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Form 990-PF

EXTENSION ATTACHED

Return of Private Foundation

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

Department of the Treasury Internal Rovenus Servico Do not enter social security numbers on this form as it may be made public. Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf. and ending

OMB No. 1545-0032 Open to Public Inspection

	of foundation		, and onling	A Employer identification	number
ΛΠ	TANACCI EAMTIV EQUADATO	N TNC		65-1033909	
	IAVACCI FAMILY FOUNDATION ond street (or P.O. box number if mail is not delivered to street.		Room/sulte	B Telephone number	
	55 BANYAN DRIVE	consod	7.0077000112	305-774-05	0.0
	r town, state or province, country, and ZIP or foreign po	atal cada		C It exemption application is pr	
	RAL GABLES, FL 33156	Jatai Code		a axemphor appression is p	Silvering, Cristick (1875 _ ,)
	ck all that apply: Initial return	Initial return of a fo	rmer public charity	D 1. Foreign organizations	, check here
	Final return	Amended return			
	Address change	Name change		Foreign organizations me shock here and attach co	eting the 85% test, mputation
H Ch	ck type of organization: X Section 501(c)(3) ex	empt private foundation		E If private foundation stat	tus was terminated
		Other taxable private founda	ition	under section 507(b)(1)	(A), check here
I Fair	market value of all assets at end of year J Accounting		Accrual	F If the foundation is in a (
		her (specify)		under section 507(b)(1)	(B), check here
▶\$	131 , 112 . (Part I, colu				
Par	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disburcements for charitable purposes (cash basis only)
	1 Contributions, gifts, grants, etc., received	23,620.			
	2 Check if the foundation is not required to attach Sch. B				
	Interest on savings and temporary cash investments		4-446	<u> </u>	0E-1
ĺ	4 Dividends and interest from securities	1,116.	1,116.		Statement 1
	6a Gross rents			 ,	
	h Not rental income or (lass)	35,212.			
9	6a Net gain or (loss) from sale of assets not on line 10	33,212.		PEOPUL	
Revenue	7 Capital gain net income (from Part IV, line 2)		35,212	RECEIV	
8	8 Net short-term capital gain				S
ļ	9 Income modifications			3 IIIN 1 9 :	015
	98 and allowances			a l	122
- 1	b Less: Cost of goods sold		_		1 1 70
- 1	c Gross profit or (loss)			LUGUEN.	UI
- [11 Other Income				
	2 Total. Add lines 1 through 11	59,948.	36,328		
- 1	3 Compensation of officers, directors, trustoos, etc	0.	0.	0.	0.
	Other employee salaries and wages			 -	
8	15 Pension plans, employee benefits			 	
ž.	b Accounting fees			 	
Expenses	c Other professional fees Stmt 2	1,850.	0.	0.	0.
	17 Interest				
	18 Taxes				
ist	19 Depreciation and depletion				
Ē	20 Occupancy				
:ا∑	21 Travel, conferences, and meetings	2,438.	0	0.	0.
au	22 Printing and publications				
6	23 Other expenses Stmt 3	838.	0	. 0.	0.
# F	24 Total operating and administrative	F 126	1		
Operating and Administrat	expenses, Add lines 13 through 23	5,126. 65,900.	0	0.	65,900.
- !	Contributions, gifts, grants paid	05,300.		 	85,300.
ĺ	Add lines 24 and 25	71,026.	o	. 0.	65,900.
-	27 Subtract line 26 from line 12:	,1,020.	 		33,500
	3 Excess of revenue over expenses and disbursements	-11,078.	1	1	
ł	b Net Investment income (if negotive, enter -0-)		36,328		
[C Adjusted net income (if negative, enter -0-)			0.	
42350 11-24		Instructions.		······································	Form 990-PF (2014

