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Form

990-PF

Department of the Treasury  
Internal Revenue Service

Return of Private Foundation

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

Do not enter social security numbers on this form as it may be made public.

Information about Form 990-PF and its instructions is at [www.irs.gov/form990pf](http://www.irs.gov/form990pf).

OMB No 1545-0052

2014

Open to Public Inspection

For calendar year 2014, or tax year beginning 01-01-2014, and ending 12-31-2014

Name of foundation WEITZMAN FAMILY FOUNDATION INC		A Employer identification number 52-2061321	
Number and street (or P O box number if mail is not delivered to street address) 3939 WASHINGTON BLVD		B Telephone number (see instructions) (410) 242-0400	
City or town, state or province, country, and ZIP or foreign postal code BALTIMORE, MD 212274132		C If exemption application is pending, check here <input type="checkbox"/>	
G Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Amended return <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>	
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ 216,877		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	
J Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis.)			

Part 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) (see instructions) )		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule) . . . . .	35,000			
	2 Check <input type="checkbox"/> if the foundation is <b>not</b> required to attach Sch B . . . . .				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities. . . . .	10,539	10,539		
	5a Gross rents . . . . .				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10 _____	11,124			
	b Gross sales price for all assets on line 6a _____ 48,870				
	7 Capital gain net income (from Part IV, line 2) . . . .		11,124		
	8 Net short-term capital gain . . . . .				
	9 Income modifications . . . . .				
	10a Gross sales less returns and allowances				
	b Less Cost of goods sold . . . . .				
	c Gross profit or (loss) (attach schedule) . . . . .				
	11 Other income (attach schedule) . . . . .				
	12 <b>Total.</b> Add lines 1 through 11 . . . . .	56,663	21,663		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc				
	14 Other employee salaries and wages . . . . .				
	15 Pension plans, employee benefits . . . . .				
	16a Legal fees (attach schedule) . . . . .				
	b Accounting fees (attach schedule) . . . . .				
	c Other professional fees (attach schedule) . . . . .	2,492	2,492		
	17 Interest . . . . .				
	18 Taxes (attach schedule) (see instructions) . . . .	121	121		
	19 Depreciation (attach schedule) and depletion . . .				
	20 Occupancy . . . . .				
	21 Travel, conferences, and meetings . . . . .				
	22 Printing and publications . . . . .				
	23 Other expenses (attach schedule) . . . . .	809			809
	24 <b>Total operating and administrative expenses.</b> Add lines 13 through 23 . . . . .	3,422	2,613		809
	25 Contributions, gifts, grants paid . . . . .	37,490			37,490
	26 <b>Total expenses and disbursements.</b> Add lines 24 and 25	40,912	2,613		38,299
	27 Subtract line 26 from line 12				
	a <b>Excess of revenue over expenses and disbursements</b>	15,751			
	b <b>Net investment income</b> (if negative, enter -0-)		19,050		
	c <b>Adjusted net income</b> (if negative, enter -0-)				

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions )	Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1	Cash—non-interest-bearing . . . . .	13,014	18,365	18,365
	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 (attach schedule) (see instructions) . . . . .			
	7	Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	8	Inventories for sale or use . . . . .			
	9	Prepaid expenses and deferred charges . . . . .			
	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule) . . . . .	164,487	174,887	198,512
	c	Investments—corporate bonds (attach schedule). . . . .			
	11	Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	12	Investments—mortgage loans . . . . .			
	13	Investments—other (attach schedule) . . . . .			
	14	Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
15	Other assets (describe ▶ _____)				
16	Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	177,501	193,252	216,877	
Liabilities	17	Accounts payable and accrued expenses . . . . .			
	18	Grants payable . . . . .			
	19	Deferred revenue . . . . .			
	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable (attach schedule) . . . . .			
	22	Other liabilities (describe ▶ _____)			
	23	Total liabilities (add lines 17 through 22) . . . . .		0	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.				
	24	Unrestricted . . . . .	177,501	193,252	
	25	Temporarily restricted . . . . .			
	26	Permanently restricted . . . . .			
	Foundations that do not follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 27 through 31.				
	27	Capital stock, trust principal, or current funds . . . . .			
	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
	29	Retained earnings, accumulated income, endowment, or other funds			
	30	Total net assets or fund balances (see instructions) . . . . .	177,501	193,252	
	31	Total liabilities and net assets/fund balances (see instructions) . . .	177,501	193,252	

Part III Analysis of Changes in Net Assets or Fund Balances			
1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year’s return) . . . . .	1	177,501
2	Enter amount from Part I, line 27a . . . . .	2	15,751
3	Other increases not included in line 2 (itemize) ▶ _____	3	
4	Add lines 1, 2, and 3 . . . . .	4	193,252
5	Decreases not included in line 2 (itemize) ▶ _____	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 . . . . .	6	193,252

Part IV

Capital Gains and Losses for Tax on Investment Income

(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) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
1 a	MORGAN STANLEY 902178 SEE ATTACHED	P	2013-01-01	2014-12-31
b	MORGAN STANLEY 902178 SEE ATTACHED	P	2013-01-01	2014-12-31
c	144 682 SHS FAIRHOLME FUND	P	2012-04-02	2014-08-07
d				
e				

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 19,640		18,205	1,435
b 23,230		15,134	8,096
c 6,000		4,407	1,593
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(I) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
a			1,435
b			8,096
c			1,593
d			
e			

2	Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	2	11,124
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)  If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8 . . . . .	}	3	

