



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



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

OMB No 1545-0052

2014

Department of the Treasury  
Internal Revenue Service

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.

Open to Public Inspection

For calendar year 2014 or tax year beginning , 2014, and ending , 20

|                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                    |                                                       |                                                                    |                                       |                                         |                                         |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|-------------------------------------------------------|--------------------------------------------------------------------|---------------------------------------|-----------------------------------------|-----------------------------------------|--------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Name of foundation <b>THE GB KNECHT FOUNDATION</b>                                                                                                                                                                                                                                                                                                                                                               |                                                                    | A Employer identification number<br><b>94-3473937</b> |                                                                    |                                       |                                         |                                         |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| C/O JEAN MADONNA                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                    |                                                       |                                                                    |                                       |                                         |                                         |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Number and street (or P.O. box number if mail is not delivered to street address)<br><b>2703 POLK STREET</b>                                                                                                                                                                                                                                                                                                     | Room/suite                                                         | B Telephone number (see instructions)                 |                                                                    |                                       |                                         |                                         |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| City or town, state or province, country, and ZIP or foreign postal code<br><b>Hollywood, FL 33020</b>                                                                                                                                                                                                                                                                                                           |                                                                    |                                                       |                                                                    |                                       |                                         |                                         |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| G Check all that apply: <table border="0"> <tr> <td><input type="checkbox"/> Initial return</td> <td><input type="checkbox"/> Initial return of a former public charity</td> </tr> <tr> <td><input type="checkbox"/> Final return</td> <td><input type="checkbox"/> Amended return</td> </tr> <tr> <td><input type="checkbox"/> Address change</td> <td><input type="checkbox"/> Name change</td> </tr> </table> |                                                                    | <input type="checkbox"/> Initial return               | <input type="checkbox"/> Initial return of a former public charity | <input type="checkbox"/> Final return | <input type="checkbox"/> Amended return | <input type="checkbox"/> Address change | <input type="checkbox"/> Name change | C If exemption application is pending, check here <input type="checkbox"/><br>D 1. Foreign organizations, check here <input type="checkbox"/><br>2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/><br>E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/><br>F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/> |
| <input type="checkbox"/> Initial return                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> Initial return of a former public charity |                                                       |                                                                    |                                       |                                         |                                         |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <input type="checkbox"/> Final return                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Amended return                            |                                                       |                                                                    |                                       |                                         |                                         |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <input type="checkbox"/> Address change                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> Name change                               |                                                       |                                                                    |                                       |                                         |                                         |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation<br><input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation                                                                                                                                                                |                                                                    |                                                       |                                                                    |                                       |                                         |                                         |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| I Fair market value of all assets at end of year (from Part II, col. (c), line 16) <b>\$ 0</b><br>J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual<br><input type="checkbox"/> Other (specify) _____<br>(Part I, column (d) must be on cash basis.)                                                                                                                |                                                                    |                                                       |                                                                    |                                       |                                         |                                         |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |

| Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions)) |                                                                                  | (a) Revenue and expenses per books | (b) Net investment income | (c) Adjusted net income | (d) Disbursements for charitable purposes (cash basis only) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|------------------------------------|---------------------------|-------------------------|-------------------------------------------------------------|
| 1                                                                                                                                                                  | Contributions, gifts, grants, etc., received (attach schedule)                   |                                    |                           |                         |                                                             |
| 2                                                                                                                                                                  | Check <input type="checkbox"/> if the foundation is not required to attach Sch B |                                    |                           |                         |                                                             |
| 3                                                                                                                                                                  | Interest on savings and temporary cash investments                               | 13                                 |                           |                         |                                                             |
|                                                                                                                                                                    | Dividends and interest from securities                                           | 62,742                             |                           |                         |                                                             |
|                                                                                                                                                                    | Gross rents                                                                      |                                    |                           |                         |                                                             |
|                                                                                                                                                                    | Net rental income or (loss)                                                      |                                    |                           |                         |                                                             |
|                                                                                                                                                                    | Net gain or (loss) from sale of assets not on line 10                            | 129,441                            |                           |                         |                                                             |
|                                                                                                                                                                    | Gross sales price for all assets on line 6a                                      | 504,532                            |                           |                         |                                                             |
|                                                                                                                                                                    | Capital gain net income (from Part IV, line 2)                                   |                                    | 129,441                   |                         |                                                             |
|                                                                                                                                                                    | Net short-term capital gain                                                      |                                    |                           |                         |                                                             |
|                                                                                                                                                                    | Income modifications                                                             |                                    |                           |                         |                                                             |
| 11                                                                                                                                                                 | Gross sales less returns and allowances                                          |                                    |                           |                         |                                                             |
| 12                                                                                                                                                                 | Less: Cost of goods sold                                                         |                                    |                           |                         |                                                             |
| c                                                                                                                                                                  | Gross profit or (loss) (attach schedule)                                         |                                    |                           |                         |                                                             |
| 11                                                                                                                                                                 | Other income (attach schedule) STM106                                            |                                    | 109,613                   |                         |                                                             |
| 12                                                                                                                                                                 | Total. Add lines 1 through 11                                                    | 192,196                            | 239,054                   |                         |                                                             |
| 13                                                                                                                                                                 | Compensation of officers, directors, trustees, etc.                              | 23,000                             |                           |                         |                                                             |
| 14                                                                                                                                                                 | Other employee salaries and wages                                                |                                    |                           |                         |                                                             |
| 15                                                                                                                                                                 | Pension plans, employee benefits                                                 |                                    |                           |                         |                                                             |
| 16a                                                                                                                                                                | Legal fees (attach schedule)                                                     |                                    |                           |                         |                                                             |
| b                                                                                                                                                                  | Accounting fees (attach schedule) STM108                                         | 750                                |                           |                         |                                                             |
| c                                                                                                                                                                  | Other professional fees (attach schedule)                                        |                                    |                           |                         |                                                             |
| 17                                                                                                                                                                 | Interest                                                                         |                                    |                           |                         |                                                             |
| 18                                                                                                                                                                 | Taxes (attach schedule) (see instructions) STM110                                | 1,319                              |                           |                         |                                                             |
| 19                                                                                                                                                                 | Depreciation (attach schedule) and depletion                                     |                                    |                           |                         |                                                             |
| 20                                                                                                                                                                 | Occupancy                                                                        |                                    |                           |                         |                                                             |
| 21                                                                                                                                                                 | Travel, conferences, and meetings                                                |                                    |                           |                         |                                                             |
| 22                                                                                                                                                                 | Printing and publications                                                        |                                    |                           |                         |                                                             |
| 23                                                                                                                                                                 | Other expenses (attach schedule) STM103                                          | 27,021                             |                           |                         |                                                             |
| 24                                                                                                                                                                 | Total operating and administrative expenses. Add lines 13 through 23             | 52,090                             | 0                         |                         | 0                                                           |
| 25                                                                                                                                                                 | Contributions, gifts, grants paid                                                | 282,000                            |                           |                         | 0                                                           |
| 26                                                                                                                                                                 | Total expenses and disbursements. Add lines 24 and 25                            | 334,090                            | 0                         |                         | 0                                                           |
| 27                                                                                                                                                                 | Subtract line 26 from line 12:                                                   |                                    |                           |                         |                                                             |
| a                                                                                                                                                                  | Excess of revenue over expenses and disbursements                                | (141,894)                          |                           |                         |                                                             |
| b                                                                                                                                                                  | Net investment income (if negative, enter -0-)                                   |                                    | 239,054                   |                         |                                                             |
| c                                                                                                                                                                  | Adjusted net income (if negative, enter -0-)                                     |                                    |                           | 0                       |                                                             |

