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Form 990-PF

Return of Private Foundation

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

2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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For calendar year 2014, or tax year beginning 10-01-2014, and ending 09-30-2015

Name of foundation: Sun Capital Partners Foundation Inc. A Employer identification number: 26-1513089. B Telephone number: (561) 394-0550. G Check all that apply: Initial return, Final return, Address change. H Check type of organization: Section 501(c)(3) exempt private foundation. I Fair market value of all assets at end of year: \$ 901,744. J Accounting method: Cash.

Table with 5 columns: (a) Revenue and expenses per books, (b) Net investment income, (c) Adjusted net income, (d) Disbursements for charitable purposes. Rows include Part I Analysis of Revenue and Expenses, Operating and Administrative Expenses, and Summary rows (27-29).

Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)

<b>Part II Balance Sheets</b>		Beginning of year			End of year		
		(a) Book Value	(b) Book Value	(c) Fair Market Value	(a) Book Value	(b) Book Value	(c) Fair Market Value
<b>Assets</b>	<b>1</b>	Cash—non-interest-bearing . . . . .	176,786	276,744	276,744		
	<b>2</b>	Savings and temporary cash investments . . . . .	625,000	625,000	625,000		
	<b>3</b>	Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____					
	<b>4</b>	Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____					
	<b>5</b>	Grants receivable . . . . .					
	<b>6</b>	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .					
	<b>7</b>	Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____					
	<b>8</b>	Inventories for sale or use . . . . .					
	<b>9</b>	Prepaid expenses and deferred charges . . . . .					
	<b>10a</b>	Investments—U S and state government obligations (attach schedule)					
	<b>b</b>	Investments—corporate stock (attach schedule) . . . . .					
	<b>c</b>	Investments—corporate bonds (attach schedule) . . . . .					
	<b>11</b>	Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____					
	<b>12</b>	Investments—mortgage loans . . . . .					
	<b>13</b>	Investments—other (attach schedule) . . . . .					
	<b>14</b>	Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____					
<b>15</b>	Other assets (describe ▶ _____)						
<b>16</b>	<b>Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item I)	801,786	901,744	901,744			
<b>Liabilities</b>	<b>17</b>	Accounts payable and accrued expenses . . . . .					
	<b>18</b>	Grants payable . . . . .					
	<b>19</b>	Deferred revenue . . . . .					
	<b>20</b>	Loans from officers, directors, trustees, and other disqualified persons					
	<b>21</b>	Mortgages and other notes payable (attach schedule) . . . . .					
	<b>22</b>	Other liabilities (describe ▶ _____)					
<b>23</b>	<b>Total liabilities</b> (add lines 17 through 22) . . . . .		0				
<b>Net Assets or Fund Balances</b>	<b>Foundations that follow SFAS 117, check here</b> ▶ <input type="checkbox"/>						
	<b>and complete lines 24 through 26 and lines 30 and 31.</b>						
	<b>24</b>	Unrestricted . . . . .					
	<b>25</b>	Temporarily restricted . . . . .					
	<b>26</b>	Permanently restricted . . . . .					
	<b>Foundations that do not follow SFAS 117, check here</b> ▶ <input checked="" type="checkbox"/>						
	<b>and complete lines 27 through 31.</b>						
<b>27</b>	Capital stock, trust principal, or current funds . . . . .						
<b>28</b>	Paid-in or capital surplus, or land, bldg, and equipment fund						
<b>29</b>	Retained earnings, accumulated income, endowment, or other funds	801,786	901,744				
<b>30</b>	<b>Total net assets or fund balances</b> (see instructions) . . . . .	801,786	901,744				
<b>31</b>	<b>Total liabilities and net assets/fund balances</b> (see instructions) . . . . .	801,786	901,744				

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

<b>1</b>	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) . . . . .	<b>1</b>	801,786
<b>2</b>	Enter amount from Part I, line 27a . . . . .	<b>2</b>	99,958
<b>3</b>	Other increases not included in line 2 (itemize) ▶ _____	<b>3</b>	
<b>4</b>	Add lines 1, 2, and 3 . . . . .	<b>4</b>	901,744
<b>5</b>	Decreases not included in line 2 (itemize) ▶ _____	<b>5</b>	
<b>6</b>	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 . . . . .	<b>6</b>	901,744

**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 P—Purchase D—Donation	(c) Date acquired (mo, day, yr)	(d) Date sold (mo, day, yr)
<b>1a</b>			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
<b>a</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			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