Part V

Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income )

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

1 Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2013	56,328	210,294	0 267854
2012	63,186	220,914	0 286021
2011	69,892	251,857	0 277507
2010	61,621	280,287	0 219850
2009	76,297	283,986	0 268665

2	Total of line 1, column (d). . . . .	2	1 319897
3	Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years . . . . .	3	0 263979
4	Enter the net value of noncharitable-use assets for 2014 from Part X, line 5. . . . .	4	210,066
5	Multiply line 4 by line 3. . . . .	5	55,453
6	Enter 1% of net investment income (1% of Part I, line 27b). . . . .	6	191
7	Add lines 5 and 6. . . . .	7	55,644
8	Enter qualifying distributions from Part XII, line 4. . . . .	8	38,299

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

Part VIExcise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)

1a		Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1			
Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)					
b		Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b . . . . .		1	381
c		All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)			
2		Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		2	
3		Add lines 1 and 2. . . . .		3	381
4		Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4	
5		Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- . . . . .		5	381
6		Credits/Payments			
a		2014 estimated tax payments and 2013 overpayment credited to 2014	6a		
b		Exempt foreign organizations—tax withheld at source . . . . .	6b		
c		Tax paid with application for extension of time to file (Form 8868) . . . . .	6c		
d		Backup withholding erroneously withheld . . . . .	6d		
7		Total credits and payments. Add lines 6a through 6d. . . . .		7	
8		Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached.		8	
9		Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed . . . . .		9	381
10		Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid. . . . .		10	
11		Enter the amount of line 10 to be Credited to 2015 estimated tax Refunded		11	

Part VII-AStatements Regarding Activities

1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? . . . . .	1a	Yes	No
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)? . . . . . <i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.</i>	1b		No
c	Did the foundation file Form 1120-POL for this year? . . . . .	1c		No
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation \$ _____ (2) On foundation managers \$ _____			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers \$ _____			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? . . . . . <i>If "Yes," attach a detailed description of the activities.</i>	2		No
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes.</i> . . . . .	3		No
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .	4a		No
b	If "Yes," has it filed a tax return on Form 990-T for this year? . . . . .	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . . <i>If "Yes," attach the statement required by General Instruction T.</i>	5		No
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? . . . . .	6	Yes	
7	Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col. (c), and Part XV.</i> . . . . .	7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions): MD _____			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation.</i> . . . . .	8b	Yes	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV.</i> . . . . .	9		No
10	Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses.</i> . . . . .	10		No

Part VII-A

Statements Regarding Activities *(continued)*

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions).	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	
Website address ▶N/A				
14	The books are in care of ▶STUART WEITZMAN Telephone no ▶(410) 242-0400 Located at ▶3939 WASHINGTON BLVD BALTIMORE MD ZIP +4 ▶21227			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —Check here . . . . . ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year . . . . . ▶	15		
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16	Yes	No
See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes", enter the name of the foreign country ▶				

Part VII-B

Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			Yes	No
1a	During the year did the foundation (either directly or indirectly) (1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?. . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?. . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (6) Agree to pay money or property to a government official? ( <b>Exception.</b> Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days ). . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If any answer is "Yes" to 1a(1)–(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? . . . . . <b>1b</b> Organizations relying on a current notice regarding disaster assistance check here. . . . . ▶ <input type="checkbox"/>			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2014?. . . . . <b>1c</b>			No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a	At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2014?. . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ▶ 20____, 20____, 20____, 20____			
b	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer "No" and attach statement—see instructions ). . . . . <b>2b</b>			
c	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here ▶ 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?. . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If "Yes," did it have excess business holdings in 2014 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? ( <i>Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2014.</i> ). . . . . <b>3b</b>			
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2014?	4b		No

Part VII-B

Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a	During the year did the foundation pay or incur any amount to			
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(3) Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(4) Provide a grant to an organization other than a charitable, etc , organization described in section 4945(d)(4)(A)? (see instructions).	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If any answer is "Yes" to 5a(1)–(5), did <b>any</b> of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?		5b	
	Organizations relying on a current notice regarding disaster assistance check here.	<input checked="" type="checkbox"/>		
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	If "Yes," attach the statement required by Regulations section 53.4945–5(d).			
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		6b	No
	If "Yes" to 6b, file Form 8870.			
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?		7b	

Part VIII

Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).				
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
EVELYN WEITZMAN	PRESIDENT	0	0	0
23343 BLUE WATER CIRCLE APT B 109	2 00			
BOCA RATON,FL 33433				
RONALD WEITZMAN	VICE PRESIDE	0	0	0
901 E CAMINO REAL	2 00			
BOCA RATON,FL 33432				
LINDA COHEN	SECRETARY	0	0	0
17 CLUBHOUSE LANE	2 00			
BOYNTON BEACH,FL 33436				
STUART WEITZMAN	TREASURER	0	0	0
8423 EGRET MEADOW LN	2 00			
WEST PALM BEACH,FL 33412				
2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."				
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				
Total number of other employees paid over \$50,000.				

Part VIII

Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services. . . . .		

Part IX-A

Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1	
2	
3	
4	

Part IX-B

Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 N/A	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3. . . . .	



