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Form **990-PF**Department of the Treasury  
Internal Revenue Service**Return of Private Foundation**  
**or Section 4947(a)(1) Trust Treated as Private Foundation**

- ▶ Do not enter social security numbers on this form as it may be made public.  
▶ Information about Form 990-PF and its separate instructions is at [www.irs.gov/form990pf](http://www.irs.gov/form990pf).

OMB No 1545-0052

**2014**

Open to Public Inspection

For calendar year 2014, or tax year beginning , 2014, and ending

**SHELLY & LAWRENCE HOROWITZ FAMILY**  
**FDN, INC**  
**250 EAST OLIVE STREET**  
**LONG BEACH, NY 11561**

**G** Check all that apply ☐ Initial return ☐ Initial return of a former public charity  
☐ Final return ☐ Amended return  
☐ Address change ☐ Name change

**H** Check type of organization ☒ Section 501(c)(3) exempt private foundation  
☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation

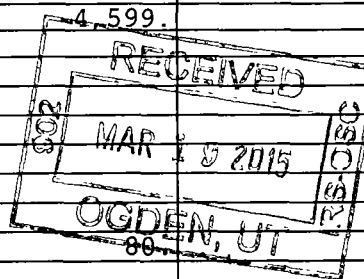
**I** Fair market value of all assets at end of year (from Part II, column (c), line 16) ▶ \$ **228,219.**  
**J** Accounting method ☒ Cash ☐ Accrual  
☐ Other (specify) \_\_\_\_\_  
(Part I, column (d) must be on cash basis)

**A** Employer identification number  
**83-0414279**  
**B** Telephone number (see instructions)  
**516-889-6421**  
**C** If exemption application is pending, check here ▶ ☐  
**D** 1 Foreign organizations, check here ▶ ☐  
2 Foreign organizations meeting the 85% test, check here and attach computation ▶ ☐  
**E** If private foundation status was terminated under section 507(b)(1)(A), check here ▶ ☐  
**F** If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ▶ ☐

**Part I Analysis of Revenue and Expenses**

(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))

	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
<b>REVENUE</b>				
1 Contributions, gifts, grants, etc., received (attach schedule)	12,150.			
2 Ck <input type="checkbox"/> if the foundn is not required to attach Sch B				
3 Interest on savings and temporary cash investments				
4 Dividends and interest from securities	4,552.	4,552.		
5a Gross rents				
b Net rental income or (loss)				
6a Net gain or (loss) from sale of assets not on line 10	47.			
b Gross sales price for all assets on line 6a 53.				
7 Capital gain net income (from Part IV, line 2)		47.		
8 Net short-term capital gain				
9 Income modifications				
10a Gross sales less returns and allowances				
b Less: Cost of goods sold				
c Gross profit or (loss) (attach schedule)				
11 Other income (attach schedule)				
12 Total. Add lines 1 through 11	16,749.	4,599.	0.	
<b>ADMINISTRATIVE AND OPERATING EXPENSES</b>				
13 Compensation of officers, directors, trustees, etc	0.			
14 Other employee salaries and wages				
15 Pension plans, employee benefits				
16a Legal fees (attach schedule)	SEE ST 1			
b Accounting fees (attach sch)	1,000.			1,000.
c Other prof fees (attach sch)				
17 Interest				
18 Taxes (attach schedule)(see instrs) SEE STM 2	80.			
19 Depreciation (attach sch) and depletion				
20 Occupancy				
21 Travel, conferences, and meetings				
22 Printing and publications				
23 Other expenses (attach schedule)				
SEE STATEMENT 3	443.	393.		50.
24 Total operating and administrative expenses Add lines 13 through 23	1,523.	473.		1,050.
25 Contributions, gifts, grants paid	10,756.			10,756.
26 Total expenses and disbursements Add lines 24 and 25	12,279.	473.	0.	11,806.
27 Subtract line 26 from line 12.				
a Excess of revenue over expenses and disbursements	4,470.			
b Net investment income (if negative, enter -0-)		4,126.		
c Adjusted net income (if negative, enter -0-)			0.	



