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# Form **990-PF** Department of the Treasury Internal Revenue Service

OMB No 1545-0052

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 separate instructions is at <a href="https://www.irs.gov/form990of">www.irs.gov/form990of</a>.

| For                                  | cale       | ndar year 2014 or tax year beginning   |                                    | , and ending                           |  |   |
|--------------------------------------|------------|--|------------------------------------|--|--|---|
|                                      |            | f foundation ' ERT H. AND JANE D. NAHM   | IAD                                | -                                      | A Employer identification                              | n number  |
|                                      |            | NDATION, INC.  |                                    |  | 27-3971556   | )   |
|                                      |            | and street (or P O box number if mail is not delivered to street   | address)                           | Room/suite                             | B Telephone number                                     |   |
| _ 2                                  | <u> 66</u> | 5 SOUTH BAYSHORE DRIVE   | 901                                | 305-714-41                             | .00  |   |
|                                      |            | own, state or province, country, and ZIP or foreign p  | ostal code                         |  | C if exemption application is p                        | pending, check here   |
|                                      |            | MI, FL 33133   |                                    |  |  |   |
| G                                    | Check      | k all that apply: Initial return   |                                    | rmer public charity                    | D 1. Foreign organizations                             | s, check here   |
|                                      |            | Final return Address change  | Amended return Name change         |  | 2 Foreign organizations me<br>check here and attach co | seting the 85% test,  |
|                                      | Check      | k type of organization: X Section 501(c)(3) ex   |                                    |  |  | - • •   |
| <u>"-</u> "                          |            |  | Other taxable private founda       | ition                                  | E If private foundation sta<br>under section 507(b)(1  |   |
| T F                                  |            |  | ng method: X Cash                  | Accrual                                | F If the foundation is in a                            |   |
|                                      |            | Part II, col. (c), line 16)  | ther (specify)                     |  | under section 507(b)(1)                                |   |
|                                      | > \$       | 4,130,084. (Part I, colu   | mn (d) must be on cash b           | oasis.)                                |  |   |
| P                                    | art I      | Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) | (a) Revenue and expenses per books | (b) Net investment income              | (c) Adjusted net                                       | (d) Disbursements for charitable purposes (cash basis only) |
|                                      | 1          | Contributions, gifts, grants, etc., received   | 2,434,148.                         |  | N/A  | (cash basis billy)  |
|                                      | 2          | Check If the foundation is not required to attach Sch. B   |                                    | <del></del>                            |  | <del> </del>  |
|                                      | 3          | Interest on savings and temporary cash investments   | 522.                               | 522.                                   |  | STATEMENT 1   |
|                                      | 4          | Dividends and interest from securities   | 46,800.                            | 46,800.                                |  | STATEMENT 2   |
|                                      | 5a         | Gross rents  |                                    |  |  |   |
|                                      | 1 .        | Net rental income or (loss)  |                                    | ····                                   |  |   |
| e                                    | 6a         | Net gain or (loss) from sale of assets not on line 10<br>Gross sales price for all   |                                    | ······································ |  |   |
| Revenue                              | 7          | assets on line 6a  |                                    | 0.                                     | RE   | CEIVED  |
| æ                                    | 8          | Net short-term capital gain  |                                    | -                                      |  | 7.7   |
|                                      | 9          | Income modifications   |                                    |  | MAY  | 1 8 2015  |
|                                      | 10a        | Gross sales less returns and allowances  |                                    |  | -  | 18 18   |
|                                      | ) b        | Less Cost of goods sold  |                                    |  | 3  | DEN LIT O   |
| 30                                   |            | Gross profit or (loss)   |                                    |  | 00   | L'L14, U I  |
| 3                                    | 11         | Other income   | 0 404 450                          | 45 200                                 |  |   |
| <u>&gt;</u>                          | 12         | Total. Add lines 1 through 11  | 2,481,470.                         | 47,322.                                |  |   |
|                                      | 13         | Compensation of officers, directors, trustees, etc   | 0.                                 |  | <u> </u>   | 0.  |
|                                      | 14         | Other employee salaries and wages Pension plans, employee benefits   |                                    | <del></del>                            |  |   |
| · w                                  |            | Legal fees   |                                    |  |  |   |
| ens                                  | Ь          | Accounting fees STMT 3   | 800.                               | 400.                                   |  | 0.  |
| ۺٚ                                   | C          | Other professional fees  |                                    |  |  |   |
| ∋9 <b>≷</b>                          | 17         | Interest   |                                    |  |  |   |
| Operating and Administrative Expense | 18         | Taxes  |                                    |  |  |   |
| SE<br>SE                             | 19         | Depreciation and depletion   |                                    |  |  |   |
| Ē                                    | 20         | Occupancy  |                                    |  |  |   |
| ΑÞ                                   | 21         | Travel, conferences, and meetings Printing and publications  |                                    |  | <del></del>  | · · · · · · · · · · · · · · · · · · ·                       |
| gar                                  | 22<br>23   | Other expenses   | <del></del>                        |  |  |   |
| ţ                                    | 24         | Total operating and administrative   |                                    |  |  |   |
| era                                  | - '        | expenses. Add lines 13 through 23  | 800.                               | 400.                                   |  | 0.  |
| ō                                    | 25         | Contributions, gifts, grants paid  | 15,000.                            |  |  | 15,000.   |
|                                      | 26         | Total expenses and disbursements.  |                                    |  |  | -   |
|                                      | _          | Add lines 24 and 25  | 15,800.                            | 400.                                   |  | 15,000.   |
|                                      | 27         | Subtract line 26 from line 12:   | 2 465 650                          |  |  |   |
|                                      | Ļ          | Excess of revenue over expenses and disbursements  | 2,465,670.                         | 46 000                                 |  |   |
|                                      |            | Net investment income (d negative, enter -0-)  |                                    | 46,922.                                | N/A  |   |
| 12350                                | _          | Adjusted net Income (if negative, enter -0-)   | _ <del></del>                      |  | IV/A   |   |

423501 11-24-14 LHA For Paperwork Reduction Act Notice, see instructions.

27-3971556 Page 2

| Pa                          | ırt       | Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only | Beginning of year | End of                                  |                       |
|-----------------------------|-----------|--|-------------------|---|-----------------------|
|                             |           |  | (a) Book Value    | (b) Book Value                          | (c) Fair Market Value |
|                             | 1         | Cash - non-interest-bearing  | 189,834.          | 312,284.                                | 312,284.              |
|                             | 2         | Savings and temporary cash investments   |                   |   |                       |
| -                           | 3         | Accounts receivable >  |                   |   |                       |
|                             |           | Less: allowance for doubtful accounts  |                   |   |                       |
|                             | 4         | Pledges receivable ▶   |                   |   |                       |
|                             |           | Less: allowance for doubtful accounts  | ~                 |   |                       |
|                             | 5         | Grants receivable  |                   |   |                       |
|                             | 6         | Receivables due from officers, directors, trustees, and other  | [ ·               |   |                       |
|                             |           | disqualified persons   |                   |   |                       |
|                             | 7         | Other notes and loans receivable   |                   |   |                       |
|                             |           | Less: allowance for doubtful accounts  |                   |   |                       |
| 2                           | 8         | Inventories for sale or use  |                   |   |                       |
| Assets                      | 9         | Prepaid expenses and deferred charges  |                   |   |                       |
| ۴                           | 10a       | Investments - U.S. and state government obligations  |                   |   |                       |
|                             | b         | Investments - corporate stock  |                   |   |                       |
|                             |           | Investments - corporate bonds  |                   |   | <del></del>           |
| - 1                         |           | Investments - land, buildings, and equipment: basis  |                   |   |                       |
|                             | . •       | Less accumulated depreciation  |                   |   |                       |
| l                           | 12        | Investments - mortgage loans   | <del>   </del>    |   |                       |
| - 1                         |           | Investments - other STMT 4   | 1,257,165.        | 3,600,385.                              | 3,817,800.            |
| - 1                         |           | Land, buildings, and equipment basis   |                   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                       |
|                             | •         | Less accumulated depreciation  |                   |   |                       |
|                             | 15        | Other assets (describe   | <u> </u>          |   |                       |
|                             |           | Total assets (to be completed by all filers - see the  |                   |   |                       |
|                             |           | Instructions. Also, see page 1, item I)  | 1,446,999.        | 3,912,669.                              | 4,130,084.            |
| ᅥ                           | 17        | Accounts payable and accrued expenses  | 1,110,333.        | 3,312,003.                              | 4,130,004.            |
|                             |           |  |                   |   |                       |
|                             | 19        | Deferred revenue   |                   |   |                       |
| ties                        | 20        | •  |                   |   |                       |
| Liabilities                 |           | Martenana and other notes asymble  |                   |   |                       |
| <u> </u>                    | 21        | Other liabilities (describe )  |                   |   |                       |
|                             | 22        | Other habilities (describe   |                   |   |                       |
|                             | 23        | Total liabilities (add lines 17 through 22)  | 0.                | 0.                                      |                       |
| $\dashv$                    |           | Foundations that follow SFAS 117, check here   |                   |   |                       |
| ľ                           |           | and complete lines 24 through 26 and lines 30 and 31.  | 1                 |   |                       |
| 8<br>S                      | 24        | Unrestricted   | ]                 |   |                       |
| ᆲ                           | 25        | Temporarily restricted   |                   |   |                       |
| gai!                        | 26        | Permanently restricted   |                   |   |                       |
| Net Assets or Fund Balances |           | Foundations that do not follow SFAS 117, check here  |                   |   |                       |
| ₫                           |           | and complete lines 27 through 31.  |                   |   |                       |
| 6                           | 27        | Capital stock, trust principal, or current funds   | 0.                | 0.                                      |                       |
| ets                         | 28        | Paid-in or capital surplus, or land, bldg., and equipment fund   | 0.1               | 0.                                      |                       |
| Ass                         | 29        | Retained earnings, accumulated income, endowment, or other funds   | 1,446,999.        | 3,912,669.                              |                       |
| <u>e</u>                    | 30        | Total net assets or fund balances  | 1,446,999.        | 3,912,669.                              |                       |
| <b>z</b>                    | •         | Total flot abbots of faile balaneou  |                   |   |                       |
| ŀ                           | 31        | Total liabilities and net assets/fund balances   | 1,446,999.        | 3,912,669.                              |                       |
| =                           |           | III Analysis of Changes in Net Assets or Fund E  | <u> </u>          | ,                                       |                       |
| _                           |           |  |                   |   |                       |
|                             |           | I net assets or fund balances at beginning of year - Part II, column (a), line                                 |                   |   | 1 446 000             |
|                             |           | st agree with end-of-year figure reported on prior year's return)  |                   | <u>1  </u>                              | 1,446,999.            |
|                             |           | r amount from Part I, line 27a   |                   | 2                                       | 2,465,670.            |
|                             |           |  | <del></del>       | 3                                       | 0.                    |
|                             |           | lines 1, 2, and 3  |                   | 4                                       | 3,912,669.            |
| 5                           | Jecr<br>- | reases not included in line 2 (itemize)  | 1 (1) 1           |   | <u> </u>              |
| R.                          | i nta     | i not access or trind halaness at and of year (line A minus line 5) - Part II ic                               | niumn (h) line 30 | IRI                                     | 1.91/ hh4.            |