For	n 99	3-PF (2014) CHIAVACCI FAMILY FOUNDA'I			033909 Page 2
Pa	art	Balance Sheets Atlached schedules and amounts in the describtion column should be for end-of-year amounts only.	Beginning of year (a) Book Value	End of y	(c) Fair Market Value
	1	Cash - non-interest-bearing	78,393.	21,980.	21,980.
		Savings and temporary cash investments	,,,,,,,		
		Accounts receivable	· · · · · · · · · · · · · · · · · ·		
ļ	3				
Ì		Less: allowance for doubtful accounts			
	4	Piedges receivable >			
- 1		Less: allowance for doubtful accounts			
		Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
Ì		disqualified persons			
1	7	Other notes and loans receivable		į	
		Less; allowance for doubtful accounts			
छ	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
۲		Investments - U.S. and state government obligations			
	. ь	Investments - corporate stock Stmt 5	97,622.	99,818.	109,132.
		Investments - corporate bonds			
	11	Investments - land hullidions and entitoment havis		<u> </u>	
- 1	• •	Investments - land, buildings, and equipment basis		1	
		Investments - mortgage loans			
		Investments - other			
	14				
	١	Loss, accumulated depreciation			
		Other assets (describe)			
i	16	Total assets (to be completed by all filers - see the	176 015	101 700	121 110
		instructions. Also, see page 1, item I)	176,015.	121,798.	131,112.
iabilities		Accounts payable and accrued expenses			
		Grants payable			
	19	Deferred revenue			
		Loses from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable			
		Other liabilities (describe >			
	23	Total liabilities (add lines 17 through 22)	0.	0.	
	-	Foundations that follow SFAS 117, check here			
		and complete lines 24 through 26 and lines 30 and 81.		ļ	
S	24	Unrestricted	176,015.	121,798.	
Balances	1		2,0,023.		
ala	25				
	26	Permanently restricted			
Net Assets or Fund	1	Foundations that do not follow SFAS 117, check here			
7		and complete lines 27 through 31.		ļ	
ğ	27	Capital stock, trust principal, or current funds			
350	28	Paid-in or capital surplus, or land, bldg., and equipment fund			
Ž	29	Retained earnings, accumulated income, endowment, or other funds			
Ş	30	Total net assets or fund balances	176,015.	121,798.	
	31	Total liabilities and net assets/lund balances	176,015.	121,798.	
	art	Analysis of Changes in Net Assets or Fund B	alances		
	arc	THE THE STATE OF T			
1		I net assets or fund balances at beginning of year - Part II, column (a), line			
	(mu	st agree with end-of-year figure reported on prior year's return)			176,015.
5	Ente	er amount from Part I, line 27a	***********	2	-11,078
3	Oth				0.
4		lines 1, 2, and 3			164,937.
5	Dec	reases not included in line 2 (Itemize)	See Sta	tement 4 5	43,139
-		il net assets or fund balances at end of year (line 4 minus line 5) - Part II, co			121,798.
~	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	and all a series as an an Acad Man A little and all a series and all a series as			Form 990-PF (2014
42: 11-	3511 24-1				

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orm 990-PF (2014) CHIAVACCI FAMILY FOUNDATION, INC. 6 5 - 10 3 3 9 0 9 Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions) 1a Exempt operating foundations described in section 4940(d)(2), check here	363. 0. 363. 0. 363.
Date of ruling or determination letter:	0. 363. 0. 363.
Date of ruling or determination letter:	0. 363. 0. 363.
of Part I, line 27b c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b). 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 2 Add lines 1 and 2 3 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 4	0. 363. 0. 363.
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-) 3 Add lines 1 and 2 4 Subtitle A (Income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 4	363. 0. 363.
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 4 Subtitle A (Income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 4	363. 0. 363.
3 Add lines 1 and 2 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 4	363. 0. 363.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	363.
	363.
5 Tax based on Investment Income. Subtract line 4 from line 3. If zero or less, enter -0-	520.
6 Credits/Payments:	520.
a 2014 estimated tax payments and 2013 overpayment credited to 2014	520.
b Exempt foreign organizations - tax withheld at source	520.
c Tax paid with application for extension of time to file (Form 8868)	520.
d Backup withholding erroneously withheld 6d	520.
7 Total credits and payments. Add lines 6a through 6d	
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, onter amount owed	-498-
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	157.
11 Enter the amount of line 10 to be: Credited to 2015 estimated tax > 157 - Refunded > 11	<u> </u>
Part VII-A Statements Regarding Activities	aal Na
The second secon	es No
any political campaign?	X
b Did it spend more than \$100 during the year (either directly) or indirectly) for political purposes (see instructions for the definition)?	- ^-
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.	1 🕶
c Did the foundation file Form 1120-POL for this year?	<u> </u>
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. S 0 (2) On foundation managers. \$ 0 •]
	1
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation	- l
managers. > \$ 0.	l x
the tree to the same of the sa	
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	l x
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	$-\frac{\pi}{x}$
b if "Yes," has it filed a tax return on Form 990-T for this year?	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?	$\overline{\mathbf{x}}$
If "Yes." attach the statement required by General Instruction T.	
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:	
By language in the governing instrument, or	
By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law	
remain in the governing instrument?	x
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	X
1) Bid the foundation have at least 40,000 in assets at any time desting the year in rest, somplete i are in our top and it are in a server	
8a Enter the states to which the foundation reports or with which it is registered (see instructions)	İ
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	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	\neg
year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," complete Part XIV	x
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	X
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	art VII-A Statements Regarding Activities (continued)				
	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		x
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory print "Yes," attach statement (see instructions)	vileges?	12		x
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?		13	Х	
14	Website address ► N/A The books are in care of ► LOUIS CHIAVACCI Telephone no. ►			500	
	Located at ▶ 9055 BANYAN DRIVE, CORAL GABLES, FL	ZIP+4 ►33	156		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here			► /A	
	and enter the amount of tax-exempt interest received or accrued during the year	10 [Yes	No
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over a bank,		1 16	165	X
	securities, or other financial account in a foreign country? See the instructions for exceptions and filling requirements for FinCEN Form 114, (formerly TD F 90-22.1). If "Yes," enter the name	of the	101		
	foreign country	o) the			
Pi	art 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
11	a During the year did the foundation (either directly or indirectly):			i	
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	S LAL No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)	. [€]	1		
	a disqualified person?	S LA NO			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?.	א בבו זי געו אי			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Ye	6 LAL 140			
	(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)?	. X No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"	9 [44] 140			
	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.)	s X No			
	b if any answer is "Yes" to 1a(1)-(6), did any of the acts fall to qualify under the exceptions described in Regulations	٠١٠ تعمل ٥			
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	N/A	16		
	Organizations relying on a current notice regarding disaster assistance check here	▶□	<u> </u>		
	c Did the foundation engage in a prior year in any of the acts described in 1s, other than excepted acts, that were not corrected				
	before the first day of the tax year beginning in 2014?		10		Х
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?	s X No			
	If "Yes," list the years 🕨				1
	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		1		
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach	37.73	١.		
	statement - see instructions.)	Ņ/A	2b		<u> </u>
	c if the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.		İ		1
_	Ba Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time		İ		
3		s X No	1		
	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 afti		1	1	1
	bit Yes, and it have excess business holdings in 2014 as a result or (1) any purchase by the fournation or disqualitied persons and May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispersions.			[1
	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		1	1	
	Form 4720, to determine if the foundation had excess business holdings in 2014.)		36	l	
,	4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		48	 	X
•	b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose		<u> </u>	 	 -
	had not been removed from jeopardy before the first day of the tax year beginning in 2014?		46	l	x
_			rm 99	D-PF	