Part X

Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see 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	197,576
b	Average of monthly cash balances. . . . .	1b	15,689
c	Fair market value of all other assets (see instructions). . . . .	1c	0
d	Total (add lines 1a, b, and c). . . . .	1d	213,265
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation). . . . .	1e	
2	Acquisition indebtedness applicable to line 1 assets. . . . .	2	
3	Subtract line 2 from line 1d. . . . .	3	213,265
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions). . . . .	4	3,199
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	210,066
6	Minimum investment return. Enter 5% of line 5. . . . .	6	10,503

Part XI

Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6. . . . .	1	10,503
2a	Tax on investment income for 2014 from Part VI, line 5. . . . .	2a	381
b	Income tax for 2014 (This does not include the tax from Part VI ). . . . .	2b	
c	Add lines 2a and 2b. . . . .	2c	381
3	Distributable amount before adjustments Subtract line 2c from line 1. . . . .	3	10,122
4	Recoveries of amounts treated as qualifying distributions. . . . .	4	
5	Add lines 3 and 4. . . . .	5	10,122
6	Deduction from distributable amount (see instructions). . . . .	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1. . . . .	7	10,122

Part XII

Qualifying 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	38,299
b	Program-related investments—total from Part IX-B. . . . .	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes. . . . .	2	
3	Amounts set aside for specific charitable projects that satisfy the		
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	38,299
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions). . . . .	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4. . . . .	6	38,299

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

Part XIII

Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
1 Distributable amount for 2014 from Part XI, line 7				10,122
2 Undistributed income, if any, as of the end of 2014				
a Enter amount for 2013 only. . . . .				
b Total for prior years 20____, 20____, 20____				
3 Excess distributions carryover, if any, to 2014				
a From 2009. . . . .	62,190			
b From 2010. . . . .	48,040			
c From 2011. . . . .	57,486			
d From 2012. . . . .	52,294			
e From 2013. . . . .	46,055			
f Total of lines 3a through e. . . . .	266,065			
4 Qualifying distributions for 2014 from Part XII, line 4 ▶ \$ 38,299				
a Applied to 2013, but not more than line 2a				
b Applied to undistributed income of prior years (Election required—see instructions). . . . .				
c Treated as distributions out of corpus (Election required—see instructions). . . . .				
d Applied to 2014 distributable amount. . . . .				10,122
e Remaining amount distributed out of corpus	28,177			
5 Excess distributions carryover applied to 2014 (If an amount appears in column (d), the same amount must be shown in column (a).)				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	294,242			
b Prior years' undistributed income Subtract line 4b from line 2b. . . . .				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . .				
d Subtract line 6c from line 6b Taxable amount—see instructions . . . . .				
e Undistributed income for 2013 Subtract line 4a from line 2a Taxable amount—see instructions . . . . .				
f Undistributed income for 2014 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2015 . . . . .				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) . . . . .				
8 Excess distributions carryover from 2009 not applied on line 5 or line 7 (see instructions) . . .	62,190			
9 Excess distributions carryover to 2015. Subtract lines 7 and 8 from line 6a . . . . .	232,052			
10 Analysis of line 9				
a Excess from 2010. . . .	48,040			
b Excess from 2011. . . .	57,486			
c Excess from 2012. . . .	52,294			
d Excess from 2013. . . .	46,055			
e Excess from 2014. . . .	28,177			

Part XIVPrivate Operating Foundations (see instructions and Part VII-A, question 9)

1a

If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2014, enter the date of the ruling. . . . .

b

Check box to indicate whether the organization is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

2a	Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .	Tax year	Prior 3 years			(e) Total
		(a) 2014	(b) 2013	(c) 2012	(d) 2011	
	b 85% of line 2a . . . . .					
	c Qualifying distributions from Part XII, line 4 for each year listed . . . . .					
	d Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .					
	e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c . . . . .					
3	Complete 3a, b, or c for the alternative 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)					
b	"Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . .					
c	"Support" alternative test—enter					
	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties). . . . .					
	(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					

Part XVSupplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see instructions.)

1

Information Regarding Foundation Managers:

a

List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2) )

EVELYN WEITZMAN

b

List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

2

Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ☒ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds If the foundation makes gifts, grants, etc (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

a

The name, address, and telephone number or email address of the person to whom applications should be addressed

b

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

c

Any submission deadlines

d

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

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 or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year See Additional Data Table				
Total . . . . .			3a	37,490
b Approved for future payment				
Total . . . . .			3b	

Enter gross amounts unless otherwise indicated

## Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

[illegible]

## Part XVII

<b>1</b> Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?		<b>Yes</b>	<b>No</b>
<b>a</b> Transfers from the reporting foundation to a noncharitable exempt organization of			
<b>(1)</b> Cash. . . . .	<b>1a(1)</b>		<b>No</b>
<b>(2)</b> Other assets. . . . .	<b>1a(2)</b>		<b>No</b>
<b>b</b> Other transactions			
<b>(1)</b> Sales of assets to a noncharitable exempt organization. . . . .	<b>1b(1)</b>		<b>No</b>
<b>(2)</b> Purchases of assets from a noncharitable exempt organization. . . . .	<b>1b(2)</b>		<b>No</b>
<b>(3)</b> Rental of facilities, equipment, or other assets. . . . .	<b>1b(3)</b>		<b>No</b>
<b>(4)</b> Reimbursement arrangements. . . . .	<b>1b(4)</b>		<b>No</b>
<b>(5)</b> Loans or loan guarantees. . . . .	<b>1b(5)</b>		<b>No</b>
<b>(6)</b> Performance of services or membership or fundraising solicitations. . . . .	<b>1b(6)</b>		<b>No</b>
<b>c</b> Sharing of facilities, equipment, mailing lists, other assets, or paid employees. . . . .	<b>1c</b>		<b>No</b>