|  | and Loss                       | es for Tax on In   | vestment          | Income                             |                                  |                        |              | , 551.                       | 1330                          | rayes        |
|--|--------------------------------|--|-------------------|------------------------------------|----------------------------------|------------------------|--------------|------------------------------|-------------------------------|--------------|
| (a) List and describe the kind(s) of property sold (e.g., real estate, ,2-story brick warehouse; or common stock, 200 shs. MLC Co.)  |                                |  |                   | ( <b>b)</b> Hov<br>P - P<br>D - D  | v acquired<br>urchase<br>onation | (c) Date a<br>(mo., da |              | (d) Date s<br>(mo., day,     |                               |              |
| 1a   |                                |  | <u> </u>          |                                    |                                  | Olidaoli               |              | <del></del>                  | <del>.</del>                  |              |
| b NO   | NE                             |  | <del></del>       |                                    |                                  |                        |              |                              |                               |              |
| C  |                                |  |                   |                                    |                                  |                        |              |                              |                               | _            |
| <u>d</u>   |                                |  |                   |                                    |                                  |                        | <u> </u>     |                              |                               |              |
| <u>e</u>   |                                |  |                   |                                    | <u> </u>                         |                        |              |                              |                               |              |
| (e) Gross sales price  |                                | reciation allowed<br>r allowable)                                |                   | t or other basis<br>xpense of sale |                                  |                        |              | in or (loss)<br>(f) minus (  |                               | _            |
| a  |                                | <del>_</del> ·   |                   |                                    |                                  |                        |              |                              |                               |              |
| <u>b</u>   |                                | -  |                   |                                    | -                                |                        | _            |                              |                               |              |
| <u>c</u>   |                                |  |                   |                                    | -                                |                        |              |                              |                               |              |
| d<br>e   |                                |  | <del></del>       |                                    |                                  |                        |              |                              |                               |              |
| Complete only for assets showin  | o gain in coli                 | umn (h) and owned by the   | ne foundation     | on 12/31/69                        | -                                |                        | N Gaine (Co  | ol. (h) gain i               | minue                         |              |
| (i) F.M.V. as of 12/31/69  | (j) A                          | Adjusted basis<br>of 12/31/69                                    | (k) Ex            | cess of col. (i)                   |                                  |                        | . (k), but n | ot less than<br>from col. (f | -0-) or                       |              |
| a  |                                |  |                   |                                    |                                  |                        |              |                              | <del></del>                   |              |
| b  |                                |  |                   |                                    |                                  |                        | -            |                              |                               |              |
| C  |                                |  |                   |                                    |                                  |                        |              |                              | -                             |              |
| d  |                                |  |                   |                                    |                                  |                        |              |                              |                               |              |
| е  |                                | I  |                   |                                    |                                  |                        |              |                              |                               |              |
| <ul> <li>2 Capital gain net income or (net ca</li> <li>3 Net short-term capital gain or (los if gain, also enter in Part I, line 8,</li> <li>4 (loss) enter 0 in Part I, line 8</li> </ul> | s) as defined                  | If gain, also enter If (loss), enter -0- In sections 1222(5) and | ın Part I, line   |                                    | }  <u>:</u><br>}  .              | 2                      |              |                              |                               |              |
| If (loss), enter -0- in Part I, line 8  Part V Qualification U   | nder Sec                       | tion 4940(e) for   | Reduced           | Tax on Net                         | Inves                            | tment in               | ome          |                              |                               |              |
| If section 4940(d)(2) applies, leave the Was the foundation liable for the sect of "Yes," the foundation does not qual   | tion 4942 tax<br>ify under sec | on the distributable amo<br>tion 4940(e). Do not cor             | nplete this pai   | r <u>t</u>                         |                                  |                        |              |                              | Yes 🖸                         | <b>⊠</b> No  |
| 1 Enter the appropriate amount in 6  | each column                    | <del></del>  | structions bet    | ore making any e                   |                                  |                        |              |                              | /d\                           |              |
| Base period years<br>Calendar year (or tax year beginnii   | ng in)                         | (b)<br>Adjusted qualifying disti                                 | 1                 | Net value of no                    |                                  |                        | 1            | Distribi<br>col. (b) divi    | ition ratio<br>ded by col. (c |              |
| 2013   |                                |  | 2,830.            |                                    | 2                                | 272,086                |              | •••                          |                               | 0401         |
| 2012   |                                |  | 219.              |                                    |                                  | 56,595                 |              |                              |                               | 3870         |
| 2011   |                                | ···-   | 0.                | <del>.</del>                       |                                  | 4,385<br>1,126         |              |                              |                               | 1596<br>0000 |
| 2009   |                                |  |                   |                                    |                                  | 1,120                  | <u>'</u> -   | -                            | .000                          | 3000         |
|  |                                |  |                   |                                    |                                  |                        |              |                              | 011                           |              |
| <ul><li>2 Total of line 1, column (d)</li><li>3 Average distribution ratio for the !</li></ul>   |                                | ariad duuda tha tatal a  |                   |                                    |                                  |                        | 2            |                              | •01:                          | 5867         |
| the foundation has been in exister   |                                |  |                   | •                                  | -                                |                        | 3            |                              | .003                          | 3967         |
| 4 Enter the net value of noncharitab   | le-use assets                  | for 2014 from Part X, I  | ne 5 <sub>.</sub> |                                    |                                  | -                      | . 4          |                              | 2,453,8                       | 315.         |
| 5 Multiply line 4 by line 3  |                                |  |                   |                                    |                                  |                        | . 5          |                              | 9,7                           | 734.         |
| 6 Enter 1% of net investment incom   | ne (1% of Par                  | t I, line 27b)   |                   |                                    |                                  |                        | 6            |                              | _ 4                           | 469.         |
| 7 Add lines 5 and 6  |                                |  |                   |                                    |                                  |                        | 7            | _                            | 10,2                          | 203.         |
| 8 Enter qualifying distributions from  | n Part XII, line               |  |                   |                                    |                                  |                        | 8            |                              | 15,0                          | 000.         |
| If line 8 is equal to or greater than  | line 7, check                  | the box in Part VI, line   | 1b, and comp      | lete that part usın                | g a 1% t                         | ax rate.               |              |                              |                               |              |
| See the Part VI instructions.  |                                |  |                   |                                    |                                  |                        |              |                              |                               |              |

10

X

year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," complete Part XIV

10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses

had not been removed from jeopardy before the first day of the tax year beginning in 2014?