orm 990-PF (2014) CHIAVACCI FAMILY FOUNDAT			65-10339	09 Page 6
Part VII-B Statements Regarding Activities for Which F	orm 4/20 Iviay be i	sequirea (contini	uea) T	
5a During the year did the foundation pay or incur any amount to: (1) Carry on propaganda, or otherwise attempt to influence legislation (section	4045(0)\2	v.	no 🕱 No	1 1
(1) Carry on propagation, or otherwise attempt to influence registation (security); of influence the outcome of any specific public election (see section 4955); or	r to carni on directly or indire	,., <u> </u>	is Lab. NO	1
any voter registration drive?	to carry on, unbody or more	, 	ns X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes'	,	"	X No	
(4) Provide a grant to an organization other than a charitable, etc., organization				1
4945(d)(4)(A)? (see instructions)	1 degai in an acadest		s X No	1 1
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or aducational numbers or f		.0 (222) 0.0	1 1
the prevention of cruelty to children or animals?			e X No	1 1
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	ler the excentions described i	n Regulations		
section 53.4945 or in a current notice regarding disaster assistance (see instru			N/A	ь
Organizations relying on a current notice regarding disaster assistance check h				
e If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr				
expenditure responsibility for the grant?	N	/A 🗀 🗸	ו אור דים	
If "Yes," attach the statement required by Regulations section 53.494		·/.aa · · ·		
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	* *		1	
a personal benefit contract?	pay premiums on		IS X No	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	arconal hanalit contract?	[]	וייי באבו איי	sb X
	ersonar benefit contract?	******* * ** *** *******	······	2 + 1 -
If "Yes" to 6b, file Form 8870. 7a At any time during the tax year, was the foundation a party to a prohibited tax s	holter transaction?		N V No	
b if "Yes," did the foundation receive any proceeds or have any net income attribu				7b
Part VIII Information About Officers, Directors, Trust	ees Foundation Ma	nagere Highly	/3././? }	
Paid Employees, and Contractors	ees, i quildation me	magers, rugin	,	
1 List all officers, directors, trustees, foundation managers and their	compensation.			
	(b) Title, and average	(c) Compensation	(d) Contributions to	(e) Expense account, other
(a) Name and address	hours per week devoted to position	(if not paid, enter -0-)	(d) Contributions to employes benefit plans and deferred compensation	account, other allowances
LOUIS CHIAVACCI	PRESIDENT	1	COMPENSAGED	
9055 BANYAN DRIVE				
CORAL GABLES, FL 33156	5.00	0.	0.	0.
	 			