[illegible]

**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? . . . . . ☐ Yes ☒ No

**b** If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

**Sign Here**  \_\_\_\_\_  \_\_\_\_\_

\*\*\*\*\* 2015-05-12 \*\*\*\*\*

Signature of officer or trustee Date Title

May the IRS discuss this return with the preparer shown below (see instr )? ☒ Yes ☐ No

<b>Paid Preparer Use Only</b>	Print/Type preparer's name LARRY SILVERSTEIN CPA	Preparer's Signature	Date 2015-05-12	Check if self-employed <input checked="" type="checkbox"/>	PTIN P00287637
	Firm's name <input checked="" type="checkbox"/> BERMAN GOLDMAN & RIBAKOW LLP			Firm's EIN <input checked="" type="checkbox"/> 52-0624225	
	Firm's address <input checked="" type="checkbox"/> 6811 BENJAMIN FRANKLIN DR STE 250 COLUMBIA, MD 210463188			Phone no. (410) 418-4400	

<div>Schedule B</div> <div>(Form 990, 990-EZ, or 990-PF)</div> <div>Department of the Treasury Internal Revenue Service</div>	<div>Schedule of Contributors</div> <div>▶ Attach to Form 990, 990-EZ, or 990-PF.</div> <div>▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a>.</div>	<div>OMB No 1545-0047</div>
		<div>2014</div>

<div>Name of the organization</div> <div>WEITZMAN FAMILY FOUNDATION INC</div>	<div>Employer identification number</div> <div>52-2061321</div>
---	---

Organization type (check one)

<div>Filers of:</div> <div>Form 990 or 990-EZ</div>	<div>Section:</div> <div><div><input type="checkbox"/> 501(c)( ) (enter number) organization</div><div><input type="checkbox"/> 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation</div><div><input type="checkbox"/> 527 political organization</div></div>
<div>Form 990-PF</div>	<div><div><input checked="" type="checkbox"/> 501(c)(3) exempt private foundation</div><div><input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation</div><div><input type="checkbox"/> 501(c)(3) taxable private foundation</div></div>

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 other 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<sup>1</sup>/<sub>3</sub>% 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), but it **must** answer “No” on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

**Employer identification number**  
52-2061321

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	EVELYN WEITZMAN 4015 W PALM AIRE DR POMPANO BEACH, FL 33069	\$ 35,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )



<b>Name of organization</b> WEITZMAN FAMILY FOUNDATION INC	<b>Employer identification number</b> 52-2061321
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**Part II** **Noncash Property** (see instructions) Use duplicate copies of Part II if additional space is needed

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____ _____	_____ \$	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____ _____	_____ \$	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____ _____	_____ \$	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____ _____	_____ \$	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____ _____	_____ \$	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____ _____	_____ \$	_____

Name of organization WEITZMAN FAMILY FOUNDATION INC	Employer identification number 52-2061321
--	--

Part III

**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 completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ \_\_\_\_\_

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 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 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 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	
_____		_____	
_____		_____	
_____		_____	

**TY 2014 Investments Corporate  
Stock Schedule**

**Name:** WEITZMAN FAMILY FOUNDATION INC  
**EIN:** 52-2061321

Name of Stock	End of Year Book Value	End of Year Fair Market Value
REALIZED GAINS	174,887	198,512

## TY 2014 Other Expenses Schedule

**Name:** WEITZMAN FAMILY FOUNDATION INC

**EIN:** 52-2061321

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXPENSES				
MISCELLANEOUS	809			809

TY 2014 Other Professional Fees Schedule

**Name:** WEITZMAN FAMILY FOUNDATION INC

**EIN:** 52-2061321

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INVESTMENT FEES	2,492	2,492		

**TY 2014 Taxes Schedule**

**Name:** WEITZMAN FAMILY FOUNDATION INC

**EIN:** 52-2061321

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INDIRECT TAXES/LICENSES	121	121		

Corporate Tax Statement  
Tax Year 2014

WEITZMAN FAMILY FOUNDATION INC  
3939 WASHINGTON BLVD  
BALTIMORE MD 21227-4132

Morgan Stanley Smith Barney Holdings LLC  
1 New York Plaza  
8th Floor  
New York, NY 10004  
Identification Number 26-4310632

Taxpayer ID Number: XX-XXX1321  
Account Number: 072 902178 056

Customer Service: 866-324-6088

This information is NOT being furnished to the Internal Revenue Service. It is provided to you for informational purposes only.

1099-B PROCEEDS FROM BROKER AND BARTER EXCHANGE TRANSACTIONS

OMB NO. 1545-0715

Gross Proceeds less commissions and option premiums on stocks, bonds, etc. Consider the Net Proceeds box checked in IRS box 6. Reported to IRS for all option transactions

Long Term - Covered Securities (Consider Box 3, Basis Reported to IRS) as being checked for this section. These transactions should be reported on Form 8949 Part 1 with box D checked.)