| Part II Balance Sheets      |                                                                                    | Beginning of year                                                                                                                                              |                                                                | End of year           |   |
|-----------------------------|------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|-----------------------|---|
|                             |                                                                                    | (a) Book Value                                                                                                                                                 | (b) Book Value                                                 | (c) Fair Market Value |   |
| Assets                      | 1                                                                                  | Cash - non-interest-bearing . . . . .                                                                                                                          |                                                                |                       |   |
|                             | 2                                                                                  | Savings and temporary cash investments . . . . .                                                                                                               |                                                                |                       |   |
|                             | 3                                                                                  | Accounts receivable ▶ . . . . .                                                                                                                                |                                                                |                       |   |
|                             |                                                                                    | Less: allowance for doubtful accounts ▶ . . . . .                                                                                                              |                                                                |                       |   |
|                             | 4                                                                                  | Pledges receivable ▶ . . . . .                                                                                                                                 |                                                                |                       |   |
|                             |                                                                                    | Less: allowance for doubtful accounts ▶ . . . . .                                                                                                              |                                                                |                       |   |
|                             | 5                                                                                  | Grants receivable . . . . .                                                                                                                                    |                                                                |                       |   |
|                             | 6                                                                                  | Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .                              |                                                                |                       |   |
|                             | 7                                                                                  | Other notes and loans receivable (attach schedule) ▶ . . . . .                                                                                                 |                                                                |                       |   |
|                             |                                                                                    | Less: allowance for doubtful accounts ▶ . . . . .                                                                                                              |                                                                |                       |   |
|                             | 8                                                                                  | Inventories for sale or use . . . . .                                                                                                                          |                                                                |                       |   |
|                             | 9                                                                                  | Prepaid expenses and deferred charges . . . . .                                                                                                                |                                                                |                       |   |
|                             | 10a                                                                                | Investments - U.S. and state government obligations (attach schedule)                                                                                          |                                                                |                       |   |
|                             | b                                                                                  | Investments - corporate stock (attach schedule) . . . . .                                                                                                      |                                                                |                       |   |
|                             | c                                                                                  | Investments - corporate bonds (attach schedule) . . . . .                                                                                                      |                                                                |                       |   |
|                             | Liabilities                                                                        | 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                          |                                                                                    | <b>Total assets</b> (to be completed by all filers - see the instructions. Also, see page 1, item I) . . . . .                                                 | 0                                                              | 0                     | 0 |
| 17                          |                                                                                    | Accounts payable and accrued expenses . . . . .                                                                                                                |                                                                |                       |   |
| 18                          |                                                                                    | Grants payable . . . . .                                                                                                                                       |                                                                |                       |   |
| Net Assets or Fund Balances | 19                                                                                 | Deferred revenue . . . . .                                                                                                                                     |                                                                |                       |   |
|                             | 20                                                                                 | Loans from officers, directors, trustees, and other disqualified persons                                                                                       |                                                                |                       |   |
|                             | 21                                                                                 | Mortgages and other notes payable (attach schedule) . . . . .                                                                                                  |                                                                |                       |   |
|                             | 22                                                                                 | Other liabilities (describe ▶ . . . . .)                                                                                                                       |                                                                |                       |   |
|                             | 23                                                                                 | <b>Total liabilities</b> (add lines 17 through 22) . . . . .                                                                                                   | 0                                                              | 0                     |   |
|                             |                                                                                    | <b>Foundations that follow SFAS 117, check here</b> . . . . . <input checked="" type="checkbox"/> <b>and complete lines 24 through 26 and lines 30 and 31.</b> |                                                                |                       |   |
|                             | 24                                                                                 | Unrestricted . . . . .                                                                                                                                         |                                                                |                       |   |
|                             | 25                                                                                 | Temporarily restricted . . . . .                                                                                                                               |                                                                |                       |   |
|                             | 26                                                                                 | Permanently restricted . . . . .                                                                                                                               |                                                                |                       |   |
|                             |                                                                                    | <b>Foundations that do not follow SFAS 117, check here</b> . . . . . <input type="checkbox"/> <b>and complete lines 27 through 31.</b>                         |                                                                |                       |   |
| 27                          | Capital stock, trust principal, or current funds . . . . .                         |                                                                                                                                                                |                                                                |                       |   |
| 28                          | Paid-in or capital surplus, or land, bldg, and equipment fund . . . . .            |                                                                                                                                                                |                                                                |                       |   |
| 29                          | Retained earnings, accumulated income, endowment, or other funds                   |                                                                                                                                                                |                                                                |                       |   |
| 30                          | <b>Total net assets or fund balances</b> (see instructions) . . . . .              | 0                                                                                                                                                              | 0                                                              |                       |   |
| 31                          | <b>Total liabilities and net assets/fund balances</b> (see instructions) . . . . . | 0                                                                                                                                                              | 0                                                              |                       |   |

| 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 |           |
| 2                                                           | Enter amount from Part I, line 27a . . . . .                                                                                                                         | 2 | (141,894) |
| 3                                                           | Other increases not included in line 2 (itemize) ▶ . . . . .                                                                                                         | 3 |           |
| 4                                                           | Add lines 1, 2, and 3 . . . . .                                                                                                                                      | 4 | (141,894) |
| 5                                                           | Decreases not included in line 2 (itemize) ▶ . . . . .                                                                                                               | 5 |           |
| 6                                                           | <b>Total net assets or fund balances at end of year</b> (line 4 minus line 5) - Part II, column (b), line 30 . . . . .                                               | 6 | (141,894) |