	1		}	
			<u> </u>	
	1			
	1	1		
2 Compensation of five highest-paid employees (other than those inc	cluded on line 1). If none	enter "NONE."		
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average		(d) Contibutions to employee bandit plans and delenge compensation	(e) Expense account, other
(8) Marine and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	and defended noilsansomed	allowances
NONE				
	1			
	†			
	1	 	†	
	1		[İ
	1	 		
	1	1		
**** <u>.</u>		<u> </u>		
	1	1		
Total number of other employees paid over \$50,000		**** *******************		0
			Form	990-PF (2014)

	CHIAVACCI FAMILY FOUNDATION, INC.		1033909 Page 7
	tion About Officers, Directors, Trustees, Foundation ployees, and Contractors (continued)		
3 Five highest-paid inde	pendent contractors for professional services. If none, enter "N		
(a) Name	e and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE			
			• 0
Total number of others recei	ving over \$50,000 for professional services		<u></u> ▶] 0
List the foundation's four lar- number of organizations and	gest direct charitable activities during the tax year. Include relevant statistical other beneficiaries served, conferences convened, research papers produce	information such as the d, etc.	Expenses
1 N/A			
2			
3			
Part IX-B Summar	ry of Program-Related Investments gram-related investments made by the foundation during the tax year on line	2.1 and 2	Amount
1 N/A	gram-talated investments made by the foundation obling the tax year on the	s railu z.	Allount
2			
•	vestments. See instructions.		
Total Add lines 1 through	13		0.

Form **990-PF** (2014)

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations, se	e instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		· ····
8	Average monthly fair market value of securities	18	96,457.
ь	Average of monthly cash balances	1b	50,420.
C		1c	
d	Total (add lines 1a, b, and c)	16	146,877.
8	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0 .		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	146,877.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	2,203.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	144,674.
8	Minimum Investment return. Enter 5% of line 5	8	7,234.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and foreign organizations check here and do not complete this part.)	d certain	
1	Minimum investment return from Part X, line 6	1	7,234.
2 a			
b			
C	Add lines 2a and 2b	20	363.
8	Distributable amount before adjustments. Subtract line 2c from line 1	3	6,871.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	6,871.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	6,871.
F	art XII Qualifying Distributions (see Instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
8		18	65,900.
t		1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a		88	
t		3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	65,900.
5	Foundations that qualify under section 4940(B) for the reduced rate of tax on net investment		
-	income. Enter 1% of Part I, line 27b	5	363.
8	Adjusted qualifying distributions. Subtract line 5 from line 4	6	65,537.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation	qualifies for t	he section

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Part XIII Undistributed Income (see instructions) (b) (c) (a) Years prior to 2013 2013 2014 Corpus 1 Distributable amount for 2014 from Part XI, 6,871. line 7 2 Undistributed income, if any, as of the end of 2014: 0 a Enter amount for 2013 only b Total for prior years: 0. 8 Excess distributions carryover, if any, to 2014: 35,082. a From 2009 57,132. **b**From 2010 .. . 2,298. c From 2011 73,543. dFrom 2012 30,484. e From 2013 198,539 1 Total of lines 3a through e 4 Qualifying distributions for 2014 from 65,900. Part XII, line 4: ►\$ 0 a Applied to 2013, but not more than line 2a ... b Applied to undistributed income of prior 0 years (Election required - see instructions) ... c Treated as distributions out of corpus 0 (Election required - see instructions) 6,871. d Applied to 2014 distributable amount 59,029 e Remaining amount distributed out of corpus 0. 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: 257,568 8 Corpus Add lines 3f, 4c, and 4e. Subtract line 5 b Prior years' undistributed income. Subtract 0. 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 0 assessed d Subtract line 6c from line 6b. Taxable 0. amount - see instructions e Undistributed income for 2013. Subtract line 0. 4a from line 2a. Taxable amount - see instr. ... f Undistributed income for 2014. Subtract lines 4d and 5 from line 1. This amount must 0. be distributed in 2015 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election 0 may be required - see instructions) 8 Excess distributions carryover from 2009 35,082. not applied on line 5 or line 7 9 Excess distributions carryover to 2015. 222,486 Subtract lines 7 and 8 from line 6a 10 Analysis of line 9: 57,132 a Excess from 2010 2,298. b Excess from 2011... 73,543. c Excess from 2012 30,484. d Excess from 2013 59,029 e Excess from 2014...

