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OMB No 1545-0052

Department of the Treasury Internal Revenue Service

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

▶ Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990-PF and its instructions is at <u>www.irs.gov/form990pf</u>.

Open to Public

		•						•
For	cale	ndar year 2014, or tax y	ear beginning 01-	01-2014	, aı	nd ending 1	2-31-2014	
		ındatıon undatıon Inc				A Employer id	entification numbe	er
						81-0554696		
		Y G SCHLEIN street (or P O box number if mail is no	ot delivered to street address	s) Room/suite		B Telephone nu	mber (see instruction	s)
83. Su		JOSHUA TREE LANE						
		, state or province, country, and ZIP or	foreign nostal code			C If exemption	application is pending	ı, check here ▶ □
		E, AZ 85250	roreign postar code			• In exemption	approation to periam	g, and an incre p
								_
G Cr	neck a	Il that apply Initial return Final return	I Initial return of a A mended return	former public charity	′	D 1. Foreign or	ganizations, check he	ere 🕨 🗀
		Address chang					rganizations meeting k here and attach coi	
H Ch	eck tv	pe of organization Section		ate foundation		E If private for	ındatıon status was t	erminated
		4947(a)(1) nonexempt charitat			n	under sectio	n 507(b)(1)(A), chec	k here 🔽 I
		ket value of all assets at end	J Accounting method	Cash Acci		F If the founda	ation is in a 60-month	termination
		rom Part II, col. (c),	Other (specify)			under sectio	n 507(b)(1)(B), chec	k here 🕨
		\$ 4,472,802	(Part I, column (d) must	t be on cash basıs.)				
Pa	rt I	Analysis of Revenue a total of amounts in columns (b), (c) necessarily equal the amounts in columnstructions)), and (d) may not	(a) Revenue and expenses per books	(b) N	let investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc	, received (attach					
		schedule)		10,000				
	2	Check ► ☐ If the foundation is	not required to attach					
		Sch B						
	3	Interest on savings and tempor	ary cash investments					
	4	Dividends and interest from sec	curities	162,054		162,054		
	5a	Gross rents		5,787		5,787	5,787	
	ь	Net rental income or (loss)	5,100					
Revenue	6a	Net gain or (loss) from sale of a	ssets not on line 10	188,810				
	ь	Gross sales price for all assets 715,929	on line 6a					
\$	7	Capital gain net income (from P	art IV, line 2)			168,307		
	8	Net short-term capital gain .	· ·			<u> </u>	49,965	
	9	Income modifications						
	10a	Gross sales less returns and						
		allowances						
	b	Less Cost of goods sold						
	С	Gross profit or (loss) (attach so	ŕ					
	11	Other income (attach schedule	•			-5,193		
	12	Total. Add lines 1 through 11		361,472		330,955	55,752	
	13	Compensation of officers, direct						
v.	14	Other employee salaries and wa						
<u>δ</u>	15	Pension plans, employee benefi						
	16a	Legal fees (attach schedule).		6		-	_	
Expenses		Accounting fees (attach schedu		2,000		0	0	0
	C	Other professional fees (attach	scnequie)					
Administrative	17	Interest		% 6,534		6,534		
Ξ	18	Taxes (attach schedule) (see in	•	6,534		6,534		
ПП	19	Depreciation (attach schedule)						
듣	20	Occupancy						
and #	21	Travel, conferences, and meeting Printing and publications	-					
9 0	22 23	Other expenses (attach schedu		% 847				
Operating	23 24	Total operating and administrat		047				
rat	Z4 	Add lines 13 through 23	_	9,381		6,534	0	0
<u>8</u>	25	Contributions, gifts, grants paid		218,950		0,334	0	218,950
O				210,550				210,530
	26	Total expenses and disburseme 25	nts. Add lines 24 and	228,331		6,534	0	218,950
	27	Subtract line 26 from line 12						
	а	Excess of revenue over expense		133,141				
	ь	Net investment income (If nega	, ,			324,421		
	٦.	Adjusted net income (if negative	e enter -0-)	l l			55,752	