<b>2</b>	Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	<b>2</b>	
<b>3</b>	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)			
	If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in 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 instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2013	1,773,004	976,809	1.815098
2012	1,346,307	885,631	1.520167
2011	1,137,248	157,163	7.236105
2010	1,029,215	160,187	6.425084
2009	559,569	81,576	6.859481

<b>2</b>	Total of line 1, column (d).	<b>2</b>	23.855935
<b>3</b>	Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	<b>3</b>	4.771187
<b>4</b>	Enter the net value of noncharitable-use assets for 2014 from Part X, line 5.	<b>4</b>	1,024,307
<b>5</b>	Multiply line 4 by line 3.	<b>5</b>	4,887,160
<b>6</b>	Enter 1% of net investment income (1% of Part I, line 27b).	<b>6</b>	0
<b>7</b>	Add lines 5 and 6.	<b>7</b>	4,887,160
<b>8</b>	Enter qualifying distributions from Part XII, line 4.	<b>8</b>	1,350,042

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

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)**

<b>1a</b>	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)		
<b>b</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 . . . . .	<b>1</b>	0
<b>c</b>	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
<b>2</b>	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	<b>2</b>	
<b>3</b>	Add lines 1 and 2. . . . .	<b>3</b>	0
<b>4</b>	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	<b>4</b>	
<b>5</b>	<b>Tax based on investment income.</b> Subtract line 4 from line 3 If zero or less, enter -0- . . . . .	<b>5</b>	0
<b>6</b>	Credits/Payments		
<b>a</b>	2014 estimated tax payments and 2013 overpayment credited to 2014	<b>6a</b>	
<b>b</b>	Exempt foreign organizations—tax withheld at source . . . . .	<b>6b</b>	
<b>c</b>	Tax paid with application for extension of time to file (Form 8868) . . . . .	<b>6c</b>	
<b>d</b>	Backup withholding erroneously withheld . . . . .	<b>6d</b>	
<b>7</b>	Total credits and payments Add lines 6a through 6d. . . . .	<b>7</b>	0
<b>8</b>	Enter any <b>penalty</b> for underpayment of estimated tax Check here <input type="checkbox"/> if Form 2220 is attached	<b>8</b>	
<b>9</b>	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b> . . . . .	<b>9</b>	0
<b>10</b>	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b> . . . . .	<b>10</b>	
<b>11</b>	Enter the amount of line 10 to be <b>Credited to 2015 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/>	<b>11</b>	

**Part VII-A Statements Regarding Activities**

	Yes	No
<b>1a</b> 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? . . . . .	<b>1a</b>	No
<b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)? . . . . . <i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.</i>	<b>1b</b>	No
<b>c</b> Did the foundation file <b>Form 1120-POL</b> for this year? . . . . .	<b>1c</b>	No
<b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year <b>(1)</b> On the foundation <input type="checkbox"/> \$ _____ <b>(2)</b> On foundation managers <input type="checkbox"/> \$ _____		
<b>e</b> Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$ _____		
<b>2</b> Has the foundation engaged in any activities that have not previously been reported to the IRS? . . . . . <i>If "Yes," attach a detailed description of the activities.</i>	<b>2</b>	No
<b>3</b> Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i> . . . . .	<b>3</b>	No
<b>4a</b> Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>4a</b>	No
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	<b>4b</b>	
<b>5</b> Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . . <i>If "Yes," attach the statement required by General Instruction T.</i>	<b>5</b>	No
<b>6</b> Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? . . . . .	<b>6</b>	Yes
<b>7</b> Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col. (c), and Part XV.</i> . . . . .	<b>7</b>	Yes
<b>8a</b> Enter the states to which the foundation reports or with which it is registered (see instructions) <input type="checkbox"/> FL _____		
<b>b</b> If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation .</i>	<b>8b</b>	Yes
<b>9</b> Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i> . . . . .	<b>9</b>	No
<b>10</b> Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses.</i> . . . . .	<b>10</b>	No

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

<b>11</b>	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).	<b>11</b>		<b>No</b>
<b>12</b>	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)	<b>12</b>		<b>No</b>
<b>13</b>	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address <b>N/A</b>	<b>13</b>	<b>Yes</b>	
<b>14</b>	The books are in care of <b>DONNA WOHLFARTH</b> Telephone no <b>(561) 394-0550</b> Located at <b>5200 TOWN CENTER CIRCLE SUITE 650 Boca Raton FL</b> ZIP +4 <b>33486</b>			
<b>15</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year <b>15</b>			
<b>16</b>	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes", enter the name of the foreign country	<b>16</b>	<b>Yes</b>	<b>No</b>