Total number of other employees paid over \$50,000

|    |   |    |    |   |    |   |   | _  | _ |
|----|---|----|----|---|----|---|---|----|---|
| FC | U | ND | ΆT | Ι | ON | • | I | NC |   |

| 3 Five highest-paid independent contractors for professional services. If none, enter  | r "NONE."           |                  |
|--|---------------------|------------------|
| (a) Name and address of each person paid more than \$50,000  | (b) Type of service | (c) Compensation |
| NONE   | (2)                 |                  |
|  |                     |                  |
|  |                     |                  |
| <del></del>  |                     |                  |
|  |                     | <del></del>      |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
| Total number of others receiving over \$50,000 for professional services   | <u></u> .           | . ▶ (            |
| RartiX*A Summary of Direct Charitable Activities   |                     |                  |
| List the foundation's four largest direct charitable activities during the tax year. Include relevant statis   |                     | Fundance         |
| number of organizations and other beneficiaries served, conferences convened, research papers produced in the conference of the conference | duced, etc.         | Expenses         |
| 1 N/A  |                     |                  |
|  |                     |                  |
|  |                     |                  |
| 2  |                     |                  |
|  |                     |                  |
|  | <del></del>         |                  |
| 3  |                     |                  |
| ·  | -                   |                  |
|  |                     |                  |
|  | ····                | <del></del>      |
| 4  |                     |                  |
|  |                     |                  |
| D-ANVED A  |                     | <del></del>      |
| PartilX-B Summary of Program-Related Investments   |                     |                  |
| Describe the two largest program-related investments made by the foundation during the tax year on   | lines 1 and 2.      | Amount           |
| 1 N/A  |                     |                  |
|  |                     |                  |
|  |                     |                  |
| 2  |                     |                  |
|  |                     |                  |
|  |                     |                  |
| All other program-related investments. See instructions.   |                     |                  |
| 3  |                     |                  |
|  |                     |                  |
|  |                     |                  |
| Total. Add lines 1 through 3   | <b>•</b>            | 0.               |

|     | All domestic foundations must complete this part. Foreign fou   |                 | ee instructions.) |
|-----|---|-----------------|-------------------|
| 1   | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:                   |                 |                   |
| a   | Average monthly fair market value of securities   | 1a              | 2,287,023.        |
| b   | Average of monthly cash balances  | 1b              | 2,287,023.        |
| C   | Fair market value of all other assets   | 1c              |                   |
| d   | Total (add lines 1a, b, and c)  | 1d              | 2,491,183.        |
| 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               | 2,491,183.        |
| 4   | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)                     | 4               | 37,368.           |
| 5   | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4                          | 5               | 2,453,815.        |
| 6   | Minimum investment return. Enter 5% of line 5   | 6               | 122,691.          |
| P   | artiXI Distributable Amount (see instructions) (Section 4942(1)(3) and (1)(5) private operating foundations ar                | nd certain      |                   |
|     | foreign organizations check here   and do not complete this part.)  |                 |                   |
| 1   | Minimum investment return from Part X, line 6   | 1               | 122,691.          |
| 2a  | Tax on investment income for 2014 from Part VI, line 5 2a 469.  |                 |                   |
| b   | Income tax for 2014. (This does not include the tax from Part VI.)  |                 |                   |
| C   | Add lines 2a and 2b   | 2c              | 469.              |
| 3   | Distributable amount before adjustments. Subtract line 2c from line 1   | 3               | 122,222.          |
| 4   | Recoveries of amounts treated as qualifying distributions   | 4               | 0.                |
| 5   | Add lines 3 and 4   | 5               | 122,222.          |
| 6   | Deduction from distributable amount (see instructions)  | 6               | 0.                |
| 7   | Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1                            | 7               | 122,222.          |
| ŀP. | art XIII Qualifying Distributions (see Instructions)  |                 |                   |
|     | addinying Distributions (see instructions)  |                 |                   |
| 1   | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:                                    |                 |                   |
| a   | Expenses, contributions, gifts, etc total from Part I, column (d), line 26  | 1a              | 15,000.           |
| b   | Program-related investments - total from Part IX-B  | 1b              | 0.                |
| 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:  |                 |                   |
| a   | 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               | 15,000.           |
| 5   | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment                                  |                 | <del></del>       |
|     | income. Enter 1% of Part I, line 27b  | 5               | 469.              |
| 6   | Adjusted qualifying distributions. Subtract line 5 from line 4  | 6               | 14,531.           |
|     | Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of | qualifies for t | the section       |

4940(e) reduction of tax in those years.

Form 990-PF (2014) FOUNDATION, INC.

| Part XIII | Undistributed | Income | (see instructions) |
|-----------|---------------|--------|--------------------|

| ,  | (a)<br>Corpus                         | (b)<br>Years prior to 2013 | (c)<br>2013 | (d)<br>2014     |
|--|---------------------------------------|----------------------------|-------------|-----------------|
| 1 Distributable amount for 2014 from Part XI,  |                                       |                            |             | 122,222.        |
| line 7   |                                       | · ·                        |             | 144,444.        |
| 2 Undistributed income, if any, as of the end of 2014  |                                       |                            | 13,604.     | ;<br>;          |
| a Enter amount for 2013 only   | · · · · · · · · · · · · · · · · · · · |                            | 13,004.     | <del></del>     |
| b Total for prior years:   |                                       | 0.                         |             | ,               |
| 3 Excess distributions carryover, if any, to 2014:   |                                       | 0.                         |             |                 |
| ( '  |                                       |                            |             |                 |
| a From 2009  |                                       |                            |             |                 |
| b From 2010  |                                       |                            |             |                 |
| c From 2011  |                                       |                            |             |                 |
| dFrom 2012   |                                       |                            |             |                 |
| e From 2013  | 0.                                    |                            |             |                 |
| f Total of lines 3a through e  |                                       |                            |             |                 |
| 4 Qualifying distributions for 2014 from Part XII, line 4: ▶\$ 15,000.   |                                       |                            |             |                 |
|  |                                       |                            | 13,604.     |                 |
| a Applied to 2013, but not more than line 2a   |                                       |                            | 13,004.     |                 |
| b Applied to undistributed income of prior   |                                       | 0.                         |             |                 |
| years (Election required - see instructions)   |                                       | 0.                         |             |                 |
| c Treated as distributions out of corpus   | 0.                                    |                            |             | ;               |
| (Election required - see instructions)   | <u> </u>                              | <del></del>                |             | 1,396.          |
| d Applied to 2014 distributable amount   | 0.                                    |                            |             | 1,390.          |
| e Remaining amount distributed out of corpus   | 0.                                    |                            |             | 0.              |
| 5 Excess distributions carryover applied to 2014<br>(If an amount appears in column (d), the same amount<br>must be shown in column (a)) | 0.                                    |                            |             | 0.              |
| 6 Enter the net total of each column as indicated below:   |                                       |                            |             |                 |
| & Corpus Add lines 3f, 4c, and 4e Subtract line 5  | 0.                                    |                            |             |                 |
| b Prior years' undistributed income. Subtract  |                                       |                            |             |                 |
| line 4b from line 2b   |                                       | 0.                         |             |                 |
| c Enter the amount of prior years'<br>undistributed income for which a notice of   |                                       |                            |             |                 |
| deficiency has been issued, or on which  |                                       |                            |             |                 |
| the section 4942(a) tax has been previously assessed   |                                       | 0.                         |             |                 |
| d Subtract line 6c from line 6b. Taxable   |                                       |                            |             |                 |
| amount - see instructions  |                                       | 0.                         |             |                 |
| e Undistributed income for 2013. Subtract line   |                                       |                            |             |                 |
| 4a from line 2a. Taxable amount - see instr.   | İ                                     |                            | 0.          |                 |
| f Undistributed income for 2014. Subtract  |                                       |                            |             |                 |
| lines 4d and 5 from line 1. This amount must   |                                       |                            |             |                 |
| be distributed in 2015   |                                       |                            |             | 120,826.        |
| 7 Amounts treated as distributions out of  | ·                                     |                            |             |                 |
| corpus to satisfy requirements imposed by  |                                       |                            |             |                 |
| section 170(b)(1)(F) or 4942(g)(3) (Election   |                                       |                            |             |                 |
| may be required - see instructions)  | 0.                                    |                            |             |                 |
| 8 Excess distributions carryover from 2009   |                                       |                            |             |                 |
| not applied on line 5 or line 7  | 0.                                    |                            |             |                 |
| 9 Excess distributions carryover to 2015.  |                                       |                            |             |                 |
| Subtract lines 7 and 8 from line 6a  | 0.                                    |                            |             |                 |
| O Analysis of line 9:  |                                       |                            |             |                 |
| a Excess from 2010   |                                       |                            |             | 1               |
| b Excess from 2011   |                                       |                            |             |                 |
| c Excess from 2012   |                                       |                            |             | ,<br>,          |
| d Excess from 2013   |                                       |                            |             | ,               |
| e Excess from 2014   |                                       |                            |             |                 |
| 23581  |                                       |                            |             | 5 000 DE (0044) |