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Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)		
		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
ASSETS	1 Cash — non-interest-bearing	27,256.	31,917.	31,917.
	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 sch)			
	Less allowance for doubtful accounts			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments — US and state government obligations (attach schedule)			
	b Investments — corporate stock (attach schedule)	136,792.	136,601.	196,302.
	c Investments — corporate bonds (attach schedule)			
	11 Investments — land, buildings, and equipment basis			
Less accumulated depreciation (attach schedule)				
12 Investments — mortgage loans				
13 Investments — other (attach schedule)				
14 Land, buildings, and equipment basis				
Less accumulated depreciation (attach schedule)				
15 Other assets (describe)				
16 Total assets (to be completed by all filers — see the instructions. Also, see page 1, item I)	164,048.	168,518.	228,219.	
LIABILITIES	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, & other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe)			
	23 Total liabilities (add lines 17 through 22)	0.	0.	
NET FUND ASSETS OR BALANCES	Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.			
	24 Unrestricted			
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.	X		
	27 Capital stock, trust principal, or current funds	164,048.	168,518.	
	28 Paid-in or capital surplus, or land, bldg, and equipment fund			
	29 Retained earnings, accumulated income, endowment, or other funds			
	30 Total net assets or fund balances (see instructions)	164,048.	168,518.	
31 Total liabilities and net assets/fund balances (see instructions)	164,048.	168,518.		

## Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year — Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	164,048.
2 Enter amount from Part I, line 27a	2	4,470.
3 Other increases not included in line 2 (itemize)	3	
4 Add lines 1, 2, and 3	4	168,518.
5 Decreases not included in line 2 (itemize)	5	
6 Total net assets or fund balances at end of year (line 4 minus line 5) — Part II, column (b), line 30	6	168,518.

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shares MLC Company)		(b) How acquired P — Purchase D — Donation	(c) Date acquired (month, day, year)	(d) Date sold (month, day, year)
1 a	.25 LIBERTY BROADBAND	P	7/29/02	11/05/14
b	.5 LIBERTY BROADBAND	P	7/29/02	11/05/14
c	.535 LIBERTY VENTURES	P	7/29/02	10/20/14
d				
e				

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 12.		1.	11.
b 25.		1.	24.
c 16.		4.	12.
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(i) Gains (Column (h) gain minus column (k), but not less than -0-) or Losses (from column (h))
(j) Fair Market Value as of 12/31/69	(k) Adjusted basis as of 12/31/69	(l) Excess of column (i) over column (j), if any	
a			11.
b			24.
c			12.
d			
e			

2 Capital gain net income or (net capital loss)	<div style="border: 1px solid black; padding: 2px;">           If gain, also enter in Part I, line 7            If (loss), enter -0- in Part I, line 7         </div>	2	47.
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)	<div style="border: 1px solid black; padding: 2px;">           If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0-            in Part I, line 8         </div>	3	0.

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

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

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

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes☒ No

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (column (b) divided by column (c))
2013	11,397.	183,733.	0.062030
2012	12,571.	153,265.	0.082021
2011	10,000.	130,020.	0.076911
2010	10,000.	130,000.	0.076923
2009	9,480.	103,350.	0.091727

2 Total of line 1, column (d)	2	0.389612
3 Average distribution ratio for the 5-year base period — divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	0.077922
4 Enter the net value of noncharitable-use assets for 2014 from Part X, line 5	4	204,712.
5 Multiply line 4 by line 3	5	15,952.
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	41.
7 Add lines 5 and 6	7	15,993.
8 Enter qualifying distributions from Part XII, line 4	8	11,806.

