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Return of Private Foundation

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

OMB No 1545-0052

Do not enter social security numbers on this form as it may be made public. Department of the Treasury ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf. Open to Public Inspection For calendar year 2014 or tax year beginning , 2014, and ending Name of foundation A Employer identification number THE BORKOWSKI FAMILY FOUNDATION 59-7126725 Number and street (or P O box number if mail is not delivered to street address) B Telephone number (see instructions) Room/suite 1221 FIRST STREET SOUTH #7B City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here . . JACKSONVILLE, FL 32250 G Check all that apply Initial return Initial return of a former public charity D 1 Foreign organizations, check here. Final return Amended return 2 Foreign organizations meeting the 85% test, check here and attach Address change Name change computation X Section 501(c)(3) exempt private foundation H Check type of organization E If private foundation status was terminate Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here J Accounting method | X Cash | Accrual Fair market value of all assets at If the foundation is in a 60-month termination end of year (from Part II, col (c), line Other (specify) under section 507(b)(1)(B), check here . > 1,564,287. *16)* ▶ \$ (Part I, column (d) must be on cash basis) (d) Disbursements Part I Analysis of Revenue and Expenses (The (a) Revenue and (b) Net investment (c) Adjusted net for charitable total of amounts in columns (b), (c), and (d) expenses per income income purposes may not necessarily equal the amounts in books (cash basis only) column (a) (see instructions)) Contributions, gifts, grants, etc., received (attach schedule) . if the foundation is not required to Check > attach Sch B 3 Interest on savings and temporary cash investments. 46,145 46,145. ATCH 1 Dividends and interest from securities **5a** Gross rents b Net rental income or (loss) 20,127 Revenue Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a 20,127. Capital gain net income (from Part IV, line 2) . Net short-term capital gain, Income modifications . 10 a Gross sales less returns and allowances . . . b Less Cost of goods sold . c Gross profit or (loss) (attach schedule) Other income (attach schedule) 11 66,272. 66,272 Total. Add lines 1 through 11 13 Compensation of officers, directors, trustees, etc in Native Expenses 14 Other employee salaries and wages 15 Pension plans, employee benefits S MAY 2 9 2015 16a Legal fees (attach schedule) 1,600 800 800 b Accounting fees (attach schedule)ATCH 2 c Other professional fees (attach schedule). . . ogde 17 2,371 91 18 Taxes (attach schedule) (see instructions)[3]. Depreciation (attach schedule) and depletion. Admii 19 20 Travel, conferences, and meetings 150. 150. Operating 23 Other expenses (attach schedule) ATCH . 4 . 24 Total operating and administrative expenses. 800. 4,121 1,041 Add lines 13 through 23. 55,000 55,000. 25 Contributions, gifts, grants paid 59,121. 55,800. 1,041. 26 Total expenses and disbursements Add lines 24 and 25 Subtract line 26 from line 12 7,151 a Excess of revenue over expenses and disbursements . . 65,231. b Net investment income (if negative, enter -0-)

JSA For Paperwork Reduction Act Notice, see instructions.

c Adjusted net income (if negative, enter -0-).

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D	art II	Ralanca Shoots	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	End o	f year
_	aren		amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bear	ıng			
ì	2	Savings and temporary	cash investments	24,515.	42,153.	42,153.
	3 '	Accounts receivable				
}			btful accounts ►			
I		Less allowance for dou	btful accounts ▶			
						
			officers, directors, trustees, and other			
			tach schedule) (see instructions)			
			receivable (attach schedule)			
Ì			btful accounts ▶			
g			se			
ssets			eferred charges			
As						
			e government obligations (attach schedule)	1,082,068.	1,072,451.	1,522,134.
				2,002,0001		
	11	Investments - land, building:				
		(attach schedule)	ation			
١	12	Investments - mortgage	loans			
ı	13 14	Investments - other (atta Land, buildings, and	ach schedule)			
						
		(attach schedule)	ation			
Į	15	Other assets (describe	-)			
		•	completed by all filers - see the			
ᆚ		instructions Also, see p	age 1, item I)	1,106,583.	1,114,604.	1,564,287.
1	17	Accounts payable and a	accrued expenses			
i	18	Grants payable				
S	19	Deferred revenue				
Ĕ			ors, trustees, and other disqualified persons			
Liabilities			otes payable (attach schedule)			
			∍ ▶) [
ı		,				
	23	Total liabilities (add line	es 17 through 22)	0	o	
╛			low SFAS 117, check here . ▶ X			
			24 through 26 and lines 30 and 31.			
ces		Unrestricted	· · · · · · · · · · · · · · · · · · ·	1,106,583.	1,114,604.	
a	24					
a	25					
힏		-			 -	
교		Foundations that do	not follow SFAS 117, >			
6			plete lines 27 through 31.			
şţs	27	· ·	cipal, or current funds			
SS	28		r land, bldg , and equipment fund			
Ž	29	•	ulated income, endowment, or other funds	1 106 502	1 114 604	
Š	30		d balances (see instructions)	1,106,583.	1,114,604.	
	31		net assets/fund balances (see	1 106 500	1 114 604	
			 	1,106,583.	1,114,604.	
_			nges in Net Assets or Fund Balan			
1			palances at beginning of year - Part II,			1 100 500
	end-	of-year figure reporte	ed on prior year's return)			1,106,583.
2	Ente	er amount from Part I,	line 27a ded in line 2 (itemize) ►_ATCH_6	· · · · · · · · · · · · · · · · · · ·	2	7,151.
3	Othe	er increases not includ	ded in line 2 (itemize) ► ATCH 6		3	870.
4	Add	lines 1, 2, and 3			4	1,114,604.
5	Dec	reases not included in	n line 2 (itemize) ▶		5	
_6	Tota	al net assets or fund b	palances at end of year (line 4 minus li	ine 5) - Part II, column (b)	, line 30 6	1,114,604.
						Form 990-PF (2014)