Pa	rt II	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing	121,131	52,907	52,907
	2	Savings and temporary cash investments		·	· · ·
	3	Accounts receivable			
		Less allowance for doubtful accounts 🕨			
	4	Pledges receivable -			
	_	Less allowance for doubtful accounts -			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
	•	disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule)			
	′	Less allowance for doubtful accounts			
	8	Inventories for sale or use			
sets	9	Prepaid expenses and deferred charges			
A SS	10a	Investments—U S and state government obligations (attach schedule)			
_	b	Investments—corporate stock (attach schedule)	2,996,225	3,111,199	4,228,508
	_	Investments—corporate bonds (attach schedule)	117,843	204,234	
	C	Investments—land, buildings, and equipment basis	117,043	204,234	171,307
	11	Less accumulated depreciation (attach schedule)			
	4.2	Investments—mortgage loans			_
	12	F			
	13	Investments—other (attach schedule)			
	14	Land, buildings, and equipment basis			
	4-	Less accumulated depreciation (attach schedule)			
	15	Other assets (describe)			
	16	Total assets (to be completed by all filers—see the	3,235,199	3,368,340	4,472,802
	17	Instructions Also, see page 1, item I) Accounts payable and accrued expenses	3,233,199	3,300,340	4,472,002
		Grants payable			
y.	18	Deferred revenue			
≝	19	Loans from officers, directors, trustees, and other disqualified persons			
abilities	20	Mortgages and other notes payable (attach schedule)			
	21	<u>-</u>			
	22 23	Other liabilities (describe) Total liabilities (add lines 17 through 22)		0	
	23	Foundations that follow SFAS 117, check here		-	
ري d)		and complete lines 24 through 26 and lines 30 and 31.			
Fund Balance	24	Unrestricted	3,235,199	3,368,340	
<u>ප</u>	25	Temporarily restricted	-,	2,252,213	
<u> </u>	26	Permanently restricted			
Ĕ	20	Foundations that do not follow SFAS 117, check here			
<u>~</u>		and complete lines 27 through 31.			
	27	Capital stock, trust principal, or current funds			
Assets	28	Paid-in or capital surplus, or land, bldg, and equipment fund			
ĄŠ	29	Retained earnings, accumulated income, endowment, or other funds			
ž	30	Total net assets or fund balances (see instructions)	3,235,199	3,368,340	
Z	31	Total liabilities and net assets/fund balances (see instructions)	3,235,199	3,368,340	
D۵			5,255,255	2,232,213	
1	. .	Total net assets or fund balances at beginning of year—Part II, column (a) line 30 (must agre	,	
-			a), fille 30 (filust agre		3,235,199
2		Enter amount from Part I, line 27a			133,141
3		Other increases not included in line 2 (itemize)		3	
4		Add lines 1, 2, and 3			3,368,340
5		Decreases not included in line 2 (itemize) ►		5	,,-
6		Total net assets or fund balances at end of year (line 4 minus line 5)—Pa		·	3,368,340
		· · · · · · · · · · · · · · · · · · ·			<u> </u>

the Part VI instructions

	90-PF (2014) Canital Gains ar	nd Losses for Tax on Inve	stment Income	<u> </u>		Page 3
urc.	(a) List and describe th	he kınd(s) of property sold (e g , re use, or common stock, 200 shs M	al estate,	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a	See Additional Data Ta	able				
b						
С						
d						
e						
(€	e) Gross sales price	(f) Depreciation allowe (or allowable)	100	t or other basis opense of sale		or (loss)) mınus (g)
а	See Additional Data Ta	able				
b						
С						
d						
e						
Со	mplete only for assets sh	lowing gain in column (h) and owne	ed by the foundation	n on 12/31/69	(I) Gains (Col	(h) dain miniis
	FM V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Exc	cess of col (ı)	col (k), but not	less than -0-) or om col (h))
а	See Additional Data Ta	able				
ь						
С						
d						
			If gain, also enter	ın Dawl I lına 7 il		
2	Capital gain net income	e or (net capital loss) gain or (loss) as defined in sectio	If (loss), enter -0-	, J	2	168,30
3	·	art I, line 8, column (c) (see instru		,	3	61,61
art	V Qualification Un	nder Section 4940(e) for R	educed Tax on	Net Investme	nt Income	,
		ivate foundations subject to the se				
•	on 4940(d)(2) applies, lea	•			,	
		section 4942 tax on the distributa qualify under section 4940(e) Do			eriod?	┌ Yes ┌ No
1 E n	ter the appropriate amoun	nt in each column for each year, se	ee instructions befo	ore making any ent	ries	
	(a) e period years Calendar or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncha	rıtable-use assets	(d) Distribution (col (b) divided	
, (2013	185,350		3,941,025	(30) (3) divided	0 047031
	2012	158,100		3,601,932		0 043893
	2011	384,955		3,579,409		0 107547
	2010	132,700		3,399,811		0 039032
	2009	130,150		2,882,332		0 045154
2	Total of line 1, column	(d)			2	0 28265
3		atio for the 5-year base period—div e foundation has been in existence			3	0 05653
4	Enter the net value of n	noncharitable-use assets for 2014	from Part X, line 5	5	4	4,284,27
5	Multiply line 4 by line 3	3		[5	242,19
6	Enter 1% of net invest	ment income (1% of Part I, line 2	7b)	[6	3,24
7	Add lines 5 and 6				7	245,43
8	Enter qualifying distrib	utions from Part XII, line 4			8	218,95
	· · · · ·	greater than line 7, check the box		<u> </u>	part using a 1% tax	