FOUNDATION INC

|      | XIV Private Operating F   | oundations (see in          | structions and Part VIII   | A guartier (V              | N/A  | 71330 Tage I                            |
|------|---|-----------------------------|----------------------------|----------------------------|--|---|
|      | f the foundation has received a ruling or                                   |                             |                            | -x, question s)            | N/A  |   |
|      | oundation, and the ruling is effective foi                                  |                             |                            | _ [                        |  |   |
|      | Check box to indicate whether the found                                     | •                           | •                          |                            | 4040(1)(2) 07 40                                 | 240(-)(E)                               |
|      | inter the lesser of the adjusted net  | Tax year                    | g touridation described if | Prior 3 years              | 4942(j)(3) or 49                                 | 942(j)(5)<br>T                          |
|      | ncome from Part I or the minimum  | (a) 2014                    | (b) 2013                   | (c) 2012                   | (d) 2011   | (e) Total                               |
|      |   | (4)2014                     | (0)2010                    | (0) 20 12                  | (4)2011  | (6) 10181                               |
|      | nvestment return from Part X for  |                             |                            |                            |  |   |
|      | each year listed  |                             |                            |                            | <del>                                     </del> |   |
|      | 15% of line 2a  |                             |                            |                            | ·  |   |
|      | Qualifying distributions from Part XII,                                     |                             |                            |                            |  |   |
|      | ne 4 for each year listed   |                             |                            |                            |  |   |
|      | Amounts included in line 2c not   |                             |                            |                            |  |   |
|      | ised directly for active conduct of   |                             |                            |                            |  |   |
|      | exempt activities   |                             |                            |                            |  |   |
|      | Qualifying distributions made directly                                      |                             |                            |                            |  |   |
|      | or active conduct of exempt activities.                                     |                             |                            |                            |  |   |
|      | Subtract line 2d from line 2c<br>Complete 3a, b, or c for the               |                             |                            |                            | ·  |   |
|      | Iternative test relied upon:  |                             |                            |                            |  |   |
| a '/ | Assets" alternative test - enter:   |                             |                            |                            |  |   |
| (    | 1) Value of all assets  |                             |                            |                            |  |   |
| (    | 2) Value of assets qualifying under section 4942(j)(3)(B)(i)                |                             |                            |                            |  |   |
|      | Endowment" alternative test - enter   |                             |                            |                            |  |   |
| S    | 2/3 of minimum investment return shown in Part X, line 6 for each year sted |                             |                            |                            |  |   |
| c "  | Support" alternative test - enter:  | -                           |                            |                            |  |   |
| (    | Total support other than gross  |                             |                            |                            |  |   |
|      | investment income (interest,  |                             |                            |                            |  |   |
|      | dividends, rents, payments on<br>securities loans (section                  |                             |                            |                            |  |   |
|      | 512(a)(5)), or royalties)   |                             |                            |                            | ĺ  |   |
| (    | 2) Support from general public  |                             |                            |                            |  |   |
| •    | and 5 or more exempt  |                             |                            |                            |  |   |
|      | organizations as provided in section 4942(j)(3)(B)(iii)                     |                             |                            |                            |  |   |
| (    | 3) Largest amount of support from   |                             |                            |                            |  | , |
| •    | an exempt organization  |                             |                            |                            |  |   |
| (    | 4) Gross investment income  |                             |                            |                            | †  |   |
|      | t-XV Supplementary Info   | rmation (Comple             | te this part only          | if the foundation          | had \$5,000 or me                                | ore in assets                           |
|      | at any time during t  |                             |                            |                            |  |   |
| 1 II | nformation Regarding Foundatio  | n Managers:                 |                            |                            |  |   |
|      | ist any managers of the foundation who                                      | _                           | than 2% of the total contr | ributions received by the  | foundation before the clos                       | se of any tax                           |
|      | rear (but only if they have contributed m                                   |                             |                            | -                          |  | •                                       |
| NON  | E   |                             |                            |                            |  |   |
|      | ist any managers of the foundation who                                      |                             |                            | or an equally large porti  | on of the ownership of a pa                      | artnership or                           |
| 0    | ther entity) of which the foundation has                                    | s a 10% or greater interes  | t `                        |                            | •  |   |
| NON  | E   |                             |                            |                            |  |   |
| 2 1  | nformation Regarding Contributi   | on, Grant, Gift, Loan,      | Scholarship, etc., Pr      | ograms:                    |  |   |
| C    | Check here 🕨 🗶 If the foundation o  | nly makes contributions t   | o preselected charitable o | organizations and does i   | ot accept unsolicited requ                       | ests for funds. If                      |
| tl   | he foundation makes gifts, grants, etc. (                                   | (see instructions) to indiv | iduals or organizations u  | nder other conditions, c   | omplete items 2a, b, c, and                      | l d.                                    |
| a T  | he name, address, and telephone numl  | ber or e-mail address of t  | he person to whom appli    | cations should be addre    | ssed:  |   |
|      |   |                             |                            |                            |  |   |
|      |   |                             |                            |                            |  |   |
| bТ   | he form in which applications should b                                      | e submitted and informat    | ion and materials they sh  | rould include:             |  |   |
| c A  | Any submission deadlines:   | <del>.</del>                |                            | <del></del>                | <u>, , , , , , , , , , , , , , , , , , , </u>    |   |
| d A  | Any restrictions or limitations on awards                                   | s, such as by geographica   | l areas, charitable fields | kinds of institutions or a | other factors:                                   |   |
| ٧,   |   | ., -20 ao 07 goograpiilo    | oao, onanasio noido,       | ao or moduuono, or t       | J 140.010,                                       |   |
|      |   |                             |                            |                            |  |   |

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, show any relationship to any foundation manager Foundation Purpose of grant or Amount status of contribution Name and address (home or business) or substantial contributor recipient a Paid during the year TEMPLE BETH SHMUEL MONTESSORI N/A 501(C)3 GENERAL OPERATIONS RELIGIOUS 1719 MICHIGAN AVVENUE MIAMI BEACH, FL 33139 ORGANIZATION 5,000. N/A 501(C)3 GENERAL OPERATIONS TEMPLE BETH SHOLOM 4144 CHASE AVENUE RELIGIOUS ORGANIZATION MIAMI BEACH, FL 33139 5,000. LEHRMAN COMMUNITY DAY SCHOOL N/A 501(C)3 GENERAL OPERATIONS 727 77TH STREET RELIGIOUS ORGANIZATION MIAMI BEACH, FL 33141 5,000. 15,000. Total ➤ 3a **b** Approved for future payment NONE Total 0.