9.	rt IV Capital Gains	and Losses for Tax on Inv	vestment Income			Page C
	(a) List and	(b) How	(c) Date	(d) Date sold		
	, 2-story b	àcquired P - Purchase D - Donation	acquired (mo , day, yr)	(mo, day, yr)		
1a	SEE PART IV SCHE	DULE		D - Conadon		
b						
С						
d						
е						
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) min	
а						
b						
С			<u> </u>			
d						
е			<u> </u>	<u> </u>		
	Complete only for assets	showing gain in column (h) and own	ed by the foundation on 12/31/69		Gains (Col (h) g	
(i) FM V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	col	(k), but not less Losses (from co	
а						
b						
С						
d						
е						
2	Capital gain net income	or (not canital loce)	f gain, also enter in Part I, line 7 f (loss), enter -0- in Part I, line 7	2		20,127.
3	Net short-term capital ga	ain or (loss) as defined in sections	1222(5) and (6)			
	If gain, also enter in Pa	art I, line 8, column (c) (see ins	structions) If (loss), enter -0- in $igrlace$			
	Part I, line 8	<u> </u>		3		0
Pa	rt V Qualification l	Jnder Section 4940(e) for Re	educed Tax on Net Investment I	ncome		
			abutable amount of any year in the b	ase perio	d?	Yes X No
		not qualify under section 4940(e)		a any ant		
1_	(a)		ar, see the instructions before making	ig any ent	ries (d)	
Cal	Base period years endar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of nonchantable-use assets		Distribution r (col (b) divided by	cal (c))
	2013	55,200.	1,703,912.	 		0.032396
	2012	50,715. 47,700.	1,190,149.	<u> </u>		0.042612
_	2011	53,770.	1,117,298. 1,047,805.	 -		0.042692
_	2010	49,850.	916,205.	-		0.051317
	2009	49,650.	910,203.	 		0.034409
_	Taking the Arms of the Arms	n.				0.223426
2		0,		2		0.223426
3	_		de the total on line 2 by 5, or by the	_		0.044685
	number of years the four	ndation has been in existence if le	ess than 5 years	3_		0.044663
4	Enter the net value of no	ncharitable-use assets for 2014	from Part X, line 5	4	1,	515,404.
5	Multiply line 4 by line 3			5		67,716.
6	Enter 1% of net investme	ent income (1% of Part I, line 27b)		6		652.
7	Add lines 5 and 6			7		68,368.
8		ons from Part XII, line 4 reater than line 7, check the box	x in Part VI, line 1b, and complete	8 that part	using a 1% ta	55,800. x rate See th

Pai	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	nstru	ctions	s)
1a	Exempt operating foundations described in section 4940(d)(2), check here			
	Date of ruling or determination letter (attach copy of letter if necessary - see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check		1,3	305.
	here ▶ and enter 1% of Part I, line 27b			
c	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of			
	Part I, fine 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		1,3	305.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 4			0
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0		1,3	305.
6	Credits/Payments:			
	2014 estimated tax payments and 2013 overpayment credited to 2014 6a 1,840.			
	Exempt foreign organizations - tax withheld at source			
	Tax paid with application for extension of time to file (Form 8868)			
d	Backup withholding erroneously withheld		1 0	40
7	Total credits and payments Add lines 6a through 6d		1,6	340.
8	Enter any penalty for underpayment of estimated tax Check here 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			35.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid.			33.
11	Enter the amount of line 10 to be Credited to 2015 estimated tax ► 535. Refunded ► 11 t VII-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	-	Yes	No X
	participate or intervene in any political campaign?	1a	_	
D	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see	1		Х
	Instructions for the definition)?	1b		21
	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	 1c		Х
	Did the foundation file Form 1120-POL for this year?			
u	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation. \$\Bigsim \text{\$\sum_{\text{sum_1}}} \text{\$\sum_{\text{sum_1}}} \text{(2) On foundation managers} \Bigsim \text{\$\sum_{\text{sum_1}}} \$\sum_{\text{sum_			
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on			
G	foundation managers. > \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		х
2	If "Yes," attach a detailed description of the activities	├		
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of			
•	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		Х
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		X
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
Ĭ	If "Yes," attach the statement required by General Instruction T			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			
	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that			
	conflict with the state law remain in the governing instrument?	6	Х	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	Х	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)			
	FL,			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			
	4942(j)(5) for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes,"			
	complete Part XIV	9		Х
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their]		
	names and addresses	10		X
		00		

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). 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). 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? 14 The books are in care of ► MRS. KATHLEEN BORKOWSKI 15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 · Check here. 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? 18 Indicated at □ 1221 FIRST STREET #7B JACKSONVILLE, FL 2 Indicated at □ 1221 FIRST STREET #7B JACKSONVILLE, FL 3 Indicated at □ 1221 FIRST STREET #7B JACKSONVILLE, FL 3 Indicated at □ 1221 FIRST STREET #7B JACKSONVILLE, FL 3 Indicated at □ 1221 FIRST STREET #7B JACKSONVILLE, FL 3 Indicated at □ 1221 FIRST STREET #7B JACKSONVILLE, FL 3 Indicated at □ 1221 FIRST STREET #7B JACKSONVILLE, FL 3 Indicated at □ 1221 FIRST STREET #7B JACKSONVILLE, FL 3 Indicated at □ 1221 FIRST STREET #7B JACKSONVILLE, FL 3 Indicated at □ 1221 FIRST STREET #7B JACKSONVILLE, FL 3 Indicated at □ 1221 FIRST STREET #7B JACKSONVILLE, FL 3 Indicated at □ 1221 FIRST STREET #7B JACKSONVILLE, FL 3 Indicated at □ 1221 FIRST STREET #7B JACKSONVILLE, FL 3 Indicated at □ 1221 FIRST STREET #7B JACKSONVILLE, FL 3 Indicated at □ 1221 FIRST STREET #7B JACKSONVILLE, FL 3 Indicated at □ 1221 FIRST STREET #7B JACKSONVILLE, FL 3 Indicated at □ 1221 FIRST STREET #7B JACKSONVILLE, FL 3 Indicated at □ 1221 FIRST STREET #7B JACKSONVILLE, FL 3 Indicated at □ 1221 FIRST STREET #7B JACKSONVILLE, FL 4 Indicated at □ 1221 FIRST STREET #7B JACKSONVILLE, FL 5 Indicated at □ 1221 FIRST STREET #7B JACKSONVILLE, F	X X X No X
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) 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? 13 X Website address ► N/A 14 The books are in care of ► MRS · KATHLEEN BORKOWSKI Located at ►1221 FIRST STREET #7B JACKSONVILLE, FL ZIP+4 ► 32250 15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 · Check here	X No X
person had advisory privileges? If "Yes," attach statement (see instructions) 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? N/A 14 The books are in care of ► MRS · KATHLEEN BORKOWSKI Located at ►1221 FIRST STREET #7B JACKSONVILLE, FL Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 · Check here and enter the amount of tax-exempt interest received or accrued during the year. 15 At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority Yes	No X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► N/A 14 The books are in care of ► MRS. KATHLEEN BORKOWSKI Telephone no ► 904-241-3597 Located at ►1221 FIRST STREET #7B JACKSONVILLE, FL ZIP+4 ► 32250 15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here ► and enter the amount of tax-exempt interest received or accrued during the year ► 15 16 At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority Yes	No X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► N/A 14 The books are in care of ► MRS. KATHLEEN BORKOWSKI Telephone no ► 904-241-3597 Located at ►1221 FIRST STREET #7B JACKSONVILLE, FL ZIP+4 ► 32250 15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here ► and enter the amount of tax-exempt interest received or accrued during the year ► 15 16 At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority Yes	<u>x</u>
14 The books are in care of ► MRS. KATHLEEN BORKOWSKI Located at ►1221 FIRST STREET #7B JACKSONVILLE, FL Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here	X
Located at ▶1221 FIRST STREET #7B JACKSONVILLE, FL Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here ▶ and enter the amount of tax-exempt interest received or accrued during the year ▶ 16 At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority.	<u>x</u>
Located at ▶1221 FTRST STREET #78 JACKSONVILLE, FL ZIP+4 ▶ 32250 15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here	<u>x</u>
and enter the amount of tax-exempt interest received or accrued during the year	<u>x</u>
16 At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority Yes	<u>x</u>
The state of the s	X
over a bank, securities, or other financial account in a foreign country?	
	No_
See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-221) If	No
"Yes," enter the name of the foreign country >	No
Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required	NO
,	
1 a During the year did the foundation (either directly or indirectly) (1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No.	
(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a	
disqualified person? Yes X No (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No	
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X 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)?	
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the	
foundation agreed to make a grant to or to employ the official for a period after	
termination of government service, if terminating within 90 days)	
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	
section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	
Organizations relying on a current notice regarding disaster assistance check here	
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?	X
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?	
If "Yes," list the years	
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)	
(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to	Х
all years listed, answer "No" and attach statement - see instructions)	
c if the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here	
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise	
at any time during the year?	
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? (Use Schedule C, Form 4720, to determine if the	
foundation had excess business holdings in 2014)	Х
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? 4a	X
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	Х

