |
| · | · | |
| Total. Add lines 1 through 3 | <u> </u> | |

| | 990-PF (2014) LOUIS & LENA MINKOFF FOUNDATION, INC 11-6078778 | | Page 8 |
|----|----------------------------------------------------------------------------------------------------------------------------|----------|---------|
| Pa | Minimum Investment Return (All domestic foundations must complete this part. Foreign see instructions.) | founda | ations, |
| 1 | Fair market value of assets not used (or held for use) directly in carrying out chantable, etc., | | |
| | purposes: | | |
| а | Average monthly fair market value of securities | 1a | 608,181 |
| b | Average of monthly cash balances | 1b | 19,911 |
| С | Fair market value of all other assets (see instructions) | 1c | 0 |
| d | Total (add lines 1a, b, and c) | 1d | 628,092 |
| 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 | 0 |
| 3 | Subtract line 2 from line 1d | 3 | 628,092 |
| 4 | Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see | | |
| | instructions) | 4 | 9,421 |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 | 5 | 618,671 |
| 6 | Minimum investment return. Enter 5% of line 5 | 6 | 30,934 |
| Pŧ | Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating for | oundati | ons |
| - | and certain foreign organizations check here ▶ and do not complete this part.) | | |
| 1 | Minimum investment return from Part X, line 6 | 1 | 30,934 |
| 2a | Tax on investment income for 2014 from Part VI, line 5 | | |
| b | Income tax for 2014. (This does not include the tax from Part VI) | | |
| С | Add lines 2a and 2b | 2c | 202 |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1 | 3 | 30,732 |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | |
| 5 | Add lines 3 and 4 | 5 | 30,732 |
| 6 | Deduction from distributable amount (see instructions) | 6 | |
| 7 | Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, | Γ | |
| | tine 1 | 7 | 30,732 |
| P | art XII Qualifying Distributions (see instructions) | | |
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: | | |
| а | Expenses, contributions, gifts, etc. – total from Part I, column (d), line 26 | 1a | 57,337 |
| b | Program-related investments – total from Part IX-B | 1b | |
| 2 | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., | | |
| | purposes | 2 | |
| 3 | Amounts set aside for specific charitable projects that satisfy the: | | |
| а | Suitability test (prior IRS approval required) | 3a | |
| b | 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 | 57,337 |
| 5 | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income | | |
| | Enter 1% of Part I, line 27b (see instructions) | 5 | 202 |
| 6 | Adjusted qualifying distributions Subtract line 5 from line 4 | 6 | 57,135 |
| | Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation | n | |

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

DAA

Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient show any relationship to Purpose of grant or status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year SEE STATEMENT 6 53,500 53,500 ▶ 3a Total b Approved for future payment N/A ▶ 3b <u>Total</u>

| | 2014) LOUIS & LENA MINKOFF Analysis of Income-Producing A | | , INC II- | -6078778 | · | Page 12 |
|----------------|----------------------------------------------------------------------|---------------------------------------------------|---------------------------------------|--------------------------|--------------------------|------------------------------------------------------------|
| | ounts unless otherwise indicated. | | Unrelated business income | | section 512, 513, or 514 | (e) |
| 1 Program se | ervice revenue. | (a) Business code | (b) Amount | (c) Exclusion code | (d) Amount | Related or exempt function income (See instructions) |
| | | _ | | | | |
| | | - | | | | |
| ď | | — | | | · | |
| | | | | | | |
| f | | | · · · · · · · · · · · · · · · · · · · | - | | |
| g Fees a | nd contracts from government agencies | | | 1-1- | | |
| _ | p dues and assessments | | | | | |
| 3 Interest on | savings and temporary cash investments | | | 14 | 1 | |
| 4 Dividends | and interest from securities | | | 14 | 18,241 | |
| 5 Net rental i | ncome or (loss) from real estate | | | | | |
| a Debt-fi | nanced property | | | | | |
| | bt-financed property | | | | | |
| | ncome or (loss) from personal property | ļ | | | 5.760 | |
| 7 Other inves | • | | | 14 | 5,768 | -3,303 |
| • | ss) from sales of assets other than inventory | | | - | | |
| | or (loss) from special events t or (loss) from sales of inventory | | | | | |
| | | | | - - | | |
| | nue: a | | | | | |
| | | _ | | | | |
| | | | | | | - |
| е | | | | | | |
| | dd columns (b), (d), and (e) | | | 0 | 24,010 | -3,303 |
| 13 Total. Add | line 12, columns (b), (d), and (e) | | | | 13 | 20,707 |
| (See workshee | t in line 13 instructions to verify calculations) | | ····· | | | |
| Part XVI-E | Relationship of Activities to the | <u>Accomplishment</u> | t of Exempt P | urposes | | |
| Line No. | Explain below how each activity for which incon | | | | | |
| N/A | accomplishment of the foundation's exempt pur | poses (other than by) | providing lunus lo | r such purpose: | s). (See instructions | <u></u> |
| N/A | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | . <u> </u> | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | • | | | | | |

| Exempt Organizations Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? Transfers from the reporting foundation to a noncharitable exempt organization of: (1) Cash (2) Other assets Dother transactions: | 1a(1) 1a(2) | Yes | No |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|----------|-------------|
| in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting foundation to a noncharitable exempt organization of: (1) Cash (2) Other assets | | | -10 |
| organizations? a Transfers from the reporting foundation to a noncharitable exempt organization of: (1) Cash (2) Other assets | | | |
| (1) Cash (2) Other assets | | | |
| (2) Other assets | | | |
| \cdot | 1a(2) | | X |
| b Other transactions: | | | X |
| | | | ., |
| (1) Sales of assets to a noncharitable exempt organization | 1b(1) | | <u> </u> |
| (2) Purchases of assets from a noncharitable exempt organization | 1b(2) | | X |
| (3) Rental of facilities, equipment, or other assets | 1b(3) | | <u>X</u> |
| (4) Reimbursement arrangements | 1b(4) | | <u>X</u> |
| (5) Loans or loan guarantees | 1b(5) | \vdash | X |
| (6) Performance of services or membership or fundraising solicitations | 1b(6) | | X |
| c Sharing of facilities, equipment, mailing lists, other assets, or paid employees | 1c | | |
| d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market | | | |
| value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. | | | |
| (a) Line no (b) Amount involved (c) Name of nonchantable exempt organization (d) Description of transfers, transactions, and sh | anno arrangeme | ents | |
| N/A | | | |
| .,, | | | |
| | | | _ |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | _ |
| | | | _ |
| | | | _ |
| | | | |
| 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations | \Box . | 170 | ٦ |
| described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? | Y€ | es X | No |
| b If "Yes," complete the following schedule. | | - | |
| (a) Name of organization (b) Type of organization (c) Description of relationship | | | - |
| N/A | | | |
| | | _ | |
| | | | |
| | | | |
| 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 | IRS discuss this r | return | |
| Sign with the p | preparer shown b | elow | |
| Here N. M. a. A. J. | ructions)? | Yes | No |

| Sign | l |
|------|---|
| Here | |

| | TPCAR | <u></u> |
|---|-------|---------|
| ٠ | Title | 2 |

| Print/Type preparer's name | , |
|----------------------------|---|
|----------------------------|---|

ANDRE S. BURTON, CPA

Cro BURTON,

| Date | Check self-emp |
|--------|-------------------|
| 1/3/ | 3011-01110 |
| P00145 | 449 |

Preparer **Use Only**

Paid

Firm's name ▶ Firm's address ▶

BURTON & COMPANY, P.A., CPAS 4310 SHERIDAN STREET, SUITE 202 HOLLYWOOD, FL 33021-3512

Firm's EIN 🕨 Phone no

PTIN

59-2063797 954-961-1040

Form 990-PF (2014)

B3730 LOUIS & LENA MINKOFF FOUNDATION, INC Federal Statements

FYE: 12/31/2014 11-6078778

| m |
|--------------------|
| 251 |
| 7 |
| ΨĮ |
| ഗ |
| in |
| 9/ |
| ■ I |
| _ |
| 4 |
| 0 |
| |
| 4 |
| _ |
| |
| a |
| CO |
| - Sale |
| |
| - 1 |
| Œ |
| - |
| \mathbf{u} |
| - |
| a) |
| _ |
| .= |
| |
| _ |
| _ |
| _ |
| |
| Part |
| = |
| æ |
| $\hat{\mathbf{a}}$ |
| |
| _ |
| _ |
| $\overline{\cdot}$ |
| |
| <u>Н</u> |
| Н |
| -PF. I |
| 0-PF. I |
| 30-PF. I |
| 90-PF. I |
| 990-PF. I |
| PF. |
| n 990-PF. I |
| m 990-PF. I |
| rm 990-PF. I |
| orm 990-PF. I |
| orm 990-PF. |
| orm 990-PF. |
| Form 990-PF, I |
| orm 990-PF. |

| • | Net Gain / Loss | \$ -3,303 | |
|-----------------|--------------------|-----------------------------|--|
| 1 | Depreciation | ν w | |
| Whom Sold | Expense | v v | |
| How Received | Cost | PURCHASE 35,210 | |
| | Sale Price | P \$ 31,907 \$ 31,907 | |
| <u>o</u> | Date Sold | VARIOUS | |
| Description | Date Acquired | VARIOUS VARIOUS | |
| | | STIFEL NICHOLAS TOTAL | |