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

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

<p><b>5a</b> During the year did the foundation pay or incur any amount to</p> <p><b>(1)</b> Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>(2)</b> Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>(3)</b> Provide a grant to an individual for travel, study, or other similar purposes? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>(4)</b> Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>(5)</b> Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>b</b> If any answer is "Yes" to 5a(1)–(5), did <b>any</b> 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)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Organizations relying on a current notice regarding disaster assistance check here. <input type="checkbox"/></p> <p><b>c</b> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If "Yes," attach the statement required by Regulations section 53.4945–5(d).</i></p> <p><b>6a</b> Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If "Yes" to 6b, file Form 8870.</i></p> <p><b>7a</b> At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>b</b> If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<b>5b</b>	
	<b>6b</b>	<b>No</b>
	<b>7b</b>	

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**

**1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).**

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
MARC J LEDER 5200 TOWN CENTER CIRCLE SUITE 650 BOCA RATON, FL 33486	DIRECTOR/PRESIDENT 1 0	0	0	0
RODGER R KROUSE 5200 TOWN CENTER CIRCLE SUITE 650 BOCA RATON, FL 33486	DIRECTOR/SECRETARY 1 0	0	0	0
KEVIN J CALHOUN 5200 TOWN CENTER CIRCLE SUITE 650 BOCA RATON, FL 33486	DIRECTOR/TREASURER 1 0	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

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

**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

**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
<b>1</b> N/A	
<b>2</b> _____	
<b>3</b> _____	
<b>4</b> _____	

**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
<b>1</b> NONE	
<b>2</b> _____	
_____	
All other program-related investments. See instructions.	
<b>3</b> _____	
_____	

**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>	1,039,906
<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>	1,039,906
<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>	1,039,906
<b>4</b>	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions). . . . .	<b>4</b>	15,599
<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>	1,024,307
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5. . . . .	<b>6</b>	51,215

**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>	51,215
<b>2a</b>	Tax on investment income for 2014 from Part VI, line 5. . . . .	<b>2a</b>	0
<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>	0
<b>3</b>	Distributable amount before adjustments Subtract line 2c from line 1. . . . .	<b>3</b>	51,215
<b>4</b>	Recoveries of amounts treated as qualifying distributions. . . . .	<b>4</b>	
<b>5</b>	Add lines 3 and 4. . . . .	<b>5</b>	51,215
<b>6</b>	Deduction from distributable amount (see instructions). . . . .	<b>6</b>	
<b>7</b>	<b>Distributable amount</b> as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1. . . . .	<b>7</b>	51,215

**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>	1,350,042
<b>b</b>	Program-related investments—total from Part IX-B. . . . .	<b>1b</b>	0
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes. . . . .	<b>2</b>	0
<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>	0
<b>b</b>	Cash distribution test (attach the required schedule). . . . .	<b>3b</b>	0
<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>	1,350,042
<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>	1,350,042

**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) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
<b>1</b> Distributable amount for 2014 from Part XI, line 7				51,215
<b>2</b> Undistributed income, if any, as of the end of 2014				
<b>a</b> Enter amount for 2013 only. . . . .			0	
<b>b</b> Total for prior years 2012, 2011, 2010		0		
<b>3</b> Excess distributions carryover, if any, to 2014				
<b>a</b> From 2009. . . . .	555,490			
<b>b</b> From 2010. . . . .	1,021,206			
<b>c</b> From 2011. . . . .	1,129,078			
<b>d</b> From 2012. . . . .	1,293,800			
<b>e</b> From 2013. . . . .	1,719,964			
<b>f</b> Total of lines 3a through e. . . . .	5,719,538			
<b>4</b> Qualifying distributions for 2014 from Part XII, line 4 ▶ \$ <u>1,350,042</u>				
<b>a</b> Applied to 2013, but not more than line 2a			0	
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .				
<b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .				
<b>d</b> Applied to 2014 distributable amount. . . . .				51,215
<b>e</b> Remaining amount distributed out of corpus	1,298,827			
<b>5</b> Excess distributions carryover applied to 2014 <i>(If an amount appears in column (d), the same amount must be shown in column (a).)</i>				
<b>6 Enter the net total of each column as indicated below:</b>				
<b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5	7,018,365			
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b. . . . .		0		
<b>c</b> 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. . . . .				
<b>d</b> Subtract line 6c from line 6b Taxable amount—see instructions . . . . .		0		
<b>e</b> Undistributed income for 2013 Subtract line 4a from line 2a Taxable amount—see instructions . . . . .			0	
<b>f</b> Undistributed income for 2014 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2015 . . . . .				0
<b>7</b> 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) . . . . .				
<b>8</b> Excess distributions carryover from 2009 not applied on line 5 or line 7 (see instructions) . . . .	555,490			
<b>9 Excess distributions carryover to 2015.</b> Subtract lines 7 and 8 from line 6a . . . . .	6,462,875			
<b>10</b> Analysis of line 9				
<b>a</b> Excess from 2010. . . . .	1,021,206			
<b>b</b> Excess from 2011. . . . .	1,129,078			
<b>c</b> Excess from 2012. . . . .	1,293,800			
<b>d</b> Excess from 2013. . . . .	1,719,964			
<b>e</b> Excess from 2014. . . . .	1,298,827			