DESCRIPTION (Box 1a)	QUANTITY	DATE ACQUIRED (Box 1b)	DATE SOLD (Box 1c)	PROCEEDS (Box 1d)	COST OR OTHER BASIS (Box 1e)	ADJUSTMENTS/CODE (Box 1g)/(Box 1f)	GAIN/(LOSS) AMOUNT	FEDERAL INCOME TAX WITHHELD (Box 4)
ALGER SMALL CAP GROWTH IIIST		CUSIP: 315570104	Symbol: ALSRX					
	1.419	11/09/12	08/21/14	\$40.43	\$39.97	\$0.00	\$0.46	\$0.00
	1.309	03/08/13	08/21/14	\$36.52	\$37.80	\$0.00	(\$1.28)	\$0.00
Security Subtotal	2.758			\$76.95	\$77.77	\$0.00	(\$0.82)	\$0.00
BLACKROCK H' YIELD BD PTF IIIST		CUSIP: 091929638	Symbol: BHYX					
	274.148	08/24/12	08/21/14	\$2,305.59	\$2,154.80	\$0.00	\$150.79	\$0.00
ISHARES RUSSELL MIDCAP G ETF		CUSIP: 464287481	Symbol: IVP					
	10.000	03/08/13	08/21/14	\$901.73	\$688.86	\$0.00	\$212.87	\$0.00
JANUS OVERSEAS I		CUSIP: 47103C464	Symbol: JIGFX					
	9.553	08/24/12	04/11/14	\$348.40	\$292.90	\$0.00	\$55.50	\$0.00
	3.682	11/09/12	01/11/14	\$134.28	\$118.16	\$0.00	\$16.12	\$0.00
	47.673	11/09/12	08/21/14	\$1,835.35	\$1,529.82	\$0.00	\$305.54	\$0.00
	40.456	03/08/13	08/21/14	\$1,558.37	\$1,451.15	\$0.00	\$107.22	\$0.00
Security Subtotal	101.364			\$3,877.41	\$3,392.03	\$0.00	\$485.38	\$0.00
VANGUARD FTSE DEVELOPED MKTS E		CUSIP: 921943858	Symbol: VEA					
	19.000	08/24/12	08/21/14	\$792.66	\$624.71	\$0.00	\$167.95	\$0.00
	55.000	11/09/12	08/21/14	\$2,284.55	\$1,788.50	\$0.00	\$496.05	\$0.00
	2.000	03/08/13	08/21/14	\$83.44	\$73.64	\$0.00	\$9.80	\$0.00
Security Subtotal	76.000			\$3,170.65	\$2,486.85	\$0.00	\$683.80	\$0.00

CONTINUED ON NEXT PAGE

IMPORTANT TAX INFORMATION - PLEASE RETAIN FOR YOUR RECORDS

Corporate Tax Statement  
Tax Year 2014

WEITZMAN FAMILY FOUNDATION INC  
3939 WASHINGTON BLVD  
BALTIMORE MD 21227-4132

Morgan Stanley Smith Barney Holdings LLC  
1 New York Plaza  
8th Floor  
New York, NY 10004  
Identification Number 26-4310632

Taxpayer ID Number: XX-XXX1321  
Account Number: 072 902178 056

Customer Service: 866-324-6088

This information is NOT being furnished to the Internal Revenue Service. It is provided to you for informational purposes only.

1099-B PROCEEDS FROM BROKER AND BARTER EXCHANGE TRANSACTIONS (continued)

OMB NO. 1545-0715

Gross Proceeds less commissions and option premiums on stocks, bonds, etc. Consider the Net Proceeds box checked on IRS box 6 (Reported to IRS for a option transactions)

Long Term - Covered Securities (Continued) Consider Box 3 (Basis Reported to IRS) as being checked for this section. These Long Term Securities should be reported on Form 8949 Part II with box D checked.

DESCRIPTION (Box 1a)	QUANTITY	DATE ACQUIRED (Box 1b)	DATE SOLD (Box 1c)	PROCEEDS (Box 1d)	COST OR OTHER BASIS (Box 1e)	ADJUSTMENTS/CODE (Box 1g)/(Box 1f)	GAIN/(LOSS) AMOUNT	FEDERAL INCOME TAX WITHHELD (Box 4)
VANGUARD SHORT TERM BND		CUSIP: 921937827	Symbol: BSV					
	43.000	03/08/13	08/15/14	\$3,452.70	\$3,482.57	\$0.00	(\$29.87)	\$0.00
	73.000	03/08/13	08/21/14	\$5,854.69	\$5,912.27	\$0.00	(\$57.58)	\$0.00
Security Subtotal	116.000			\$9,307.39	\$9,394.84	\$0.00	(\$87.45)	\$0.00
Total Long Term Covered Securities				\$19,639.72	\$18,205.15	\$0.00	\$1,434.57	\$0.00



**Corporate Tax Statement**  
**Tax Year 2014**

WEITZMAN FAMILY FOUNDATION INC  
3939 WASHINGTON BLVD  
BALTIMORE MD 21227-4132

Morgan Stanley Smith Barney Holdings LLC  
1 New York Plaza  
8th Floor  
New York, NY 10004  
Identification Number: 26-4310632

Taxpayer ID Number: XX-XXX1321  
Account Number: 072 902178 056

Customer Service: 866-324-6088

This information is NOT being furnished to the Internal Revenue Service. It is provided to you for informational purposes only.

**1099-B PROCEEDS FROM BROKER AND BARTER EXCHANGE TRANSACTIONS**

OMB NO. 1545-0715

Gross Proceeds less commissions and option premiums on stocks, bonds, etc. Consider the Net Proceeds box checked in IRS box 6. Reported to IRS for all option transactions

Long Term - Noncovered Securities \* (Consider Box 5 (Noncovered Security) as being checked and Box 3 (Basis Reported to IRS) as not being checked for this section. These transactions should be reported on Form 8949 Part I with box E checked.)