11-24-14

	CI FAMILY F			65-10	33909 Page 10
Part XIV Private Operating F			A, question 9)	N/A	
1 a if the foundation has received a ruling of					
foundation, and the ruling is effective fo	r 2014, enter the date of t	he ruling	▶		
b Check box to indicate whether the found	dation is a private operation	g toundation described l		4942(<u>[)(3)</u> or49	42(1)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years	- Rabin	
Income from Part I or the minimum	(a) 2014	(b) 2013	(c) 2012	(d) 2011	(e) Total
investment return from Part X for					•
each year listed				<u> </u>	
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			ļ	<u> </u>	
e Qualifying distributions made directly					
for active conduct of exempt activities.			ł		
Subtract line 2d from line 2c					
8 Complete 3a, b, or c for the					
alternative test relied upon: a "Assets" alternative test - enter:	{	[ĺ
(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					
o "Support" alternative test - enter.					
(1) Total support other than gross		}	1	ļ	
investment income (interest,	'				1
dividends, rents, payments on					
securities loans (section 512(a)(5)), or royaldes)	İ				
(2) Support from general public		<u> </u>		***************************************	
and 5 or more exempt					1
organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from			† 		
an exempt organization				ļ	
(4) Gross investment income					
Part XV Supplementary Inf	ormation (Comple	ete this part only	if the foundatio	n had \$5,000 or m	ore in assets
at any time during				•	
1 Information Regarding Foundati	on Managers:				
a List any managers of the foundation w year (but only if they have contributed	no have contributed more		tributions received by th	e foundation before the cid	se of any tax
LOUIS CHIAVACCI		\-\\\-\\\			
b List any managers of the foundation we other entity) of which the foundation h			(or an equally large por	tion of the ownership of a p	ertnership or
None	and a resident of Greater mitters				
2 Information Regarding Contribu	tion Grant Ciff I acc	Scholarchin etc. D	rograma:		
Check here > If the foundation	only makes contributions	to preselected charitable	organizations and does	not accept unsolicited req	uests for funds. If
the foundation makes gifts, grants, etc					u u.
a The name, address, and telephone nul		the person to whom app	ications should be addr	essed:	
LOUIS CHIAVACCI, 30		n mr 22156			
9055 BANYAN DRIVE,			h		
b The form in which applications should A LETTER REQUEST PR				ED TO LOUIS	CHIAVACCI.
c Any submission deadlines: N/A			_		
d Any restrictions or limitations on awar	ds, such as by geographic	cal areas, charitable fields	, kinds of institutions, o	r other factors;	
N/A					
423601 11-24-14					Form 990-PF (2014)

Part XV Supplementary Information				<u> </u>
8 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	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
Paid during the year				
		1		1
AWOCCF	PUBLIC	501 (C)(3)	GENERAL PURPOSE	
				50
				ł
BAPTIST HEALTH FOUNDATION	PUBLIC	501 (C)(3)	general purpose	1
		, , ,		10,00
		l		
	}	1		
CAMILLUS HOUSE INC	PUBLIC	501 (C)(3)	GENERAL PURPOSE	
CARLES INVOICE AND		1		2,00
CARTEN VARVEE ACARCIN	PUBLIC	501 (C)(3)	GENERAL PURPOSE	
CAPITAL MARKET ACADEMY	FUBBIC	501 (6)(3)	GENERAL FURFOSE	20,00
				
)		
CORNE CARLES MICHINA	DUDY TO	501 (C)(3)	CHARDAT DEDDOCE	
CORAL GABLES MUSEUM	POBLIC	1	GENERAL PURPOSE	1,00
Total See .c	ontinuation she	et(s)	> 38	
b Approved for future payment				
		Ì		İ
37		ł		
None				
		ſ		
		1		1
	1	1		
		1		
		1		
]
		1		
				1
Total		-	▶ 3	b
				b Form 990-PF (20

Part XVI-A	Analysis	of Income	-Producing	Activities

Enter gross amounts unless otherwise indicated.	Unrelate	d business income	Exclu	ded by section 512, 513, or 514	(e)
Lines gross amounts unless otherwise maleatou.	(a)	(b)	(C) Exclu-	(d)	Related or exempt
1 Program service revenue;	Business code	Amount	sion code	Amount	function income
8	-				
<u> </u>					
<u> </u>					
<u> </u>					
d			<u> </u>		
6			<u> </u>		
1			<u> </u>		
g Fees and contracts from government agencies	ļ.———				
2 Membership dues and assessments	<u> </u>		<u> </u>		
3 Interest on savings and temporary cash					
Investments			4.2	1 112	
4 Dividends and interest from securities			14	1,116.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal			1		
property					
7 Other investment Income					
8 Gain or (loss) from sales of assets other					
than inventory			18	35,212.	
9 Net income or (loss) from special events			L^-		
10 Gross profit or (loss) from sales of inventory					
11 Other revenue;					
a	İ		ł		
b					
c					
1					
8			├		
12 Subtotal Add columns (b), (d), and (e)		0.	 	36,328.	0.
13 Total. Add line 12, columns (b), (d), and (e)				13_	
(See worksheet in line 13 instructions to verify calculations.)					
	- 41 4	amuliahmant of Ex		A Du	
Part XVI-B Relationship of Activities t	o the Acc	omplishment of Ex	vem t	it Furposes	
Line No. Explain below how each activity for which income	me is reported	in column (e) of Part XVI-A	contri	buted importantly to the accor	nplishment of
the foundation's exempt purposes (other than	by providing fo	unds for such purposes).			,
N/A					
	·	·			
	·				
				· ····································	
					
				··	
					
	 				
		····	_		
		······································		<u></u>	
					
					·
					
		· · · · ·		 	
	<u> </u>				
423521 11-24-14					Form 990-PF (2014)
11-94-14					rum 330-FF (2014)