Statement 2 - Form 990-PF, Part I, Line 11 - Other Income

| Description | Reve | Revenue per Books | Net Ir | let investment Income | Adju | djusted Net Income |
|-----------------|------|----------------------|--------|--------------------------|------|-----------------------|
| Selouoin agains | ₩ | 5,768 | ₩ | 5,768 | χ. | 5,768 |
| TOTAL | ₩ | 5,768 | ₹O- | 5,768 | ₩ | 5,768 |

Statement 3 - Form 990-PF, Part I, Line 16b - Accounting Fees

| Total |
|----------|
| 'n |
| \$ 6,892 |

B3730 LOUIS & LENA MINKOFF FOUNDATION,INC 11-6078778 FYE: 12/31/2014

| | _ |
|--------------------------------------------|------------|
| 7 | 7 |
| - 2 | = |
| - | 3 |
| 7 | ₹ |
| (| J |
| ling 22 Othor | ı |
| ~ | _ |
| - 2 | ď |
| ٠ | ` |
| • | D |
| • | |
| •= | - |
| _ | _ |
| | |
| 1 | |
| 1 | |
| - 7 | ī |
| À | |
| - | - |
| | |
| Ľ | L |
| C | L |
| _ | ı |
| C | = |
| C | 5 |
| Č | Ť |
| | |
| - 1 | ч |
| | t |
| | 7 |
| בר היים ביים ביים ביים ביים ביים ביים ביים | ĭ |
| | - |
| | • |
| ٠, | 4 |
| | |
| • | Ξ |
| | = |
| | g |
| | ۶ |
| | 7 |
| | ۲ |
| | Statement. |
| , | ř |
| 1 | Ú |
| • | _ |
| | |
| | |
| | |
| | |

| | Statement 4 - For | m 990-PF, Part I, | rm 990-PF, Part I, Line 23 - Other Expenses | Ses | |
|-----------------------------------|---------------------|--------------------------|---------------------------------------------------------------------------------------------|---------------------|-----------------------|
| Description | | Total | Net Investment | Adjusted Net | Charitable Purpose |
| | ₹ 03- | | ₩ | ₩ | ₩ |
| EXPENSES BANK FEES & MISC. | | 982 | 491 | | 491 |
| TOTAL | ŧs. | 982 | \$ 491 | 0 | \$ 491 |
| | | 1 1 10 10 000 | Oct De 1 1 ine 13 . Other Investments | fments | |
| | Statement 3 - roll | 1 330-1 1 1 415 11 | | | |
| Description | | Beginning of Year | End of Year | | Fair |
| OTHER INVESTMENTS TOTAL | | \$ 703,691 \$ 703,691 | \$ 667,304 | 4 MARKET 4 | \$ 585,114 |
| Statement (| 3 - Form 990-PF, Pa | rt XV, Line 3a - G | Statement 6 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year | ons Paid During the | |
| Name | | Address | | Address | |
| | Relationship | Status | Pu | Purpose | Amount |
| ANTI DEFAMATION LEAGUE | | | | | 2,000 |
| BERKSHIRE PLAYWRIGHTS | | | | | 500 |
| BOSTON CHILDRENS HOSPITAL | | | | | 2,500 |
| CLARK UNIVERSITY | | | | , | 1,000 |
| COMM ACCESS TO THE ARTS | | | | | 500 |
| CTR FOR RELIGIOUS HUMANITARIANISM | RIANISM | | | | 6,000 |
| CUNY GRADUATE SCHOOL & UNIV | 5 | | | | 7,500 |
| | | | | | |

4-6

| , | • |
|----------|--------|
| 11:04 AM | Page 3 |
| | |
| | |
| | 40 |

B3730 LOUIS & LENA MINKOFF FOUNDATION,INC 11-6078778 FYE: 12/31/2014

Year (continued)

| Name | Address | Address | |
|--------------------------------|---------|---------|--------|
| Relationship | Status | Purpose | Amount |
| FAIRVIEW HOSPITAL ANNUAL FUND | | | 16,000 |
| INITIATIVES IN ART AND CULTURE | | | 2,500 |
| LEUKEMIA & LYMPHOMA SOCIETY | | | 1,000 |
| LOTUS FOUNDATION | | | 1,000 |
| LUKE BANKS | | | 2,500 |
| NEW YORK STATE DEPT OF LAW | | | 1,000 |
| NICHOLAS BARPO | | | 7,500 |
| POETRY SOCIETY OF AMERICA | | | 1,000 |
| UNIV OF FLORIDA FOUNDATION | | | 1,000 |
| TOTAL | | | 53,500 |