**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. . . . .

**b** Check box to indicate whether the organization is a private operating foundation described in section  4942(j)(3) or  4942(j)(5)

	Tax year	Prior 3 years			<b>(e) Total</b>
	<b>(a)</b> 2014	<b>(b)</b> 2013	<b>(c)</b> 2012	<b>(d)</b> 2011	
<b>2a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .					
<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 organization 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) )

See Additional Data Table

**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

NA

**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 email 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	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i> See Additional Data Table				
<b>Total . . . . .</b>				<b>▶ 3a</b> 1,340,747
<b>b</b> <i>Approved for future payment</i>				
<b>Total . . . . .</b>				<b>▶ 3b</b>

**Part XVI-A Analysis of Income-Producing Activities**

Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		<b>(e)</b> Related or exempt function income (See instructions )
	<b>(a)</b> Business code	<b>(b)</b> Amount	<b>(c)</b> Exclusion code	<b>(d)</b> Amount	
<b>1</b> Program service revenue					
<b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>f</b> _____					
<b>g</b> Fees and contracts from government agencies					
<b>2</b> Membership dues and assessments. . . . .					
<b>3</b> Interest on savings and temporary cash investments . . . . .					
<b>4</b> Dividends and interest from securities. . . . .					
<b>5</b> Net rental income or (loss) from real estate					
<b>a</b> Debt-financed property. . . . .					
<b>b</b> Not debt-financed property. . . . .					
<b>6</b> Net rental income or (loss) from personal property . . . . .					
<b>7</b> Other investment income. . . . .					
<b>8</b> Gain or (loss) from sales of assets other than inventory . . . . .					
<b>9</b> Net income or (loss) from special events					
<b>10</b> Gross profit or (loss) from sales of inventory. . . . .					
<b>11</b> Other revenue <b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>12</b> Subtotal. Add columns (b), (d), and (e). . . . .					
<b>13 Total.</b> Add line 12, columns (b), (d), and (e). . . . .					<b>13</b> _____

(See worksheet in line 13 instructions to verify calculations )

**Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes**

<b>Line No.</b> ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See instructions )

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

- 1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code... a Transfers from the reporting foundation to a noncharitable exempt organization of (1) Cash, (2) Other assets. b Other transactions (1) Sales of assets to a noncharitable exempt organization, (2) Purchases of assets from a noncharitable exempt organization, (3) Rental of facilities, equipment, or other assets, (4) Reimbursement arrangements, (5) Loans or loan guarantees, (6) Performance of services or membership or fundraising solicitations. c Sharing of facilities, equipment, mailing lists, other assets, or paid employees. d If the answer to any of the above is "Yes," complete the following schedule...

Table with 4 columns: (a) Line No, (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements.

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? [ ] Yes [x] No

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer or trustee: \*\*\*\*\* Date: 2016-03-10 Title: \*\*\*\*\*

May the IRS discuss this return with the preparer shown below (see instr)? [x] Yes [ ] No

Paid Preparer Use Only

Table with 5 columns: Print/Type preparer's name (John Woodhull), Preparer's Signature, Date (2016-03-23), Check if self-employed (checked), PTIN (P01305268), Firm's name (Crowe Horwath LLP), Firm's address (225 W WACKER DR STE 2600 CHICAGO, IL 60606), Firm's EIN, Phone no (312) 899-7000.