DESCRIPTION (Box 8)	QUANTITY	DATE ACQUIRED (Box 1b)	DATE SOLD (Box 1c)	PROCEEDS (Box 1d)	COST OR OTHER BASIS (Box 1e)	ADJUSTMENTS/CODE (Box 1g)/(Box 1f)	GAIN/(LOSS) AMOUNT	FEDERAL INCOME TAX WITHHELD (Box 4)
ALGER SMALL CAP GROWTH INST	CUSIP: 015570104	Symbol (Box 1d): ALSRX						
	18.215	01/14/11	08/21/14	\$508.22	\$523.53	\$0.00	(\$15.31)	\$0.00
BLACKROCK HI YIELD BD PTF INST	CUSIP: 091929638	Symbol (Box 1d): BHYIX						
	1.804	04/15/11	08/21/14	\$15.17	\$14.23	\$0.00	\$0.97	\$0.00
ISHARES RUSSELL MIDCAP G ETF	CUSIP: 464287481	Symbol (Box 1d): IWP						
	4.000	01/14/11	08/21/14	\$360.69	\$232.16	\$0.00	\$128.53	\$0.00
ISHARES RUSSELL MIDCAP V ETF	CUSIP: 464287473	Symbol (Box 1d): IWS						
	1.300	04/17/09	04/11/14	\$67.27	\$27.14	\$0.00	\$40.13	\$0.00
	1.000	04/17/09	08/15/14	\$71.34	\$27.14	\$0.00	\$44.20	\$0.00
	17.000	04/17/09	08/21/14	\$1,232.50	\$461.45	\$0.00	\$771.05	\$0.00
Security Subtotal	19.000			\$1,371.11	\$515.73	\$0.00	\$855.38	\$0.00
ISHARES RUSSELL 1000 GRW ETF	CUSIP: 464287614	Symbol (Box 1d): IWF						
	5.000	04/06/09	04/11/14	\$421.02	\$182.05	\$0.00	\$238.97	\$0.00
	1.000	06/04/10	04/11/14	\$84.21	\$48.61	\$0.00	\$35.60	\$0.00
	35.000	06/04/10	08/21/14	\$3,243.89	\$1,701.33	\$0.00	\$1,542.56	\$0.00
Security Subtotal	41.000			\$3,749.12	\$1,931.99	\$0.00	\$1,817.13	\$0.00
ISHARES RUSSELL 1000 VALUE ETF	CUSIP: 464287598	Symbol (Box 1d): IWD						
	2.000	06/04/10	08/15/14	\$200.80	\$113.85	\$0.00	\$86.95	\$0.00
	28.000	06/04/10	08/21/14	\$2,858.59	\$1,593.90	\$0.00	\$1,264.69	\$0.00
Security Subtotal	30.000			\$3,059.39	\$1,707.75	\$0.00	\$1,351.64	\$0.00

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IMPORTANT TAX INFORMATION - PLEASE RETAIN FOR YOUR RECORDS

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Corporate Tax Statement  
Tax Year 2014

WEITZMAN FAMILY FOUNDATION INC  
3939 WASHINGTON BLVD  
BALTIMORE MD 21227-4132

Morgan Stanley Smith Barney Holdings LLC  
1 New York Plaza  
8th Floor  
New York, NY 10004  
Identification Number: 26-4310632

Taxpayer ID Number: XX-XXX1321  
Account Number: 072 902178 056

Customer Service: 866-324-6088

This information is NOT being furnished to the Internal Revenue Service. It is provided to you for informational purposes only.

1099-B PROCEEDS FROM BROKER AND BARTER EXCHANGE TRANSACTIONS (continued)

OMB NO. 1545-0715

Gross Proceeds less commissions and option premiums on stocks, bonds, etc. Consider the Net Proceeds box checked in IRS box 6 (Reported to IRS) for an option transactions

Long Term - Noncovered Securities <sup>4</sup> (Consider Box 5 (Noncovered Security) as being checked and Box 3 (Basis Reported to IRS) as not being checked for this section. These transactions should be reported on Form 8949 Part 1 with box E checked.) (Continued)

DESCRIPTION (Box 8)	QUANTITY	DATE ACQUIRED (Box 1b)	DATE SOLD (Box 1c)	PROCEEDS (Box 1d)	COST OR OTHER BASIS (Box 1e)	ADJUSTMENTS/CODE (Box 1g)/(Box 1f)	GAIN/(LOSS) AMOUNT	FEDERAL INCOME TAX WITHHELD (Box 4)
ISHARES RUSSELL 2000 GRWTH ETF		CUSIP: 464287648	Symbol (Box 1d): JWO					
	1.000	06/04/10	08/21/14	\$134.83	\$70.96	\$0.00	\$63.87	\$0.00
	3.000	01/14/11	08/21/14	\$404.17	\$269.22	\$0.00	\$135.25	\$0.00
Security Subtotal	4.000			\$539.30	\$340.18	\$0.00	\$199.12	\$0.00
ISHARES RUSSELL 2000 VALUE ETF		CUSIP: 464287630	Symbol (Box 1d): IWN					
	5.000	06/04/10	08/21/14	\$499.70	\$306.24	\$0.00	\$193.46	\$0.00
LAZARD EMERGING MKTS EQ I		CUSIP: 52106N889	Symbol (Box 1d): LZEMX					
	11.286	07/27/10	04/11/14	\$214.10	\$216.13	\$0.00	(\$2.03)	\$0.00
	7.257	07/27/10	08/15/14	\$149.05	\$138.97	\$0.00	\$10.09	\$0.00
	36.974	07/27/10	08/21/14	\$764.25	\$706.05	\$0.00	\$58.20	\$0.00
Security Subtotal	55.517			\$1,127.41	\$1,063.15	\$0.00	\$64.26	\$0.00
LOOMIS SAYLES BOND INST		CUSIP: 543495840	Symbol (Box 1d): LSBDX					
	2.445	10/07/11	04/11/14	\$37.92	\$33.84	\$0.00	\$4.08	\$0.00
	95.965	10/07/11	08/21/14	\$1,524.88	\$1,328.16	\$0.00	\$196.72	\$0.00
Security Subtotal	98.410			\$1,562.80	\$1,362.00	\$0.00	\$200.80	\$0.00
OAKMARK I		CUSIP: 413838103	Symbol (Box 1d): OAKMX					
	5.511	07/27/10	08/15/14	\$374.86	\$206.66	\$0.00	\$168.20	\$0.00
	40.559	07/27/10	08/21/14	\$2,318.44	\$1,520.96	\$0.00	\$1,297.48	\$0.00
Security Subtotal	46.070			\$3,193.30	\$1,727.62	\$0.00	\$1,465.68	\$0.00

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Corporate Tax Statement  
Tax Year 2014

WEITZMAN FAMILY FOUNDATION INC  
3939 WASHINGTON BLVD  
BALTIMORE MD 21227-4132

Morgan Stanley Smith Barney Holdings LLC  
1 New York Plaza  
5th Floor  
New York, NY 10004  
Identification Number: 26-4310632

Taxpayer ID Number: XX-XXX1321  
Account Number: 372 902176 056

Customer Service: 866-324-6088

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1099-B PROCEEDS FROM BROKER AND BARTER EXCHANGE TRANSACTIONS (continued)

OMB NO. 1545-0715

Gross Proceeds less commissions and option premiums on stocks, bonds, etc. Consider the Net Proceeds box checked in IRS box 6 (Reported to IRS) for a option transactions

Long Term - Noncovered Securities \* (Consider Box 5 (Noncovered Security) as being checked and Box 3 (Basis Reported to IRS) as not being checked for this section. These transactions should be reported on Form 8949 Part 1 with box E checked.) (Continued)

DESCRIPTION (Box 8)	QUANTITY	DATE ACQUIRED (Box 1b)	DATE SOLD (Box 1c)	PROCEEDS (Box 1d)	COST OR OTHER BASIS (Box 1e)	ADJUSTMENTS/CODE (Box 1g)/(Box 1f)	GAIN/(LOSS) AMOUNT	FEDERAL INCOME TAX WITHHELD (Box 4)
PRUDENTIAL JENNISON GROWTH Z		CUSIP: 74437E404	Symbol (Box 1d): PJFZX					
	1.655	07/27/10	04/11/14	\$45.30	\$26.68	\$0.00	\$18.62	\$0.00
	105.407	07/27/10	08/21/14	\$3,268.67	\$1,699.16	\$0.00	\$1,569.51	\$0.00
Security Subtotal	107.062			\$3,313.97	\$1,725.84	\$0.00	\$1,588.13	\$0.00
ROYCE MICRO CAP INV		CUSIP: 780905709	Symbol (Box 1d): RYOTX					
	0.618	07/27/10	04/11/14	\$9.89	\$8.82	\$0.00	\$1.07	\$0.00
	35.970	07/27/10	08/21/14	\$583.79	\$513.29	\$0.00	\$70.50	\$0.00
Security Subtotal	36.588			\$593.68	\$522.11	\$0.00	\$71.57	\$0.00
TEMPLETON GLOBAL BD FD ADV		CUSIP: 880208400	Symbol (Box 1d): TGBAX					
	1.905	10/07/11	04/11/14	\$24.97	\$24.31	\$0.00	\$0.66	\$0.00
	56.882	10/07/11	08/21/14	\$758.00	\$727.09	\$0.00	\$31.91	\$0.00
Security Subtotal	58.887			\$783.97	\$751.40	\$0.00	\$32.57	\$0.00
VANGUARD FTSE EMERGING MARKETS		CUSIP: 922042858	Symbol (Box 1d): VWO					
	3.000	06/04/10	04/11/14	\$123.50	\$114.09	\$0.00	\$9.41	\$0.00
	4.000	06/04/10	08/15/14	\$179.18	\$152.12	\$0.00	\$27.06	\$0.00
	17.000	06/04/10	08/21/14	\$763.43	\$616.51	\$0.00	\$146.92	\$0.00
Security Subtotal	24.000			\$1,071.11	\$912.72	\$0.00	\$158.39	\$0.00

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Corporate Tax Statement  
Tax Year 2014

WEITZMAN FAMILY FOUNDATION INC  
3939 WASHINGTON BLVD  
BALTIMORE MD 21227-4132

Morgan Stanley Smith Barney Holdings LLC  
1 New York Plaza  
8th Floor  
New York, NY 10004  
Identification Number: 26-4310632

Taxpayer ID Number: XX-XXX1321  
Account Number: 072 902178 056

Customer Service: 866-324-6088

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1099-B PROCEEDS FROM BROKER AND BARTER EXCHANGE TRANSACTIONS (continued)

OMB NO. 1545-0715


Gross Proceeds less commissions and option premiums on stocks, bonds, etc. Consider the Net Proceeds box checked in IRS box 6 (Reported to IRS) for all option transactions.