5a	rt VII-B	Otatomonto Rogarania Monvino	tor which Form	4720 May Be Red	uired (continued)		
	During the	e year did the foundation pay or incur any amo	unt to		- · <u>- · · · · · · · · · · · · · · · · ·</u>		
	(1) Carry	on propaganda, or otherwise attempt to influe	nce legislation (sectio	n 4945(e))?	. Yes X No	,	
		nce the outcome of any specific public ele	-	• • •			
	•	ly or indirectly, any voter registration drive?				,	
		le a grant to an individual for travel, study, or o				1 1	
	` '	le a grant to an individual for travel, study, or o					
	• •	•			Yes X No	. 1	
		n 4945(d)(4)(A)? (see instructions)			. — —	'	
		le for any purpose other than religious, ch		•			
	• •	ses, or for the prevention of cruelty to children					
b		swer is "Yes" to 5a(1)-(5), did any of the					
		ns section 53 4945 or in a current notice regar				5b	
	•	ions relying on a current notice regarding disas				<u>' </u>	
C	If the an	swer is "Yes" to question 5a(4), does the	foundation claim e	xemption from the t		1	
	because if	t maintained expenditure responsibility for the g	grant?		. Yes X No	'	
	If "Yes," a	ttach the statement required by Regulations sec	ction 53 4945-5(d)				
6a	Did the f	oundation, during the year, receive any fun	ds, directly or indire	ectly, to pay premiui			
	on a perso	onal benefit contract?			. Yes X No)	
b	Did the fo	undation, during the year, pay premiums, dire	ctly or indirectly, on a	personal benefit contra	act ⁹	6b	X
	If "Yes" to	6b, file Form 8870					
7a	At any tim	e during the tax year, was the foundation a pa	arty to a prohibited tax	shelter transaction?.	. Yes X No	,	1
b	If "Yes," d	lid the foundation receive any proceeds or have	e any net income attr	butable to the transact	ion?	7ь	X
Pai	rt VIII	Information About Officers, Director	rs, Trustees, Fou	ndation Manager	s, Highly Paid Emp	oloyees,	
1		and Contractors ficers, directors, trustees, foundation n	nanagers and their	componention (eac	inetructionel	_	
	List all OI		(b) Title, and average	(c) Compensation	(d) Contributions to	(e) Expense	account .
		(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation	other allo	
KAT.	HLEEN C	. BORKOWSKI	TRUSTEE				
			1.00		ا ا		_
_				Ų	y q		0
					0	<u></u>	
					C		0
					C		
					C		
					C		
					0		
	Compens		(other than thos	e included on lin	e 1 - see instruction	ons). If no	
			·	e included on lin		ons). If no	
2	Compens "NONE."		(b) Title, and average hours per week	e included on lin	(d) Contributions to employee benefit	(e) Expense	ne, enter
2	Compens "NONE."	ation of five highest-paid employees	(b) Title, and average		(d) Contributions to		ne, enter
2	Compens "NONE."	ation of five highest-paid employees	(b) Title, and average hours per week		(d) Contributions to employee benefit plans and deferred	(e) Expense	ne, enter
2 (a)	Compens "NONE."	ation of five highest-paid employees	(b) Title, and average hours per week		(d) Contributions to employee benefit plans and deferred	(e) Expense	ne, enter
2 (a)	Compens "NONE."	ation of five highest-paid employees	(b) Title, and average hours per week		(d) Contributions to employee benefit plans and deferred	(e) Expense	ne, enter
2 (a)	Compens "NONE."	ation of five highest-paid employees	(b) Title, and average hours per week		(d) Contributions to employee benefit plans and deferred	(e) Expense	ne, enter
2 (a)	Compens "NONE."	ation of five highest-paid employees	(b) Title, and average hours per week		(d) Contributions to employee benefit plans and deferred	(e) Expense	ne, enter
2 (a)	Compens "NONE."	ation of five highest-paid employees	(b) Title, and average hours per week		(d) Contributions to employee benefit plans and deferred	(e) Expense	ne, enter
2 (a)	Compens "NONE."	ation of five highest-paid employees	(b) Title, and average hours per week		(d) Contributions to employee benefit plans and deferred	(e) Expense	ne, enter
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2 (a)	Compens "NONE."	ation of five highest-paid employees	(b) Title, and average hours per week		(d) Contributions to employee benefit plans and deferred	(e) Expense	ne, enter
2 (a)	Compens "NONE."	ation of five highest-paid employees	(b) Title, and average hours per week		(d) Contributions to employee benefit plans and deferred	(e) Expense	ne, enter