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Par	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the inst	ructio	ns)	
1a	Exempt operating foundations described in section 4940(d)(2), check here 🟲 🦵 and enter "N/A"			
	on line 1			
	Date of ruling or determination letter(attach copy of letter if necessary-see instructions)			
ь	Domestic foundations that meet the section 4940(e) requirements in Part V, check		(5,488
	here Fand enter 1% of Part I, line 27b			
c	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of			
	Part I, line 12, col (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)			
3	Add lines 1 and 2			 5,488
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others			,,,,,,
•	enter -0-)			
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0 5		(5,488
6	Credits/Payments			
а	2014 estimated tax payments and 2013 overpayment credited to 2014 6a			
b	Exempt foreign organizations—tax withheld at source 6b			
c	Tax paid with application for extension of time to file (Form 8868) 6c			
d	Backup withholding erroneously withheld 6d			
7	Total credits and payments Add lines 6a through 6d			0
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached.			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 9		(5,488
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid • 10			
11	Enter the amount of line 10 to be Credited to 2015 estimated tax Refunded 11			
Par	t VII-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did		Yes	No
	ıt participate or intervene in any political campaign? 📆	1a		No
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions			
	for definition)?	1b		No
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			
	published or distributed by the foundation in connection with the activities.			
C	Did the foundation file Form 1120-POL for this year?	1c		No
d	Enter the amount (If any) of tax on political expenditures (section 4955) imposed during the year			
	(1) On the foundation ▶ \$ (2) On foundation managers ▶ \$			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
	on foundation managers 🕨 \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		No
	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		No
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		No
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		No
	If "Yes," attach the statement required by General Instruction T.			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			
	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions			
	that conflict with the state law remain in the governing instrument?	6	Yes	i
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c),			
	and Part XV.	7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)			
	AZ			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney			
	General (or designate) of each state as required by General Instruction G? If "No," attach explanation .	8b	Yes	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3)			
	or 4942(j)(5) for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)?			
	If "Yes," complete Part XIV	9		No
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names			
	and addresses.	10	Yes	

Pai	rt VII-A Statements Regarding Activities (continued)			- 3
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	111		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had			
	advisory privileges? If "Yes," attach statement (see instructions)	. 12		No
12	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	140
13			165	
	Website address ►N/A			
14	The books are in care of ▶JEFFREY G SCHLEIN Telephone no ▶(418	<u>) 905-</u>	1786	
	Located at ►8321 E JOSHUA TREE LN SCOTTSDALE AZ ZIP+4 ►85250			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here		1	▶┌
	and enter the amount of tax-exempt interest received or accrued during the year			·
4.0				
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over	ء ا	Yes	No
	a bank, securities, or other financial account in a foreign country?	16		No
	See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes", enter the name of the foreign country			
Pai	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)? Tyes 🔽 No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	ıf the foundation agreed to make a grant to or to employ the official for a period			
	after termination of government service, if terminating within 90 days)			
b	If any answer is "Yes" to $1a(1)-(6)$, did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		
	Organizations relying on a current notice regarding disaster assistance check here			
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts,			
	that were not corrected before the first day of the tax year beginning in 2014?	1c		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
_	operating foundation defined in section 4942(1)(3) or 4942(1)(5))			
а	At the end of tax year 2014, did the foundation have any undistributed income (lines 6d			
_	and 6e, Part XIII) for tax year(s) beginning before 2014?			
	If "Yes," list the years • 20, 20, 20			
h	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
_	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)			
	to all years listed, answer "No" and attach statement—see instructions)	2b		
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
·	► 20			
2-				
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?			
L				
D	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	۱		
_	If the foundation had excess business holdings in 2014.).	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2014?	4b		No

	n 990-PF (2014)									Pa	age 6
Pa	rt VII-B Statements Reg	<u>ardiı</u>	ng Activities for	Wł	nich Form 4720	May	Be Required (cont	inue	<u>d)</u>		
5a	During the year did the foundation	n pay	orincurany amoun	t to							
	(1) Carry on propaganda, or other		•	_	•			No			
	(2) Influence the outcome of any	-						_			
	on, directly or indirectly, any		-			•					
	(3) Provide a grant to an individ						「Yes ✓	' No			
	(4) Provide a grant to an organiz							_			
	ın section 4945(d)(4)(A)? (s	ee in	structions)			•	⊤ Yes ▽	No			
	(5) Provide for any purpose othe							_			
	educational purposes, or for										
b	If any answer is "Yes" to 5a(1)-										
	Regulations section 53 4945 or		_	_			_	_	5b		
	Organizations relying on a curre	nt not	ice regarding disast	eras	ssistance check here	e	▶ 「	_			
c	If the answer is "Yes" to question		**		· ·						
	tax because it maintained expen	diture	e responsibility for th	ne gr	ant?	•	T Yes T	No			
	If "Yes," attach the statement requ	uired l	by Regulations section	n 53.	.4945–5(d).						
6a	Did the foundation, during the ye	ar, re	ceive any funds, dire	ectly	or indirectly, to pay	pren	niums on				
	a personal benefit contract?							No			
b	Did the foundation, during the ye	ar, pa	y premiums, directly	y or	indirectly, on a perso	nall	benefit contract?		6b		No
	If "Yes" to 6b, file Form 8870.										
7a	At any time during the tax year,	was t	he foundation a party	y to	a prohibited tax shelf	ter tı	ransaction? TYes 🔽	No			
b	If yes, did the foundation receive	any	proceeds or have an	y ne	t income attributable	e to t	the transaction?		7b		
Da		ıt Of	ficers, Directors	s, T	rustees, Founda	itioi	n Managers, Highly	Paid	Emp	loyee	es,
_	and Contractors										
	List all officers, directors, trustee			1							
	(a) Name and address	(()	Title, and average hours per week		(c) Compensation If not paid, enter		(d) Contributions to mployee benefit plans		xpens		
	(1)	d.	evoted to position	\	-0-)		d deferred compensation	ot	her allo	owance	es
BARB	ARA S SCHLEIN	PRE	SIDENT		0						
	1 EAST JOSHUA TREE LANE	0									
	TTSDALE,AZ 85250	_									
	REY G SCHLEIN	⊣ ₋	Y/TREAS		0						
	1 EAST JOSHUA TREE LANE TTSDALE,AZ 85250	0									
	IFER PODHAJSKY	VIC	E PRES		0						
	1 EAST JOSHUA TREE LANE	40,10	EPKES		U						
	TTSDALE, AZ 85250										
	Compensation of five highest-pai	d em	oloyees (other than	thos	e included on line 1—	-see	instructions). If none, en	iter "l	NONE."		
			(b) Title, and aver	200			(d) Contributions to				
(a)	Name and address of each emplo	yee	hours per week		(c) Compensatio	n	employee benefit		Expens		
	paid more than \$50,000		devoted to positi	on			plans and deferred compensation	οt	her allo	owance	25
							o simpono a si o si				
			1								
			1								
			-								
			-								
			1								
Tota	I number of other employees paid	over	\$50.000				🕨				