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

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instructions)**

1 a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter 'N/A' on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary – see instrs)			
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b		1	83.
c All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, column (b)			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)		2	0.
3 Add lines 1 and 2		3	83.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)		4	0.
5 Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-		5	83.
6 Credits/Payments			
a 2014 estimated tax pmts and 2013 overpayment credited to 2014	6 a		
b Exempt foreign organizations – tax withheld at source	6 b		
c Tax paid with application for extension of time to file (Form 8868)	6 c		
d Backup withholding erroneously withheld	6 d		
7 Total credits and payments Add lines 6a through 6d	7		0.
8 Enter any penalty for underpayment of estimated tax Check here <input type="checkbox"/> if Form 2220 is attached	8		
9 Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed	9		83.
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	11		
Refunded			

**Part VII-A Statements Regarding Activities**

	Yes	No
1 a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)? <i>If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities</i>		X
c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation \$ 0. (2) On foundation managers \$ 0.		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers \$ 0.		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If 'Yes,' attach a detailed description of the activities</i>		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If 'Yes,' attach a conformed copy of the changes</i>		X
4 a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?	N/A	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If 'Yes,' attach the statement required by General Instruction T</i>		X
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? <i>If 'Yes,' complete Part II, column (c), and Part XV</i>	X	
8 a Enter the states to which the foundation reports or with which it is registered (see instructions) N/A		
b If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If 'No,' attach explanation</i>	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? <i>If 'Yes,' complete Part XIV</i>		X
10 Did any persons become substantial contributors during the tax year? <i>If 'Yes,' attach a schedule listing their names and addresses</i> SEE STATEMENT 4	X	

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**Part VII-A Statements Regarding Activities (continued)**

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes', attach schedule (see instructions)	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If 'Yes,' attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address <u>N/A</u>	13	X	
14	The books are in care of <u>SHELLY HOROWITZ</u> Telephone no <u></u> Located at <u>250 EAST OLIVE STREET LONG BEACH NY</u> ZIP + 4 <u>11561</u>			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here <u>N/A</u> and enter the amount of tax-exempt interest received or accrued during the year <u>N/A</u>	15		N/A
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22.1) If 'Yes,' enter the name of the foreign country <u></u>	16		X

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required**

File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.

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

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**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required** (continued)**5 a** During the year did the foundation pay or incur any amount to

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?

☐ Yes ☒ No

(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?

☐ Yes ☒ No

(3) Provide a grant to an individual for travel, study, or other similar purposes?

☐ Yes ☒ No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions)

☐ Yes ☒ No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

☐ Yes ☒ No**b** If any answer is 'Yes' to 5a(1)-(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?

5 b N/A

Organizations relying on a current notice regarding disaster assistance check here

☐**c** If the answer is 'Yes' to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?N/A ☐ Yes ☐ No

If 'Yes,' attach the statement required by Regulations section 53.4945-5(d)

**6 a** Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?☐ Yes ☒ No**b** Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

6 b X

If 'Yes' to 6b, file Form 8870

**7 a** At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?☐ Yes ☒ No**b** If 'Yes,' did the foundation receive any proceeds or have any net income attributable to the transaction?

N/A

7 b

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors****1** List all officers, directors, trustees, foundation managers and their compensation (see instructions).

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SHELLY HOROWITZ 250 EAST OLIVE STREET LONG BEACH, NY 11561	PRESIDENT 1.00	0.	0.	0.
LAWRENCE HOROWITZ 250 EAST OLIVE STREET LONG BEACH, NY 11561	TREASURER 1.00	0.	0.	0.

**2** Compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter 'NONE.'

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

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

0





**Part X** Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities	1 a	190,175.
b	Average of monthly cash balances	1 b	17,654.
c	Fair market value of all other assets (see instructions)	1 c	
d	<b>Total</b> (add lines 1a, b, and c)	1 d	207,829.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1 e	0.
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	207,829.
4	Cash deemed held for charitable activities. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	3,117.
5	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4	5	204,712.
6	<b>Minimum investment return.</b> Enter 5% of line 5	6	10,236.

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

1	Minimum investment return from Part X, line 6	1	10,236.
2 a	Tax on investment income for 2014 from Part VI, line 5	2 a	83.
b	Income tax for 2014 (This does not include the tax from Part VI)	2 b	
c	Add lines 2a and 2b	2 c	83.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	10,153.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	10,153.
6	Deduction from distributable amount (see instructions)	6	
7	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	10,153.

**Part XII** Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc. — total from Part I, column (d), line 26	1 a	11,806.
b	Program-related investments — total from Part IX-B	1 b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required)	3 a	
b	Cash distribution test (attach the required schedule)	3 b	
4	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	11,806.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions)	5	
6	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4	6	11,806.

**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.

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**Part XIII** Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
1 Distributable amount for 2014 from Part XI, line 7				10,153.
2 Undistributed income, if any, as of the end of 2014				
a Enter amount for 2013 only			0.	
b Total for prior years 20 __, 20 __, 20 __		0.		
3 Excess distributions carryover, if any, to 2014				
a From 2009	6,873.			
b From 2010	2,283.			
c From 2011	-1,459.			
d From 2012	4,983.			
e From 2013	2,290.			
f Total of lines 3a through e	14,970.			
4 Qualifying distributions for 2014 from Part XII, line 4 ▶ \$ 11,806.				
a Applied to 2013, but not more than line 2a			0.	
b Applied to undistributed income of prior years (Election required — see instructions)		0.		
c Treated as distributions out of corpus (Election required — see instructions)	0.			
d Applied to 2014 distributable amount				10,153.
e Remaining amount distributed out of corpus	1,653.			
5 Excess distributions carryover applied to 2014 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	16,623.			
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		0.		
d Subtract line 6c from line 6b Taxable amount — see instructions		0.		
e Undistributed income for 2013 Subtract line 4a from line 2a Taxable amount — see instructions			0.	
f Undistributed income for 2014 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2015				0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required — see instructions)	0.			
8 Excess distributions carryover from 2009 not applied on line 5 or line 7 (see instructions)	6,873.			
9 Excess distributions carryover to 2015. Subtract lines 7 and 8 from line 6a	9,750.			
10 Analysis of line 9				
a Excess from 2010	2,283.			
b Excess from 2011	-1,459.			
c Excess from 2012	4,983.			
d Excess from 2013	2,290.			
e Excess from 2014	1,653.			

BAA

Form 990-PF (2014)



**Part XV** Supplementary Information (continued)**3** Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> Paid during the year Schedule attached				
<b>Total</b>				<b>3 a</b>
<b>b</b> Approved for future payment				
<b>Total</b>				<b>3 b</b>





**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, 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2014**

Name of the organization **SHELLY & LAWRENCE HOROWITZ FAMILY  
FDN, INC**

Employer identification number  
**83-0414279**

**Organization type** (check one)

**Filers of:**

Form 990 or 990-EZ

**Section:**

- ☐ 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

Check if your organization is covered by the **General Rule** or a **Special Rule**

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. ► \$ \_\_\_\_\_

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

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

Name of organization

Employer identification number

SHELLY &amp; LAWRENCE HOROWITZ FAMILY

83-0414279

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	SHELLY HOROWITZ 250 EAST OLIVE STREET LONG BEACH, NY 11561	\$ 12,150.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)



Name of organization

Employer identification number

SHELLY &amp; LAWRENCE HOROWITZ FAMILY

83-0414279

**Part II** **Noncash Property** (see instructions) Use duplicate copies of Part II if additional space is needed

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

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2014

## FEDERAL STATEMENTS

PAGE 1

CLIENT 10

SHELLY & LAWRENCE HOROWITZ FAMILY  
FDN, INC

83-0414279

2/24/15

10 20AM

STATEMENT 1  
FORM 990-PF, PART I, LINE 16B  
ACCOUNTING FEES

	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
SHAYE JACOBSON, CPA	\$ 1,000.			\$ 1,000.
TOTAL	\$ 1,000.	\$ 0.	\$ 0.	\$ 1,000.

STATEMENT 2  
FORM 990-PF, PART I, LINE 18  
TAXES

	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
US TREASURY	\$ 80.	\$ 80.		
TOTAL	\$ 80.	\$ 80.	\$ 0.	\$ 0.