Form 990-PF (2014) Page 7 Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued) 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 0 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 Expenses organizations and other beneficianes served, conferences convened, research papers produced, etc. Summary of Program-Related Investments (see instructions) Amount Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 NONE All other program-related investments. See instructions 3 NONE

Form 990-PF(2014)

Total. Add lines 1 through 3

Page 8

Par	Minimum Investment Return (All domestic foundations must complete this part. Foreign see instructions.)	gn fou	indations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes	1 1	
а	Average monthly fair market value of securities	1a	1,510,912.
b		1b	27,569.
С	Fair market value of all other assets (see instructions).	1c	
d	Total (add lines 1a, b, and c)	1d	1,538,481.
е	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	1,538,481.
4	Cash deemed held for charitable activities Enter 1 1/2 % of line 3 (for greater amount, see		
	instructions)	4	23,077.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	1,515,404.
6	Minimum investment return. Enter 5% of line 5	6	75,770.
Par		dations	<u> </u>
1	Minimum investment return from Part X, line 6	1	75,770.
-	Tax on investment income for 2014 from Part VI, line 5		
b	Income tax for 2014 (This does not include the tax from Part VI).	1 [
c	Add lines 2a and 2b	2c	1,305.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	74,465.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	74,465.
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,	\vdash	
•	line 1	7	74,465.
Dar	Qualifying Distributions (see instructions)		
ı aı			
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		FF 000
a	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	55,800.
þ	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.,	ll	
	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	55,800.
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	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	55,800.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when c qualifies for the section 4940(e) reduction of tax in those years	alculat	ing whether the foundation

Form 990-PF (2014)

Form 990-PF (2014)

Page 9

Pa	rt XIII Undistributed Income (see instru	uctions)			
1	Distributable amount for 2014 from Part XI,	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
	line 7				74,465.
2	Undistributed income, if any, as of the end of 2014				
a	Enter amount for 2013 only			52,022.	
ь	Total for prior years 20 12 20 11 20 10				
3	Excess distributions carryover, if any, to 2014				
а	From 2009				
b	From 2010				
С	From 2011				
đ	From 2012				
е	From 2013				
f	Total of lines 3a through e	0			
4	Qualifying distributions for 2014 from Part XII, line 4 > \$ 55,800.				
а	Applied to 2013, but not more than line 2a			52,022.	
b	Applied to undistributed income of prior years (Election required - see instructions)				
С	Treated as distributions out of corpus (Election required - see instructions)				
d	Applied to 2014 distributable amount				3,778.
	Remaining amount distributed out of corpus				
5	Excess distributions carryover applied to 2014.				
6	(If an amount appears in column (d), the same amount must be shown in column (a)) Enter the net total of each column as indicated below:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5				
	Prior years' undistributed income Subtract				
С	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				
e	amount - see instructions				
	instructions				
f	Undistributed income for 2014 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2015				70,687.
7	Amounts treated as distributions out of corpus	10			
	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)				
9	Excess distributions carryover to 2015.	0			
	Subtract lines 7 and 8 from line 6a		 		
	Analysis of line 9				
	Excess from 2010				
	Excess from 2011				
	Excess from 2012				
	Excess from 2013 Excess from 2014				
	LACESS HOIII 2014	L			Form 990-PF (2014)
					• • (/

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Рa	rt XIV Private Ope	erating Foundations	s (see instructions a	<u>and Part VII-A, questi</u>	on 9)	NOT APPLICABLE
1 a	If the foundation has			•	ating	
			nter the date of the ruling			1010/5
D	Check box to indicate v	Tax year	is a private operating	Prior 3 years	section 4942((3) or 4942(j)(5)
2 a	Enter the lesser of the ad- justed net income from Part	(a) 2014	(b) 2013	(c) 2012	(d) 2011	(e) Total
	I or the minimum investment return from Part X for each		<u></u>			
	year listed			 		
	85% of line 2a			 		
С	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					
е	Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
3 a	Complete 3a, b, or c for the alternative test relied upon "Assets" alternative test - enter					
	(1) Value of all assets(2) Value of assets qualifying under section					
b	4942(j)(3)(B)(i) "Endowment" alternative test- enter 2/3 of minimum invest-					
	ment 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, diwdends, rents, payments on secunties					
	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)					
	(4) Gross investment income.					
Pa		ntary Information(during the year - s	Complete this pa	rt only if the found	lation had \$5,000	or more in assets
1	Information Regarding					
а	•	tax year (but only if th	nave contributed mo ney have contributed	ore than 2% of the total more than \$5,000) (S	al contributions rece ee section 507(d)(2))	ved by the foundation
	KATHLEEN C.		100/ 22 22	of the stady of a second	and the second	h. Inana madana at tha
D	List any managers of ownership of a partner		which the foundation			ly large portion of the
_	NONE					
2	Information Regarding	•	•			
	Check here ► X if the unsolicited requests for other conditions, compared to the conditions of the co	or funds. If the found	makes contributions ation makes gifts, g d d	s to preselected char rants, etc (see instruc	itable organizations tions) to individuals	and does not accept or organizations under
a	The name, address, a			f the person to whom ap	plications should be a	ddressed
b	The form in which app	lications should be su	omitted and informat	tion and materials they	should include	
С	Any submission deadli	nes				
	Any roctuations on the	mitations on average	augh es har sear	ronbinal areas afraits	ble fields leads of	modelistic
d	Any restrictions or li factors	mitations on awards.	such as by geog	rapnicai areas, charita	ible fields, kinds of	institutions, or other

	990-PF (20	Supplementary Information (continued)			Page 11
	Grants	and Contributions Paid During	ng the Vest or Appl	oved for E	utura Baymant	
<u> </u>	Grants		If recipient is an individual.	Foundation		
	Nome	nd address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	status of recipient	Purpose of grant or contribution	Amount
		ring the year	or substantial contributor	recipient		
a	raiu uui	ing the year				
A'	гсн 7					
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				1		
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	Total				▶ 3a	55,000.
b		ed for future payment		i i i i i	· · · · · · · · · · · · · · · · · · ·	
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			}			
	Total .				▶ 3b	