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

| (a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co.)                                                                                     |                                            | (b) How acquired<br>P-Purchase<br>D-Donation    | (c) Date acquired<br>(mo., day, yr.)                                                         | (d) Date sold<br>(mo., day, yr.) |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-------------------------------------------------|----------------------------------------------------------------------------------------------|----------------------------------|
| <b>1a See STM-134</b>                                                                                                                                                                                                 |                                            |                                                 |                                                                                              |                                  |
| <b>b</b>                                                                                                                                                                                                              |                                            |                                                 |                                                                                              |                                  |
| <b>c</b>                                                                                                                                                                                                              |                                            |                                                 |                                                                                              |                                  |
| <b>d</b>                                                                                                                                                                                                              |                                            |                                                 |                                                                                              |                                  |
| <b>e</b>                                                                                                                                                                                                              |                                            |                                                 |                                                                                              |                                  |
| (e) Gross sales price                                                                                                                                                                                                 | (f) Depreciation allowed<br>(or allowable) | (g) Cost or other basis<br>plus expense of sale | (h) Gain or (loss)<br>(e) plus (f) minus (g)                                                 |                                  |
| <b>a 504,532</b>                                                                                                                                                                                                      |                                            | <b>375,091</b>                                  | <b>129,441</b>                                                                               |                                  |
| <b>b</b>                                                                                                                                                                                                              |                                            |                                                 |                                                                                              |                                  |
| <b>c</b>                                                                                                                                                                                                              |                                            |                                                 |                                                                                              |                                  |
| <b>d</b>                                                                                                                                                                                                              |                                            |                                                 |                                                                                              |                                  |
| <b>e</b>                                                                                                                                                                                                              |                                            |                                                 |                                                                                              |                                  |
| Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69                                                                                                                           |                                            |                                                 |                                                                                              |                                  |
| (i) F.M.V. as of 12/31/69                                                                                                                                                                                             | (j) Adjusted basis<br>as of 12/31/69       | (k) Excess of col (i)<br>over col (j), if any   | (l) Gains (Col (h) gain minus<br>col (k), but not less than -0-) or<br>Losses (from col (h)) |                                  |
| <b>a</b>                                                                                                                                                                                                              |                                            |                                                 | <b>129,441</b>                                                                               |                                  |
| <b>b</b>                                                                                                                                                                                                              |                                            |                                                 |                                                                                              |                                  |
| <b>c</b>                                                                                                                                                                                                              |                                            |                                                 |                                                                                              |                                  |
| <b>d</b>                                                                                                                                                                                                              |                                            |                                                 |                                                                                              |                                  |
| <b>e</b>                                                                                                                                                                                                              |                                            |                                                 |                                                                                              |                                  |
| <b>2 Capital gain net income or (net capital loss)</b> { If gain, also enter in Part I, line 7<br>If (loss), enter -0- in Part I, line 7 }                                                                            |                                            |                                                 | <b>2</b>                                                                                     | <b>129,441</b>                   |
| <b>3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6):</b><br>If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0- in<br>Part I, line 8 . . . . . } |                                            |                                                 | <b>3</b>                                                                                     |                                  |

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

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

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

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

☐ Yes ☒ No

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

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

| (a)<br>Base period years<br>Calendar year (or tax year beginning in)                                                                                                                                                                    | (b)<br>Adjusted qualifying distributions | (c)<br>Net value of noncharitable-use assets | (d)<br>Distribution ratio<br>(col (b) divided by col (c)) |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|----------------------------------------------|-----------------------------------------------------------|
| 2013                                                                                                                                                                                                                                    |                                          |                                              |                                                           |
| 2012                                                                                                                                                                                                                                    |                                          |                                              |                                                           |
| 2011                                                                                                                                                                                                                                    |                                          |                                              |                                                           |
| 2010                                                                                                                                                                                                                                    |                                          |                                              |                                                           |
| 2009                                                                                                                                                                                                                                    |                                          |                                              |                                                           |
| <b>2 Total of line 1, column (d) . . . . .</b>                                                                                                                                                                                          |                                          | <b>2</b>                                     | <b>0.0</b>                                                |
| <b>3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the<br/>number of years the foundation has been in existence if less than 5 years . . . . .</b>                                     |                                          | <b>3</b>                                     | <b>0.0</b>                                                |
| <b>4 Enter the net value of noncharitable-use assets for 2014 from Part X, line 5 . . . . .</b>                                                                                                                                         |                                          | <b>4</b>                                     |                                                           |
| <b>5 Multiply line 4 by line 3 . . . . .</b>                                                                                                                                                                                            |                                          | <b>5</b>                                     | <b>0</b>                                                  |
| <b>6 Enter 1% of net investment income (1% of Part I, line 27b) . . . . .</b>                                                                                                                                                           |                                          | <b>6</b>                                     | <b>2,391</b>                                              |
| <b>7 Add lines 5 and 6 . . . . .</b>                                                                                                                                                                                                    |                                          | <b>7</b>                                     | <b>2,391</b>                                              |
| <b>8 Enter qualifying distributions from Part XII, line 4 . . . . .</b><br>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<br>Part VI instructions |                                          | <b>8</b>                                     |                                                           |

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

|                                                                                                                                                                                                                                        |    |       |       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-------|-------|
| 1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1.<br>Date of ruling or determination letter: _____ (attach copy of letter if necessary-see instructions) |    |       |       |
| b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b . . . . .                                                                            |    | 1     | 4,781 |
| c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).                                                                                                             |    |       |       |
| 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)                                                                                                                            |    | 2     | 0     |
| 3 Add lines 1 and 2 . . . . .                                                                                                                                                                                                          |    | 3     | 4,781 |
| 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     | 4,781 |
| 6 Credits/Payments:                                                                                                                                                                                                                    |    |       |       |
| a 2014 estimated tax payments and 2013 overpayment credited to 2014 . . . . .                                                                                                                                                          | 6a |       |       |
| b Exempt foreign organizations - tax withheld at source . . . . .                                                                                                                                                                      | 6b |       |       |
| c Tax paid with application for extension of time to file (Form 8868) . . . . .                                                                                                                                                        | 6c |       |       |
| d Backup withholding erroneously withheld . . . . .                                                                                                                                                                                    | 6d |       |       |
| 7 Total credits and payments. Add lines 6a through 6d . . . . .                                                                                                                                                                        | 7  |       |       |
| 8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached . . . . .                                                                                                          | 8  |       |       |
| 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed . . . . .                                                                                                                                              | 9  | 4,781 |       |
| 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 <input type="checkbox"/> Refunded <input type="checkbox"/>                                                                                                        | 11 |       |       |

**Part VII-A Statements Regarding Activities**

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

**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?                                                                                                                          | 13 |     | X  |
| Website address ▶ N/A                                                                                                                                       |                                                                                                                                                                                                                                              |    |     |    |
| 14                                                                                                                                                          | The books are in care of ▶ <b>1. Individual trustees or directors</b> Telephone no. ▶                                                                                                                                                        |    |     |    |
| Located at ▶ <b>2703 POLK STREET, Hollywood, FL</b> ZIP+4 ▶ <b>33020</b>                                                                                    |                                                                                                                                                                                                                                              |    |     |    |
| 15                                                                                                                                                          | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041-Check here ▶ <input checked="" type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year ▶ <b>15</b> <b>0</b> |    |     |    |
| 16                                                                                                                                                          | At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?                                                    | 16 | Yes | No |
| See 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 ▶ |                                                                                                                                                                                                                                              |    |     |    |