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Part VIII Information About Officers, Directors, Trustand Contractors (continued)	tees, Foundation Managers, H	ighly Paid Employees,
3 Five highest-paid independent contractors for professional services	(see instructions). If none, enter "NO	NE".
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
Total number of others receiving over \$50,000 for professional services		>
		<u> </u>
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include re organizations and other beneficiaries served, conferences convened, research papers pro		er of Expenses
1NOT APPLICABLE		
2		
3		
4		
Part IX-B Summary of Program-Related Investments	(see instructions)	
Describe the two largest program-related investments made by the foundation during		A mount
1NOT APPLICABLE		
2		
All other program-related investments See instructions		
3		
Total. Add lines 1 through 3		▶

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations. see instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc. 1 purposes 1a 4.262.498 1h 87.019 1c 1d 4.349.517 Reduction claimed for blockage or other factors reported on lines 1a and 1e 2 2 3 3 Subtract line 2 from line 1d. 4.349.517 Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see 4 65.243 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V. line 4. 5 4.284.274 5 214,214 **Distributable Amount** (see instructions) (Section 4942(1)(3) and (1)(5) private operating foundations and Part XT certain foreign organizations check here $\blacktriangleright \Gamma$ and do not complete this part.) 1 214.214 Tax on investment income for 2014 from Part VI, line 5. 6.488 2a Income tax for 2014 (This does not include the tax from Part VI). . . 6.488 2c 3 3 207.726 4 4 5 5 207.726 Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1. . . 7 207.726 Part XIII Oualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes 1 Expenses, contributions, gifts, etc —total from Part I, column (d), line 26. 1a 218.950 1b 0 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc. 2 2 Ω 3 Amounts set aside for specific charitable projects that satisfy the За O 3b 4 Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 218,950 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment 218,950 Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

the section 4940(e) reduction of tax in those years

	olidistributed flicollie (see liistid	ictions)			
		(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
1	Distributable amount for 2014 from Part XI, line 7				207,726
	Undistributed income, if any, as of the end of 2014				
	Enter amount for 2013 only			61,019	
	Total for prior years 2012, 2011, 2010		0		
	Excess distributions carryover, if any, to 2014				
	From 2009				
	From 2010 0				
	From 2011 0				
	From 2012 0				
	From 2013 0				
	Total of lines 3a through e		0		
	Qualifying distributions for 2014 from Part				
•	XII, line 4 > \$ 218,950				
а	Applied to 2013, but not more than line 2a			61,019	
	Applied to undistributed income of prior years		0	·	
_	(Election required—see instructions)				
c	Treated as distributions out of corpus (Election				
	required—see instructions)				
d	Applied to 2014 distributable amount				157,931
е	Remaining amount distributed out of corpus		0		
5	Excess distributions carryover applied to 2014		0		0
	(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:				
	Corpus Add lines 3f, 4c, and 4e Subtract line 5		0		
b	Prior years' undistributed income Subtract line 4b from line 2b		0		
c	Enter the amount of prior years' undistributed				
_	income for which a notice of deficiency has				
	been issued, or on which the section 4942(a)				
	tax has been previously assessed				
d	Subtract line 6c from line 6b Taxable amount		0		
	—see instructions		9		
е	Undistributed income for 2013 Subtract line				
	4a from line 2a Taxable amount—see				
f	Undistributed income for 2014 Subtract				
•	lines 4d and 5 from line 1. This amount must				
	be distributed in 2015				49,795
7	Amounts treated as distributions out of				
	corpus to satisfy requirements imposed by				
	section 170 (b)(1)(F) or 4942(g)(3) (Election may				
_	be required - see instructions)				
8	Excess distributions carryover from 2009 not applied on line 5 or line 7 (see instructions)				
0	Excess distributions carryover to 2015.				
9	Subtract lines 7 and 8 from line 6a		0		
10	Analysis of line 9				
	Excess from 2010				
	Excess from 2011 0				
	Excess from 2012 0				
	Excess from 2013 0				
	Excess from 2014 0				
-			1		

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

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

c Any submission deadlines

factors

Form **990-PF** (2014)

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to status of A mount any foundation manager contribution Name and address (home or business) recipient or substantial contributor a Paid during the year PRIVATE NONPROFIT 218,950 SEE ATTACHED STATEMENT 8321 EAST JOSHUA TREE LANE ORGANIZATIONS WHOSE SCOTTSDALE, AZ 85250 PRIMARY PURPOSE IS TO PROMOTE THE PRACTICE OF CHARITABLE GIVING AND VOLUNTEERING OR TO REPRESENT AND SERVE A WIDE RANGE OF PHILANTHROPIC AND CHARITABLE INSTITUTIONS 218,950 Total . **b** Approved for future payment

Form 990-1						Page 12
	-A Analysis of Income-Produci			T =	F12 F12 F14	(-)
-	s amounts unless otherwise indicated	(a) Business code	(b) A mount	(c) Exclusion code	(d) A mount	(e) Related or exempt function income (See instructions)
b						macraecions y
fg Fees a 2 Membe 3 Interes	and contracts from government agencies rship dues and assessments st on savings and temporary cash					
4 Divider 5 Net ren a Debt- b Not de 6 Net ren	ments			14	162,054	
8 Gain or invento 9 Net inc	nvestment income			18	188,810	
b c d	revenue a <u>See Additional Data Table</u>					
12 Subtota 13 Total. A	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) Forksheet in line 13 instructions to verify c			1	351,458 3	
Part XVI	Explain below how each activities to Explain below how each activity for which the accomplishment of the foundation's instructions)	h income is re	ported ın column (e) of Part XVI-A co	ontributed importa	

Form 990-P	F (2014)										Рa	ge 1 3
Part XVI	Information Ro Noncharitable					actio	ns and I	Relationship	s With			
	rganization directly or i										Yes	No
organızat	tions?											
a Transfers	s from the reporting foui	ndatıon to	a nonc	:harıtable	exempt organiza	tion of						
	h									1a(1)		No
(2) Othe	erassets									1a(2)		No
b O ther tra												
	s of assets to a noncha									—		No
	hases of assets from a											No
	tal of facilities, equipme											No
	nbursement arrangemer									1b(4)		No
	ns or loan guarantees.									1b(5)		No
	rmance of services or r		-	_						1b(6)		No
_	of facilities, equipment,	_	•							1c		No
of the go	swer to any of the above ods, other assets, or se ansaction or sharing arr (b) Amount involved	ervices giv rangement	en by t , show	the reporti in column	ng foundation I	the fou the god	undation r ods, other	eceived less tha assets, or serv	an fair marke ices receive	et value ed	:	ntc
(a) Line No	(b) Amount involved	(C) Name	OI HOHE	паптаріе ехе	empt organization	(u)	Description	of transfers, transa	ctions, and sna	illig alla	ngemei	its
describe	undation directly or indi d in section 501(c) of the complete the following	he Code (d schedule		nan sectio	n 501(c)(3)) or	n secti	•			.F _Y e	es F	- _{No}
	(a) Name of organizatio	n		(E) Type of organizat	ion		(c) Desci	ription of relati	onship		
the	der penalties of perjury, best of my knowledge a ormation of which prepai	and belief,	ıt ıs tr	ue, correct					nan taxpaye	r) is bas	sed on	all
Here	****				2015-05-15	- k	*****		return	IRS disci		
	Signature of officer or t	rustee			Date	_ ,	Tıtle		below	preparei tr)? 🔽 1		
	Print/Type preparer's Gary S Parker	name	Prepa	arer's Sıgn	ature	Date		Check if self- employed ►	PTIN P(003003	387	
Paid Preparer	Firm's name 🕨 Spielman Koenigsberg	g & Parker	LLP			1		Firm's EIN ►	1			
Use	Firm's address 🕨											
Only	1745 Broadway - 18t	h Floor N	ew Yor	rk,NY 10	019			Phone no (48	0)905-178	36		

efile GRAPHIC print - DO NOT PROCESS Schedule B

As Filed Data -

DLN: 93491134030515

OMB No 1545-0047

Schedule of Contributors

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schlein Foundation Inc

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

2014

Employer identification number

	81-0554696						
Organization type (che	ok 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						
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or om any one contributor Complete Parts I and II See instructions for determining a contributor's total contributions						
Special Rules	smany one contributor complete rand in coc metractions for acternating a contributor o total contributions						
under sections 50 received from any	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ /3% support test of the regulations 09(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 99 r (ii) Form 990-EZ, line 1 Complete Parts I and II						
during the year, to	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, otal contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, of of cruelty to children or animals. Complete Parts I, II, and III						
during the year, c this box is checke purpose Do not c	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, ontributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000 if ed, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., complete any of the parts unless the General Rule applies to this organization because it received nonexclusively le, etc., contributions totaling \$5,000 or more during the year						

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

Name of organization

Employer identification number

Schlein Foundation Inc 81-0554696 Contributors (see instructions) Use duplicate copies of Part I if additional space is needed Part I (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person 굣 JEFFREY G SCHLEIN Payroll 8321 East Joshua Tree Lane Noncash 10,000 Scottsdale, AZ85250 (Complete Part II for noncash contributions) (d) (b) (c) (a) **Total contributions** Name, address, and ZIP + 4 Type of contribution No. Person Payroll Noncash (Complete Part II for noncash contributions) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions) (c) (d) (a) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash (Complete Part II for noncash contributions)

Name of organization

Employer identification number

Schlein Foundation Inc 81-0554696 Noncash Property (see instructions) Use duplicate copies of Part II if additional space is Part II (a) No. (c) (b) (d) from FMV (or estimate) Date received Description of noncash property given Part I (see instructions) (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) \$ (a) No (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) (a) No. (c) (d) (b) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) \$ (a) No (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) (a) No. (c) (d) (b) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions)

me of org	ganization Indation Inc			Employer identification number			
	indation The			81-0554696			
1 6 1		r from any one enter the total of nstructions)	contributor. Complet	cribed in section 501(c)(7), (8), or (10) te columns (a) through (e) and the following line charitable, etc., contributions of \$1,000 or less fo			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
— :							
	Transferee's name, address, ar		Transfer of gift Relatio	onship of transferor to transferee			
-							
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
- :							
	Transferee's name, address, ar		Transfer of gift Relatio	onship of transferor to transferee			
-							
a) No. rom Part I	(b) Purpose of gift	(c	Use of gift	(d) Description of how gift is held			
— <u>:</u>							
-	Transferee's name, address, and ZIP 4		Transfer of gift Relatio	onship of transferor to transferee			
a) No.	(h) D			(d) December of how wife in hold			
rom Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
-		(e)	Transfer of gift				
-	Transferee's name, address, ar		_	onship of transferor to transferee			
-							

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d

(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
25,000 SHS ANGLOGOLD HOLDING PLC MATURITY 04/15/20 YIELD 5 375	Р	2013-09-04	2014-07-23
25,000 SHS MORGAN STANLEY GLOBAL MATURITY 04/01/14 YIELD 4 750	Р	2013-01-01	2014-04-01
500 SHS ABBVIE INC	Р	2013-01-01	2014-10-29
1,000 SHS DU PONT (E I) DE NEMOURS & CO	Р	2013-01-01	2014-07-17
3,000 SHS EL PASO PIPELINE PARTNERS LP	Р	2012-06-25	2014-12-02
3,000 SHS EL PASO PIPELINE PARTNERS LP	Р	2012-06-25	2014-12-02
2,000 SHS KINDER MORGAN ENERGY PARTNERS LP	Р	2013-12-26	2014-12-02
2,000 SHS KINDER MORGAN ENERGY PARTNERS LP	Р	2013-12-26	2014-12-02
2,000 SHS LUBYS CAFETERIAS INC	Р	2013-01-01	2014-12-26
1,000 SHS MICRON TECHNOLOGY INC	Р	2013-01-01	2014-02-12

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
25,538		22,406	3,132
25,000		24,385	615
29,984			29,984
65,086		38,500	26,586
133,208		96,612	62,026
		8,010	-8,010
204,029		160,430	58,459
		11,645	-11,645
9,186		38,975	-29,789
24,464		11,713	12,751

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			
(j) A djusted basıs as of 12/31/69	(k) Excess of col (ı) over col (j), ıf any	col (k), but not less than -0-) or Losses (from col (h))	
		3,132	
		615	
		29,984	
		26,586	
		36,596	
		-8,010	
		43,599	
		-11,645	
		-29,789	
		12,751	
	(j) Adjusted basis	(j) Adjusted basis (k) Excess of col (i)	

Form 990PF Part IV - Capital Gains and Losses for Tax	on Investment Income -	Columns a - d	
			_

(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
5,000 STATOILHYDRO ASA	D—Donation P	2013-01-01	2014-06-01
1,000 SHS VORNADO REALTY LP PREFERRED 7 875% PINES	Р	2013-01-01	2014-10-01
SHORT TERM CAPITAL GAIN FROM MLP'S	Р	2014-01-01	2014-12-31
LONG TERM CAPITAL GAIN FROM MLP'S	Р	2013-12-30	2014-12-31

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
152,810		129,733	23,077
25,000		25,000	
19			19
1,102			1,102

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I

Complete only for assets show	(I) Gains (Col (h) gain minus		
(i) F M V as of 12/31/69	(j) A djusted basıs as of 12/31/69	(k) Excess of col (ı) over col (j), ıf any	col (k), but not less than -0-) or Losses (from col (h))
			23,077
			19
			1,102

Form 990PF Part XVI-A Line 11 - Other revenue:

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section	(e) Related or	
11 O ther revenue	(a) Business code	(b) A mount	(c) Exclusion code	(d) A mount	exempt function income (See the instructions)
a MISCELLANEOUS INCOME			14	3,307	
b NATURAL RESOURCE PARTNERS LP			15	202	
c BLACKSTONE GROUP LP			16	13	
d REGENCY ENERGY PARTNERS LP			15	27	
e BLACKSTONE GROUP LP			15	24	
f FERRELLGAS PARTNERS LP			16	713	
g KINDER MORGAN ENERGY PARTNERS LP			15	141	
h KKR & CO LP			15	10	
i KKR & CO LP			16	2	
j CLASS ACTION SETTLEMENTS	900099				14
k WILLIAMS PARTNERS			16	-396	
I DISPOSED CARRYFORWARD LOSSES OF MLP'S			18	-8,500	
m HUGOTON ROYALTY TRUST			15	5,051	

OMB No 1545-0123

Department of the Treasury Internal Revenue Service

▶ Information about Form 8949 and its separate instructions is at www.irs.gov/form8949. ▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of

Schedule D.

Sales and Other Dispositions of Capital Assets

Name(s) shown on return

Social security number or taxpayer identification number

81-0554696

Adjustment, if any, to gain or loss

Before you check Box A, B, or C below, check 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 I Short-Term. Transactions involving capital assets you held 1 year or less are short term. For long-term transactions, see page 2.

Note. You may aggregate all short-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 1a; you are not required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box If you have more short-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

- (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (B) Short-term transactions reported on Form(s) 1099-B showing basis was **not** reported to the IRS
- (C) Short-term transactions not reported to you on Form 1099-B

1 (a) (b) Description of property (Example 100 sh XYZ Co) (b) Date acquired (Mo , day, yr)	Date acquired Date 30td 01	(b) (c) (d) See	Date sold or Proceeds	Proceeds	Proceeds	Proceeds	Proceeds	(e) Cost or other basis See the Note below and see <i>Column (e)</i>			(h) Gain or (loss). Subtract column (e)	
	disposed (Mo , day, yr)	(sales price) (see instructions)	in the separate instructions	(f) Code(s) from	(g) Amount of adjustment	from column (d) and combine the result with column (g)						
25,000 SHS A	09-04-2013	07-23-2014	25,538	(22,406)			3,132					
-							 					
							<u> </u>					
2 Totals Add the amounts in colum (subtract negative amounts) Enter include on your Schedule D, line 1b checked), line 2 (if Box B above is	each total her (If Box A abov	e and e ıs										
	· · · · · ·		25,538	(22,406)			3,132					
Note. If you checked Box A above	but the basis re	ported to the I	RS was incorrect	, enter ın column ((e) the bas	sis as reported t	o the IRS, and					

Part I Short-Term. Transactions involving capital assets you held 1 year or less are short term. For long-term transactions, see page 2.

Note. You may aggregate all short-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 1a; you are not required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-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.

- (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (B) Short-term transactions reported on Form(s) 1099-B showing basis was **not** reported to the IRS
- (C) Short-term transactions not reported to you on Form 1099-B

F (C) Short-term transactions no	ot reported to y	ou on Form 10	77-0				
1 (a) Description of property (Example 100 sh XYZ Co)	(b) Date acquired (Mo. day, vr.) Date sold or disposed	(d) Proceeds (sales price)	(e) Cost or other basis See the Note below and see <i>Column (e)</i>	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)	
(Example 100 str X12 GG)	(Mo , day, yr)	(Mo , day, yr)	(see instructions)	in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	and combine the result with column (g)
2,000 SHS KI	12-26-2013	12-02-2014	204,029	(160,430)		14,860	58,459
2,000 SHS KI	12-26-2013	12-02-2014		(11,645)			-11,645
2 Totals Add the amounts in column (subtract negative amounts) Enter include on your Schedule D, line 1b checked), line 2 (if Box B above is C above is checked)	each total her (If Box A abov checked), or lin	e and e ıs e 3 (ıf Box	204,029	<u> </u>		14,860	46,814

Note. If you checked Box A 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.