Forr	990-PF (2014) CHIAVACCI FAMILY FOUNDATION, INC. 65-103			age 13
Pi	rt XVII Information Regarding Transfers To and Transactions and Relationships With Noncha Exempt Organizations	iritable	B	-
1	Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of		Yes	No
	the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?			
8	Transfers from the reporting foundation to a noncharitable exempt organization of:			
	(1) Cash	18(1)		X
		4-70		v

the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?		
Transfers from the reporting foundation to a noncharitable exempt organization of:		
(1) Cash	[18(1)]	X
(2) Other assets		Х
Other transactions:		
(1) Sales of assets to a noncharitable exempt organization	15(1)	X
(2) Purchases of assets from a noncharitable exempt organization		X
(3) Rental of facilities, equipment, or other assets		X
(4) Reimbursement arrangements		X
(5) Loans or loan guarantees		X
(6) Performance of services or membership or fundraising solicitations	[X
Sharing of facilities, equipment, mailing lists, other assets, or paid employees		X
If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of		ets.

or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in

		ther assets, or services received. (c) Name of noncharitable	average organization	(4) 0	of transfer becausely	
8)Line no	(b) Amount involved	• •	exempt or gamzanon	(u) Description	or vansters, vansacuo	ns, and sharing arrangements
		N/A		<u>-</u>		
				- }		
		 		 		<u> </u>
				 		
					· 	
				<u> </u>		
						·
		ly affiliated with, or related to, one		<u> </u>		
in sec	tion 501(c) of the Gode (other s," complete the following sch	than section 501(c)(3)) or in sec edule.				Yes 🛣 No
	(a) Name of org	anization	(b) Type of organization		(c) Description of re	lationship
	N/A					· · · · · · · · · · · · · · · · · · ·
		 				
	Index condition of perhau I declare	that I have examined this return, includi	ng accompanying achedules and	statements, and to the	best of my knowledge	
Sign a	nd belief, it is true, correct, and cor	periote Declaration of preparer (other the	an taxpayer) is based on all inform	ation of writch prepare	er has any knowledge.	May the IHS discuss this return with the preparer shown below (see instr)? X Yes No.
	Signature of officer or trustee		Date 7	Title	Charle	1670
Paid	Print/Type preparer's na		signature	Date 6/6/15	Check if self- employed	P01384634
Prepar Use Or	er Firm's name ▶ Ger	son Preston Rol	oinson and Co	•	Firm's EIN ► 5	9-1262947
		6 71st Street				
	Mi Mi	ami Beach, FL 3	33141		Phone no. (3	<u>05) 868-3600</u>
						Form 990-PF (201

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/torm990.

OMB No. 1545-0047

2014

Name of the organization

Employer identification number

c	HIAVACCI FAMILY FOUNDATION, INC.	65-1033909
Organization type (check	one):	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	•
	501(c)(3) taxable private foundation	
	n is covered by the General Rul e or a Special Rule. (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special R	ule. See instructions.
General Rule		
	ion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totalin ny one contributor. Complete Parts I and II. See instructions for determining a contributo	
Special Rules		
sections 509(a)(any one contribu	tion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% supports and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a utor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amounts 1. Complete Parts I and II.	a, or 16b, and that received from
year, total contri	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990 EZ that received from ibutions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or edulated to children or animals. Complete Parts I, II, and III.	
year, contribution is checked, enter purpose. Do not	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from ons exclusively for religious, charitable, etc., purposes, but no such contributions totaled or er here the total contributions that were received during the year for an exclusively religious t complete any of the parts unless the General Rule applies to this organization because able, etc., contributions totaling \$5,000 or more during the year	more than \$1,000. If this box us, charitable, etc., It received nonexclusively
but it must answer "No"	n that is not covered by the General Rule and/or the Special Rules does not file Schedule on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its eet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule 8 (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization

Employer identification number

CHIAVACCI	FAMILY	FOUNDATION,	INC.
-----------	--------	-------------	------

CHIAV	ACCI FAMILY FOUNDATION, INC.		55-1033909
Part i	Contributors (see instructions). Use duplicate copies of Part I	if additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	LCOC PARTNERS, L.P. 9055 BANYAN DRIVE CORAL GABLES, FL 33156	s23,620	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for nancash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		s	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
423452 11-		Sebadula B / E	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

CHIAVACCI FAMILY FOUNDATION, INC.

65-1033909

art II	Noncash Property (see instructions). Use duplicate copies of Pa	art 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
	500 SHARES OF AMDOCS LIMITED		
_1			
		sss	12/11/14
(a) No.	(b)	(c)	(d)
from Part I	Description of noncash property given	FMV (or estimate) (see instructions)	Date received
		s	
(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
		_	
		s	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		_	
		\$	
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
Part I		(occ inca administration	
		s	890, 990-EZ, or 990-PF) (

(e) Transfer of gift

Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

	sses for Tax on Investment Income				
	describe the kind(s) of property solo	1, e.g., real estate,	(b) How acquired	(c) Date acquired	(d) Date sold
2-story bi	rick warehouse; or common stock, 20	00 shs. MLC Co.	D - Donation	(c) Date acquired (mo., day, yr.)	
18 AARON'S INC SH			P	12/14/12	
b AUTODESK INC D			P	12/14/12	
c LG DISPLAY CO	LTD		P	12/14/12	
d MITCHAM INDS	TI. 00 01 5		P	12/14/12	
e MOLSON COOR BR			P	12/14/12	
WOLVERINE WORL MANDOCS LIMITED			D	07/24/02	
h Capital Gains				07724702	12/11/14
captear daring	DIVIGENCE			 	
				†	
<u> </u>			1	†	
i -					
m					
n					
0				<u> </u>	
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		n) Gain or (loss) plus (f) minus (g)	
13,543.		12,436.			1,107.
17,444.		12,468.			4,976.
11,482.		12,500.			-1,018.
13,895.		12,525.			1,370.
17,038. 16,609.		12,493. 12,502.			4,545.
27 (20	<u> </u>	3,585.	 -		20,035.
23,620.		3,303.			90.
1					
·					
k					
n					_
<u> </u>					
D		h- (
Complete only for assets snow	ng gain in column (h) and owned by			osses (from col. (h)) of col. (h) gain ove	
(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	but	not less than "-0-")	
3		<u> </u>			1,107.
<u> </u>		1			7 676
<u> </u>					
4					-1,018.
d					-1,018. 1,370.
					-1,018. 1,370. 4,545.
1					-1,018. 1,370. 4,545. 4,107. 20,035.
1 2 1 1					-1,018. 1,370. 4,545. 4,107. 20,035.
1 6 1 9					-1,018. 1,370. 4,545. 4,107. 20,035.
1					-1,018. 1,370. 4,545. 4,107. 20,035.
1					-1,018. 1,370. 4,545. 4,107. 20,035.
d e e e e e e e e e e e e e e e e e e e					-1,018. 1,370. 4,545. 4,107. 20,035.
1					-1,018. 1,370. 4,545. 4,107. 20,035.
1					-1,018. 1,370. 4,545. 4,107. 20,035.
d e e e e e e e e e e e e e e e e e e e					-1,018. 1,370. 4,545. 4,107. 20,035.
d e f f f f f f f f f f f f f f f f f f	apital loss) { If gain, also ente	r in Part I, line 7	2		4,9761,018. 1,370. 4,545. 4,107. 20,035. 90.
d e f g h i i k I m n c Capital gain net income or (net c	uss) as defined in sections 1222(5) a		2		-1,018 1,370 4,545 4,107 20,035
d e f g h i i j k I m n o Capital gain net income or (net c lif gain, also enter in Part i, line E	uss) as defined in sections 1222(5) a	nd (6):	2	N/A	-1,018 1,370 4,545 4,107 20,035

3 Grants and Contributions Paid During the '	Year (Continuation)			
Recipient	if recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	Gonniaguon	
DUKE UNIVERSITY	PUBLIC	501 (C)(3)	GENERAL PURPOSE	50
				50
HEALTHNETWORK FOUNDATION	PUBLIC	501 (C)(3)	general purpose	
				2,00
BIRL SCOUTS OF MY	PUBLIC	501 (C)(3)	GENERAL PURPOSE	5
IMFORMED PAMILIES	PUBLIC	501 (C)(3)	General Purpose	
THE OWNER PROTECTED	-		Salvarda Follosa	65
JUNIOR ACHIEVEMENT OF SOUTH FL	PUBLIC	501 (C)(3)	General Purpose	10
······································				
MENORAH MANOR	enaric	501 (c)(3)	General purpose	
		1		10
	1			}
NPBCC	PUBLIC	501 (C)(3)	general purpose	50
		<u> </u>		
STUDENTS FOR LIBERTY	PUBLIC	501 (c)(3)	General Purpose	
		-		1,00
	l			
THE CENTRUST PARTY	PUBLIC	501 (C)(3)	general purpose	2,50
UNITED WAY OF MIAMI DADE	PUBLIC	501 (C)(3)	GENERAL PURPOSE	
				25,00

Form 990-PF	Dividends	and Inter	est from Secur	ities St	atement 1
Source	Gross Amount	Capital Gains Dividend	Revenue	(b) Net Invest- ment Income	(c) Adjusted Net Income
MERRILL LYNCH #99059	1,206.	9	0. 1,116.	1,116.	1,116.
To Part I, line 4	1,206.	9	0. 1,116.	1,116.	1,116.
Form 990-PF	Ot	her Profes	sional Fees	St	atement 2
Description	·	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes
OTHER PROFESSIONAL FE	ees —	1,850.	0.	0.	0.
To Form 990-PF, Pg 1,	, ln 16c	1,850.	0.	0.	0.
			·		
Form 990-PF		Other E	xpenses	St	atement 3
Form 990-PF Description		Other E (a) Expenses Per Books	(b) Net Invest-	(c) Adjusted Net Income	(d)
		(a) Expenses	(b) Net Invest- ment Income	(c) Adjusted	(d) Charitable Purposes
Description MERRILL LYNCH #99059	, ln 23	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes
Description MERRILL LYNCH #99059 INVESTMENT FEES To Form 990-PF, Pg 1,	= 	(a) Expenses Per Books 838.	(b) Net Invest- ment Income	(c) Adjusted Net Income 0.	(d) Charitable Purposes 0.
Description MERRILL LYNCH #99059 INVESTMENT FEES To Form 990-PF, Pg 1,	= 	(a) Expenses Per Books 838.	(b) Net Invest- ment Income 0.	(c) Adjusted Net Income 0.	(d) Charitable Purposes 0.
Description MERRILL LYNCH #99059 INVESTMENT FEES To Form 990-PF, Pg 1,	Decreases	(a) Expenses Per Books 838. 838.	(b) Net Invest- ment Income 0. 0. sets or Fund B	(c) Adjusted Net Income 0. 0. alances St	(d) Charitable Purposes 0. 0. atement 4

Form 990-PF Corporate Sto	ck	Statement
Description	Book Value	Fair Market Value
MERRILL LYNCH INVESTMENT ACCOUNT	99,818.	109,132
Total to Form 990-PF, Part II, line 10b	99,818.	109,132

Form 8868

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

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

 If you are filing for an Automatic 3-Month Extension, c If you are filing for an Additional (Not Automatic) 3-Mo Do not complete Part II unless you have already been g 	nth Exten	sion, complete only	Part II (on page 2 of	this f	form).	_
Electronic filing (e-file). You can electronically file Form a corporation required to file Form 990-T), or an additiona 8868 to request an extension of time to file any of the formation for Transfers Associated With Certain Personal instructions). For more details on the electronic filing of the	al (not auto orms listed Benefit C	matic) 3-month exte I in Part I or Part II Contracts, which mu	ension of time. You ca with the exception of ist be sent to the IR	n ele Fom IS in	ctronica n 8870, paper	ally file Form, information format (see
Part I Automatic 3-Month Extension of Time	. Only sub	omit original (no co	pies needed).			
A corporation required to file Form 990-T and reques						▶ □
All other corporations (including 1120-C filers), partnershi	ps, REMIC	s, and trusts must u	ise Form 7004 to requ	iest e	ın exter	nsion of time
to file income tax returns.						
	- N- 1-11-11-11-11-11-11-11-11-11-11-11-11-		Enter filer's identifying			
Type or Name of exempt organization or other filer, see in	structions.	• •	Employer Identification	, ,		
print CHIAVACCI FAMILY FOUNDATION INC Number, street, and room or suite no. If a P.O. bo	v coa lacta	istions	65-103 Social security number			
File by the	-		Social security number	(2214)		
due date for C/U GERSON PRESTON KODINSON & CO filling your City, town or post office, state, and ZIP code. For						
retum. See Instructions. Miami Beach, Florida 33141						
Enter the Return code for the return that this application is	s for (file a	separate application	for each return) .			. 04
Application	Return	Application				Return
Is For	Code	is For				Code
Form 990 or Form 990-EZ	01	Form 990-T (corpo	ration)			07
Form 990-BL	02	Form 1041-A				08
Form 4720 (individual)	03	Form 4720 (other to	han individual)			09
Form 990-PF	04	Form 5227	· · · · · · · · · · · · · · · · · · ·			10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069				11
Form 990-T (trust other than above)	06	Form 8870				12
• The books are in the care of ► Telephone No. ► 305-868-3600		ax No. ►3	 05-864-6740		•	
 If the organization does not have an office or place of be If this is for a Group Return, enter the organization's foutout for the whole group, check this box If it is a list with the names and EINs of all members the extension in the content of th	usiness in t ir digit Gro it is for par	the United States, ch up Exemption Numb	nack this box er (GEN)		If ti	►□ his is attach
1 I request an automatic 3-month (6 months for a countil August 15 , 20 15 , to file the exert for the organization's return for: ▶ □ calendar year 20 14 or	rporation r				The ex	tension is
 	, 20 nonths, ch	and ending eck reason: Initia	I return	n	, 20	0
3a If this application is for Forms 990-BL, 990-PF, 99 nonrefundable credits. See instructions.	0-T, 4720,	or 6069, enter the te	entative tax, less any	3a	\$	0
b If this application is for Forms 990-PF, 990-T, estimated tax payments made. Include any prior y				3Ь	\$	
c Balance due. Subtract line 3b from line 3a. Includ EFTPS (Electronic Federal Tax Payment System).	e your pay See instruc	ment with this form, ctions.	if required, by using	36.	\$	0.00
Caution. If you are going to make an electronic funds withdrawa instructions.	ıl (direct deb		LODEIA	Sorm	8879-E	:O for payment
			A TANK STREET		- 00/	20