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

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

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

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)****5a** During the year did the foundation pay or incur any amount to:(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? ☐ 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)? ☐ Yes ☒ NoOrganizations relying on a current notice regarding disaster assistance check here. ☐ Yes ☒ No**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? ☐ Yes ☒ No  
If "Yes," attach the statement required by Regulations section 53.4945-5(d).**6a** Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No**b** Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No  
If "Yes" to 6b, file Form 8870.**7a** At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? ☐ Yes ☒ No**b** If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? ☐ Yes ☒ No**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 |
|--------------------------------------------|-----------------------------------------------------------|-------------------------------------------|-----------------------------------------------------------------------|---------------------------------------|
| <b>1. Individual trustees or directors</b> | <b>JEAN MADONNA</b>                                       |                                           |                                                                       |                                       |
| 2703 POLK STREET, Hollywood, FL 33020      | 0.00                                                      | 0                                         | 0                                                                     | 0                                     |
| <b>1. Individual trustees or directors</b> | <b>DONNA MADONNA</b>                                      |                                           |                                                                       |                                       |
| 2703 POLK STREET, Hollywood, FL 33020      | 0.00                                                      | 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 VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)****3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE."**

| (a) Name and address of each person paid more than \$50,000                          | (b) Type of service | (c) Compensation |
|--------------------------------------------------------------------------------------|---------------------|------------------|
| NONE                                                                                 |                     |                  |
|                                                                                      |                     |                  |
|                                                                                      |                     |                  |
|                                                                                      |                     |                  |
|                                                                                      |                     |                  |
|                                                                                      |                     |                  |
| Total number of others receiving over \$50,000 for professional services . . . . . ▶ |                     |                  |

**Part IX-A Summary of Direct Charitable Activities**

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

**Part IX-B Summary of Program-Related Investments (see instructions)**

| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 | Amount |
|------------------------------------------------------------------------------------------------------------------|--------|
| 1                                                                                                                |        |
| 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.)

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

**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.)

|           |                                                                                                                     |           |         |
|-----------|---------------------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>1</b>  | Minimum investment return from Part X, line 6 . . . . .                                                             | <b>1</b>  |         |
| <b>2a</b> | Tax on investment income for 2014 from Part VI, line 5 . . . . .                                                    | <b>2a</b> | 4,781   |
| <b>b</b>  | Income tax for 2014. (This does not include the tax from Part VI.) . . . .                                          | <b>2b</b> |         |
| <b>c</b>  | Add lines 2a and 2b . . . . .                                                                                       | <b>2c</b> | 4,781   |
| <b>3</b>  | Distributable amount before adjustments. Subtract line 2c from line 1 . . . . .                                     | <b>3</b>  | (4,781) |
| <b>4</b>  | Recoveries of amounts treated as qualifying distributions . . . . .                                                 | <b>4</b>  |         |
| <b>5</b>  | Add lines 3 and 4 . . . . .                                                                                         | <b>5</b>  | (4,781) |
| <b>6</b>  | Deduction from distributable amount (see instructions) . . . . .                                                    | <b>6</b>  |         |
| <b>7</b>  | <b>Distributable amount as adjusted.</b> Subtract line 6 from line 5. Enter here and on Part XIII, line 1 . . . . . | <b>7</b>  | (4,781) |

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

|          |                                                                                                                                                                |           |   |
|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---|
| <b>1</b> | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:                                                                     |           |   |
| <b>a</b> | Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 . . . . .                                                                        | <b>1a</b> | 0 |
| <b>b</b> | Program-related investments - total from Part IX-B . . . . .                                                                                                   | <b>1b</b> |   |
| <b>2</b> | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes . . . . .                                            | <b>2</b>  |   |
| <b>3</b> | Amounts set aside for specific charitable projects that satisfy the:                                                                                           |           |   |
| <b>a</b> | Suitability test (prior IRS approval required) . . . . .                                                                                                       | <b>3a</b> |   |
| <b>b</b> | Cash distribution test (attach the required schedule) . . . . .                                                                                                | <b>3b</b> |   |
| <b>4</b> | <b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 . . . . .                                    | <b>4</b>  |   |
| <b>5</b> | 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) . . . . . | <b>5</b>  |   |
| <b>6</b> | <b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4 . . . . .                                                                                | <b>6</b>  |   |

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

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

|                                                                                                                                                                                      | (a)<br>Corpus | (b)<br>Years prior to 2013 | (c)<br>2013 | (d)<br>2014 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------|-------------|-------------|
| 1 Distributable amount for 2014 from Part XI, line 7 . . . . .                                                                                                                       |               |                            |             | (4,781)     |
| 2 Undistributed income, if any, as of the end of 2014:                                                                                                                               |               |                            |             |             |
| a Enter amount for 2013 only . . . . .                                                                                                                                               |               |                            |             |             |
| b Total for prior years: _____, _____, _____                                                                                                                                         |               |                            |             |             |
| 3 Excess distributions carryover, if any, to 2014:                                                                                                                                   |               |                            |             |             |
| a From 2009 . . . . .                                                                                                                                                                |               |                            |             |             |
| b From 2010 . . . . .                                                                                                                                                                |               |                            |             |             |
| c From 2011 . . . . .                                                                                                                                                                |               |                            |             |             |
| d From 2012 . . . . .                                                                                                                                                                |               |                            |             |             |
| e From 2013 . . . . .                                                                                                                                                                |               |                            |             |             |
| f Total of lines 3a through e . . . . .                                                                                                                                              |               |                            |             |             |
| 4 Qualifying distributions for 2014 from Part XII, line 4: ▶ \$ _____                                                                                                                |               |                            |             |             |
| a Applied to 2013, but not more than line 2a . . . . .                                                                                                                               |               |                            |             |             |
| b Applied to undistributed income of prior years (Election required - see instructions) . . . . .                                                                                    |               |                            |             |             |
| c Treated as distributions out of corpus (Election required - see instructions) . . . . .                                                                                            |               |                            |             |             |
| d Applied to 2014 distributable amount . . . . .                                                                                                                                     |               |                            |             | (4,781)     |
| e Remaining amount distributed out of corpus . . . . .                                                                                                                               | 4,781         |                            |             |             |
| 5 Excess distributions carryover applied to 2014 . . . . .<br>(If an amount appears in column (d), the same amount must be shown in column (a).)                                     |               |                            |             |             |
| 6 Enter the net total of each column as indicated below:                                                                                                                             |               |                            |             |             |
| a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 . . . . .                                                                                                                        | 4,781         |                            |             |             |
| b Prior years' undistributed income. Subtract line 4b from line 2b . . . . .                                                                                                         |               |                            |             |             |
| c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed . . . . . |               |                            |             |             |
| d Subtract line 6c from line 6b. Taxable amount - see instructions . . . . .                                                                                                         |               |                            |             |             |
| e Undistributed income for 2013. Subtract line 4a from line 2a. Taxable amount - see instructions . . . . .                                                                          |               |                            |             |             |
| f Undistributed income for 2014. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2015 . . . . .                                                              |               |                            |             | 0           |
| 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) . . . . .       |               |                            |             |             |
| 8 Excess distributions carryover from 2009 not applied on line 5 or line 7 (see instructions) . . . . .                                                                              |               |                            |             |             |
| 9 Excess distributions carryover to 2015. Subtract lines 7 and 8 from line 6a . . . . .                                                                                              | 4,781         |                            |             |             |
| 10 Analysis of line 9:                                                                                                                                                               |               |                            |             |             |
| a Excess from 2010 . . . . .                                                                                                                                                         |               |                            |             |             |
| b Excess from 2011 . . . . .                                                                                                                                                         |               |                            |             |             |
| c Excess from 2012 . . . . .                                                                                                                                                         |               |                            |             |             |
| d Excess from 2013 . . . . .                                                                                                                                                         |               |                            |             |             |
| e Excess from 2014 . . . . .                                                                                                                                                         | 4,781         |                            |             |             |

