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For calendar year 2014, or tax year beginning 01-01-2014

Department of the Treasury

Internal Revenue Service

DLN: 93491177006035

, and ending 12-31-2014

OMB No 1545-0052

Open to Public Inspection

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. ► Information about Form 990-PF and its instructions is at <u>www.irs.gov/form990pf</u>.

		undation		A Employer id	A Employer identification number							
I h	e Weins	stein Mitzvah Found	lation Inc			20-0494933	20-0494933					
Num	her and	street (or P.O. ho	y number if mail is	not delivered to street address) Room/suite	B Telephone n	B Telephone number (see instructions)					
		Las Olas Blvd	x number ii maii is	not delivered to street address	, Room, suite	(954) 241-736	(954) 241-7365					
		n, state or province dale, FL 33301	, country, and ZIP o	r foreign postal code		C If exemption	C If exemption application is pending, check here					
G C	neck a	II that apply 「	Initial return	Initial return of a	former public charit	y D 1. Foreign o	rganizations, check he	ere 🕨 🗀				
		Į.	Final return	Amended return		2. Foreign o	organizations meeting	the 85%				
				ige Name change			ck here and attach co undation status was t	•				
_	-			n 501(c)(3) exempt priva		under section	on 507(b)(1)(A), chec					
				ble trust Other taxa								
		ket value of all a from Part II, col.		J Accounting method Other (specify)	▼ Cash		ation is in a 60-montl on 507(b)(1)(B), chec					
	line 16) * \$ 145,751 (Part I, column (d) mus			be on cash basis.)		()()()						
Pa	rt I	Analysis	of Revenue a	and Expenses (The	(a) Revenue and	<u> </u>		(d) Disbursements				
		total of amoun		c), and (d) may not	expenses per books	(b) Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only)				
	1	Contributions,	gıfts, grants, et	c , received (attach								
		schedule)			63,111							
	2	Check 🟲 🦵 ıf	the foundation is	s not required to attach								
		Sch B										
	3	Interest on sa	vings and tempo	orary cash investments	74	74	74					
	4	Dividends and	interest from se	ecurities								
	5a	Gross rents						_				
	ь	Net rental inco	ome or (loss)									
Φ.	6a	Net gaın or (lo	ss) from sale of	assets not on line 10				_				
Revenue	ь	Gross sales pr	rice for all asset	s on line 6 a								
	7	Capital gain ne	et income (from	Part IV, line 2)		0						
	8	Net short-tern	n capital gain .					_				
	9	Income modifi	cations									
	10a	Gross sales le	ss returns and					_				
		allowances										
	Ь	Less Cost of	goods sold									
	c	•	, , ,	chedule)								
	11			e)								
	12				63,185	74	74					
	13			ctors, trustees, etc								
	14			vages								
φ	15			fits								
更	16a											
Expenses				dule)								
		-		h schedule)								
a ti	17	Interest .			05 0							
돐	18		schedule) (see	<i>'</i>	62							
Administrative	19) and depletion								
틀	20											
	21			ings								
e e	22											
골	23			lule)								
Operating and	24	_	g and administra	-	62	0		0				
<u>\$</u>					30,080			30,080				
0	25			ıd	30,080			30,080				
	26	Total expenses	s and disbursem	ents. Add lines 24 and	30,142	0		30,080				
	27		26 from line 12		55,212							
	a			ses and disbursements	33,043							
	ь			atıve, enter -0-)		74						
	c	Adjusted net i	income (ıf negatı	ve, enter -0-)			74	_				