Part XVI-A Analysis of Income-Producing Activities

| First control and a state of the same and a stand  | Unrelate         | d business income         | Evoludeo              | 1 by section 512, 513, or 514 |                                       |
|--|------------------|---------------------------|-----------------------|-------------------------------|---------------------------------------|
| Enter gross amounts unless otherwise indicated.  | (a)<br>Business  | (b) Amount                | (C)<br>Exclu-<br>sion | (d)<br>Amount                 | (e) Related or exempt function income |
| 1 Program service revenue:   | code             | 711104111                 | code                  |                               | Tuncaon income                        |
| <u> </u>   |                  |                           | ╂┈╌╂                  |                               |                                       |
| b  |                  |                           | + +                   |                               |                                       |
| C  |                  |                           | +                     |                               |                                       |
| d  |                  |                           | $\bot$                |                               |                                       |
| e  |                  |                           | $\bot$                |                               | <u> </u>                              |
| f  |                  |                           |                       |                               |                                       |
| g Fees and contracts from government agencies  |                  |                           |                       |                               |                                       |
| 2 Membership dues and assessments  |                  |                           |                       |                               |                                       |
| 3 Interest on savings and temporary cash   |                  |                           |                       |                               |                                       |
| investments  |                  |                           | 14                    | 522.                          |                                       |
| 4 Dividends and interest from securities   |                  |                           | 14                    | 46,800.                       |                                       |
| 5 Net rental income or (loss) from real estate:  |                  | س ياده يا                 | c                     | 1 3 5 100                     | ٠.                                    |
| a Debt-financed property   |                  |                           | 1 1                   |                               |                                       |
| b Not debt-financed property   |                  |                           |                       |                               | <del> </del>                          |
| 6 Net rental income or (loss) from personal  |                  |                           |                       | ,                             |                                       |
| property   |                  |                           |                       |                               |                                       |
| 7 Other investment income  |                  |                           | +                     |                               |                                       |
| 8 Gain or (loss) from sales of assets other  |                  |                           | + +-                  |                               |                                       |
| About the second of the second | 1                |                           |                       |                               |                                       |
|  |                  |                           | + +                   |                               |                                       |
| 9 Net income or (loss) from special events  10 Gross profit or (loss) from sales of inventory  |                  |                           |                       |                               | <del></del> -                         |
|  |                  |                           | +                     |                               |                                       |
| 11 Other revenue:  | l                |                           |                       |                               |                                       |
| <u> </u>   | -                |                           |                       |                               |                                       |
| D  |                  |                           | <del>  </del>         |                               |                                       |
| c  |                  |                           |                       |                               |                                       |
| d  |                  |                           | 1                     |                               | <del></del>                           |
| e  |                  |                           | +                     | 45.000                        |                                       |
| 12 Subtotal. Add columns (b), (d), and (e)   |                  | 0 .                       | •                     | 47,322.                       | 0.                                    |
| 13 Total. Add line 12, columns (b), (d), and (e)   |                  |                           | -                     | . 13                          | 47,322.                               |
| (See worksheet in line 13 instructions to verify calculations.)  |                  |                           |                       |                               | <u> </u>                              |
| Part XVI-B Relationship of Activities  | to the Acco      | omplishment of E          | xempt l               | Purposes                      |                                       |
| Lie No.  |                  | (-) -4 D+ \0(1)           | A                     |                               | link and a f                          |
| Explain below how each activity for which income the foundation's exempt purposes (other than  |                  |                           | A CONTIDUE            | eu importantly to the accomp  | DIISTIMENT OF                         |
| n/A  | by providing fai | nus ioi sucii pui poses). |                       | <del> </del>                  | <del></del>                           |
| N/A  |                  |                           |                       |                               |                                       |
|  |                  |                           |                       |                               |                                       |
|  |                  | <del></del>               |                       |                               | <del></del>                           |
|  |                  |                           |                       |                               |                                       |
|  |                  |                           |                       |                               |                                       |
|  |                  |                           |                       |                               |                                       |
|  |                  |                           |                       |                               |                                       |
|  |                  |                           |                       |                               |                                       |
|  |                  |                           |                       |                               |                                       |
|  |                  | ·                         |                       |                               |                                       |
|  | <u>-</u>         |                           |                       |                               |                                       |
|  | _                |                           |                       |                               |                                       |
|  |                  |                           |                       |                               |                                       |
|  |                  |                           |                       |                               |                                       |
|  |                  |                           |                       |                               |                                       |
|  |                  |                           |                       |                               |                                       |
|  |                  |                           |                       |                               |                                       |
|  |                  |                           |                       |                               |                                       |
|  |                  |                           |                       |                               |                                       |
|  |                  |                           |                       |                               |                                       |
| 423621<br>11-24-14   |                  |                           |                       |                               | Form <b>990-PF</b> (2014)             |

| 1 Did the organization directly or andirectly engines in any of the following with any other organization discribed in section 50 ((c) of the Code (other than section 510) (3) organizations in section 52 (1) calls  1 Transfers from the reporting foundation to a noncharitable exempt organization of:  1 (1) Calls  1 (1) Calls  1 (2) Other assets  1 (3) Calls of section a noncharitable exempt organization  1 (1) Sales of assets to a noncharitable exempt organization  1 (2) Purchases of assets to an oncharitable exempt organization  1 (3) Rental of facilities, equipment, imaging lists, other assets, or paid employees  3 (3) Rental of facilities, equipment, imaging lists, other assets, or paid employees  4 (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 reviews growing by the reporting conduction. If the foundation review distinction review distinction or sharing arrangement, on severe to review the reporting conduction. The foundation review distinction review distinction or sharing arrangement, while a section 50 (c) of the Code (other dashed, or services received.  2 is the foundation directly or indicately affiliated with, or related to, one or more tax-exempt organization (d) Description of twinders, itemschamity, and arrangement or sharing arrangement in the section 50 (c) of the Code (other dashed, or services received.  2 is the foundation directly or indicately affiliated with, or related to, one or more tax-exempt organization (d) Description of relationships  2 is the foundation directly or indicately affiliated with, or related to, one or more tax-exempt organization (d) Description of relationships  2 is the foundation directly or indicately affiliated with, or related to, one or more tax-exempt organization (d) Description of relationships  3 is the foundation directly or indicately affiliated with, or related to, one or more tax-exempt organization (d) Description of relationships  4 is th  | Par   | t XVII           | Information Re<br>Exempt Organ          |  | sfers To a      | and Tra      | nsactions        | and Relations                           | hips With Nonch               | aritabl     | e                                       | <del></del> |
|--|---|------------------|---|--|-----------------|--------------|------------------|---|-------------------------------|-------------|---|-------------|
| the Gode (other than section S1(c)(3) organizations or miscension S27, relating to political organizations?  1 Transfers from the reporting foundation to a noncharitable exempt organization of C1 (2) Other assets.  (1) Cash (2) Other assets. (1) Sales of assets from a noncharitable exempt organization (2) Pinchase of assets from a noncharitable exempt organization (3) Rental of facilities, equipment, or other assets. (18) X (3) Rental of facilities, equipment, maining lists, other assets, or paid employees (3) Rental of tacilities, equipment, maining lists, other assets, or paid employees (3) It the answer or any of the above or "75, complete the following schedule. Column (6) 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 far market value in any transaction or sharing arrangement, show in column (6) the value of the goods, other assets, or services given by the reporting foundation, if the foundation received less than far market value in any transactions, and a sharing arrangement, show in column (6) the value of the goods, other assets, or services given by the reporting foundation, if the foundation received less than far market value in any transactions, and a sharing arrangement, show in column (6) the value of the goods, other assets, or services given by the reporting foundation, if the foundation received less than far market value in any transactions, and a sharing arrangement, show in column (6) the value of the goods, other assets, or services given by the reporting foundation in the foundation received less than far market value in any transactions, and a sharing arrangement, show in the farmantic value of the goods, other assets, or services received.  (a) Lie to Column (6) the foundation of proper in the farmantic value of the goods, other assets, or services received.  (b) If the secondation of proper in the following secondation of the farmantic value of the proper in the following secondat | 1 [   | od the or        |   |  | of the followin | g with any   | other organizati | on described in sect                    | ion 501(c) of                 |             | Yes                                     | No          |
| a Transfers from the reporting foundation to a nonchardable exempt organization of (1) Cash (2) Other assets.  (2) Other assets.  (3) Other assets.  (3) Other assets.  (4) Sales of assets to a nonchardable exempt organization  (5) Seles of foundation confered selection and on chardable exempt organization  (4) Rembursement arrangements  (5) Loans or for ann guarantees  (5) Loans or for ang surrantees  (6) Performance of services or membership or fundasing scholations  (6) Performance of services or membership or fundasing scholations  (7) Sales of form and services or membership or fundasing scholations  (8) Performance of services or complete the following schedule. Column (9) should always show the fair market value of the goods, other assets, or services process or services process or membership or fundasing schedule. Column (9) this value of the goods, other assets, or services received its market value in any transaction or sharing arrangement, show in column (9) the value of the goods, other assets, or services received.  (6) Amount involved  (9) Amount involved  (10) Amount involved |   |                  | - •                                     |  |                 |              | -                |   |                               | i           |   |             |
| (2) Other sasets (3) Other sasets (4) Other transactions: (1) Sales of a seets to a nonchariable exempt organization (2) Perchares of a seets from a nonchariable exempt organization (3) Rental of facilities, equipment, or other assets (3) Rental of facilities, equipment, or other assets (3) Rental of facilities, equipment, making lists, other assets, or paid employees (3) Rental of the control or organization (3) Rental of the control organization (4) Remountained or services or membership or fundrising solicitations (5) Loans or loan guarantees (5) Loans or loan guarantees (6) Performance of services or membership or fundrising solicitations (7) Interest or services green by the reporting foundation, if the foundation received less than fair market value in any transaction or sharing arrangement, show in column (g) that value on the goods, other assets, or read employees (6) Amount involved (9) Description of the based of my involved proper involved proper involved prope |   |                  | •                                       |  |                 |              |                  |   |                               |             |   |             |
| (2) Other assets 5.  (3) Sales of assets to a nonchartable exempt organization 1b(1)   | _   |                  | . •                                     |  | • `             | •            | •                |   |                               | 1a(1)       | i l                                     | x           |
| b Other transactions:  (1) Sales of assets to a noncharitable exempt organization  (2) Purchases of assets from a moncharitable exempt organization  (3) Rental of facilities, equipment, or other assets  (4) Reinhardmanned or services or membership or fundraising solicitations  (5) Loans or loan guarantees  (6) Performance of services or membership or fundraising solicitations  (6) Performance of services or membership or fundraising solicitations  (7) It is the foundation of the fundraising solicitations  (8) Performance of services or membership or fundraising solicitations  (9) Performance of services or membership or fundraising solicitations  (1) It is a service given by the reporting fundraising of solicitations or services given by the reporting fundraising of the following schedule. Octomin (4) the value of the goods, other assets, or services received.  (2) Levino (7) Amount involved (7) Name of noncharitable exempt organization (8) Constitution of transfers, transactions, and sharing arrangement, show in section 501(c) of the Code (other rhan section 501(c)(3)) or in section 527?  (a) Name of noncharitable exempt organization (b) Type of organization (c) Description of relationship  (b) Type of organization (c) Description of relationship  (c) Description of relationship  (a) Name of operations of property is exempt organization (c) Description of relationship  (b) Type of organization (c) Description of relationship  (c) Description of relationship  (a) Name of operations of property is exempt organization (c) Description of relationship  (b) Type of organization (c) Description of relationship  (c) Description of relationship  (a) Name of operations of property is exempt organization (c) Description of relationship  (b) Type of organization (c) Description of relationship  (c) Description of relationship  (d) Description of relationship  (e) Description of relationship   | •   | •                |   |  |                 |              | •                |   |                               |             |   |             |
| (1) Sales of assets to an oncharable exempt organization (2) Purchases of assets from a noncharable exempt organization (3) Rental of facilities, equipment, or other assets (4) Rembursiment arrangements (5) Lonar or fora quarantees (6) Lonar or fora quarantees (6) Sharing of facilities, equipment, making lists, other assets, or paid employes (6) Performance of services or membership or fundrasing solicitations (6) Performance of services or membership or fundrasing solicitations (7) International process of the answer to any of the above is "Yes," complete the following schedule. Column (8) should always show the fair market value of the goods, other assets, or services processed. (6) Lone on (9) Amount involved (7) Name of nonchartable exempt organization (8) Lone on (9) Amount involved (1) Name of nonchartable exempt organization (9) Type of organization (1) Pyes, complete the following schedule. (1) Name of nonchartable exempt organization (1) Type of organization (2) Description of relationship  N/A    Yes, complete the following schedule.  | -   |                  |   |  |                 |              | * * * * *        |   |                               | 14(2)       | $\vdash$                                | <del></del> |
| (a) Rental of facilities, equipment, or other assets  (b) Rental of facilities, equipment, or other assets  (c) Rental of facilities, equipment, or other assets  (d) Rental of facilities, equipment, or other assets  (e) Petromagnation of services or membership or fundraising solicitations  (e) Rental of facilities, equipment, making lists, other assets, or paid employees  (e) Rental of facilities, equipment, making lists, other assets, or paid employees  (e) Ither assets or any of the above 5 very. complete the following schedule.  2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organization of searchers, transactions, and sharing arrangements. Show in schedule.  (a) Inne on  (b) Amount involved  (c) Name of noncharitable exempt organization  (d) Description of transfers, transactions, and sharing arrangements.  N/A  (a) Inne on  (b) Amount involved  (c) Name of noncharitable exempt organizations described in section 501(c) of the Code (other than section 501(c)(d)) or in section 527?  [Yes X] No  1) If Yes, complete the following schedule.  (a) Name of organization  (b) Type of organization  (c) Description of relationship  (c) Description of relationship  N/A  (a) Name of organization  (b) Type of organization of which prepare has any solvedege.  (c) Description of relationship  N/A  (e) Type of organization of which prepare has any solvedege.  (e) Transaction of which prepare has any solvedege.  Interest Signature of officer or trustee  Printfype preparer's name  Preparer's signature  Printfype preparer's name  Printfype prepa  |   |                  |   | ble evernt organizat                             | tion            |              |                  |   |                               | 15/1        | 1 1                                     | v           |
| (3) Renal of facilities, equipment, or other assets  (4) Reimbursement arrangements  (5) Loans or loan guaranties  (6) Performance of services or membership or fundrasing solicitations  (7) Sharing of facilities, equipment, making lists, other assets, or paid employees  (8) It is answer to any of the above is Yes, complete the following schedule. Column (8) should always show the fair market value of the goods, other assets, or services received.  (8) Lee no.  (9) Amount involved  (9) Name of noncharible exempt organization  (10) Lee no.  (10) Lee no.  (10) Amount involved  (10) Amount   | •   | •                |   |  |                 |              | •                |   |                               |             | _                                       |             |
| (d) Rembursement arrangements (b) Loans or loan guarantees (c) Performance of services or membership or fundrassing solicitations (e) Performance of services or membership or fundrassing solicitations (e) Performance of services or membership or fundrassing solicitations (e) Performance of services or membership or fundrassing solicitations (f) If the answer to any of the above is every services freezew the following schedule. Column (f) should always show the fair market value of the goods, other assets, or services received.  (a) If the answer to any of the above is every services received.  (a) If the answer to any of the above is every services received.  (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of vasieties, twinsactions, and sharing strangements  N/A  (a) If the answer to a services is exerved.  (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of vasieties, twinsactions, and sharing strangements  N/A  (a) If the answer to any the above the following schedule.  (a) Name of organization (b) Type of organization (c) Description of relationship  N/A  (a) Name of organization (b) Type of organization (c) Description of relationship  N/A  (b) If the cover the following schedule.  (c) Name of organization (b) Type of organization (c) Description of relationship  N/A  (c) Description of relationship  N/A  (d) Description of vasieties, said to the best of my knowledge and stitements, and to the best of my knowledge and stitements, and to the best of my knowledge and stitements, and to the best of my knowledge and stitements, and to the best of my knowledge and stitements, and to the best of my knowledge and stitements, and to the best of my knowledge and stitements, and to the best of my knowledge and stitements, and to the best of my knowledge and stitements, and to the best of my knowledge and stitements, and to the best of my knowledge and stitements, and to the best of my knowledge and stitements, and to the best of my knowledge and sti  | -   |                  |   |  |                 |              |                  |   |                               |             |   |             |
| (5) Loans or loan guarantees (8) Performance of services or membership or fundrassing solicitations (8) Performance of services or membership or fundrassing solicitations (8) Let X (8) International plats, described in the document of the above is Yes; complete the following schedule. Column (8) should always show the fair market value of the goods, other assets, or services received. (9) the value of the goods, other assets, or services received. (9) the value of the goods, other assets, or services received. (1) the no. (1) Amount involved (1) Amount involved (2) Name of nonchartable exempt organization (1) Description of transfers, transactions, and sharing arrangement, show in column (9) the value of the goods, other assets, or services received. (1) the no. (2) Amount involved (3) Amount involved (4) Name of nonchartable exempt organization (4) Description of transfers, transactions, and sharing arrangements (4) If Yes, complete the following schedule. (5) If Yes, complete the following schedule. (6) If Yes, complete the following sch  |   |                  |   |  |                 |              | • •              | • • • • •                               |                               | ·           |   |             |