**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9)

**1a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2014, enter the date of the ruling . . . . . ☐ 4942(j)(3) or ☐ 4942(j)(5)

**2a** Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .

| Tax year                                                                                                                                                           | Prior 3 years |          |          | (e) Total |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------|----------|-----------|
| (a) 2014                                                                                                                                                           | (b) 2013      | (c) 2012 | (d) 2011 |           |
| <b>b</b> 85% of line 2a . . . . .                                                                                                                                  |               |          |          |           |
| <b>c</b> Qualifying distributions from Part XII, line 4 for each year listed . . . . .                                                                             |               |          |          |           |
| <b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .                                                           |               |          |          |           |
| <b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .                                   |               |          |          |           |
| <b>3</b> Complete 3a, b, or c for the alternative test relied upon:                                                                                                |               |          |          |           |
| <b>a</b> "Assets" alternative test - enter:                                                                                                                        |               |          |          |           |
| <b>(1)</b> Value of all assets . . . . .                                                                                                                           |               |          |          |           |
| <b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i) . . . . .                                                                                     |               |          |          |           |
| <b>b</b> "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed . . . . .                              |               |          |          |           |
| <b>c</b> "Support" alternative test - enter:                                                                                                                       |               |          |          |           |
| <b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . . |               |          |          |           |
| <b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) . . . . .                                      |               |          |          |           |
| <b>(3)</b> Largest amount of support from an exempt organization . . . . .                                                                                         |               |          |          |           |
| <b>(4)</b> Gross investment income . . . . .                                                                                                                       |               |          |          |           |

**Part XV Supplementary Information** (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year - see instructions.)

**1 Information Regarding Foundation Managers:**

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

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

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

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

**a** The name, address, and telephone number or e-mail address of the person to whom applications should be addressed.

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

**c** Any submission deadlines:

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

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

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





THE GB KNECHT FOUNDATION  
Use a **separate** Form 1118 for each applicable category of income listed below. See **Categories of Income** in the instructions. Also, see **Specific Instructions**.  
Check only one box on each form.

- ☒ Passive Category Income
- ☐ Section 901(j) Income Name of Sanctioned Country ►
- ☐ General Category Income
- ☐ Income Re-sourced by Treaty: Name of Country ►

**Schedule A Income or (Loss) Before Adjustments (Report all amounts in U.S. dollars. See Specific Instructions.)**

| 1. Foreign Country or U S Possession (Enter two-letter code, see instructions. Use a separate line for each ) * | Gross Income or (Loss) From Sources Outside the United States (INCLUDE Foreign Branch Gross Income here and on Schedule F) |                       |                      |                        |             |                                             |                                              |                            |                                       |
|-----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|-----------------------|----------------------|------------------------|-------------|---------------------------------------------|----------------------------------------------|----------------------------|---------------------------------------|
|                                                                                                                 | 2. Deemed Dividends (see instructions)                                                                                     |                       | 3. Other Dividends   |                        | 4. Interest | 5. Gross Rents, Royalties, and License Fees | 6. Gross Income From Performance of Services | 7. Other (attach schedule) | 8. Total (add columns 2(a) through 7) |
|                                                                                                                 | (a) Exclude gross-up                                                                                                       | (b) Gross-up (sec 78) | (a) Exclude gross-up | (b) Gross-up (sec. 78) |             |                                             |                                              |                            |                                       |
|                                                                                                                 |                                                                                                                            |                       |                      |                        |             |                                             |                                              |                            |                                       |
| A                                                                                                               |                                                                                                                            |                       |                      |                        |             |                                             |                                              |                            |                                       |
| B                                                                                                               |                                                                                                                            |                       |                      |                        |             |                                             |                                              |                            |                                       |
| C                                                                                                               |                                                                                                                            |                       |                      |                        |             |                                             |                                              |                            |                                       |
| D                                                                                                               |                                                                                                                            |                       |                      |                        |             |                                             |                                              |                            |                                       |
| E                                                                                                               |                                                                                                                            |                       |                      |                        |             |                                             |                                              |                            |                                       |
| F                                                                                                               |                                                                                                                            |                       |                      |                        |             |                                             |                                              |                            |                                       |
| Totals (add lines A through F)                                                                                  |                                                                                                                            |                       |                      |                        |             |                                             |                                              |                            |                                       |

\* For section 863(b) income, NOLs, income from RICs, and high-taxed income, use a single line (see instructions).

| 9. Definitely Allocable Deductions            |                    |                                                                   |                                           |                                                                           | Deductions (INCLUDE Foreign Branch Deductions here and on Schedule F)                                                               |                                                    | 13. Total Income or (Loss) Before Adjustments (subtract column 12 from column 8) |
|-----------------------------------------------|--------------------|-------------------------------------------------------------------|-------------------------------------------|---------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|----------------------------------------------------------------------------------|
| Rental, Royalty, and Licensing Expenses       |                    | Expenses Related to Gross Income From Performance of Services     |                                           | (e) Total Definitely Allocable Deductions (add columns 9(a) through 9(d)) | 10. Apportioned Share of Deductions Not Definitely Allocable (enter amount from applicable line of Schedule H, Part II, column (d)) | 11. Net Operating Loss Deduction                   |                                                                                  |
| (a) Depreciation, Depletion, and Amortization | (b) Other Expenses | (c) Expenses Related to Gross Income From Performance of Services | (d) Other Definitely Allocable Deductions | (e) Total Definitely Allocable Deductions (add columns 9(a) through 9(d)) |                                                                                                                                     | 12. Total Deductions (add columns 9(e) through 11) |                                                                                  |
| A                                             |                    |                                                                   |                                           |                                                                           |                                                                                                                                     |                                                    |                                                                                  |
| B                                             |                    |                                                                   |                                           |                                                                           |                                                                                                                                     |                                                    |                                                                                  |
| C                                             |                    |                                                                   |                                           |                                                                           |                                                                                                                                     |                                                    |                                                                                  |
| D                                             |                    |                                                                   |                                           |                                                                           |                                                                                                                                     |                                                    |                                                                                  |
| E                                             |                    |                                                                   |                                           |                                                                           |                                                                                                                                     |                                                    |                                                                                  |
| F                                             |                    |                                                                   |                                           |                                                                           |                                                                                                                                     |                                                    |                                                                                  |
| Totals                                        |                    |                                                                   |                                           |                                                                           |                                                                                                                                     |                                                    |                                                                                  |