Dа	rt II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year		f year
		Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing	37,233	6,580	
	2	Savings and temporary cash investments	75,475	138,661	138,661
	3	Accounts receivable		ı	
		Less allowance for doubtful accounts 🟲			
	4	Pledges receivable 🟲		ı	
		Less allowance for doubtful accounts 🟲			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule) 🕨			
		Less allowance for doubtful accounts 🟲			
2	8	Inventories for sale or use			
sets	9	Prepaid expenses and deferred charges			
A S	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)			
	c	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment basis 🟲			
		Less accumulated depreciation (attach schedule) ▶			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)			
	14	Land, buildings, and equipment basis 🟲			
		Less accumulated depreciation (attach schedule) 🕨			
	15	Other assets (describe 🕨)		510	510
	16	Total assets (to be completed by all filers—see the			
		instructions Also, see page 1, item I)	112,708	145,751	145,751
	17	Accounts payable and accrued expenses			
	18	Grants payable			
φ		Deferred revenue			
abiliti		Loans from officers, directors, trustees, and other disqualified persons			
ab	21	Mortgages and other notes payable (attach schedule)			
		Other liabilities (describe			
	23	Total liabilities (add lines 17 through 22)		0	
		Foundations that follow SFAS 117, check here			
es		and complete lines 24 through 26 and lines 30 and 31.			
inc	24	Unrestricted			
<u> </u>		Temporarily restricted			
0 0	26	Permanently restricted			
n		Foundations that do not follow SFAS 117, check here			
or Fund Balances		and complete lines 27 through 31.			
	27	Capital stock, trust principal, or current funds			
Assets	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
As,	29	Retained earnings, accumulated income, endowment, or other funds	112,708	145,751	
Net	30	Total net assets or fund balances (see instructions)	112,708	145,751	
Z	31	Total liabilities and net assets/fund balances (see instructions)	112,708	145,751	
Do			112,700	113,731	
	rt II	, ,	(a) line 20 (
1		Total net assets or fund balances at beginning of year—Part II, column		1 1	112700
2		, 3 , , , , , ,	 		112,708
2					33,043
3 1		Other increases not included in line 2 (itemize)		_	1/5751
4		Add lines 1, 2, and 3		4	145,751
5		Decreases not included in line 2 (itemize) Total net assets or fund balances at end of year (line 4 minus line 5)—F	art II column (h) !	5 ne 30 . 6	1/5751
6		i otal net assets of fund palances at end of year (line 4 minus line 5)—F	aitii, coiuiiiii (D), II	11 6 20 1	145,751

the Part VI instructions

	90-PF (2014)					Page 3
Part	(a) List and describe	and Losses for Tax on Invest the kind(s) of property sold (e g , re ouse, or common stock, 200 shs M	al estate,	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a						
(€	e) Gross sales price	(f) Depreciation allowed (or allowable)	(0)	 t or other basis xpense of sale		or (loss) minus (g)
а		(** ***********************************	, , , , , , , , , , , , , , , , , , ,	.,	(5) [1.25]	(9)
b						
С						
d						
е						
Со	mplete only for assets :	showing gain in column (h) and owne	d by the foundation	n on 12/31/69	(I) Gains (Col	(h) gain minus
(i)	FM V as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col (ı) col (j), ıf any		ess than -0-) or
а				(377 /		
b						
С						
d						
е						
2	Capital gain net inco		If gain, also enter If (loss), enter -0		2	
3	Net short-term capit	al gaın or (loss) as defined ın sectior	ns 1222(5) and (6)		
	If gain, also enter in in Part I, line 8	Part I, line 8, column (c) (see instru		nter -0-	3	
Part	V Qualification (Under Section 4940(e) for R	educed Tax or	n Net Investme	nt Income	
For opt	tional use by domestic p	private foundations subject to the se	ction 4940(a) tax	on net investment	ıncome)	
fsecti	on 4940(d)(2) applies,	leave this part blank				
		e section 4942 tax on the distributa ot qualify under section 4940(e) Do			eriod?	Γ Yes Γ No
1 E n	ter the appropriate amo	unt ın each column for each year, se	e instructions bef	ore making any ent	ries	
	(a) e penod years Calendar or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncha) ritable-use assets	(d) Distributior (col (b) divided	
	2013	96,879				0 000000
	2012	57,849				0 000000
	2011	34,369				0 000000
	2010	47,515				0 000000
	2009	41,792				0 000000
2 3	A verage distribution	ratio for the 5-year base period—div	ride the total on lin	ie 2 by 5, or by	3	0 000000
4		the foundation has been in existence f noncharitable-use assets for 2014	The state of the s		4	0 000000
5		e 3	•	-	5	
6		stment income (1% of Part I, line 27			6	1
7					7	1
8		ibutions from Part XII, line 4			8	30,080
0	·	r greater than line 7, check the box i				