**Form 990PF Part XV Line 1a - 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).**

LEDER FAMILY FOUNDATION INC
KROUSE FAMILY FOUNDATION INC
MARC J LEDER FOUNDATION INC

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
Charter School Growth Fund 350 Interlocken Blvd 390 Broomfield, CO 80021	NONE	PC	Education	250,000
Women in Distress of Broward County Inc PO Box 50187 Lighthouse Pt, FL 33074	NONE	PC	Social Services for Women	75,000
YMCA of S Palm Beach County Inc 6631 Palmetto Circle South Boca Raton, FL 33433	NONE	PC	Social Services	75,540
Boca Helping Hands Inc 1500 NW 1st Court Boca Raton, FL 33432	NONE	PC	Social Services	79,756
Junior Achievement of South Florida Inc 1130 Coconut Creek Blvd Coconut Creek, FL 33066	NONE	PC	Social Services	75,000
Foundation for the Carolinas 227 West Trade St 2200 Charlotte, NC 28202	NONE	PC	Social Services	500
Boca Raton Police Athletic League Inc 100 NW 2nd Ave Boca Raton, FL 33431	NONE	PC	Social Services	10,000
Tri County Humane Society 21287 Boca Rio Rd Boca Raton, FL 33433	NONE	PC	Animal Welfare	600
Greater Boca Youth Soccer Association 11890 Flotilla Place Boca Raton, FL 33428	NONE	PC	Social Services for Children	1,950
Camp Ramah in Wisconsin Inc 65 E Wacker Place Chicago, IL 60601	NONE	PC	Cultural	2,000
Avon Products Foundation Inc Avon Plaza Rye, NY 10580	NONE	PC	Social Services	336
Pine Crest Preparatory School Inc 1501 NE 62nd St Ft Lauderdale, FL 33334	NONE	PC	Education	11,584
Bishop Noll Institute 1519 Hoffman Street Hammond, IN 46327	NONE	PC	Education	2,200
Smiley Wiley Breast Cancer Foundation PO Box 4461 Tequesta, FL 33469	NONE	PC	Healthcare	1,500
Saint Joseph's College 1498 S College Avenue Rensselaer, IN 47978	NONE	PC	Education	4,500
<b>Total . . . . .</b>			<b>▶ 3a</b>	1,340,747



**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
St John the Baptist Cath Church & School 1844 Lincoln Ave Whiting, IN 46394	NONE	PC	Education	2,000
Freedom Fighter Outdoors 2436 N Federal Hwy 312 Lighthouse Point, FL 33064	NONE	PC	Social Services	300
American Endowment Foundation 1521 Georgetown Rd Hudson, OH 44236	NONE	PC	Social Services	220
Make-A-Wish Fdn of The Hudson Valley 832 South Broadway Tarrytown, NY 10591	NONE	PC	Education	200
Torah Academy of Boca Raton Inc 3881 NW 3rd Ave Boca Raton, FL 33431	NONE	PC	Social Services	5,000
Share Our Strength Inc 1030 15th St NW Suite 1100W Washington, DC 20005	NONE	PC	Social Services	3,000
South Florida SPCA Inc 24650 SW 167th Ave Homestead, FL 33031	NONE	PC	Animal Welfare	2,500
Don Estridge High Tech Middle School NW Spanish River Blvd Boca Raton, FL 33431	NONE	PC	Education	1,700
Friends of Public Education Inc 4100 Prairie Ave Miami Beach, FL 33140	NONE	PC	Education	1,500
Saint Andrew's School 3900 Jog Rd Boca Raton, FL 33434	NONE	PC	Education	3,000
Waters Edge Elementary School 21601 Shorewind Drive Boca Raton, FL 33428	NONE	PC	Education	360
Palisades Enrichment Programs 800 Via De La Paz Pacific Palisades, CA 90272	NONE	PC	Education	1,000
PRIDE Booster Club Inc 1450 Allenford Avenue Los Angeles, CA 90049	NONE	PC	Education	600
Shands Teaching Hospital and Clinics Inc PO Box 100386 Gainesville, FL 326100386	NONE	PC	Healthcare	4,400
March of Dimes - Florida 2301 Centrepark West Dr 125 Boca Raton, FL 33409	NONE	PC	Healthcare	500
<b>Total . . . . .</b>				<b>1,340,747</b>