Long Term - Noncovered Securities <sup>4</sup> (Consider Box 5 (Noncovered Security) as being checked and Box 3 (Basis Reported to IRS) as not being checked for this section. These transactions should be reported on Form 8849 Part II with box E checked.) (Continued)


DESCRIPTION (Box 8)	QUANTITY	DATE ACQUIRED (Box 1b)	DATE SOLD (Box 1c)	PROCEEDS (Box 1d)	COST OR OTHER BASIS (Box 1e)	ADJUSTMENTS/CODE (Box 1g)/(Box 1f)	GAIN/(LOSS) AMOUNT	FEDERAL INCOME TAX WITHHELD (Box 4)
VANGUARD TOTAL BOND MARKET		CUSIP: 921697R35	Symbol (Box 1d): BND					
	13.000	10/07/11	08/21/14	\$1,481.09	\$1,497.00	\$0.00	(\$15.91)	\$0.00
Total Long Term Noncovered Securities				\$23,230.03	\$45,133.68	\$0.00	\$8,096.35	\$0.00
Total Long Term Covered and Noncovered Securities				\$42,869.75	\$33,338.83	\$0.00	\$9,530.92	\$0.00
Form 1099-B Total Reportable Amounts - Does not include cost basis or adjustment amounts for noncovered securities								
Total IRS Reportable Proceeds (Box 1d)				\$42,869.75				
Total IRS Reportable Cost or Other Basis for Covered Securities (Box 1e)					\$18,205.15			
Total IRS Reportable Adjustments (Box 1g)						\$0.00		
Total Fed Tax Withheld (Box 4)								\$0.00

<sup>4</sup> Noncovered securities are not subject to the IRS cost basis reporting regulations, therefore their date of acquisition, cost basis, short or long term designation and any adjustments resulting from a wash sale or market discount will not be reported to the IRS. The cost basis is provided for informational purposes only and may not reflect required adjustments under the applicable tax regulations. Please consult your tax advisor regarding any adjustments to your original cost basis.

Form 990PF Part XV Line 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 or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
ALBERT JEWISH FAM & CHILD 5841 CORPORATE WAY STE 20 WEST PALM BEACH,FL 33407	NONE		CHARITABLE	250
BETH TFILOH 3300 OLD COURT RD BALTIMORE,MD 21208	NONE		CHARITABLE	1,800
BETHESDA HOSPITAL FOUNDATION 2815 SOUTH SEACREST BLVD BOYNTON BEACH,FL 33435	NONE		CHARITABLE	400
CHESAPEAKE BAY MARTIME MUSEUM 213 N TALBOT ST PO 636 ST MICHAELS,MD 21663	NONE		CHARITABLE	195
CROHN'S & COLITIS FOUNDATION 1201 SOUTH SHARP ST 107 BALTIMORE,MD 21230	NONE		CHARITABLE	100
GREAT GIVE 700 SOUTH DIXIE HIGHWAY WEST PALM BEACH,FL 33401	NONE		CHARITABLE	125
GREEN VALLEY NORTH TURKEY TROT INC P O BOX 50304 BALTIMORE,MD 21211	NONE		CHARITABLE	100
INSIGHT THROUGH EDUCATION PO BOX 33054 PALM BEACH GARDENS,FL 33420	NONE		CHARITABLE	500
JEWISH MUSEUM OF MARYLAND 15 LLOYD STREET BALTIMORE,MD 21202	NONE		CHARITABLE	500
MARCH OF DIMES FOUNDATION 2110 WASHINGTON BLVD ARLINGTON,VA 22204	NONE		CHARITABLE	200
NATIONAL COUNCIL OF JEWISH WOMEN 1707 L STREET NW STE 950 WASHINGTON,DC 20036	NONE		CHARITABLE	200
NATIONAL MULTIPLE SCLEROSIS SOCIETY 11403 CRONHILL DR STE E OWINGS MILLS,MD 21117	NONE		CHARITABLE	120
SPECIAL OLYMPICS NEW JERSEY 1 EUNICE KENNEDY SHRIVER WAY LAWRENCEVILLE,NJ 08648	NONE		CHARITABLE	50
ST BALDRICK'S FOUNDATION 1333 SOUTH MAYFLOWER AVE MONROVIA,CA 91016	NONE		CHARITABLE	100
TEMPLE OHEB SHALOM 7310 PARK HEIGHTS AVENUE BALTIMORE,MD 21208	NONE		CHARITABLE	22,500
<b>Total . . . . .</b>  <b>3a</b>				37,490

Form 990PF Part XV Line 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 or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
THE ASSOCIATED 101 WMT ROYAL AVENUE BALTIMORE,MD 21201	NONE		CHARITABLE	10,000
ULMAN CANCER FUND FOR YOUNG ADULTS 921 E FORT AVE STE 325 BALTIMORE,MD 21230	NONE		CHARITABLE	100
UNITING AGAINST LUNG CANCER 27 UNION SQUARE WEST NEW YORK,NY 10003	NONE		CHARITABLE	50
VITAS COMMUNITY CONNECTION 4980 TAMIAMI TRAIL NORTH NAPLES,FL 34103	NONE		CHARITABLE	100
WILLIAMS SYNDROME ASSOCIATION 570 KIRTS BLVD STE 223 TROY,MI 48084	NONE		CHARITABLE	100
<b>Total . . . . .</b>  <b>3a</b>				37,490