Form	990-PF (2014)		Р	age 4
Par	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the ins	tructio	ns)	
1a	· · · · · · · · · · · · · · · · · · ·			
	on line 1			
	Date of ruling or determination letter(attach copy of letter if necessary-see instructions)			
ь	Domestic foundations that meet the section 4940(e) requirements in Part V, check			1
	here Fand enter 1% of Part I, line 27b			
c	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of			
	Part I, line 12, col (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)			0
3	Add lines 1 and 2			
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others			
-	enter -0 -) 4			
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0			1
6	Credits/Payments			
а	2014 estimated tax payments and 2013 overpayment credited to 2014 6a			
Ь	Exempt foreign organizations—tax withheld at source 6b			
C	Tax paid with application for extension of time to file (Form 8868) 6c 1			
d	Backup withholding erroneously withheld 6d			
7	Total credits and payments Add lines 6a through 6d			1
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached.			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
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 0 Refunded 11			
Par	t VII-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did		Yes	No
	It participate or intervene in any political campaign?	. 1a		No
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions			
	for definition)?	1b		No
	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.			N.
	Did the foundation file Form 1120-POL for this year?	1c		No
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 \$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
2	on foundation managers * \$ Has the foundation engaged in any activities that have not previously been reported to the IRS?] 2		No
2	If "Yes," attach a detailed description of the activities.	 		No
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles			
3	of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i>	. 3		No
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		No
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		No
_	If "Yes," attach the statement required by General Instruction T.	1		
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			
_	By language in the governing instrument, or	ነ	\	
	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	Yes	
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	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)			
	▶ FL			
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	Yes	
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		No
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names			
	and addresses.	. 10		No

Pai	rt VII-A Statements Regarding Activities (continued)			- 3
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had			
	advisory privileges? If "Yes," attach statement (see instructions)	. 12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	
	Website address ►N/A			
14	The books are in care of ►RITA WEINSTEIN Telephone no ►(954)) 241-	/365	
	Located at 401 East Las Olas Blvd130-113 Fort Lauderdale FL ZIP+4 33301			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here		!	▶┌
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over		Yes	No
	a bank, securities, or other financial account in a foreign country?	16		No
	See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial			
	Accounts (FBAR) If "Yes", enter the name of the foreign country			
Pai	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes V No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes V No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	if the foundation agreed to make a grant to or to employ the official for a period			
	after termination of government service, if terminating within 90 days)			
b	If any answer is "Yes" to $1a(1)-(6)$, did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		
	Organizations relying on a current notice regarding disaster assistance check here			
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts,			
	that were not corrected before the first day of the tax year beginning in 2014?	1c		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
	operating foundation defined in section 4942(1)(3) or 4942(1)(5))			
а	At the end of tax year 2014, did the foundation have any undistributed income (lines 6d			
	and 6e, Part XIII) for tax year(s) beginning before 2014?			
	If "Yes," list the years ▶ 20, 20, 20			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)			
	to all years listed, answer "No" and attach statement—see instructions)	2b		
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
_	► 20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at			
	any time during the year?			
h	If "Yes," did it have excess business holdings in 2014 as a result of (1) any purchase by the foundation			
-	or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved			
	by the Commissioner under section $4943(c)(7)$) to dispose of holdings acquired by gift or bequest, or (3)			
	the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine			
	If the foundation had excess business holdings in 2014.).	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	"		
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2014?	4b		No
	The state of the s	1	1	

Pa	rt VII-B Sta	tements Rega	rdir	ng Activities for	Wh	ich Form 4720	May	Be Required (cont	inued	')	1 age O
5a	During the year	did the foundation	n pay	or incur any amoun	t to						
	(1) Carry on pro	paganda, or othe	rwise	attempt to influenc	e leg	ıslatıon (section 49	45(e	:)) [?]	√ No		
	(2) Influence th	e outcome of any	spec	ıfıc publıc election (see	section 4955), or to	car	ry			
	on, directly	or indirectly, any	voter	registration drive?.				┌ Yes ┌	√ No		
	(3) Provide a gi	ant to an individu	al for	travel, study, or oth	ners	ımılar purposes?		☐ Yes Ϝ	√ No		
	(4) Provide a gi	ant to an organiza	ition	other than a charita	ble,	etc , organization de	scrib	ped			
	ın section 4	945(d)(4)(A)? (s	ee ins	structions)				┌ Yes ┌	√ No		
	(5) Provide for	any purpose other	than	religious, charitabl	e, sc	ientific, literary, or					
	educational	purposes, or for t	he pr	evention of cruelty t	to ch	ıldren or anımals?.		Yes 🔽	√ No		
b	If any answer is	"Yes" to 5a(1)-(5), d	ıd any of the transad	tion	s fail to qualify unde	r the	exceptions described in			
	Regulations sec	tion 53 4945 or i	nac	urrent notice regard	ling c	lısaster assıstance	(see	instructions)?		5b	
	O rganizations r	elyıng on a curren	t not	ice regarding disast	eras	sistance check her	e	▶↑	- [
С				4), does the foundat							
								T Yes [- _{No}		
				y Regulations section							
6a				ceive any funds, dire			prer	niums on			
									√ No		
ь	•							benefit contract?		6b	No
	If "Yes" to 6b, fi			,	•	., .			ŀ		-
7a	•		vas tl	ne foundation a party	v to a	nrohibited tax shel	lter ti	ransaction? TYes F	- No		
								the transaction?		7b	
								n Managers, Highly			ovees
Pa		Contractors			-,	ustees, i suitae				р.	, , , ,
1	List all officers,	directors, trustee	s, foı	ındation managers a	nd t	heir compensation (see i	nstructions).			
				Title, and average		c) Compensation		(d) Contributions to	(e) E:	xpense	account,
	(a) Name and	daddress	1	hours per week evoted to position	(1	(f not paid, enter -0-)		mployee benefit plans I deferred compensation			wances
See	Addıtıonal Data T	ahle		.voccu to position		• ,	una	deterred compensation			
	Additional Data 1	чыс	1								
			┨								
					_				-		
			-								
2	Compensation of	five highest-paid	emp	loyees (other than	thos	e included on line 1-	-see	instructions). If none, er	nter "N	ONE."	
/	. N			(b) Title, and aver	age			(d) Contributions to	(-) [
(a		ss of each emplo nan \$50,000	/ee	hours per week		(c) Compensation	on	employee benefit plans and deferred	1	•	account, wances
	F	····· + · · / · · · /		devoted to positi	on			compensation			
NON	1E										
				1							
									-		
								<u> </u>			
Tota	ı I number of other	employees paid o	vers	\$50,000					1		0

Form 990-PF (2014)		Page /
Part VIII Information About Officers, Directors, True and Contractors (continued)	ıstees, Foundation Managers, Highly	Paid Employees,
3 Five highest-paid independent contractors for professional service	es (see instructions). If none, enter "NONE".	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
		· 0
Total number of others receiving over \$50,000 for professional service	es	-
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year Include organizations and other beneficiaries served, conferences convened, research papers		Expenses
1	produced, etc	
2		
3		
4		
Part IX-B Summary of Program-Related Investment		1
Describe the two largest program-related investments made by the foundation du	ring the tax year on lines 1 and 2	A mount
1		1
		-
2		
		1
All other program-related investments See instructions		
3		
		4
Total. Add lines 1 through 3		
Total , ad in ough 5		I

Pa	rt X Minimum Investment Return (All domestic foundations must complete this part. For see instructions.)	oreign	foundations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc ,		
	purposes		
а	A verage monthly fair market value of securities	1a	
b	A verage of monthly cash balances	1b	(
c	Fair market value of all other assets (see instructions)	1c	(
d	Total (add lines 1a, b, and c)	1d	(
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	Subtract line 2 from line 1d	3	(
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see		
	ınstructions)	4	
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	(
6	Minimum investment return. Enter 5% of line 5	6	(
Pai	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private oper	atıng	foundations and
	certain foreign organizations check here 🕨 📗 and do not complete this part.)	T .	
1	Minimum investment return from Part X, line 6	1	
2a	Tax on investment income for 2014 from Part VI, line 5 2a 1	<u>-</u>	
Ь	Income tax for 2014 (This does not include the tax from Part VI) 2b	-	
С	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	
6	Deduction from distributable amount (see instructions)	6	
<u> 7</u>	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7	
Par	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	30,080
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	30,080
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	:
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	30,079
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whete the section 4940(e) reduction of tax in those years	her the	foundation qualifies for

	olidistributed fricollie (see liistru	ictions)			
		(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
1	Distributable amount for 2014 from Part XI, line 7		, , , , , , , , , , , , , , , , , , , ,		(
	Undistributed income, if any, as of the end of 2014				
	Enter amount for 2013 only				
	Total for prior years 20				
3	Excess distributions carryover, if any, to 2014				
	From 2009				
	From 2010				
	From 2011				
	From 2012				
	From 2013				
	Total of lines 3a through e	278,412			
	Qualifying distributions for 2014 from Part				
	XII, line 4 🕨 \$ 30,080				
а	Applied to 2013, but not more than line 2a				
	Applied to undistributed income of prior years				
	(Election required—see instructions).				
C	Treated as distributions out of corpus (Election				
	required—see instructions)				
d	Applied to 2014 distributable amount				
е	Remaining amount distributed out of corpus	30,080			
5	Excess distributions carryover applied to 2014				
	(If an amount appears in column (d), the				
	same amount must be shown in column (a).)				
6	Enter the net total of each column as indicated below:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	308,492			
b	Prior years' undistributed income Subtract line 4b from line 2b				
_	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				
е	Undistributed income for 2013 Subtract line 4a from line 2a Taxable amount—see				
	Instructions				
f	Undistributed income for 2014 Subtract				
-	lines 4d and 5 from line 1 This amount must				
	be distributed in 2015				(
7	A mounts 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)				
R	Excess distributions carryover from 2009 not				
٠	applied on line 5 or line 7 (see instructions)	41,796			
9	Excess distributions carryover to 2015.				
	Subtract lines 7 and 8 from line 6a	266,696			
10	Analysis of line 9				
а	Excess from 2010 47,516				
	Excess from 2011 34,370				
	Excess from 2012				
	Excess from 2013 96,880				
е	Excess from 2014 30,080				

b The form in which applications should be submitted and information and materials they should include

c Any submission deadlines

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

3 Grants and Contributions Paid		proved for F	uture Payment	
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	A mount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year See attached pdf file		Public	See schedule	30,08
Various,FL 33301				
			.	20.00
Total	<u> </u>	<u></u>		30,08
, ,				

						Page 12
			usiness income	Excluded by section	n 512, 513, or 514	(e)
-		(a) Business code	(b) A mount	(c) Exclusion code	(d) A mount	Related or exempt function income (See instructions)
	ership dues and assessments					matructions y
с						
e						
g Fees2 Membe3 Interes	and contracts from government agencies rship dues and assessments st on savings and temporary cash					
	ments			14	74	
6 Net rer						
8 Gain or	r (loss) from sales of assets other than					
9 Netinc	ome or (loss) from special events					
11 Other r	revenue a					
с						
е						
	al Add columns (b), (d), and (e)				74 L3	
	orksheet in line 13 instructions to verify care Relationship of Activities to		plishment of E			
Line No.	Explain below how each activity for whic the accomplishment of the foundation's instructions)					

Form 990-PF	(2014) Information Re	egarding T	ransfers T	o and Trans	saction	ns and Relatio	onships With		Pa	ge 1 3
	Noncharitable	Exempt O	rganizatio	ns			<u>-</u>			
	ganızatıon dırectly or ı D1(c) of the Code (othe								Yes	No
organızatı -					_					
	from the reporting four			• •						l <u>.</u> .
								1a(1)		No
` '	rassets							1a(2)		No
b Other tran				_				46/43		 _{N-}
	of assets to a noncha nases of assets from a									No No
										No
	al of facilities, equipme bursement arrangemer							1b(3)		No
	s or loan guarantees.							1b(4)		No
	mance of services or n							1b(5)		No
	facilities, equipment,							\vdash		No
d If the anso	wer to any of the above ds, other assets, or se nsaction or sharing arr	e is "Yes," coi ervices given l	mplete the fol by the reporti	lowing schedule ng foundation I	e Colun If the foo	nn (b) should alw undation received	ays show the fair ma I less than fair mark	rket val et value		1.00
(a) Line No	(b) Amount involved	(c) Name of n	oncharitable exe	empt organization	(d)	Description of transf	ers, transactions, and sha	ring arra	ngemer	nts
described	ndation directly or indi in section 501(c) of th complete the following (a) Name of organizatio	he Code (othe schedule	er than section		ın sectı			. 厂 Ye	s F	7 No
Sign the I		and belief, it is	s true, correct	true, correct, and complete Decla		, including accompanying schedules and st Declaration of preparer (other than taxpayor ******			sed on	all
	Signature of officer or t	trustee		Date	•	Title	below	tr)? 🔽 Y		
	Print/Type preparer's BONNIE L SCHWEIGER	arer's name Preparer'		s Signature		Date	Check if self- employed ▶	PTIN		
Paid Preparer	Firm's name F BONNIE L SCHWEIG	GER CPA PA	1		l		Firm's EIN ►	1		
Use Only	Fırm's address ▶						Phone no (561)417-		
	2300 GLADES ROA 33431	D 370W BO	3550							