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Page **12**

Program service revenue Business code Amount Exclusion code Amount (See instruction income (See instructions) Fees and contracts from government agences Membership dues and assessments Interest on savings and temporary cash investments Dividends and interest from securities Let rental income or (loss) from real estate Debt-financed property Detter investment income Sain or (loss) from sales of assets other than inventory Let rental income or (loss) from special events Gross profit or (loss) from sales of inventory Detter investment income Sain or (loss) from sales of inventory Detter investment income Sain or (loss) from sales of inventory Detter investment income Sain or (loss) from sales of inventory Detter investment income Sain or (loss) from sales of inventory Detter investment income Sain or (loss) from sales of inventory Detter investment income Sain or (loss) from sales of inventory Detter investment income Sain or (loss) from sales of inventory Detter investment income Sain or (loss) from sales of inventory Detter investment income Sain or (loss) from sales of inventory Detter investment income Sain or (loss) from sales of inventory Detter investment income Sain or (loss) from sales of inventory Detter investment income Sain or (loss) from sales of inventory Detter investment income Sain or (loss) from sales of inventory Detter investment income Sain or (loss) from sales of inventory Detter investment income Sain or (loss) from sales of inventory Sain or (loss) from sales of inventory Detter investment income Sain or (loss) from sales of inventory Sain or (loss) from sales of inv	er gross	amounts unless otherwise indicated		business income		section 512, 513, or 514	(e) Related or exempt
Jeffess and contracts from government agencies Membership dues and assessments Invidends and interest from securities Invidends interest from securities I	Program	service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions)
Fees and contracts from government agencies Membership dues and assessments Interest on savings and temporary cash investments Dividends and interest from securities Interest on savings and temporary cash investments Dividends and interest from securities Interest on savings and temporary cash investments Interest on savings and temporary cash interest from savings and temporary cash interest on savings and temporary ca	a						
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Research contracts from government agences whembership dues and assessments	_		 				
Membership dues and assessments Interest on savings and temporary cash investments Dividends and interest from securities Net rental income or (loss) from real estate Interest on savings and temporary cash investments Dividends and interest from securities Interest on savings and temporary cash investments Interest on savings and temporary cash interest from savings and temporary cash in the form of the f			 		+		
Interest on sawings and temporary cash investments Dividends and interest from securities					 		
Dividends and interest from securities			 				
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Debt-financed property					 		
Not debt-financed property							
Subtotal Add columns (b), (d), and (e) Total Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations) Total VI-B Relationship of Activities to the Accomplishment of Exempt Purposes Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to					-		-
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Net income or (loss) from special events			1 1		18	20,127.	
Cother revenue a		·					
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) Worksheet in line 13 instructions to verify calculations) Total Relationship of Activities to the Accomplishment of Exempt Purposes Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to							
Subtotal Add columns (b), (d), and (e)	-						<u>-</u>
Subtotal Add columns (b), (d), and (e)					_		
Subtotal Add columns (b), (d), and (e)					†		
Subtotal Add columns (b), (d), and (e)							
Subtotal Add columns (b), (d), and (e)			<u> </u>		T		
t XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to		Add columns (b), (d), and (e)				66,272.	· <u> </u>
worksheet in line 13 instructions to verify calculations) rt XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes e No. Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to						- 	
e No. Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to						13	66,2
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Form 990	D-PF (20	014)	THE BORE	KOWSKI FAMIL	Y FOUNDAT	ION		59-7126	5725	Pag	je 13
Part X	(VII	Information R Exempt Organ	egarding Tr nizations	ansfers To and	Transacti	ons an	d Relationships	With None	harit	able	;
iņ		on 501(c) of the Co	•		_	•	ny other organization section 527, relating			Yes	No
	_	rs from the reportin	ig foundation to	a noncharitable e	exempt organ	ization of	f				
											X
						<i>.</i> .			1a(2)		_X
		ansactions									Х
(1)) Sale	es of assets to a no	ncnaritable exe	mpt organization.	zation				15(1)		- <u>X</u>
(2)) Ren	tal of facilities equi	nment or other	able exempt organi	zauon				1b(2)	$\neg \neg$	<u>x</u>
(4)) Reir	nbursement arrange	ements						1b(4)		Х
											Х
(6)) Perf	ormance of service	s or membersl	nip or fundraising s	solicitations				1b(6)		X
c Sh	haring	of facilities, equipm	nent, mailing lis	sts, other assets, c	r paid employ	ees			1c		X
d If	the a	nswer to any of th	e above is "Ye	es," complete the	following sc	hedule	Column (b) should a	always show	the fa	air m	arket
							If the foundation re of the goods, other				
(a) Line r	$\overline{}$	(b) Amount involved		noncharitable exempt of			scription of transfers, trans				
(-,		N/A		<u></u>		N/A				94	
		·				<u>. </u>					
											
			 								
			ļ								
		oundation directly ed in section 501(c)					re tax-exempt organ	izations	Yes	s X] No
b If "	'Yes,"	complete the follow									
		(a) Name of organization	n	(b) Type o	of organization		(c) Descri	ption of relations	hip		
											
									_		
					-						
		penalties of penjury, I declaration of					statements, and to the best	t of my knowledg	e and be	lief, it	is true,
Sign Here		tetleen C.	Borkows	chi 5-2	1-2015	preparer has	Reestee	·	eparer si	hown	
	oigna	ture of officer or trustee		Date		ritie *		(see instruction:	s)? [A	Yes	No
	Т	Print/Type preparer's na	ıme	Prepare Signat	lle .		Date	heck if F	TIN		
Paid		JAMIE M JOLLE			מע			"" [20029	374	. 4
Prepar	rar H		INZ & COM	PANY, LLP.			Firm's E				
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		JA	CKSONVILLE	FL		32	256 Phone n	904-6			
		-							000	DE	

Form **8868**

(Rev January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.
► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No 1545-1709

Form **8868** (Rev 1-2014)