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
Fox Chase Cancer Center Fdn 333 Cottman Ave Philadelphia, PA 19111	NONE	PC	Healthcare	400
South School PTC 8 Farm Rd New Canaan, CT 06840	NONE	PC	Education	500
St Jude Childrens Research Hospital Inc 501 St Jude Place Memphis, TN 38105	NONE	PC	Healthcare	400
Addison Mizner Elementary PTA 199 SW 12th Ave Boca Raton, FL 33486	NONE	PC	Education	200
Camp Avoda Inc 35 Waterfall Dr Suite J Canton, MA 02021	NONE	PC	Education	1,000
Orlando Torah Academy Inc 8651 Commodity Circle Orlando, FL 32819	NONE	PC	Education	500
Toras Emes Academy of Miami Inc 1025 NE Miami Gardens Drive North Miami Beach, FL 33179	NONE	PC	Education	1,000
American School In London Foundation Inc PO Box 5910 Princeton, NJ 08543	NONE	PC	Education	25,000
Campanile Foundation 5500 Campanile Drive San Diego, CA 921828035	NONE	PC	Social Services	4,000
University of North Carolina Chapel Hill PO Box 309 Chapel Hill, NC 27514	NONE	PC	Education	300
University of Notre Dame 1100 Grace Hall Notre Dame, IN 465565612	NONE	PC	Education	4,000
Beacon Health 9220 Mentor Ave Mentor, OH 440606412	NONE	PC	Healthcare	200
Georgetown University Dept Number 0734 Washington, DC 200730734	NONE	PC	Education	600
Trustees of Dartmouth College 6066 Development Office Hanover, NH 03755	NONE	PC	Education	1,000
Trustees of the Univ of Pennsylvania 433 Franklin Bldg Philadelphia, PA 191046205	NONE	PC	Education	600
<b>Total . . . . .</b>				1,340,747

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
Trustees of Tufts College 80 George Street 200 Medford, MA 02155	NONE	PC	Education	1,000
Juntos Regalando Sonrisas Inc 20533 Biscayne Blvd Aventura, FL 33180	NONE	PC	Social Services	7,041
College Fdn of the Univ of Virginia PO Box 400807 Charlottesville, VA 229044807	NONE	PC	Education	7,000
Bernard Zell Anshe Emet Day School 3751 N Broadway Chicago, IL 60613	NONE	PC	Education	360
Florida Veterans Foundation The Capitol Suite 2105D Tallahassee, FL 323990001	NONE	PC	Veterans Services	500
Mikey Czech Foundation Inc PO Box 1717 New Canaan, CT 06840	NONE	PC	Social Services	500
Memorial Sloan-Kettering Cancer Ctre 1275 York Avenue New York, NY 10065	NONE	PC	Healthcare	200
Best Buddies 100 SE 2nd St Miami, FL 33131	NONE	PC	Social Services	46,600
Jewish Education Center of South FL 3600 NW 2nd Court Boca Raton, FL 33431	NONE	PC	Education	5,000
Children's Aid Club PO Box 11503 Ft Lauderdale, FL 33339	NONE	PC	Social Services for Children	500
Project Akilah Inc 195 Plymouth St 2-4 Brooklyn, NY 11201	NONE	PC	Social Services	5,000
Indiana University Foundation PO Box 500 Bloomington, IN 47402	NONE	PC	Education	3,000
Adolph & Rose Levis Jewish Community Ctre 9801 Donna Klein Blvd Boca Raton, FL 33428	NONE	PC	Social Services	900
American Cancer Society PO Box 22718 Oklahoma City, OK 731231718	NONE	PC	Healthcare	500
American Heart Association Inc 4000 Hollywood Blvd 170N Hollywood, FL 33021	NONE	PC	Healthcare	1,000
<b>Total . . . . .</b>			<b>▶ 3a</b>	1,340,747

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
One Tail At A Time NFP 2020 N California Suite 7 152 Chicago,IL 60647	NONE	PC	Animal Welfare	200
Claremont McKenna College 400 N Claremont Blvd Claremont,CA 91711	NONE	PC	Education	10,000
March of Dimes Foundation 1275 Mamaroneck Ave White Plains,NY 10605	NONE	PC	Healthcare	1,000
Silver Hill Hospital 208 Valley Rd New Canaan,CT 06840	NONE	PC	Healthcare	7,500
University Preparatory Academy 1701 10th St So St Petersburg,FL 33705	NONE	PC	Education	150,000
The Fresh Air Fund 633 Third Ave 14th Floor New York,NY 10017	NONE	PC	Social Services	8,150
The Hawn Foundation 1815 Purdy Avenue Miami Beach,FL 33139	NONE	PC	Social Services	9,000
Consequences Foundation Inc 905 Brickell Bay Drive Lobby-2CL24 Miami,FL 33131	NONE	PC	Social Services	22,500
La Salle Academy 25 West 45th Suite 1405 New York,NY 10045	NONE	PC	Education	1,000
Network for Good 1140 Connecticut Ave NW 700 Washington,DC 20036	NONE	PC	Social Services	1,000
The Wayne Barton Study Center 269 NE 14th Street Boca Raton,FL 33432	NONE	PC	Education	100
Chai-Life Line 37 Riverside Drive 2B New York,NY 10023	NONE	PC	Social Services	1,000
Spanish River Community HS Fndtn 5100 Jog Rd Boca Raton,FL 33496	NONE	PC	Education	10,000
St Jude Children's Research Hospital 5201 Blue Lagoon Dr 650 Miami,FL 33126	NONE	PC	Healthcare	1,000
Boca Raton Philharmonic Symphonia 2285 Potomac Road Boca Raton,FL 33431	NONE	PC	Social Services	10,000
<b>Total . . . . .</b>				<b>1,340,747</b>