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
RITA WEINSTEIN	Pres , Sec , Treas	0	0	0
333 Las Olas Way Fort Lauderdale, FL 33301	10 00			
STANLEY WEINSTEIN	V P	0	0	0
333 Las Olas Way Fort Lauderdale, FL 33301	1 00			
MARCY SCHNEIDER	V P	0	0	0
333 Las Olas Way Fort Lauderdale, FL 33301	1 00			
MARLA WASSERMAN	V P	0	0	0
941 Park Ave 10B NY,NY 10028	1 00			
MARNI CHARM	V P	0	0	0
10456 Canterbury Court Davie,FL 33328	1 00			

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93491177006035

OMB No 1545-0047

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

2014

	of the organization einstein Mitzvah Fou	Employer identification number								
	emstem Mitzvan i ou	ruation The	20-0494933							
Organ	ization type (check	one)								
Filers	of:	Section:								
Form 9	990 or 990-EZ	501(c)() (enter number) organization								
		4947(a)(1) nonexempt charitable trust not treated as a private foundation								
		527 political organization								
Form 9	990-PF	501(c)(3) exempt private foundation								
		4947(a)(1) nonexempt charitable trust treated as a private foundation								
		501(c)(3) taxable private foundation								
Note.		covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule and a Sp	ecial Rule See instructions							
Gener	ai Ruie									
乊		iling Form 990, 990-EZ, or 990-PF that received, during the year, contributions to any one contributor. Complete Parts I and II. See instructions for determining a co								
Specia	al Rules									
Γ	under sections 509(received from any o	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ /3% supplia)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Partine contributor, during the year, total contributions of the greater of (1) \$5,000 or in Form 990-EZ, line 1 Complete Parts I and II	ll, line 13, 16a, or 16b, and that							
Γ	during the year, tota	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received contributions of more than \$1,000 exclusively for religious, charitable, scientific, cruelty to children or animals. Complete Parts I, II, and III								
Γ	during the year, con this box is checked, purpose Do not con	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received tributions exclusively for religious, charitable, etc., purposes, but no such contributions that were received during the year for an exclusivelete any of the parts unless the General Rule applies to this organization becaute, contributions totaling \$5,000 or more during the year	outions totaled more than \$1,000 lf usively religious, charitable, etc, use it received nonexclusively							

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization

The Weinstein Mitzvah Foundation Inc

Employer identification number 20-0494933

Part I	Contributors (see instructions) Use duplicate copies of Part I if additional space is needed	·	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	RITA WEINSTEIN 333 Las Olas Way 1510 Fort Lauderdale, FL 33301	\$ <u>63,111</u>	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person

Name of organization **Employer identification number** The Weinstein Mitzvah Foundation Inc 20-0494933 Noncash Property (see instructions) Use duplicate copies of Part II if additional space is Part II (a) No. (c) (b) (d) from FMV (or estimate) Date received Description of noncash property given Part I (see instructions) (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) \$ (a) No (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) (a) No. (c) (d) (b) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) \$ (a) No (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) (a) No. (c) (d) (b) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions)

	rganization teın Mıtzvah Foundatıon Inc			Employer identification number 20-0494933
art III		m any one the total of uctions)	contributor. Comple	•
a) No. from Part I	(b) Purpose of gift	(c)) Use of gift	(d) Description of how gift is held
_				
_	Transferee's name, address, and Z		Transfer of gift Relati	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
_				
-	Transferee's name, address, and Z		Transfer of gift Relati	onship of transferor to transferee
) No.				
om artl	(b) Purpose of gift	(c)) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and Z		Transfer of gift	onship of transferor to transferee
) No. rom art I	(b) Purpose of gift	(c)	Use of gift	(d) Description of how gift is held
$- \mid$				
-	Transferee's name, address, and Z		Transfer of gift Relati	onship of transferor to transferee

TY 2014 Taxes Schedule

Name: The Weinstein Mitzvah Foundation Inc

EIN: 20-0494933

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Annual filing fee	61			
Income tax	1			

30 080 00

TOTAL

The Weinstein Mitzvah Foundation, Inc Transactions by Account As of December 31 2014

-10

THE WEINSTEIN MITZVAH FOUNDATION, INC CONTRIBUTIONS FOR 2014

6 11 PM 03/04/15 Cash Basis

Reason	Memorial tribute	Memorial tribute	Funding for transplant patients	Funding for transplant patients	Academy support	Advancing Israel's higher education	The Lend A Hand Project	Shelter Food & Clothing for children	Feeding poor families	March Of The Living Scholarships	The Lend A Hand Project	Meals On Wheels program	Help for disfigured children	Grant wishes for terminally ill children	Living Memorial through education	Seed School of Miami	Programs for Israeli soldiers	Mobile shelters in Gaza	Help for Israeli soldiers	Journalist & Media reporting funding	Info to influence foreign policy issues	Funds for camp for needy children	Defending societies under attack	Memorial for Chantal Low	Info to influence foreign policy issues	Support wounded soldlers	Provide meals for needy seniors	Support for programs for children & families	Provide theater for So Fla community	Provide programs for Israel military	Help for abused women	Understanding & preventing suicide	Feeding poor families	Help for traumatized soldiers	Education for abused women	Funds for living Holocaust memorial	Cancer research fund	Research for Neurofibromatosis	Icahn Scool of Medicine	High Holiday Pledge	Jewish educational programs	Craig Wasserman Fund	Research for Breast Cancer gene	Lifesaving healthcare for patients	Funding for Children's organ transplants	Funding for abused children	Support for programs for children & families
City, State, Zip	Ft Lauderdale, FL 33309	Miami Bch , FL 33140	Coral Gables FL 33124	Coral Gables FL 33124	ft Lauderdale, FL 33301	New York, NY 10021	Commack, NY 11725	Sunrise FL 33351	Brei Brack 51553 Israel	Davie, FL 33328	Commack, NY 11725	No Miami FL 33161	New York, NY 10010	ft Lauderdale, FL 33314	Hollywood, FL 33020	Washington, DC 20036	No Miami, Ft 33162	New York, NY 10021	Pittsburgh, PA 15264	Skokie IL 60077	Washington, DC 20002	Westport, CT 06881	San Francisco CA 94105	Jerusalem 91071	Washington, DC 20002	Topeka, KS 66675	Plantation, FL 33317	Miami Beach FL 33141	Coral Springs, FL 33065	NMB, FL 33162	Lighthouse Point, FL 33074	New York, NY 10005	Bnei Brak 51553-Israel	New York NY 10017	Plantation, FL 33324	Washington, DC 20024	New York NY 10065	ft Lauderdale FL 33301	New York, NY 10029	Weston FL33326	Davie FL 33328	New York NY 10065	Philadelphia, PA 19104	Los Angeles, CA 90048	Blocmington IN 47403	Aventura, FL 33180	Miami Beach, FL 33141