due date for filing your return See instructions 1221 FIRST STREET SOUTH #7B City, town or post office, state, and ZIP code For a foreign address, see instructions JACKSONVILLE, FL 32250 Enter the Return code for the return that this application is for (file a separate application for each return)	If you are	e filing for an Automatic 3-Month Extension, o	omplete o	nly Part I and check th	ıs box	. .			. X
Electronic filling (i-filip). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically life Form 980 for required an extension of time to file any of the form site site in Part I or Part I with the exception of Form 890. Information of the form of the form of the form site of the form of the f	• If you are	e filing for an Additional (Not Automatic) 3-Mo	onth Exten	sion, complete only Pa	art II (on page 2 of this f	orm	1)		
a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time to file any of the forms isted in Part I or Part II with the exception of Form 8970. Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions) Form ore details on the electronic filting of this form, was tww in gow/white and click on e-file for Charities & Nonprofits Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed) A corporation required to file Form 990-T and requesting an automatic 8-month extension - check this box and complete Part I only. All other corporations (including 1120-C filers), partnerships, REMICs, and frusts must use Form 7004 fo request an extension of Imme to file income tax returns All other corporations (including 1120-C filers), partnerships, REMICs, and frusts must use Form 7004 fo request an extension of Imme to file income tax returns The Borkowskii Famility FOUNDATION THE BORKOWSKI FAMILY FOUNDATION THE BORKOWSKI F	Do not com	<i>plete Part II unless</i> you have already been gra	nted an au	tomatic 3-month extens	sion on a previously filed	J Fo	rm :	8868	
8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870. Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/elife and click on e-file for Charities & Nonprofits. Part I Automatic 3-Month Extension of Time. Only submit original (not copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete. Part I only. A corporations (including 1120-C filers), partherships, REMICs, and trusts must use Form 7004 to request an extension of time to file income lax returns. Type or print The Borkowskii Familty Foundation of the Filer, see instructions. The Borkowskii Familty Foundation of the Filer, see instructions. The Borkowskii Familty Foundation of the Filer, see instructions. The Borkowskii Familty Foundation is for (file a separate application for each return). The Borkowskii Familty Foundation is for (file a separate application for each return). The Borkowskii Familty Foundation is for (file a separate application for each return). The Sor Return code for the return that this application is for (file a separate application for each return). The Form 990-EZ The Form									
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Name of exempt organization or other filer, see instructions	_		ips, K⊑MIC	s, and trusts must use t	•				
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Number, streat, and room or suite no if a P O Dox see instructions		wint							
1.221 FIRST STREET SOUTH #78 City, town or post office, state, and 21P code For a foreign address, see instructions JACKSONVILLE, FL 32250	File by the			rtions					
Telephone No 904 241-3597 Telephone No 904 241-3597 Telephone No 904 241-3597 Telephone No 904 241-3597 Telephone No 904 241-3597 Telephone No 904 241-3597 Telephone No 905 Agroup Agro			A, 500 monat	Strong	Social security number (5)	SIN)			
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Telephone No ▶ 904 241-3597 FAX No ▶ If the organization does not have an office or place of business in the United States, check this box	Form 990-P	F	04	Form 5227					10
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Telephone No ▶ 904 241-3597 FAX No ▶ If the organization does not have an office or place of business in the United States, check this box	Form 990-T	(trust other than above)	06	Form 8870					12
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For Privacy Act and Paperwork Reduction Act Notice, see instructions.

FORM 990-PF - PART IV
CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

Cost or of ther price less allowed/ allowable Depreciation allowed/ allowable Depreciation allowed/ allowable Depreciation of ther price less expenses of sale Depreciation allowed/ allowable Depreciation of the price less Depreciation allowed/ allowable Depreciation Dependence Depreciation Depreciation Depreciation Depreciation Depreciation Depreciation Depreciation Dependence Dependence	C,	APITAL GAI	NS AND LC	ISSES FOR	R TAX ON	INVEST	M	ENT INCOM	<u>1E</u>
Gross sale price less allowed/ other as of expenses of sale allowed/ allowable basis 12/31/69 Excess of FMV over adjusts 10/10 29,937. 10/10 11/24	Kind of	Property		Desc	ription		OI D	Date acquired	Date sold
price less allowed/ as of as of 12/31/69 12/31/69 adj basis doss dos	Gross sale	Depreciation	Cost or	FMV	Adı basıs	Excess of	٣		
Expenses of sale allowable basis 12/31/69 12/31/69 adj basis (loss)	price less	allowed/			as of	FMV over		or	
CDK GLOBAL INC SHS 15. RAYNIER ADVANCED MATERIALS INC 12. 900 SHS SEADRILL LTD 36,981. 29,977. CDK GLOBAL INC SHS 2. 03/9/2012 7/16/3 3. 6/18/2013 -26,461. 10/19/2000 11/24 13,331.	expenses of sale	<u>aliowable</u>		_12/31/69	12/31/69	adı basıs	Ļ	(loss)	
17.			TOTAL CAPIT	AL GAIN DIS	TRIBUTIONS			29,937.	
17.			CDK GLOBAL	INC SHS				02/06/2013	10/10/2014
15. 12. 3. 900 SHS SEADRILL LTD 6/18/2013 12/8/3 36,981. 10/19/2000 11/24 29,977. 29,977. 13,331.	17.								10, 10, 2011
10,520. 36,98126,461. 225 SHS BOEING COMPANY 10/19/2000 11/24. 29,977. 13,331.	15.			ANCED MATER	IALS INC			1	7/16/2014
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29,977.	10,520.			DRIBE BID					12/0/2014
TOTAL GAIN(LOSS)	29,977.			ING COMPANY					11/24/2014
TOTAL GAIN(LOSS)									
	TOTAL GAIN(I	oss)				• • • • • • • • • • • • • • • • • • • •		20,127.	
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FORM 990PF, PART I - DIVIDENDS AND INTEREST FROM SECURITIES

NET INVESTMENT INCOME	8. 46,137.	46,145.
REVENUE AND EXPENSES PER BOOKS	8. 46,137.	46,145.
		TOTAL
DESCRIPTION	MERRILL LYNCH - INTEREST MERRILL LYNCH - DIVIDENDS	

FEES	
ACCOUNTING	
1	
н	
PART	
990PF,	
FORM	

THE BORKOWSKI FAMILY FOUNDATION

CHARITABLE	800.	800.
ADJUSTED NET INCOME		
NET INVESTMENT INCOME	800.	800.
REVENUE AND EXPENSES PER BOOKS	1,600.	1,600.
		TOTALS
DESCRIPTION	ACCOUNTING FEES	

ATTACHMENT 2

THE BORKOWSKI FAMILY FOUNDATION

FORM 990PF, PART I - TAXES

REVENUE

AND EXPENSES PER BOOKS

NET INVESTMENT INCOME

TOTALS

2,371.

91.

DESCRIPTION

EXCISE TAX FOREIGN TAX

2,280.

91.

ATTACHMENT 3

FORM 990PF, PART I - OTHER EXPENSES

EXPENSES PER BOOKS REVENUE AND DESCRIPTION ACCOUNT MAINTENANCE FEES

150. INVESTMENT INCOME

150. 150.

TOTALS

3:58:50 PM 50156I 765G 5/8/2015

FORM 990PF, PART II - CORPORATE STOCK

DESCRIPTION

EQUITIES - MERRILL LYNCH MUTUAL FUNDS - MERRILL LYNCH

TOTALS

BOOK VALUE ENDING

ENDING FMV

602,450. 470,001.

927,486. 594,648.

1,072,451.

1,522,134.

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

DESCRIPTION AMOUNT

BOOK ADJUSTMENT 870.

TOTAL ______870.