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
The Miami Foundation 3250 SW Third Ave 6th Floor Miami, FL 33129	NONE	PC	Social Services	1,000
Chabad North Haven PO Box 2526 Sag Harbor, NY 11963	NONE	PC	Social Services	1,000
Boca Raton Police Foundation Inc 6860 Broken Sound Pky 200 Boca Raton, FL 33487	NONE	PC	Social Services	25,000
Navy Seal Foundation 1619 D Street Virginia Beach, VA 23459	NONE	PC	Social Services	100
National Hemophilia Foundation Delaware Valley Chapter Lansdale, PA 19446	NONE	PC	Healthcare	10,000
Girls Inc 120 Wall Street Floor 18 New York, NY 10005	NONE	PC	Social Services	10,000
Best Foot Forward Foundation Inc 9045 La Fontana Blvd 108 Boca Raton, FL 33434	NONE	PC	Social Services	2,000
Jewish Federation of Greater Philadelphia 2100 Arch St Philadelphia, PA 19103	NONE	PC	Social Services	5,000
Breakthrough Miami Inc 3250 SW Third Ave 6th Floor Miami, FL 33129	NONE	PC	Social Services	10,000
Dolphins Cycling Challenge 347 Don Shula Dr Miami Gardens, FL 33056	NONE	PC	Social Services	10,000
Jewish Federation of SPBC 9901 Donna Klein Blvd Boca Raton, FL 334281788	NONE	PC	Social Services	50,000
Rotary Club of Downtown Boca Raton PO Box 880087 Boca Raton, FL 33488	NONE	PC	Social Services	2,000
Little Lighthouse Foundation 100 N Biscayne Blvd Ste 1607 Miami, FL 33132	NONE	PC	Social Services	10,000
Gloria M Silverio Foundation 6801 NW 77 Ave 404 Miami, FL 33166	NONE	PC	Social Services	1,000
Place of Hope at the Haven Campus 21441 Boca Rio Rd Boca Raton, FL 33433	NONE	PC	Social Services	1,000
<b>Total . . . . .</b>				<b>1,340,747</b>

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
The Naomi Wilzig Art & Charity Fdn 120 Columbia Turnpike Florham, NJ 07932	NONE	PC	Social Services	1,000
Beyond the Boroughs Inc 30 East 125th St 242 New York, NY 10035	NONE	PC	Social Services	1,000
R Baby Foundation Inc 1375 Broadway 3rd Floor New York, NY 10018	NONE	PC	Healthcare	1,000
The Arc of Monmouth 1158 Wayside Rd Tinton Falls, NJ 07712	NONE	PC	Social Services	200
AmerFriends of Bnei Akiva Yeshivas in IL 11 Broadway Ste 901 New York, NY 10004	NONE	PC	Social Services	1,000
The Leukemia & Lymphoma Society 61 Broadway 400 New York, NY 10006	NONE	PC	Healthcare	1,000
Rush Philanthropic Arts Foundation 526 W 26 St 311 New York, NY 10001	NONE	PC	Social Services	1,000
Brooklyn Bureau of Community Service 285 Schermerhorn Street Brooklyn, NY 11217	NONE	PC	Social Services	5,000
Nat'l Psoriasis Foundation 6600 SW 92nd Ave Ste 300 Portland, OR 97223	NONE	PC	Healthcare	25,000
New Orleans Hillel Center 912 Broadway St New Orleans, LA 70118	NONE	PC	Social Services	5,000
UJA Federation of New York 130 E 59th Street 929D New York, NY 10022	NONE	PC	Social Services	75,000
Alpert Jewish Family & Children's Svc's PO Box 220627 West Palm Beach, FL 33422	NONE	PC	Social Services	10,000
Pan - Massachusetts Challenge 245 Park Ave 41st Floor New York, NY 10167	NONE	PC	Social Services	15,000
American Society for Technion 7251 W Palmetto Park Rd Boca Raton, FL 33433	NONE	PC	Social Services	10,000
NYRR Road Runners 322 Columbus Ave New York, NY 10023	NONE	PC	Social Services	1,000
<b>Total . . . . .</b>			<b>▶ 3a</b>	1,340,747

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
AFSP 120 Wall Street 29th Floor New York, NY 10005	NONE	PC	Social Services	100
Sagaponack Common School PO Box 1500 Sagaponack, NY 11962	NONE	PC	Education	10,000
Creative Visions Foundation 18820 Pacific Coast Hwy 201 Malibu, CA 90265	NONE	PC	Social Services	14,000
Juvenile Diabetes Research Foundation Int 26 Broadway 14th floor New York, NY 10004	NONE	PC	Healthcare	1,000
Prostate Cancer Foundation 1250 Fourth Street Santa Monica, CA 90401	NONE	PC	Healthcare	25,000
Susan G Komen Breast Cancer Foundation 5005 LBJ Freeway 250 Dallas, TX 75244	NONE	PC	Healthcare	5,000
Assoc Former Agents of US Secret Svc 6919 Vista Drive West Des Moines, IA 50266	NONE	PC	Social Services	5,000
Carter Brothers Charities Inc 3015 RN Martin Street East Point, GA 30344	NONE	PC	Social Services	1,000
Baiting Hollow Farm Horse Rescue Inc 2114 Sound Avenue Baiting Hollow, NY 11933	NONE	PC	Animal Welfare	150
Natl MS Society-Grtr Delaware Valley Chap 30 South 17th Street 80 Philadelphia, PA 19103	NONE	PC	Social Services	10,000
United States Holocaust Memorial Council 100 Raoul Wallenberg Place SW Washington, DC 20024	NONE	PC	Social Services	1,000
Fresh Air Fund 633 3rd Ave 14th Floor New York, NY 10017	NONE	PC	Social Services	100
CharityWater 40 Worth St 330 New York, NY 10013	NONE	PC	Social Services	10,000
Maya's Hope Foundation 5 E 22nd St 3E New York, NY 10010	NONE	PC	Social Services	100
<b>Total . . . . .</b>			<b>▶ 3a</b>	1,340,747

## TY 2014 Accounting Fees Schedule

**Name:** Sun Capital Partners Foundation Inc

**EIN:** 26-1513089

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
TAX PREPARATION FEES	8,272	0	0	8,272



**TY 2014 All Other Program  
Related Investments Schedule**

**Name:** Sun Capital Partners Foundation Inc

**EIN:** 26-1513089

Category	Amount
NONE	

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

## TY 2014 Depreciation Schedule

**Name:** Sun Capital Partners Foundation Inc

**EIN:** 26-1513089

## TY 2014 Other Expenses Schedule

**Name:** Sun Capital Partners Foundation Inc

**EIN:** 26-1513089

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
BANK FEES	482	0	0	482
LICENSES	61	0	0	61
MISCELLANEOUS EXPENSE	480	0	0	480

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

**Schedule of Contributors**

OMB No 1545-0047

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

**2014**

Department of the Treasury  
Internal Revenue Service

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

**Name of the organization**

Sun Capital Partners Foundation Inc

**Employer identification number**

26-1513089

**Organization type** (check one)

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. . . . ▶ \$ \_\_\_\_\_

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

Name of organization  
Sun Capital Partners Foundation Inc

Employer identification number  
26-1513089

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	marc j leder foundation inc 5200 Town Center Circle Suite 600  Boca Raton, FL 33486	\$ 725,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II for noncash contributions )

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Krouse Family Foundation Inc 5200 Town Center Circle Suite 600  Boca Raton, FL 33486	\$ 725,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II for noncash contributions )

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II for noncash contributions )

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II for noncash contributions )

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II for noncash contributions )

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II for noncash contributions )

Name of organization  
Sun Capital Partners Foundation Inc

Employer identification number  
26-1513089

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

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

Name of organization  
Sun Capital Partners Foundation Inc

Employer identification number  
26-1513089

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this information once See instructions ) \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

(e) Transfer of gift	
Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
_____	_____
_____	_____
_____	_____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

(e) Transfer of gift	
Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
_____	_____
_____	_____
_____	_____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

(e) Transfer of gift	
Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
_____	_____
_____	_____
_____	_____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

(e) Transfer of gift	
Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
_____	_____
_____	_____
_____	_____