Addtess	3363 W Commercial Blvd #100	4300 Alton Road	PO Box 248073	PO Box 248073	One E Las Olas Blvd	PO Buy 2035	74 Hauppauge Road	4200 N University Dr	10 Bar Yocbaı	5890 S Pine Island Rd	74 Hauppauge Road	735 NE 125 Street	41 Madison Ave, 28 floor	4491 S State Road 7, #201	2031 Harrison Street	1776 Massacheusetts Ave NW ,#600	2040 NE 163 St, #207	42 E 69 St	POB 644735	10024 Skokie Blvd #202	509 C Street NE	PO Box 5099	Piryx/144 Second St	POB 7199	509 C Street, NE	PO Box 758517	451 N Stae Road 7	701 N Shore Dr	8036 W Sample Road	2040 NE 163 St	PO Box 50187	120 Wall St, 29th Floor	10 Bar Yochaı St	201 E 42nd St , #3210	100 S Pine Island Rd #230	100 Rauol Wallenberg Pt SW	1275 York Ave	333 Las Olas Way #3806	One Gustave Levy Place	1410 Indian Trace	5890 S. Pine Island Rd	1275 York Ave	3400 Civic Center Blvd	8700 Beverly Blvd #2416	2501 w COTA Dr	18851 NE 29 Ave, #1010	701 N Shore Dr
Debit	130 00	200 00	90,00	350 00	7~6.00	500 00	700 01	1 600 00	360 00	2 500 00	100 00	190	250 00	200 00	3 600 00	1 505 00	200 00	1 000 00		1 000 00	1 000 00	500.00	50c 00	100 00	1 500 00	2511 00	200 00	500 00	150.00	20+ 00	200 003	350 00	380.00	260 00	200 00	500 OC	5,10,00	00 057	250 00	1 800 00	2 500 00	500 00	200 00	200 00	200 ∩0	200 00	200 00
Name	AMEPICAN CANCER SOCIET	MT SINAL AUTELAPT	MIAMI TRANSPLANT INSTITUTE	MIAMI TRANSPLANT BISTITUTE	MUSEUM OF 4RT	ANGR FRIENDS OF THE MEBREW URN	MYADLIAD	JAFCO	CHASDEI NAOMI	ORLOFF AGENCY FOR JEWISH EDUC	M 7AD LYJD	JEWISH MOSHER FOOD BANK	SMILE TRAIN	MAKE A WISH FOUND	HOLOCAUST DOCUM & EDUC CNTR	THE SEED FOUND	FRIENDS OF THE IDF		THANK ISRAEL SOLDIERS (VOID)	HONEST REPORTING	AMER FOREIGN POLICY COULISEL	MANITOU EXPERIENCE	DAVID HOROVITZ FREEDOM CHTR	/AD EZRAH	AMER FOREIGN POLICY COUNSEL	WOUNDED WARRICH PROJECT	MEALS ON WHEELS		STAGE DOOR THEATRE	FRIENDS OF THE ID?	WOMEN IN DISTRESS	Amer Found For Suicide Frevention	CHASDELIJAOMI	CHABAD TERROR VICTIMS PROJECT	JFS/GEMILUT	US HOLOC~UST MUSEUM	Memorial Sloan hettering Cancer Critr	BRANDON MERRITT FND	MT SINAL AUVILLARY	TEMPLE BIJAI AVIV	CENTRAL AGENCY FOR JEWISH EDUCATION	Memorial Stoan Mettering Cancer Criti	BASSER RESEARCH CENTER	CEDARS SINA!	CHII DRENS ORGAN TRAIL>PLANT	LAURENS MIDS	SHUL OF BAL HAPBOUP
Adj																																															
Num	1767	907	1769	1770	1772	17.1	3775	34.1	1777	1779	1776	1780	1,02	17.83	1785	178E	1797	1789	1750	1794	1792	1793	1794	1_35	1796	1797	1795	1793	1800	1801	1602	1800	1804	1605	1876	1901	1608	1809	181	1812	1813	181-	1815	1816	181	1818	9181
Date	01/14/2014	01/14/2014	01/22/2014	01/22/2014	02/25/2014	02/27/2014	03/04/2014	03/15/2017	03/20/2014	04/07/2014	04/09/2014	05/05/2014	05,05/2014	05/05/2014	05/05/2014	05/05/2014	07/01/2014	07/13/2014	07/13/2014	07/15/2014	07/15/2/14	07/20,2014	+17/26/2014	08/14/2014	08/15/2014	118/28/2014	08/28/2014	09/08/2014	09/08/2014	09/08/25/14	03,08/2014	09/18/2014	U9-18/2014	05/18/201~	09/24/2014	09'24,201-	10/06/20 1-	10/06/201-	10/02//201-	10/20/2014	16/26/2014	11/20/2014	12/02/2014	12/05/20 14	12/05/2014	12/05/20 14	12/11/2014
Type	Check	Check	Check	Check	Check	Chert	Cherk	Check	Check	Check	Check	Check	Check	Check	Chack	Check	Check	Check	Check	Check	Cheu	Check	Check	Check	Check	Check	Check	Check	Check	Check	Check	Check	Check	Check	Check	Check	Chest	Check	Check	Check	Cneck	Cheuk	Check	Check	Check	Check	Check