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YEAR	
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DURING	
PAID	
CONTRIBUTIONS	
AND	
GRANTS	
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PART	
990PE.	
FORM	

AMOUNT	2,000.	4,000.	1,000.	3,000.	5,000.	1,000.
PURPOSE OF GRANT OR CONTRIBUTION	GENERAL FUND	ANNUAL FUND	BUILDING CAMPAIGN & SCHOLARSHIP FUND	GENERAL FUND	GENERAL SUPPORT	GENERAL FUND
RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	N/A PC	N/A PC	N/A PC	N/A PC	N/A PC	N/A PC
RECIPIENT NAME AND ADDRESS	WJCT INC 100 FESTIVAL PARK AVENUE JACKSONVILLE, FL 32202	CHESNUT HILL COLLEGE 9601 GERMANTOWN AVENUE PHILADELPHIA, PA 19118	LOYOLA SCHOOL 980 PARK AVENUE NEW YORK, NY 10028	CITY RESCUE MISSION 426 SOUTH MCDUFF AVENUE JACKSONVILLE, FL 32254	DOCTORS WITHOUT BORDERS 333 7TH AVENUE NEW YORK, NY 10001	AMERICAN RED CROSS OF NORTHEAST FLORIDA 751 RIVERSIDE AVENUE JACKSONVILLE, FL 32204

FORM 990PE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

ATTACHMENT 7 (CONT'D)	•	AMOUNT	1.000			10.000			5.000			005				1.000				1,000.			
ATTACH		PURPOSE OF GRANT OR CONTRIBUTION	GENERAL FUND			GRANT			GENERAL SUPPORT			GENERAL SUPPORT				GENERAL SUPPORT				GENERAL SUPPORT			
	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND	FOUNDATION STATUS OF RECIPIENT	N/A	22		N/A	PC		N/A	PC		N/A	PC PC			N/A	PC		<u>.</u>	N/A	PC		
		RECIPIENT NAME AND ADDRESS	THE CUMMER MUSEUM	829 RIVERSIDE AVENUE	JACKSONVILLE, FL 32204	BETTY GRIFFIN HOUSE	1375 ARAPAHO AVENUE	ST. AUGUSTINE, FL 32084	FOOD FOR THE POOR	P.O. BOX 979005	COCONUT CREEK, FL 33097	JACKSONVILLE SYMPHONY ORCHESTRA	300 WATER STREET	SUITE 200	JACKSONVILLE, FL 32202	MARYMOUNT SCHOOL	1026 5TH AVENUE	NEW YORK, NY 10028	Allementation of the contraction		P.O. BOX 340	VILLANOVA, PA 19083	

ATTACHMENT 7 (CONT'D)

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FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

	AMOUNT	2,500.	1,000.	1,000.	1,000.	1,000.	2,000.
	PURPOSE OF GRANT OR CONTRIBUTION	GENERAL SUPPORT	GENERAL FUND	GENERAL SUPPORT	GENERAL SUPPORT	GENERAL SUPPORT	GENERAL SUPPORT
RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR	AND FOUNDATION STATUS OF RECIPIENT	N/A PC	N/A PC	N/A PC	N/A PC	N/A PC	N/A
	RECIPIENT NAME AND ADDRESS	UNITED WAY OF ST. JOHNS COUNTY 117 BRIDGE STREET ST. AUGUSTINE, FL 32084	BISHOP'S STEWARDSHIP APPEAL 11625 OLD ST. AUGUSTINE ROAD JACKSONVILLE, FL 32258	HOBART AND WILLIAM SMITH COLLEGE 300 PULTENEY STREET GENEVA, NY 14456	TOM COUGHLIN JAY FUND P.O. BOX 50798 JACKSONVILLE BEACH, FL 32240	THE DONNA FOUNDATION 1015 ATLANTIC BLVD ATLANTIC BEACH, FL 32233	NOURISHMENT NETWORK 4615 PHILIPS HIGHWAY JACKSONVILLE, FL 32207

ATTACHMENT 7 (CONT'D)

1,000.

AMOUNT

500.

GENERAL SUPPORT

N/A

ORLANDO, FL 32801

BEAM

JACKSONVILLE, FL 32224

1 UNF DRIVE

		PURPOSE OF GRANT OR CONTRIBUTION	GENERAL SUPPORT	GENERAL SUPPORT
RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR	AND	FOUNDATION STATUS OF RECIPIENT	N/A	N/A .
		RECIPIENT NAME AND ADDRESS	LEUKEMIA & LYMPHOMA SOCIETY 1311 MAMARONECK AVENUE, STE 310 WHITE PLAINS, NY 10605	RMHC OF CENTRAL FLORIDA 1030 N ORANGE AVENUE, STE 105

BEAM 850 6TH AVENUE S, STE 400 JACKSONVILLE BEACH, FL 32250	N/A	GENERAL SUPPORT	1,000.
JITOWNSEND FOUNDATION 830 A1A NORTH, STE 13 #187 PONTE VEDRA BEACH, FL 32082	N/A	GENERAL SUPPORT	500.
FOR PETE'S SAKE CANCER RESPITE 620 WEST GERMANTOWN PIKE, STE 250 PLYMOUTH MEETING, PA 19462	N/A	GRANT	5,000.
UNF FOUNDATION	N/A	GENERAL SUPPORT	2,000.

55,000.	
TOTAL CONTRIBUTIONS PAID	

2,000.

SCHEDULE D (Form 1041)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

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

▶ Use Form 8949 to list your transactions for lines 1b. 2. 3. 8b. 9 and 10.

▶ Information about Schedule D and its separate instructions is at www.irs.gov/form1041.