STATEMENT 3  
FORM 990-PF, PART I, LINE 23  
OTHER EXPENSES

	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
FEES	\$ 150.	\$ 150.		
FOREIGN TAXES PAID	243.	243.		
NYS DEPT OF LAW	50.			\$ 50.
TOTAL	\$ 443.	\$ 393.	\$ 0.	\$ 50.

STATEMENT 4  
FORM 990-PF, PART VII-A, LINE 10  
SUBSTANTIAL CONTRIBUTORS DURING THE TAX YEAR

NAME OF SUBSTANTIAL CONTRIBUTOR	ADDRESS OF SUBSTANTIAL CONTRIBUTOR
SHELLY HOROWITZ	250 EAST OLIVE STREET LONG BEACH, NY 11561

# PRICING SHEET

NAME <i>Sidney &amp; Lawrence Horowitz Family Foundation</i>		ARCH OR CONTRACTOR	
LOCATION		TYPE OF WORK	
ESTIMATED BY		2014 Donations	
PRICED BY	EXTENDED BY	CHECKED BY	

DESCRIPTION	QUAN	@	EXTENSION
NAME		AMT	ADDRESS
THE LEUKEMIA & LYMPHOMA SOCIETY	100		Po Box 9031 RT 12 SPED HASS 01202
DOCTORS WITHOUT BORDERS.	35		Po Box 1022 HALESTOWN MD 21741
NOAM SHADDOOS	15		1701 4TH ST. BULKY NY 11204
PROJECT WACHTIL	25		819 GRAND BLVD DEER PARK NY 11729
HASC	25		5902 14TH AVE BULKY NY 11219
NOTL COMM. FOR FURTHERANCE & JEWISH EDUC.	10		261 WILLIS AVE MINERVA NY 11801
EZER HAPUSHTO	10		1573 58TH ST BULKY NY 11219
AMERICAN SOCIETY FOR YAD VASHEM	10		500 5TH AVE NEW YORK NY 10110
DOROT	10		171 W 85TH ST NEW YORK NY 10024
CONG. CHAB ZEDEK	10		118 W 95TH ST NEW YORK NY 10025
MATTHEW FOOT PRINTING ARTISTS	5		2070 PENN TREE CT PLUMITSA 30341
AMERICAN FRIENDS OF MOSES DAVID ADAM	10		352 7TH AVE NEW YORK, NY 10001
MICHAEL ORR	10		1160 BWAY NEW YORK NY 10036
AMIT	376		333 7TH AVE NEW YORK NY 10001
JNF	10		Po Box 1609 HICKSVILLE NY 11804
SIMON WIESENTHAL CENTER	5		1399 S. BOXBURY DR LOS ANGELES CAL 90035
LONG BEACH FOOD FRIENDSHIP INC	5		Po Box 294 LONG BEACH NY 11761
MOISER SHADDOOS	10		1317 52ND ST BULKY NY 11219
CHAL LIFE LINE & CAMP SIMCHA.	200		151 W. 30TH ST NEW YORK, NY 10001
SMILE TRAIN	250		Po Box 96231 WASH DC 20090
HI DEC	10		604 16TH AVE BULKY NY 11204
SHARHARS HOSPITAL FOR CHILDREN	10		2800 ROCKY PT. DR TAMPA FL 33607
CENTER CHILDREN MEDICAL L.I.J.	10		NEW YORK PARK LI. NEW YORK
CILLOONS VILLAGE OF JERUSALEM	5		17 DEERMAN ST. NEW YORK, NY 10273
KETEM OR	10		350 7TH AVE NEW YORK, NY 10001
THE JEWISH FOM FOR THE RIGHTEOUS	10		305 7TH AVE NEW YORK, NY 10001
HESSIE KETEMISBAUM BIKUR CHOLEM	205		166 W 40TH ST LONG BEACH NY 11761
YOUNG ISRAEL OF LONG BEACH	6663		120 LONG BEACH BLVD LONG BEACH NY 11761
RONALD MCDONALD HOUSE	10		Po Box 2489 NEW YORK NY 10131
HENRY READING OF CLEVELAND	3		18605 TAYLOR RD CLEVELAND OHIO 4418
MOROS OF DINES.	15		Po Box 12547 DECATUR IL 62525
SATHUR BIKUR CHOLEM	18		9 TAYLOR CT MIDDLETOWN NY 10940
TOTALS			

# PRICING SHEET

PAGE NO. 2 OF        PAGES

NAME <u>Shtolzy + Lawrence Horowitz Family Foundation</u>		ARCH OR CONTRACTOR		ESTIMATE NO	
LOCATION		TYPE OF WORK <u>2014 Donations</u>			
ESTIMATED BY	PRICED BY	EXTENDED BY	CHECKED BY	DATE	

DESCRIPTION	QUAN	@	ADDRESS	EXTENSION
MM		RET		
IMPERATOR AD	25		1324 86TH ST. BAYVIEW NY 11219	
ALZHEIMERS ASSOC	10		Po Box 96011 WASH DC 20090	
TOMCHAI SHABOOS	36		634 ORVIL DR FAY ROCK NY 11691	
FRIENDS OF ISRAEL DISABLED VETS	10		Po Box 1911 HICKSVILLE NY 11802	
CANCER CARE	5		Po Box 1837 NEW YORK NY 11113	
AGUDATH ISRAEL OF W. LONGBRIDGE	18		325 HICKSVILLE RD FAY ROCK NY 11691	
PERL BLAU LEONHARDT CTR	10		233 CREEK ST PO BOX 407 COLUMBIA NY 10870	
MAKE A WISH	10		Po Box 97104 WASH DC 20090	
PTAC	10		1684 E 5TH ST BAYVIEW NY 11230	
CONG. SONS OF ISRAEL	100		2421 CROUSE AVE VALHALLA NY 10987	
LIGHTHOUSE INTL	10		Po Box 569 ETHRINT CT NY	
ORTHODOX UNION	20		11 Broadway NEW YORK NY 10004	
AMERICAN COMMITTEE FOR SHARON ZONEK	10		55 W 39TH ST NEW YORK NY 10018	
MESIVTA OF LONG BRIDGE	10		205 W BEECH ST LONG BRIDGE NY 11761	
JEWISH GUILD HEBREW CARE	10		Po Box 6289 NEW YORK NY 10249	
AMERICAN PARKINSON DISEASE ASSOC	11		131 PARKWAY AVE SEAFORD NY 10307	
AMERICAN DIABETES ASSOC	3		Po Box 1833 MONTICELLO VA 22116	
YPOCARD	10		11 Bury NEW YORK NY 10004	
CALVARY HOSPITAL	10		1740 BRISTOLTON RD BRAX NY 10961	
REB MEIR DODL HANES KOLEL	10		18 HENRY ST PITTSBURGH NY	
UJA FEDERATION OF NY	18		Po Box 406 NEW YORK NY 10261	
CYSTIC FIBROSIS FDN	5		Po Box 85084 ATLANTA GA 30372	
AJC	10		Po Box 17080 MILWAUKEE WI 53217	
LEOM LOF CHILDREN'S FUND	10		Po Box 658 LAWRENCE NY 11759	
HEBREW ACADEMY OF LONG BRIDGE	2100		152 SPRUCE ST. CROTON NY 11766	
MC SY	10		11 Bury NEW YORK NY 10004	
ST. JUDE CHILDREN'S HOSPITAL	10		301 ST. JUDE PLAST MEMPHIS TENN 38101	
EASTERN SEALS	10		Po Box 1482 HARTFORD CT 06111	
MOSIETHA TORONTO JEWISH PLANT	105		181 E Bury NEW YORK NY 10002	
GLOH JERUSALEM	6		152 MARSH ST NEW YORK NY 10038	
UBI INTL	25		110 E 30TH ST NEW YORK NY 10016	
UNITED CHARITY OF JERUSALEM	5		1778 45TH ST BAYVIEW NY 11204	
TOTAL			19756	
			TOTALS	