| (a) Performance of services or membership or fundrasing selectations  c Sharing of facilities, equipment, making lists, other assets, or paid employees  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.  (d) where the second control of the value of the goods, other assets, or services received.  (d) where the value is an expectation of the value of the goods, other assets, or services received.  (d) where the value is an expectation of the value of the goods, other assets, or services received.  (d) where the value is an expectation of the value of the goods, other assets, or services received.  (d) where the value is an expectation of the value of the goods, other assets, or services received.  (e) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements and section 501(c) of the Code (other than section 501(c)(3)) or in section 52??  (e) If Yes, complete the following schedule.  (g) Name of organization (e) Transactions of transfers, transactions, and sharing arrangements are transfers, and to the best of my knowledge in section 52 (c) of the Code (other than section 501(c)(3)) or in section 52??  (e) If Yes, complete the following schedule and statements, and to the best of my knowledge.  N/A  N/A  Under penaltice of pergr., Toeclise that I have examined this return, reducing accompanying schedules and statements, and to the best of my knowledge.  N/A  N/A  Phode penaltice of pergr., Toeclise that I have examined this return, reducing accompanying schedules and statements, and to the best of my knowledge.  N/A  N/A  Phode penaltice of pergr., Toeclise that I have examined this return, reducing accompanying schedules and stateme  |   |                  |   |  |                 |              |                  |   |                               |             | 1                                       |             |
| c Sharing of facilities, equipment, making lists, other assets, or paid employees  d It the answer to any of the above is "es," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services proven 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.  (d)Line no. (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements.  2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c) o  | <b>Jac</b>  |                  |   |  |                 |              |                  |   |                               | ··          | -                                       |             |
| 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 received.  (a) I we value of the goods, other assets, or services received.  (a) I we value of the goods, other assets, or services received.  (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements.  N/A  2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c) of th  |   |                  |   |  |                 |              |                  |   |                               | <del></del> |   |             |
| or services given by the reporting foundation. If the foundation celeved 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) I me no. (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements    2a Is the foundation directly or indirectly shiftlated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)) of the Code (other than section 501(c)) of the Code (other than section 501(c)) of in the Code (other than section 501(c)) or in section 501(c) of the Code (other than section 501(c)) or in section 501(c) of the Code (other than section 501(c)) or in section 501(c) of the Code (other than section 501(c)) or in section 501(c) or in se |   | _                |   | -  |                 |              |                  |   |                               |             | لــــــــــــــــــــــــــــــــــــــ | _X          |
| (a) Lines no. (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements N/A  2a is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  b If Yes, complete the following schedule.  (a) Name of organization (b) Type of organization (e) Description of relationship N/A  Sign and belief, it is they correct, and complete theyletgly-phyloperage of than technique) belief of the technique of which prepare has any knowledge losses. No Date  The Print Yipe preparer's signature of officer or bustee Try. MICHAEL CUSTER J. MICHAEL CUSTER 05/12/15  Print Saddress > 2699 S. BAYSHORE DRIVE  MIAMI, FL 33133  Phone no. (305) 858-5600   | C   | r service        | s given by the reporting f              | oundation. If the four                           | ndation receive | ed less thar |                  |   |                               |             | sets,                                   |             |
| N/A  2a is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  b if "Yes," complete the following schedule.  (a) Name of organization  (b) Type of organization  (c) Description of relationship  N/A    Under penalties of pergan, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge.    N/A   |   |                  | <u> </u>                                |  |                 |              | ganization       | (d) Description                         | of transfers, transactions, a | nd shanng a | тапдете                                 | ents        |
| 2a is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    b   If Yes,* complete the following schedule.  (a) Name of organization  (b) Type of organization  (c) Description of relationship    Ves   X   No   | <u>``</u>   |                  | • |  |                 |              | <del></del>      | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | ,                             |             |   |             |
| In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes   |   |                  | <del>_</del>                            | 1  | ,               |              |                  | _                                       |                               |             |   |             |
| In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes   |   | +                |   | -  |                 |              |                  | _                                       |                               |             |   |             |
| In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes   |   |                  |   |  |                 | -            |                  |   |                               |             |   |             |
| In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes   |   | <del>-   -</del> |   |  |                 |              | <del></del>      | <del>-</del>                            |                               |             |   |             |
| In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes   |   |                  |   |  |                 |              |                  | <del></del>                             |                               |             |   |             |
| In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes   |   |                  | <del></del>                             |  |                 |              |                  |   |                               |             |   |             |
| In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  (a) Name of organization  (b) Type of organization  (c) Description of relationship  N/A  Under penaltiles of perpury, 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 Destration of preparer lefter than taxpayer) is based on all information of which preparer has any knowledge.  Signature of officer or trustee  Print/Type preparer's name  Preparer's signature  Date  Title  Print/Type preparer's name  Print/Type preparer's name  Print/Type preparer's name  Print/Type preparer's name  NOO262706  Firm's name ► KAUFMAN, ROSSIN & CO., P.A.  Firm's EIN ► 59-1818353  Phone no. (305) 858-5600   |   | +                | <del></del>                             | <del>                                     </del> | <del></del>     |              |                  | <del></del> -                           |                               |             |   |             |
| In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  (a) Name of organization  (b) Type of organization  (c) Description of relationship  N/A  Under penaltiles of perpury, 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 Destration of preparer lefter than taxpayer) is based on all information of which preparer has any knowledge.  Signature of officer or trustee  Print/Type preparer's name  Preparer's signature  Date  Title  Print/Type preparer's name  Print/Type preparer's name  Print/Type preparer's name  Print/Type preparer's name  NOO262706  Firm's name ► KAUFMAN, ROSSIN & CO., P.A.  Firm's EIN ► 59-1818353  Phone no. (305) 858-5600   |   | <del></del>      |   | <del>                                     </del> |                 |              |                  | <del></del> -                           |                               |             |   |             |
| In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes   |   |                  |   |  |                 |              |                  |   |                               |             |   |             |
| In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes   |   | -+-              |   |  |                 |              |                  |   |                               |             |   |             |
| In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes   |   |                  | <del></del>                             | <del>                                     </del> |                 | <u> </u>     | <del></del>      |   | <del></del>                   | <u> </u>    |   |             |
| In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  (a) Name of organization  (b) Type of organization  (c) Description of relationship  N/A  Under penaltiles of perpury, 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 Destration of preparer lefter than taxpayer) is based on all information of which preparer has any knowledge.  Signature of officer or trustee  Print/Type preparer's name  Preparer's signature  Date  Title  Print/Type preparer's name  Print/Type preparer's name  Print/Type preparer's name  Print/Type preparer's name  NOO262706  Firm's name ► KAUFMAN, ROSSIN & CO., P.A.  Firm's EIN ► 59-1818353  Phone no. (305) 858-5600   |   |                  |   |  | <del></del>     |              |                  |   | <del></del>                   |             |   | _           |
| In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes   |   | -                |   |  |                 |              |                  |   |                               |             |   |             |
| In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes   |   |                  |   |  |                 |              |                  |   |                               |             |   |             |
| In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes   |   |                  |   |  |                 |              |                  |   |                               |             |   |             |
| In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes   |   | l                |   | <u> </u>   |                 |              |                  |   |                               |             |   |             |
| (a) Name of organization  N/A  Under penaltiles 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 prepare leaffer than taxpayer) is based on all information of which preparer has any knowledge.  Signature of officer or trustee  Print/Type preparer's name  Preparer's signature  Preparer's signature  J. MICHAEL CUSTER J. MICHAEL CUSTER 05/12/15  Prim's name ► KAUFMAN, ROSSIN & CO., P.A.  Firm's address ► 2699 S. BAYSHORE DRIVE  MIAMI, FL 33133  Phone no. (305) 858-5600  | II  | n section        | 501(c) of the Code (othe                | r than section 501(c)                            |                 |              |                  |   |                               | Yes         | X                                       | ] No        |
| N/A  Sign   Under penaltiles of perpury, 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 Declarabemof prepare refer than taxpayer) is based on all information of which preparer has any knowledge.    Signature of officer or trustee   Date   Title  | <u> </u>  | r Yes, co        |   |  |                 | (h) Tuna     | of proprieties   | 1                                       | (a) Department of relation    |             |   |             |
| Sign Here    Under penalties of perpury, 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 than taxpayer) is based on all information of which preparer has any knowledge.   Signature of officer or trustee  |   |                  |   | ganization                                       |                 | (b) Type     | or organization  |   | (c) Description of relatio    | nsnip       |   |             |
| Sign Here    Signature of officer or trustee   Date   Title  |   |                  | N/A                                     |  |                 |              |                  |   | <del></del>                   |             |   |             |
| Sign Here    Signature of officer or trustee   Date   Title  |   |                  | <del></del>                             |  |                 |              |                  | <del> </del>                            | <del></del>                   |             |   |             |
| Sign Here    Signature of officer or trustee   Date   Title  |   |                  |   |  |                 |              |                  | <del> </del>                            |                               |             |   |             |
| Sign Here    Signature of officer or trustee   Date   Title  |   | <del></del>      |   |  |                 | ļ            |                  | <del> </del>                            |                               |             |   |             |
| Sign Here    Signature of officer or trustee   Date   Title  |   | <del></del>      |   |  |                 | <u> </u>     |                  | <u></u>                                 |                               |             |   |             |
| Paid Print/Type preparer's name  Preparer's signature  J. MICHAEL CUSTER J. MICHAEL CUSTER 05/12/15  Preparer Use Only  Firm's name ► KAUFMAN, ROSSIN & CO., P.A.  Firm's address ► 2699 S. BAYSHORE DRIVE MIAMI, FL 33133  Phone no. (305) 858-5600   | Sign and belief, it is true correct, and complete Declaration of preparer lettler than taxpayer) is based on all information of which preparer has any knowledge.  May the IR return with shown belief. |                  |   |  |                 |              |                  | etum with the                           | e prepare<br>(see ins         | er<br>tr.)? |   |             |
| Paid Preparer Use Only         J. MICHAEL CUSTER         J. MICHAEL CUSTER         J. MICHAEL CUSTER         05/12/15         P00262706           Firm's name         ► KAUFMAN, ROSSIN & CO., P.A.         Firm's EIN ► 59-1818353           Firm's address         ► 2699 S. BAYSHORE DRIVE MIAMI, FL 33133         Phone no. (305) 858-5600   |   | Sigi             |   |  |                 | Date         | 9                | Title                                   |                               |             |   |             |
| Paid Preparer Use Only       J. MICHAEL CUSTER       J. MICHAEL CUSTER       J. MICHAEL CUSTER       05/12/15       P00262706         Firm's name       KAUFMAN, ROSSIN & CO., P.A.       Firm's EIN ►59-1818353         Firm's address       ≥ 2699 S. BAYSHORE DRIVE       Phone no. (305) 858-5600  |   |                  | Print/Type preparer's na                | ame  | Preparer's s    | ignature     |                  | Date                                    | <u> </u>                      | V           |   |             |
| Preparer Use Only         Firm's name         ► KAUFMAN, ROSSIN & CO., P.A.         Firm's EIN         ► 59-1818353           Firm's address         ► 2699 S. BAYSHORE DRIVE         Phone no. (305) 858-5600   |   |                  | 1                                       |  |                 |              |                  | 1                                       | self- employed                |             |   |             |
| Preparer Use Only  Firm's name ► KAUFMAN, ROSSIN & CO., P.A.  Firm's elN ► 59-1818353  Firm's address ► 2699 S. BAYSHORE DRIVE  MIAMI, FL 33133  Phone no. (305) 858-5600  | Paid   J. MICHAEL CUSTER   J. MICHAEL CUSTER   05/12/15   P0026270  |                  |   |  |                 |              |                  | 706                                     |                               |             |   |             |
| Use Only   Firm's address ▶ 2699 S. BAYSHORE DRIVE   Phone no. (305) 858-5600  | Pre   | parer            | Firm's name ► KAU                       |  |                 |              |                  |   | Firm's EIN ▶ 59-              | 18183       | 53                                      |             |
| MIAMI, FL 33133   Phone no. (305) 858-5600   | Use   | Only             | ]                                       | •  |                 | •            |                  |   |                               | _           |   |             |
| MIAMI, FL 33133   Phone no. (305) 858-5600   |   | -                | Firm's address ▶ 2.6                    | 99 S. BAY  | SHORE           | DRIVE        | }                |   | 1                             |             |   |             |
|  |   |                  | 1                                       |  |                 | •            |                  |   | Phone no. (305                | ) 858       | -56                                     | 00          |
|  |   |                  |   | <u>,</u>   |                 |              |                  |   | 1: 110110 1101 (000           |             |   |             |