Page 2

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

Social security number or taxpayer identification number 81-0554696

Before you check Box D, E, or F below, check 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

- (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)	(b) Date acquired (Mo , day, yr)	(c) Date sold or disposed (Mo , day, yr)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below and see <i>Column (e)</i> In the separate Instructions	If you enter a	If any, to gain or loss an amount in column (g), code in column (f) aparate instructions (g) Amount of adjustment	(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
25,000 SHS M	01-01-2013	04-01-2014	25,000	(24,385)			615
500 SHS ABBV	01-01-2013	10-29-2014	29,984	()			29,984
1,000 SHS DU	01-01-2013	07-17-2014	65,086	(38,500)			26,586
2,000 SHS LU	01-01-2013	12-26-2014	9,186	(38,975)			-29,789
1,000 SHS MI	01-01-2013	02-12-2014	24,464	(11,713)			12,751
5,000 STATOI	01-01-2013	06-01-2014	152,810	(129,733)			23,077
2 Totals Add the amounts in column (subtract negative amounts) Enter include on your Schedule D, line 8b checked), line 9 (if Box E above is color above is checked)	each total her (If Box D abov	e and e 1s e 10 (1f	331,530	(268,306)			63,224
Note. If you checked Box D above b			l	` ' '	e) the bas	l sis as reported to	

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.

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

- (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

/ (1 / Long term transactions no	· · · · · · · · · · · · · · · · · · ·						
(a) Description of property (Example 100 sh XYZ Co)	(b) Date acquired (Mo , day, yr)	(c) Date sold or disposed (Mo , day, yr)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below and see <i>Column (e)</i> In the separate Instructions	If you enter a	If any, to gain or loss an amount in column (g), code in column (f) eparate instructions (g) Amount of adjustment	(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
2 000 CHC EI	06-25-2012	12-02-2014	122 200	(06.612)	mondono	25,430	62.026
3,000 SHS EL			133,208			25,430	
3,000 SHS EL	06-25-2012	12-02-2014		(8,010)			-8,010
2 Totals Add the amounts in colum (subtract negative amounts) Enter include on your Schedule D, line 8th checked), line 9 (if Box E above is 6 Box F above is checked) Note. If you checked Box D above	each total her (If Box D abov checked), or lin	e and e ıs e 10 (ıf ►	133,208			25,430	<u> </u>

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

TY 2014 Accounting Fees Schedule

Name: Schlein Foundation Inc

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
SPIELMAN, KOENIGSBERG & PARKER	2,000			

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TY 2014 All Other Program Related Investments Schedule

Name: Schlein Foundation Inc

Category	Amount
NONE	

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Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2014 Depreciation Schedule

Name: Schlein Foundation Inc



TY 2014 General Explanation Attachment

Name: Schlein Foundation Inc

ldentifier	Return Reference	Explanation
Substantial Contributors	Substantial Contributors	JEFFREY G SCHLEIN 8321 East Joshua Tree Lane Scottsdale, AZ 85250

TY 2014 Other Expenses Schedule

Name: Schlein Foundation Inc

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
BANK CHARGES	150			
FILING FEES	10			
Rent and Royalty Expense	687			

TY 2014 Other Income Schedule

Name: Schlein Foundation Inc

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
OTHER INCOME FROM MLP'S	3,307	3,307	
CLASS ACTION SETTLEMENTS	14		
CARRYFORWARD LOSSES OF DISPOSED MLP'S	-8,500	-8,500	

TY 2014 Taxes Schedule

Name: Schlein Foundation Inc

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXCISE TAX	6,534	6,534		

S C H L E I N F O U N D A T I O N I N C. 2014 CONTRIBUTIONS

American Cancer Society American Heart Assn. American Museum of Natural History Animal Medical Center Arizona State University Avon Old Farms School Cancer Care Inc. Carnegie Hall Society Inc Children's Museum of Phoenix Columbia University Medical Center Community Synagogue of Rye Doctors Without Borders USA	\$ 100.00 100.00 250.00 1,250.00 250.00 100.00 5,000.00 7,500.00 750.00
East End Temple I A M A T	100.00
James Beard Foundation Jewish Museum (The) KAET-TV Channel 8 PBS	250.00 100.00 250.00
KBAQ-FM Radio 89.5 National Public Radio KJZZ-FM Radio 91.5 National Public Radio Lebanon Family Health Services	250.00 250.00 500.00
March of Dimes McDowell Sonoran Conservancy	100.00
Mesa Arts Center Metropolitan Museum of Art Mount Sinai Medical Center & School of Medicine	250.00 100.00 75,000.00
Museum of Arts & Design Museum of Modern Art Musical Instrument Museum	250.00 100.00 250.00
New York Philharmonic Pediatric Cancer Foundation Penn State Hershey Children's Hospital	100.00 500.00 1,000.00
PEPA Inc. (Purchase Environmental Protective Ass'n.) Phoenix Art Museum	250.00 10,000.00
Phoenix Herpetological Society Planned Parenthood of Arizona Purchase Fire Department Ronald McDonald House Scottsdale Cares	250.00 5,000.00 250.00 100.00 250.00
Scottsdale Cultural Council Scottsdale Healthcare Foundation Scottsdale RR & Mechanical Society Seeing Eye, Inc. (The)	500.00 50,000.00 500.00 100.00
Statue of Liberty - Ellis Island Fdn. University of Miami Westchester Philharmonic White Plains Hospital/Medical Center	1,000.00 250.00 55,000.00
Whitney Museum of American Art	 250.00

TOTAL CONTRIBUTIONS FOR 2014----> \$ 218,950.00