**Schedule B Foreign Tax Credit (Report all foreign tax amounts in U.S. dollars.)****Part I - Foreign Taxes Paid, Accrued, and Deemed Paid (see instructions)**

| 1. Credit is Claimed for Taxes (check one) |              | 2. Foreign Taxes Paid or Accrued (attach schedule showing amounts in foreign currency and conversion rate(s) used) |              |                                        |                           | 3. Tax Deemed Paid (from Schedule C-Part I, column 12, Part II, column 8(b), and Part III, column 8) |  |
|--------------------------------------------|--------------|--------------------------------------------------------------------------------------------------------------------|--------------|----------------------------------------|---------------------------|------------------------------------------------------------------------------------------------------|--|
| Date Paid                                  | Date Accrued | Tax Withheld at Source on                                                                                          |              | Other Foreign Taxes Paid or Accrued on |                           | (h) Total Foreign Taxes Paid or Accrued (add columns 2(a) through 2(g))                              |  |
|                                            |              | (a) Dividends                                                                                                      | (b) Interest | (c) Rents, Royalties, and License Fees | (d) Section 863(b) Income |                                                                                                      |  |
| A                                          |              |                                                                                                                    |              |                                        |                           |                                                                                                      |  |
| B                                          |              |                                                                                                                    |              |                                        |                           |                                                                                                      |  |
| C                                          |              |                                                                                                                    |              |                                        |                           |                                                                                                      |  |
| D                                          |              |                                                                                                                    |              |                                        |                           |                                                                                                      |  |
| E                                          |              |                                                                                                                    |              |                                        |                           |                                                                                                      |  |
| F                                          |              |                                                                                                                    |              |                                        |                           |                                                                                                      |  |

Totals (add lines A through F)

**Part II - Separate Foreign Tax Credit (Complete a separate Part II for each applicable category of income.)**

|    |                                                                                                                                                                                                                                                      |     |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| 1a | Total foreign taxes paid or accrued (total from Part I, column 2(h))                                                                                                                                                                                 | 978 |
| b  | Foreign taxes paid or accrued by the corporation during prior tax years that were suspended due to the rules of section 909 and for which the related income is taken into account by the corporation during the current tax year (see instructions) |     |
| 2  | Total taxes deemed paid (total from Part I, column 3)                                                                                                                                                                                                |     |
| 3  | Reductions of taxes paid, accrued, or deemed paid (enter total from Schedule G)                                                                                                                                                                      |     |
| 4  | Taxes reclassified under high-tax kickout                                                                                                                                                                                                            | ( ) |
| 5  | Enter the sum of any carryover of foreign taxes (from Schedule K, line 3, column (xiv) and from Schedule I, Part III, line 3) plus any carrybacks to the current tax year                                                                            |     |
| 6  | Total foreign taxes (combine lines 1a through 5)                                                                                                                                                                                                     | 978 |
| 7  | Enter the amount from the applicable column of Schedule J, Part I, line 11 (see instructions). If Schedule J is not required to be completed, enter the result from the "Totals" line of column 13 of the applicable Schedule A                      |     |
| 8a | Total taxable income from all sources (enter taxable income from the corporation's tax return)                                                                                                                                                       |     |
| b  | Adjustments to line 8a (see instructions)                                                                                                                                                                                                            |     |
| c  | Subtract line 8b from line 8a                                                                                                                                                                                                                        |     |
| 9  | Divide line 7 by line 8c. Enter the resulting fraction as a decimal (see instructions). If line 7 is greater than line 8c, enter 1                                                                                                                   |     |
| 10 | Total U.S. income tax against which credit is allowed (regular tax liability (see section 26(b)) minus American Samoa economic development credit)                                                                                                   |     |
| 11 | Credit limitation (multiply line 9 by line 10) (see instructions)                                                                                                                                                                                    |     |
| 12 | Separate foreign tax credit (enter the smaller of line 6 or line 11 here and on the appropriate line of Part III)                                                                                                                                    |     |

**Part III - Summary of Separate Credits (Enter amounts from Part II, line 12 for each applicable category of income. Do not include taxes paid to sanctioned countries.)**

|   |                                                                                                                                      |  |
|---|--------------------------------------------------------------------------------------------------------------------------------------|--|
| 1 | Credit for taxes on passive category income                                                                                          |  |
| 2 | Credit for taxes on general category income                                                                                          |  |
| 3 | Credit for taxes on income re-sourced by treaty (combine all such credits on this line)                                              |  |
| 4 | Total (add lines 1 through 3)                                                                                                        |  |
| 5 | Reduction in credit for international boycott operations (see instructions)                                                          |  |
| 6 | <b>Total foreign tax credit</b> (subtract line 5 from line 4) Enter here and on the appropriate line of the corporation's tax return |  |

EEA

Schedule F

Gross Income and Definitely Allocable Deductions for Foreign Branches

Schedule G

Reductions of Taxes Paid, Accrued, or Deemed Paid

| 1. Foreign Country or U.S. Possession (Enter two-letter code from Schedule A, column 1. Use a separate line for each.) |  | 2. Gross Income | 3. Definitely Allocable Deductions |
|------------------------------------------------------------------------------------------------------------------------|--|-----------------|------------------------------------|
| A                                                                                                                      |  |                 |                                    |
| B                                                                                                                      |  |                 |                                    |
| C                                                                                                                      |  |                 |                                    |
| D                                                                                                                      |  |                 |                                    |
| E                                                                                                                      |  |                 |                                    |
| F                                                                                                                      |  |                 |                                    |
| Totals (add lines A through F)*                                                                                        |  |                 |                                    |

| Part I - Reduction Amounts                                                                                                                    |                                                                                                                                                                                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A                                                                                                                                             | Reduction of Taxes Under Section 901(e) - Attach separate schedule                                                                                                                             |
| B                                                                                                                                             | Reduction of Foreign Oil and Gas Taxes - Enter amount from Schedule I, Part II, line 4                                                                                                         |
| C                                                                                                                                             | Reduction of Taxes Due to International Boycott Provisions- Enter appropriate portion of Schedule C (Form 5713), line 2b. <b>Important:</b> Enter only "specifically attributable taxes" here. |
| D                                                                                                                                             | Reduction of Taxes for Section 6038(c) Penalty- Attach separate schedule                                                                                                                       |
| E                                                                                                                                             | Taxes suspended under section 909                                                                                                                                                              |
| F                                                                                                                                             | Other Reductions of Taxes - Attach schedule(s)                                                                                                                                                 |
| Total (add lines A through F). Enter here and on Schedule B, Part II, line 3                                                                  |                                                                                                                                                                                                |
| Part II - Other Information                                                                                                                   |                                                                                                                                                                                                |
| Check this box if, during the tax year, the corporation paid or accrued any foreign tax that was disqualified for credit under section 901(m) |                                                                                                                                                                                                |

**\*Note:** The Schedule F totals are not carried over to any other Form 1118 Schedule. (These totals were already included in Schedule A.) However, the IRS requires the corporation to complete Schedule F under the authority of section 905(b) EEA

# Federal Supporting Statements

2014 PG 01

Your Social Security Number

94-3473937

Name(s) as shown on return

THE GB KNECHT FOUNDATION

## Form 990PF, Part I, Line 23 - Other Expenses Schedule

Statement #103

| Description   | Revenue<br>and expenses | Net<br>investment | Adjusted<br>net income | Charitable<br>purpose |
|---------------|-------------------------|-------------------|------------------------|-----------------------|
| ADVISORY FEES | 27,021                  | 0                 | 0                      | 0                     |
| Totals        | 27,021                  | 0                 | 0                      | 0                     |

## Form 990PF, Part I, Line 11 - Other Income Schedule

PG 01

Statement #106

| Description   | Revenue<br>and expenses | Net<br>investment | Adjusted<br>net income |
|---------------|-------------------------|-------------------|------------------------|
| CAPITAL GAINS | 0                       | 109,613           | 0                      |
| Totals        | 0                       | 109,613           | 0                      |

# Federal Supporting Statements

2014 PG 01

Your Social Security Number

94-3473937

Name(s) as shown on return

THE GB KNECHT FOUNDATION

Form 990PF, Part I, Line 16(b) - Accounting Fees Schedule

Statement #108

| Description     | Revenue<br>and expenses | Net<br>investment | Adjusted<br>net income | Charitable<br>purpose |
|-----------------|-------------------------|-------------------|------------------------|-----------------------|
| ACCOUNTING FEES | 750                     | 0                 | 0                      | 0                     |
| Totals          | 750                     | 0                 | 0                      | 0                     |

PG 01

Statement #110

Form 990PF, Part I, Line 18 - Taxes Schedule

| Description | Revenue<br>and expenses | Net<br>investment | Adjusted<br>net income | Charitable<br>purpose |
|-------------|-------------------------|-------------------|------------------------|-----------------------|
| EXCISE TAX  | 1,319                   | 0                 | 0                      | 0                     |
| Totals      | 1,319                   | 0                 | 0                      | 0                     |

# Federal Supporting Statements

2014 PG 01

Your Social Security Number

94-3473937

Name(s) as shown on return

THE GB KNECHT FOUNDATION

Form 990-BF, Part IV, Capital Gains And Losses Information (Overflow)

Statement #134

| Description           | P-Purchase<br>D-Donation | Date Acquired | Date Sold  | Sales Price | Depreciation | Cost or<br>other basis | Gain or Loss | Gains Minus<br>Excess or Losses |
|-----------------------|--------------------------|---------------|------------|-------------|--------------|------------------------|--------------|---------------------------------|
|                       |                          |               |            |             |              |                        |              |                                 |
| PACE ALT STRAT INVEST | P                        | 03-05-2010    | 02-21-2014 | 10,840      |              | 9,533                  | 1,307        | 1,307                           |
| PACE ALT STRAT INVEST | P                        | 03-05-2010    | 03-11-2014 | 3,750       |              | 3,285                  | 465          | 465                             |
| PACE ALT STRAT INVEST | P                        | 03-05-2010    | 09-10-2014 | 18,707      |              | 15,995                 | 2,712        | 2,712                           |
| PACE INTL EQ INVEST   | P                        | 03-05-2010    | 03-11-2014 | 5,000       |              | 4,005                  | 995          | 995                             |
| PACE INT EE INVEST    | P                        | 03-05-2010    | 08-05-2014 | 4,201       |              | 3,341                  | 860          | 860                             |
| PACE INTL EQ INVEST   | P                        | 03-05-2010    | 09-10-2014 | 21,315      |              | 16,854                 | 4,461        | 4,461                           |
| PACE INTL EM MKTS     | P                        | 03-05-2010    | 03-11-2014 | 3,000       |              | 2,956                  | 44           | 44                              |
| PACE INTL EM MKTS     | P                        | 03-05-2010    | 08-05-2014 | 18,853      |              | 16,661                 | 2,192        | 2,192                           |
| PACE INTL EM MKTS     | P                        | 03-05-2010    | 09-10-2014 | 15,127      |              | 13,139                 | 1,988        | 1,988                           |
| PACE INTERMD FIX INC  | P                        | 03-05-2010    | 03-11-2014 | 3,625       |              | 3,463                  | 162          | 162                             |
| PACE INTERMD FIX INC  | P                        | 03-05-2010    | 09-10-2014 | 15,549      |              | 14,805                 | 744          | 744                             |
| PACE LG CO GR EQ      | P                        | 03-05-2010    | 02-21-2014 | 41,214      |              | 25,755                 | 15,459       | 15,459                          |
| PACE LG CO GR EQ      | P                        | 03-05-2010    | 03-11-2014 | 6,500       |              | 4,007                  | 2,493        | 2,493                           |
| PACE LG CO GR EQ      | P                        | 03-05-2010    | 08-05-2014 | 7,714       |              | 4,672                  | 3,042        | 3,042                           |
| PACE LG CO GR EQ      | P                        | 03-05-2010    | 09-10-2014 | 33,853      |              | 19,922                 | 13,931       | 13,931                          |
| PACE LG CO VAL EQ     | P                        | 03-05-2010    | 02-21-2014 | 33,584      |              | 21,515                 | 12,069       | 12,069                          |
| PACE LG CO VAL EQ     | P                        | 03-05-2010    | 03-11-2014 | 6,500       |              | 4,106                  | 2,394        | 2,394                           |
| PACE LG CO VAL EQ     | P                        | 03-05-2010    | 08-05-2014 | 13,794      |              | 8,442                  | 5,352        | 5,352                           |
| PACE LG CO VAL EQ     | P                        | 03-05-2010    | 09-10-2014 | 35,610      |              | 21,053                 | 14,557       | 14,557                          |
| PACE INTL FIX INC     | P                        | 03-05-2010    | 03-11-2014 | 2,500       |              | 2,618                  | (118)        | (118)                           |
| PACE INTL FIX INC     | P                        | 03-05-2010    | 08-05-2014 | 2,043       |              | 2,092                  | (49)         | (49)                            |
| PACE INTL FIX INC     | P                        | 03-05-2010    | 09-10-2014 | 10,015      |              | 10,341                 | (326)        | (326)                           |
| PACE SM/MED CO GR EQ  | P                        | 03-05-2010    | 02-21-2014 | 24,800      |              | 14,880                 | 9,920        | 9,920                           |
| PACE SM/MED CO GR EQ  | P                        | 03-05-2010    | 03-11-2014 | 3,750       |              | 2,230                  | 1,520        | 1,520                           |
| PACE SM/MED CO GR EQ  | P                        | 03-05-2010    | 09-10-2014 | 23,481      |              | 14,496                 | 8,985        | 8,985                           |
| PACE SM/MED CO VAL EQ | P                        | 03-05-2010    | 02-21-2014 | 24,040      |              | 16,020                 | 8,020        | 8,020                           |
| PACE SM/MED CO VAL EQ | P                        | 03-05-2010    | 03-11-2014 | 3,750       |              | 2,467                  | 1,283        | 1,283                           |
| PACE SM/MED CO VAL EQ | P                        | 03-05-2010    | 08-05-2014 | 829         |              | 545                    | 284          | 284                             |
| PACE SM/MED CO VAL EQ | P                        | 03-05-2010    | 09-10-2014 | 21,887      |              | 13,854                 | 8,033        | 8,033                           |
| PACE STRAT FIX INC    | P                        | 03-05-2010    | 03-11-2014 | 3,625       |              | 3,647                  | (22)         | (22)                            |
| PACE STRAT FIX INC    | P                        | 03-05-2010    | 08-05-2014 | 1,651       |              | 1,636                  | 15           | 15                              |
| PACE STRAT FIX INC    | P                        | 03-05-2010    | 09-10-2014 | 16,140      |              | 16,035                 | 105          | 105                             |
| PACE MTG BACK SEC     | P                        | 03-05-2010    | 01-24-2014 | 6,899       |              | 7,230                  | (331)        | (331)                           |
| PACE MTG BACK SEC     | P                        | 03-05-2010    | 03-11-2014 | 2,000       |              | 2,093                  | (93)         | (93)                            |

# Federal Supporting Statements

2014

PG 02

Your Social Security Number

94-3473937

Name(s) as shown on return

THE GB KNECHT FOUNDATION

Form 990-PF, Part IV, Capital Gains And Losses Information (Overflow)

Statement #134

P-Purchase

| Description          | D-Donation | Date Acquired | Date Sold  | Sales Price | Depreciation | Cost or other basis | Gain or Loss | Excess or Losses | Gains Minus |
|----------------------|------------|---------------|------------|-------------|--------------|---------------------|--------------|------------------|-------------|
| PACE MTG BACK SEC    | P          | 03-05-2010    | 07-24-2014 | 1,272       |              | 1,320               | (48)         |                  | (48)        |
| PACE MTG BACK SEC    | P          | 03-05-2010    | 09-10-2014 | 8,711       |              | 9,029               | (318)        |                  | (318)       |
| PACE GL REAL EST     | P          | 05-04-2010    | 02-21-2014 | 4,730       |              | 3,817               | 913          |                  | 913         |
| PACE GL REAL EST     | P          | 05-04-2010    | 03-11-2014 | 2,000       |              | 1,614               | 386          |                  | 386         |
| PACE GL REAL EST     | P          | 05-04-2010    | 08-05-2014 | 8,381       |              | 6,260               | 2,121        |                  | 2,121       |
| PACE GL REAL ESTATE  | P          | 05-04-2010    | 09-10-2014 | 10,057      |              | 7,430               | 2,627        |                  | 2,627       |
| PACE HI YIELD INVEST | P          | 03-05-2010    | 03-11-2014 | 3,750       |              | 3,525               | 225          |                  | 225         |
| PACE HI YIELD INVEST | P          | 03-05-2010    | 08-05-2014 | 1,014       |              | 960                 | 54           |                  | 54          |
| PACE HI YIELD INVEST | P          | 03-05-2010    | 09-10-2014 | 18,471      |              | 17,443              | 1,028        |                  | 1,028       |
| Total                |            |               |            | 504,532     |              | 375,091             | 129,441      |                  | 129,441     |

990

**Tax Exempt  
Diagnostic Summary**

2014

Name

THE GB KNECHT FOUNDATION

Employer Identification #

94-3473937

**Demographics****Mailing Address:**

2703 POLK STREET  
Hollywood, FL 33020

Phone:

Resident State: CT

**Diagnostics**

Preparer: DANIEL A. MODAS

Invoice:

Date: 03-18-2015

**Return Information**

| Item on Return                 | 2014<br>Federal | 2013 Federal<br>(If available) |
|--------------------------------|-----------------|--------------------------------|
| Total Revenue                  | 192,196         |                                |
| Total Expenses                 | 334,090         |                                |
| Net Excess (Deficit)           | (141,894)       |                                |
| Net Assets or Fund<br>Balances |                 |                                |

**State/City Information**

| <u>State/City</u> | <u>Taxable<br/>Revenue</u> | <u>Total<br/>Expenses</u> | <u>Change Fund<br/>Balance</u> | <u>UBIT</u> | <u>Total<br/>Tax</u> | <u>Refund/<br/>(Balance Due)</u> |
|-------------------|----------------------------|---------------------------|--------------------------------|-------------|----------------------|----------------------------------|
|-------------------|----------------------------|---------------------------|--------------------------------|-------------|----------------------|----------------------------------|

**TAX COMPUTATION WORKSHEET FOR TAX EXEMPT UBI****2014**

Name(s) shown on return

Identifying Number

THE GB KNECHT FOUNDATION

94-3473937

| LOWER<br>END OF<br>BRACKET | UPPER<br>END OF<br>BRACKET | TAX<br>RATE | INCOME<br>IN<br>BRACKET | INCOME TAX<br>BY<br>BRACKET |
|----------------------------|----------------------------|-------------|-------------------------|-----------------------------|
| 0                          | 50,000                     | 15 %        |                         |                             |
| 50,000                     | 75,000                     | 25 %        |                         |                             |
| 75,000                     | 100,000                    | 34 %        |                         |                             |
| 100,000                    | 335,000                    | 39 %        |                         |                             |
| 335,000                    | 10,000,000                 | 34 %        |                         |                             |
| 10,000,000                 | 15,000,000                 | 35 %        |                         |                             |
| 15,000,000                 | 18,333,333                 | 38 %        |                         |                             |
| 18,333,333                 | AND UP                     | 35 %        |                         |                             |
| TOTALS                     |                            |             |                         |                             |

**TAX COMPUTATION FOR CONTROLLED GROUPS**

|                      |       |  |  |
|----------------------|-------|--|--|
| 50,000 BRACKET       | 15 %  |  |  |
| 25,000 BRACKET       | 25 %  |  |  |
| 9,925,000 BRACKET    | 34 %  |  |  |
| ADD'L 5% TAX AMOUNT  | 100 % |  |  |
| ADD'L 3% TAX AMOUNT  | 100 % |  |  |
| 10,000,000 + BRACKET | 35 %  |  |  |
| TOTALS               |       |  |  |

**TAX COMPUTATION FOR TRUST**

| Lower End | Upper End | Tax Rate | Income in Bracket | Income Tax by Bracket |
|-----------|-----------|----------|-------------------|-----------------------|
| 0         | 2,500     | 15%      |                   |                       |
| 2,500     | 5,800     | 25%      |                   |                       |
| 5,800     | 8,900     | 28%      |                   |                       |
| 8,900     | 12,150    | 33%      |                   |                       |
| 12,150    | AND UP    | 39.6%    |                   |                       |
| TOTALS    |           |          |                   |                       |