### 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.

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

OMB No. 1545-0047

2014

Name of the organization

ALBERT H. AND JANE D. NAHMAD FOUNDATION, INC.

**Employer identification number** 

27-3971556 Organization type (check one): Filers of: Section: \_ا 501(c)( Form 990 or 990-EZ ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions, **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year 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),

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

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 990-PF. 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
ALBERT H. AND JANE D. NAHMAD
FOUNDATION, INC.

Employer identification number

27-3971556

| Parel)     | Contributors (see instructions). Use duplicate copies of Part I if additional                             | Il space is needed.        |  |
|------------|---|----------------------------|--|
| (a)<br>No. | (b) Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution  |
| 1          | ALBERT H. & JANE D. NAHMAD 2010 CHARITABLE LEAD ANNUITY TRUS  2665 S BAYSHORE DR  COCONUT GROVE, FL 33133 | \$ 90,928.                 | Person X Payroll  Noncash  (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution  |
| 2          | ALBERT H. NAHMAD  18 TAHITI BEACH ISLAND ROAD  CORAL GABLES, FL 33143                                     | \$ <u>1,064,800.</u>       | Person Payroll Noncash X (Complete Part II for noncash contributions.)   |
| (a)<br>No. | (b) Name, address, and ZIP + 4  | (c) Total contributions    | (d) Type of contribution   |
| 3          | ALBERT H. NAHMAD  18 TAHITI BEACH ISLAND ROAD  CORAL GABLES, FL 33143                                     | \$ <u>1,278,420</u> .      | Person Payroll Noncash X (Complete Part II for noncash contributions.)   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c) Total contributions    | (d)<br>Type of contribution  |
|            |   | \$                         | Person Payroll Noncash (Complete Part II for noncash contributions.)     |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c) Total contributions    | (d)<br>Type of contribution  |
|            |   | \$                         | Person Payroll Noncash (Complete Part II for noncash contributions.)     |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d) Type of contribution   |
|            |   | \$                         | Person Payroll Noncash (Complete Part II for noncash contributions.)     |

Name of organization

Employer identification number

ALBERT H. AND JANE D. NAHMAD FOUNDATION, INC.

27-3971556

| Par:3(II)                    | Noncash Property (see instructions). Use duplicate copies of Part II if a | additional space is needed.                    |                                       |
|------------------------------|---|--|---------------------------------------|
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                                | (c) FMV (or estimate) (see instructions)       | (d)<br>Date received                  |
| 2                            | 10,000 SHARES OF WATSCO, INC. CLASS B COMMON STOCK                        |  | · · · · · · · · · · · · · · · · · · · |
|                              |   | \$1,064,800.                                   | 12/30/14                              |
| (a)<br>No.<br>from<br>Part I | (b) Description of noncash property given                                 | (c) FMV (or estimate) (see instructions)       | (d)<br>Date received                  |
| 3                            | 13,000 SHARES OF WATSCO, INC. CLASS B                                     |  |                                       |
|                              |   | \$ <u>1,278,420.</u>                           | 03/18/14                              |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                                | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received                  |
|                              |   |  |                                       |
|                              |   | \$   |                                       |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                              | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received                  |
|                              |   |  |                                       |
|                              |   | \$   |                                       |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                                | (c) FMV (or estimate) (see instructions)       | (d)<br>Date received                  |
|                              |   |  |                                       |
|                              |   | \$   |                                       |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                                | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received                  |
|                              |   |  |                                       |
|                              |   | \$   |                                       |

Schedule B (Form 990, 990-EZ, or 990-PF) (2014) Page 4 Employer identification number Name of organization ALBERT H. AND JANE D. NAHMAD FOUNDATION, INC. 27-3971556 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations Partill completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this info once) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship 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) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

|                                      | ST ON SAVI          | NGS A                          | AND TEM                       | PORARY                          | CASH IN                | WESTMENTS                     | STATEMENT                                    | 1             |  |
|--------------------------------------|---------------------|--------------------------------|-------------------------------|---------------------------------|------------------------|-------------------------------|--|---------------|--|
| SOURCE                               |                     | (A) REVENUE PER BOOKS 40. 482. |                               | (B)<br>NET INVESTMENT<br>INCOME |                        | (C)<br>ADJUSTED<br>NET INCOME |  |               |  |
| NORTHERN TRUST<br>WELLS FARGO        |                     |                                |                               |                                 | 40.<br>482.            |                               |  |               |  |
| TOTAL TO PART I, LI                  | _                   |                                |                               | 522.                            |                        |                               |  |               |  |
| FORM 990-PF                          | DIVIDEND            | S ANI                          | O INTER                       | EST FRO                         | M SECUR                | RITIES                        | STATEMENT                                    | 2             |  |
| SOURCE                               | GROSS<br>AMOUNT     |                                | CAPITAL<br>GAINS<br>DIVIDENDS |                                 | (A)<br>EVENUE<br>BOOKS | (B)<br>NET INVES<br>MENT INCO |  | - ADJUSTED    |  |
| WELLS FARGO                          | 46,800.             |                                | 0.                            |                                 | 46,800.                | 46,80                         | 00.  |               |  |
| TO PART I, LINE 4 46,800             |                     |                                | (                             | 46,800                          |                        | 46,80                         | 00.  |               |  |
| FORM 990-PF                          |                     | AC                             | CCOUNTII                      | NG FEES                         | <b>3</b>               |                               | STATEMENT                                    | 3             |  |
|                                      |                     | (                              | (A)                           | <i>(</i> F                      | 3)                     | (C)                           | (D)  |               |  |
| DESCRIPTION                          |                     |                                | ENSES<br>BOOKS                | NET IN                          |                        | ADJUSTED<br>NET INCOM         | CHARITAI                                     |               |  |
|                                      | _                   |                                | ENSES                         | NET IN                          |                        |                               | CHARITAI                                     |               |  |
|                                      | -<br>1, LN 16B<br>= |                                | ENSES<br>BOOKS                | NET IN                          | NCOME                  |                               | CHARITAI                                     | ES            |  |
| PROFESSIONAL FEES TO FORM 990-PF, PG | -<br>1, LN 16B<br>= | PER                            | ENSES<br>BOOKS<br>800.        | MENT I                          | 400.<br>400.           |                               | CHARITAI                                     | 0.            |  |
| TO FORM 990-PF, PG FORM 990-PF       | -<br>1, LN 16B<br>= | PER                            | BOOKS 800. 800. HER INV       | MENT I                          | 400.<br>400.           |                               | O CHARITAI                                   | 0.<br>0.<br>4 |  |
| PROFESSIONAL FEES TO FORM 990-PF, PG | <del>-</del>        | PER                            | BOOKS  800.  800.  HER INV    | NET IN MENT I                   | 400.<br>400.<br>2S     | NET INCOM                     | CHARITAN  ME PURPOSH  STATEMENT  FAIR MARKET | 0.<br>0.<br>4 |  |

FORM 990-PF

LIST OF SUBSTANTIAL CONTRIBUTORS PART VII-A, LINE 10

STATEMENT

5

NAME OF CONTRIBUTOR

**ADDRESS** 

ALBERT H. NAHMAD

18 TAHITI BEACH ISLAND ROAD CORAL GABLES, FL 33143