OMB No 1545-0092

Name of estate or trust Employer identification number THE BORKOWSKI FAMILY FOUNDATION 59-7126725 Note: Form 5227 filers need to complete only Parts I and II Short-Term Capital Gains and Losses - Assets Held One Year or Less See instructions for how to figure the amounts to enter on (h) Gain or (loss) Subtract column (e) from column (d) and Adjustments the lines below to gain or loss from Proceeds This form may be easier to complete if you round off cents Form(s) 8949, Part I, combine the result with (sales price) (or other basis) line 2, column (g) column (g) to whole dollars Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b. 1b Totals for all transactions reported on Form(s) 8949 Totals for all transactions reported on Form(s) 8949 Totals for all transactions reported on Form(s) 8949 4 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts 5 6 Short-term capital loss carryover Enter the amount, if any, from line 9 of the 2013 Capital Loss 6 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h) Enter here and on Long-Term Capital Gains and Losses - Assets Held More Than One Year See instructions for how to figure the amounts to enter on (g) Adjustments (h) Gain or (loss) Subtract column (e) the lines below Proceeds Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents Form(s) 8949, Part II, combine the result with (sales price) (or other basis) line 2. column (a) column (a) to whole dollars 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions) However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b. 8b Totals for all transactions reported on Form(s) 8949 40,529. 50,339. -9,810. Totals for all transactions reported on Form(s) 8949 10 Totals for all transactions reported on Form(s) 8949 Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824 11 12 29,937. 13 13 14 Long-term capital loss carryover Enter the amount, if any, from line 14 of the 2013 Capital Loss 15 Net long-term capital gain or (loss). Combine lines 8a through 15 in column (h) Enter here and on

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D (Form 1041) 2014

Sche	dule D (Form 1041) 2014				Page 2
Pa	t III Summary of Parts I and II		(1) Beneficiaries'	(2) Estate's	1
	Caution: Read the instructions before completing this pa	art	(see instr)	or trust's	(3) Total
17	Net short-term gain or (loss)	17			
18	Net long-term gain or (loss):				
а	Total for year	18a			20,127.
b	Unrecaptured section 1250 gain (see line 18 of the wrksht)	18b			
C	28% rate gain	18c			
	Total net gain or (loss). Combine lines 17 and 18a ▶	19		<u> </u>	20,127.
Note	e: If line 19, column (3), is a net gain, enter the gain on Form 1041, line 4 s, go to Part V, and do not complete Part IV. If line 19, column (3), is a n	(or For	rm 990-T, Part I, line	4a) If lines 18a and	19, column (2), are net
	ssary			a the capital 2000	
Pa	rt IV Capital Loss Limitation				
20	Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, F				,
a Note	The loss on line 19, column (3) or b \$3,000	 nage :		20 (ss complete the Capital
Loss	Carryover Worksheet in the instructions to figure your capital loss carryover				
Pa	<u> </u>				
	n 1041 filers. Complete this part only if both lines 18a and 19 in col			amount is entered	in Part I or Part II and
	e is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is mor				
	tion: Skip this part and complete the Schedule D Tax Worksheet in the inther line 18b, col. (2) or line 18c, col. (2) is more than zero, or	nstruc	ctions if		
	oth Form 1041, line 2b(1), and Form 4952, line 4g are more than zero				
	n 990-T trusts. Complete this part only if both lines 18a and 19 a	re gai	ins or qualified divi	dends are include	d in income in Part
	orm 990-T, and Form 990-T, line 34, is more than zero. Skip this part				
ıf eıt	her line 18b, col (2) or line 18c, col (2) is more than zero		•		
21	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 3	4)	21		
22	Enter the smaller of line 18a or 19 in column (2)	.,			
	but not less than zero				
23	Enter the estate's or trust's qualified dividends	_	_		
	from Form 1041, line 2b(2) (or enter the qualified				
	dividends included in income in Part I of Form 990-T) , . 23				
24	Add lines 22 and 23				
25	If the estate or trust is filing Form 4952, enter the				
	amount from line 4g, otherwise, enter -0 ▶ 25				
26	Subtract line 25 from line 24 If zero or less, enter -0		. 26		
27	Subtract line 26 from line 21 If zero or less, enter -0		. 27		
28	Enter the smaller of the amount on line 21 or \$2,500		. 28		
29	Enter the smaller of the amount on line 27 or line 28		. 29		
30	Subtract line 29 from line 28 If zero or less, enter -0- This amount is			▶ 30	
31	Enter the smaller of line 21 or line 26		· —		
32	Subtract line 30 from line 26				
33	Enter the smaller of line 21 or \$12,150				
34	Add lines 27 and 30				
35	Subtract line 34 from line 33 If zero or less, enter -0-				
36	Enter the smaller of line 32 or line 35				
37	Multiply line 36 by 15%			▶ 37	
38	Enter the amount from line 31				
39	Add lines 30 and 36				
40	Subtract line 39 from line 38 If zero or less, enter -0-				
41	Multiply line 40 by 20%		1 1	▶ 41	
42	Figure the tax on the amount on line 27. Use the 2014 Tax Rate Schedule for		E I		
40	and Trusts (see the Schedule G instructions in the instructions for Form 1041) Add lines 37, 41, and 42		•	——— I	
43 44	Figure the tax on the amount on line 21 Use the 2014 Tax Rate Schedule for			 	
44	-		1 1	1 1	
45	and Trusts (see the Schedule G instructions in the instructions for Form 1041) Tax on all taxable income. Enter the smaller of line 43 or line 44 l		· ———	Schedule	
40	G, line 1a (or Form 990-T, line 36)				
		<u></u> .	<u></u>		

Name(s) shown on return Name and SSN or taxpayer identification no not required if shown on other side

Social security number or taxpayer identification number

THE BORKOWSKI FAMILY FOUNDATION

59-7126725

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker A substitute statement will have the same information as Form 1099-B Either may show your basis (usually your cost) even if your broker did not report it to the IRS Brokers must report basis to the IRS for most stock you bought in 2011 or later (and for certain debt instruments you bought in 2014 or later)

Part II

Long-Term. Transactions involving capital assets you held more than 1 year are long term. For short-term transactions, see page 1.

Note. You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the total directly on Schedule D, line 8a, you are not required to report these transactions on Form 8949 (see instructions)

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need

- X (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
 - (E) Long-term transactions reported on Form(s) 1099-B showing basis was not reported to the IRS
 - (F) Long-term transactions not reported to you on Form 1099-B

(a) Description of property (Example 100 sh XYZ Co)	(Mo, day, yr)	(c) Date sold or disposed (Mo , day, yr)	(d) Proceeds (sales pnce) (see instructions)	(e) Cost or other basis See the Note below and see Column (e) in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f) See the separate instructions		(h) Gain or (loss). Subtract column (e) from column (d) and
					(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g)
CDK GLOBAL INC SHS	02/06/2013	10/10/2014	17.	15.			2
RAYNIER ADVANCED MATERIALS INC	03/9/2012	7/16/2014	15.	12.			3
900 SHS SEADRILL LTD	6/18/2013	12/8/2014	10,520.	36,981			-26,461
225 SHS BOEING COMPANY	10/19/2000	11/24/2014	29,977.	13,331			16,646
	<u> </u>						
 							
						. <u> </u>	
2 Totals. Add the amounts in coluit (subtract negative amounts) Er include on your Schedule D, line checked), line 9 (if Box E above (if Box F above is checked) ▶	ter each total	il here and Dabove is	40,529	50,339			-9,810.

Note. If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment