

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



Form **990-PF**Department of the Treasury

Extended to August 15, 2016
Return of Private Foundation

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

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

2014

		ndar year 2014 or tax year begin	nnina	CT	1, 2014	, and ending	SEP 30, 2015	CODER TO PUBLIC HISPECTION
			iiiiiiiy	OCI	1, 2014	, and ending	i i	
		ffoundation FT FKA Aaron &	Maret	11 C	ahoator		A Employer identification	i number
		rr rka Aaron & vate Foundatio		ıa s	checter		59-2185762	,
		und street (or PO box number if mail is		to etroei	address)	Room/suite		<u> </u>
				10 50 66	duulessy	,	B Telephone number	770
		0 Hollywood Bl				PH-N	954-923-67	
	-	own, state or province, country,		oreign p	ostal code		C If exemption application is p	pending, check here
			021					,
G (Check		l return			ormer public charity	D 1. Foreign organizations	s, check here $ ightharpoonup$
		Final	return		Amended return		2 Foreign organizations me	noting the SER/ test
			ess change		Name change		Foreign organizations me check here and attach co	omputation
H_ (kempt private foundation		E If private foundation sta	tus was terminated
<u>L</u>	Se	ction 4947(a)(1) nonexempt cha	arıtable trust		Other taxable private founda	ation	under section 507(b)(1))(A), check here 🕨 📖
l Fa	air ma	arket value of all assets at end of	year J A	\ccount	ng method; X Cash	Accrual	F If the foundation is in a	60-month termination
(fi	rom i	Part II, col. (c), line 16)		□ 0	ther (specify)		under section 507(b)(1)	
<u></u>	-\$	13,228,7	83. (Pari	t I, colu	mn (d) must be on cash l	basis.)		
Pa	art I	Analysis of Revenue and Exp	enses		(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements
		(The total of amounts in columns (b) necessarily equal the amounts in co	olumn (a)	ay not	expenses per books	income	income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc.	., received				N/A	
	2	Check X if the foundation is not r		Sch B				
	3	Interest on savings and temporary cash investments			42.	42.		Statement 1
	4	Dividends and interest from sec	curities		262,338.	262,338.		Statement 2
	5a	Gross rents						
		Net rental income or (loss)						
	62	Net gain or (loss) from sale of assets	not on line 10		444,588.			
Revenue	",		035,31	15.			, -	
Ver	,"	assets on tine 6a		<u> </u>		444,588.		
æ	8	Net short-term capital gain	, m10 2)			444,500.	10	
	9	Income modifications						
	1 .	Gross sales less returns					JUN	3 9 2016
	10a							12 7 4,010
	1	Less Cost of goods sold			- · · · · · -			3
	I	Gross profit or (loss)						[.
	11	Other income			706 069	706 060		
	12	Total. Add lines 1 through 11			706,968.	706,968.		
	13	Compensation of officers, directors, t			0.	0.		0
	14	Other employee salaries and wa	_			==		
ý	1	Pension plans, employee benef	its					
Jse	16a	Legal fees	 .	_	5 044			
<u>B</u>	. b	Accounting fees	Stmt		5,311.	5,311.		0
III Operating and Administrative Expense	C	Other professional fees	Stmt	4	105,563.	93,576.		0
<u>š</u>	17	Interest		_				
Tat	18	Taxes	Stmt	5	11,248.	95.		0
යාහ	19	Depreciation and depletion						,
₹ ₹	20	Occupancy						
ుక్కున్నిన్ని ating and Administ	21	Travel, conferences, and meeting	ngs					
33 Du	22	Printing and publications						
ji ji	23	Other expenses	Stmt	6	56,955.	50,332.		0.
ati	24	Total operating and administra	ative					
per _		expenses. Add lines 13 through	h 23		179,077.	149,314.		0.
e e	25	Contributions, gifts, grants paid	ļ		715,000.			715,000.
- 9	1	Total expenses and disbursem						
, 		Add lines 24 and 25			894,077.	149,314.		715,000
	27	Subtract line 26 from line 12:						
	1	Excess of revenue over expenses and	d disbursemen	ts	-187,109.			
>	1	Net investment income (if negati		-		557,654.		
	1	Adjusted net income (if negative,				*	N/A	

59-2185762

Page 2

Form 990-PF (2014) Private Foundation

П	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End o	f year
<u></u>	art	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash, - non-interest-bearing	1.		
	2	Savings and temporary cash investments	1,063,063.	769,778.	769,778.
	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			
	7	Other notes and loans receivable			
		Less: allowance for doubtful accounts ▶			
ţ	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
Ä	10a	Investments - U.S. and state government obligations Stmt 8	1,652,143.	1,508,771.	2,119,560.
	b	Investments - corporate stock Stmt 9	6,632,118.	6,844,533.	8,381,416.
	С	Investments - corporate bonds Stmt 10	1,923,962.	1,972,249.	1,953,698.
	11	Investments - land, buildings, and equipment basis			
		Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other			
	14	Land, buildings, and equipment; basis ▶			
		Less accumulated depreciation			
	15	Other assets (describe ► Prepaid Expense)	17,341.	4,331.	4,331.
	16	Total assets (to be completed by all filers - see the			
		instructions. Also, see page 1, item I)	11,288,628.	11,099,662.	13,228,783.
	17	Accounts payable and accrued expenses			
	18	Grants payable			
Ś	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
abi	21	Mortgages and other notes payable			
	22	Other liabilities (describe)			
_	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			
		and complete lines 24 through 26 and lines 30 and 31.			
ces	24	Unrestricted			
<u>la</u>	25	Temporarily restricted			
89	26	Permanently restricted			
Ę		Foundations that do not follow SFAS 117, check here			
Ē		and complete lines 27 through 31.			
S	27	Capital stock, trust principal, or current funds	0.	0.	
se(28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
Net Assets or Fund Balanc	29	Retained earnings, accumulated income, endowment, or other funds	11,288,628.	11,099,662.	
Š	30	Total net assets or fund balances	11,288,628.	11,099,662.	
_	31	Total liabilities and net assets/fund balances	11,288,628.	11,099,662.	
Р	art	Analysis of Changes in Net Assets or Fund B	alances		
=					
		net assets or fund balances at beginning of year - Part II, column (a), line	30		11 000 600
	•	it agree with end-of-year figure reported on prior year's return)		1	11,288,628.
		r amount from Part I, line 27a		2	<u>-187,109.</u>
		r increases not included in line 2 (itemize)		3	11 101 510
		lines 1, 2, and 3	000 OF-	tomont 7	11,101,519.
		eases not included in line 2 (itemize)	See Sta		1,857.
<u>6</u>	otal	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	nunini (D), iine 30	6	11,099,662. Form 990-PF (2014)
					FULLI 330-F F (2014)

Page 3

<u></u>	and Losses for Tax on In		t Income	T 44 5 4 1				
(a) List and descr 2-story brick wa	ibe the kind(s) of property sold (e.g rehouse; or common stock, 200 sh	., real estate, s. MLC Co.)		(b) Но Р - D -	ow acquired Purchase Donation	(c) Date (mo.,	acquired day, yr.)	(d) Date sold (mo., day, yr.)
1a See Attached S	tatement							·
b See Attached S								
c Capital Gains	<u>Dividends</u>							
<u>d</u>								
<u>e</u>		<u> </u>		Ц				
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale				Gain or (loss) is (f) minus (
a 129,040.			136,45					-7,411.
b 2,897,736.			2,454,27	6.				443,460.
c 8,539.								8,539.
<u>d</u>								
e		the foundation	10/01/00	-				
Complete only for assets snowin	g gain in column (h) and owned by				C	(I) Gains ((Col. (h) gain not less thar	minus
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (1) col. (j), if any				(from col. (i	
a								<u>-7,411.</u>
b								443,460.
С								<u>8,539.</u>
d				_				
<u>e</u>				-				
2 Capital gain net income or (net ca	pital loss) If gain, also enter If (loss), enter -0-	ın Part I, line - ın Part I, line	7 7	}	2			444,588.
3 Net short-term capital gain or (los	s) as defined in sections 1222(5) an	d (6):						
If gain, also enter in Part I, line 8,				1				
If (loss), enter -0- in Part I, line 8 Part V Qualification U	nder Section 4940(e) for	D. 4		بلب	3		N/A	
(For optional use by domestic private If section 4940(d)(2) applies, leave the Was the foundation liable for the section.	ois part blank.	, ,		ŕ				Yes X No
If "Yes," the foundation does not qual 1 Enter the appropriate amount in e	fy under section 4940(e). Do not co each column for each year; see the in			atrios				
			iore making any cr			T		(d)
(a) Base period years Calendar year (or tax year beginnir	(b) Adjusted qualifying dis	tributions	Net value of no	(c) ncharita	ıble-use asset	s	Distribi	(d) ution ratio ded by col. (c))
2013	19 11.7	5,842.			496,94		(001- (0) 0141	.132315
2012		$\frac{3,042}{4,143}$.			697,80			.133170
2011		4,099.			292,03			.086349
2010		4,637.			596,76			.057180
2009		0,467.			049,63			.137603
2000		<u> </u>						
2 Total of line 1, column (d)						2	ļ	.546617
3 Average distribution ratio for the 5	i-vear base period - divide the total o	on line 2 by 5.	or by the number	of vears	s			1010011
the foundation has been in exister	· ·	 , . ,	,	- , ,		3		.109323
4 Enter the net value of noncharitab	le-use assets for 2014 from Part X, I	ıne 5				4	13	3,170,345.
5 Multiply line 4 by line 3						5		1,439,822.
6 Enter 1% of net investment incom	e (1% of Part I, line 27b)					6		5,577.
7 Add lines 5 and 6						7	1	1,445,399.
8 Enter qualifying distributions from	Part XII, line 4					8		715,000.
If line 8 is equal to or greater than See the Part VI instructions.	line 7, check the box in Part VI, line	1b, and comp	lete that part using	g a 1% t	tax rate.			

SHIFT FKA Aaron & Martha Schecter Private Foundation

	1990-PF(2014) Private Foundation	1 4040	(I-) 40401	4		<u>4185</u>			Page 4
	rt VI Excise Tax Based on Investment Income (Section 4940(a			e), or 4	948 -	see in	strı	ictio	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter)					
	Date of ruling or determination letter: (attach copy of letter if necessity attach copy of letter if necessity att			1			_		
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here ■ and enter 1% 1							1	1,1	<u>53.</u>
	of Part I, line 27b								
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of R)					
2	2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)								<u> 0 </u>
3	Add lines 1 and 2				3		1	1,1	<u>53.</u>
4	4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)								<u>0.</u>
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-				5		1	1,1	<u>53.</u>
6	Credits/Payments:								
а	2014 estimated tax payments and 2013 overpayment credited to 2014 6	6a	15,	484.					
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 6	6d							
7	Total credits and payments. Add lines 6a through 6d				7		1	5,4	84.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	d			8				
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			>	9				
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			>	10			4,3	31.
11	Enter the amount of line 10 to be; Credited to 2015 estimated tax	4,3	31. Refur	ded 🕨	11				0.
	rt VII-A Statements Regarding Activities								
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation	on or did it	participate or	intervene	ın			Yes	No
	any political campaign?						1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes ((see instru	ctions for the	definition)	12		1b		X
_	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and co								
	distributed by the foundation in connection with the activities	-,	,	,					
c	Did the foundation file Form 1120-POL for this year?						1c		х
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year	ar•				F			
u	(1) On the foundation. ► \$O (2) On foundation managers. ►			0.					
•	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure					1			
6	managers. > \$ 0.	tax impoc	ica on loundar	ion					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?						2		х
2	If "Yes," attach a detailed description of the activities.					-			
2	Has the foundation made any changes, not previously reported to the IRS, in its governing instru	ument art	icles of incorn	oration o	.	l			
J	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	amont, all	iolos ol illicorp	oranon, U		j	3		X
40	Did the foundation have unrelated business gross income of \$1,000 or more during the year?								X
					N	, _a ⊢	4a		
	If "Yes," has it filed a tax return on Form 990-T for this year? West there a liquidation, termination, dissolution, or substantial contraction during the year?				TA \	^	4b		X
Э	Was there a liquidation, termination, dissolution, or substantial contraction during the year?					-	5		
	If "Yes," attach the statement required by General Instruction T.								
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:	•							
	By language in the governing instrument, or								
	By state legislation that effectively amends the governing instrument so that no mandatory directions are stated in the state of t	rections th	at conflict with	the state	law				
	remain in the governing instrument?			_		_	6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete	ete Part II	col. (c), and	Part XV		-	7	X	
							ł		
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)								
	FL								
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorn	ney Genera	I (or designate	:)					
	of each state as required by General Instruction G? If "No," attach explanation					L	8b		<u>X</u>
9	Is the foundation claiming status as a private operating foundation within the meaning of section) for caler	ndar				
	year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," comp					L	9		<u>X</u>
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule lists	ting their na	nes and address	es			10		<u>X</u>

orm	990-PF (2014) Private Foundation 59-218	<u> 5762</u>		Page 5
Pa	art 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 \$12(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	<u> </u>		
14	The books are in care of ► Koffler, Adorno and Associates, LLC Telephone no. ► 954-9	83-7	133	
1.7	Located at ▶3900 Hollywood BLVD., PH-N, Hollywood, FL ZIP+4 ▶3			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		_	
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
10	securities, or other financial account in a foreign country?	16	. 03	X
		10		
	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			
Da	foreign country ► art VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
			Yes	No
4-	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	 	162	NU
12	In 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? Yes X No		- 1	
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? Yes X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?			
	(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.)	1 1	- 1	
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations		ľ	
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? N/A	1b		
	Organizations relying on a current notice regarding disaster assistance check here		-	
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		Ì	
	before the first day of the tax year beginning in 2014?	1c		<u>X</u>
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)):		ì	
а	At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning	1 1		
	before 2014?	1 1		
	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		- 1	
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach	1 1	- 1	
	statement - see instructions.) N/A	2b		
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
	•	1 1		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time	1		
	during the year?			
ь	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.) N/A	3b		
do.	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	1	X
	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 leopardy before the first day of the tax year beginning in 2014?	4b		x

72 WEST BERLIN ROAD	_}		1	
BOLTON, MA 01776	0.00	0.	0.	0
CAROL GOLOFF	TRUSTEE			
15 BRYANT STREET				
PORTLAND, ME 04103	0.00	0.	0.	0.
WILL HAPGOOD	TRUSTEE			
72 WEST BERLIN ROAD				
BOLTON, MA 01776	0.00	0.	0.	0.
2 Compensation of five highest-paid employees (other than those in	cluded on line 1). 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	_			
		Ì		
Total number of other employees paid over \$50,000			<u> </u>	(
			Form	990-PF (2014

Form 990-PF (2014) Private Foundation		2185762 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundate Paid Employees, and Contractors (continued)	tion Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter	"NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
NONE	7	
	7	
	-	
	-{	
		
<u> </u>	-	
Total number of others receiving over \$50,000 for professional services		▶ 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistic number of organizations and other beneficiaries served, conferences convened, research papers produced to the conference of the confer	cal information such as the uced, etc.	Expenses
1 N/A		
2		
3		
3		
		<u> </u>
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on his	ines 1 and 2	Amount
	iles Tallu Z.	Amount
1 <u>N/A</u>		
2		
All other program-related investments. See instructions.		
3		
×		
Total, Add lines 1 through 3	>	0.

Page 8

	11 530-11 (2014)				2103702	8
<u> </u>	Minimum Investment Return (All domestic foundations n	nust complete this	s part Foreign foui	ndations,	see instructions.)	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable	le, etc., purposes:				
а	Average monthly fair market value of securities			1a	12,756,41 614,49	<u> 19.</u>
b	Average of monthly cash balances			1b	614,49	0.
C	Fair market value of all other assets			1c		
d	Total (add lines 1a, b, and c)			1d	13,370,90	9.
е	Reduction claimed for blockage or other factors reported on lines 1a and					
	1c (attach detailed explanation)	1e	0.			
2	Acquisition indebtedness applicable to line 1 assets			2		0.
3	Subtract line 2 from line 1d			3	13,370,90	9.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount,	, see instructions)		4	200,56	54.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and or			5	13,170,34	<u> 15.</u>
6	Minimum investment return. Enter 5% of line 5			6	658,51	
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) ar	nd (j)(5) private ope	rating foundations an	id certain		
	foreign organizations check here and do not complete this part.					
1	Minimum investment return from Part X, line 6	ì		1	658,51	7.
2a	Tax on investment income for 2014 from Part VI, line 5	2a	11,153.			
b	Income tax for 2014. (This does not include the tax from Part VI.)	2b				
C	Add lines 2a and 2b			2c	11,15	;3.
3	Distributable amount before adjustments. Subtract line 2c from line 1			3	647,36	54 .
4	Recoveries of amounts treated as qualifying distributions			4		0.
5	Add lines 3 and 4			5	647,36	54.
6	Deduction from distributable amount (see instructions)			6	-	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part	XIII, line 1		7	647,36	4.
P	Qualifying Distributions (see instructions)					
	Qualitying Distributions (See Instructions)					
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purp	poses:				
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26			1a	715,00	10 .
b	Program-related investments - total from Part IX-B			1b		0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable	ole, etc., purposes		2		
3	Amounts set aside for specific charitable projects that satisfy the:			1		
а	Suitability test (prior IRS approval required)			3a		
b	Cash distribution test (attach the required schedule)			3b		
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, ar	nd Part XIII, line 4		4	715,00	10.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net inve					
	income. Enter 1% of Part I, line 27b			5		0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4			6	715,00	0.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years w	hen calculating whe	ther the foundation o	jualifies for	the section	
	4940(e) reduction of tax in those years.					

Form **990-PF** (2014)

Part XIII Undistributed Income (see instructions)

Private Foundation

· · · · · · · · · · · · · · · · · · ·	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
1 Distributable amount for 2014 from Part XI,				
line 7				647,364.
2 Undistributed income, if any, as of the end of 2014				
a Enter amount for 2013 only			0.	
b Total for prior years:		_		
· · · · · · · · · · · · · · · · · · ·		0.		
3 Excess distributions carryover, if any, to 2014:				
a From 2009 469,902.				
b From 2010 159,525.				
c From 2011 531, 299.	-			
d From 2012 1,142,967.	-			
e From 2013 1,119,311.	2 422 004			
f Total of lines 3a through e	3,423,004.			
4 Qualifying distributions for 2014 from Part XII, line 4: ►\$ 715,000.				
a Applied to 2013, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)]	0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2014 distributable amount				647,364.
e Remaining amount distributed out of corpus	67,636.			047,304.
5 Excess distributions carryover applied to 2014	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	3,490,640.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years'				
undistributed income for which a notice of				
deficiency has been issued, or on which the section 4942(a) tax has been previously				
assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2013. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2014. Subtract				
lines 4d and 5 from line 1. This amount must				_
be distributed in 2015				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2009	460 000			
not applied on line 5 or line 7	469,902.			
9 Excess distributions carryover to 2015.	3,020,738.			
Subtract lines 7 and 8 from line 6a	3,040,730.			
10 Analysis of line 9: a Excess from 2010 159,525.				
a Excess from 2010 159,525. b Excess from 2011 531,299.				
c Excess from 2012 1,142,967.				
d Excess from 2013 1,119,311.				
e Excess from 2014 67,636.	1			
423581 11-24-14				Form 990-PF (2014)

Form 990-PF (2014) Private Foundation 59-2185762 Page 10 Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9) N/A 1 a 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 foundation is a private operating foundation described in section 4942(j)(3) or 4942(1)(5) Prior 3 years Tax year 2 a Enter the lesser of the adjusted net (a) 2014 (b) 2013 (c) 2012 (d) 2011 (e) Total income from Part I or the minimum investment return from Part X for each year listed **b** 85% of line 2a c Qualifying distributions from Part XII, line 4 for each year listed d Amounts included in line 2c not used directly for active conduct of exempt activities e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c Complete 3a, b, or c for the alternative test relied upon: a "Assets" alternative test - enter: (1) Value of all assets (2) Value of assets qualifying under section 4942(j)(3)(B)(i) b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed c "Support" alternative test - enter: (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) (3) Largest amount of support from an exempt organization (4) 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.) 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).) None 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. Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here \(\sum \) 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:

59-2185762

Page 11

Form 990-PF (2014) Private Foundation
Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Purpose of grant or contribution Foundation show any relationship to status of Amount any foundation manager Name and address (home or business) recipient or substantial contributor a Paid during the year Center for a New American Dream PUBLIC UNRESTRICTED DONATION 455 2nd Street SE, Suite 101 Charlottesville, VA 22902 100,000. UNRESTICTED DONATION Hampshire College PUBLIC 893 West Street Amherst MA 01002 585,000. Henry L.Stimson PUBLIC UNRESTRICTED DONATION 1111 19th Street NW, 12th Floor Washington, DC 20036 15,000, PUBLIC Project on Government Oversight UNRESTICTED DONATION 1100 G Street NW, Suite 500 Washington DC 20005 15,000. Total ➤ 3a 715,000. b Approved for future payment None Total **▶** 3b

Unrelated business income

Excluded by section 512, 513, or 514

Page 12

Analysis of Income-Producing Activities Part XVI-A

Enter gross amounts unless otherwise indicated.	Unrelated	business income		ded by section 512, 513, or 514	(e)
1 Program service revenue:	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	Related or exempt function income
<u> </u>	—		+		
d		····	 		
e		 -	 		
			 		
g Fees and contracts from government agencies	1				
2 Membership dues and assessments					
3 Interest on savings and temporary cash			1 1	42	
investments			14		
4 Dividends and interest from securities			14	262,338.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property			<u> </u>		
b Not debt-financed property					- · · · · · · · · · · · · · · · · · · ·
6 Net rental income or (loss) from personal					
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other	1 1				
than inventory	1 1		18	444,588.	
9 Net income or (loss) from special events			T		
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a					
b					
c			1		
d	1 1				
e			1		
12 Subtotal. Add columns (b), (d), and (e)		0.		706,968.	0.
13 Total. Add line 12, columns (b), (d), and (e)	<u> </u>			13	
(See worksheet in line 13 instructions to verify calculations.)					, , , , , , , , , , , , , , , , , , , ,
Part XVI-B Relationship of Activities t Line No. Explain below how each activity for which inco	me is reported in	column (e) of Part XVI-A			olishment of
the foundation's exempt purposes (other than	by providing tund	s for such purposes).			
					
					
					
		-			
					

Page 13

Exempt Organizations In diffu engragation directly or indirectly engage in any of the following with any other organization of section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to goldecid organizations? **Transless from the reporting foundation to a noncharitable exempt organization of (1) Cash **Other transactions:** 110(2) What is a section 501 (c) (3) organization organization of (1) Cash 110(2) What is a section 501 (c) (3) organization organization (1) Sales of assets from a noncharitable exempt organization (1) Sales of assets from a noncharitable exempt organization (1) Sales of assets to more anoncharitable exempt organization (1) Sales of assets from a noncharitable exempt organization (1) Sales of assets to more anoncharitable exempt organization (1) Sales of assets to more anoncharitable exempt organization (1) Sales of assets to more anoncharitable exempt organization (1) Sales of assets to more anoncharitable exempt organization (1) Sales of assets to more anoncharitable exempt organization (1) Sales of assets of assets to more anoncharitable exempt organization (1) Sales of assets of asset	Form 990-PF (te Foundation			59-2185			ige 13
Transfers from the reporting foundation to a noncharitable exempt organization of: 11 Cala	Part XVII			and Transactions a	and Relations	nips with Nonchai	ritable	•	
a Transfers from the reporting foundation to a noncharitable exempt organization of: (1) Cash (2) Other assets (2) Purchases of assets from a noncharitable exempt organization (3) Rental of bettiens, equipment, among or other assets (4) Remotursement arrangements (5) Loans or foan guarantees (5) Loans or foan guarantees (6) Performance of services or membership or fundrations glocitotions (6) Performance of services or membership or fundrations glocitotions (7) State of the assets or any of the above is "Yes," complete the following schedule. Column (6) should always show the fair market value of the goods, other assets, or services growed by the reporting foundation, retended less than fair market value in any transaction or sharing arrangement, show in column (6) the value of the goods, other assets, or services growed. (8) Amount involved (9) Amount involved (9) Amount involved (9) Amount involved (9) Amount involved (1) Amount involved (1) Amount involved (2) Amount involved (3) Amount involved (4) Amount involved (5) Amount involved (6) Amount involved (7) Amount involved (8) Amount involved (9) Amount involved (9) Amount involved (9) Amount involved (1) Amount involved (1) Amount involved (2) Amount involved (3) Amount involved (4) Amount involved (5) Amount involved (6) Amount involved (7) Amount involved (8) Amount involved (9) Amount involved (9) Amount involved (1) Amount involved (1) Amount involved (1) Amount involved (2) Amount involved (3) Amount involved (4) Amount involved (5) Amount involved (6) Amount involved (7) Amount involved (8) Amount involved (9) Amount involved (9) Amount involved (1) Amount involved (1) Amount involved (1) Amount involved (2) Amount involved (3) Amount involved (4) Amount involved (5) Amount involved (6) Amount involved (7) Amount involved (8) Amount involved (9) Amount involved (9) Amount involved (1) Amount involved (1) Amount involved (1) Amount involved (2) Amount involved (3) Amount involved (4) A	1 Did the o	rganization directly or indi	rectly engage in any of the followi	ng with any other organization	on described in sect	ion 501(c) of		Yes	No
(1) Cash (2) Other sasets b Other transactions: (1) Sales of assets to a nonchariable exempt organization (2) Purchases of assets from a nonchariable exempt organization (3) Rental of facilities, equipment, or other assets (4) Rental organizations: (5) Loans or float guarantees (6) Lears or floatings, equipment, mailing latis, other assets, or paid employees (a) If the assets or any of the above in 75%; complete the following schedule. Column (a) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation reased less than fair market value in any transaction or sharing arrangement, show in column (a) Minoriti involved (b) Amount involved (c) Name of noncharidable exempt organization (d) Description of handlers, because the respective foundation. If the foundation reased less than fair market value in any transaction or sharing arrangement, show in column (b) Amount involved (c) Name of noncharidable exempt organization (d) Description of handlers, transactions, and charing arrangements N/A If 'ves,' complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A If 'ves,' complete the following schedule. (a) Name of organization N/A If 'ves,' complete the following schedule. (a) Name of organization N/A If 'ves,' complete the following schedule. (a) Name of organization N/A If 'ves,' complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A N/A Trustee Firm's self-exempt Note of the Province (first here is not not in include or dishort proper that any tronsledge in the organization of the proper that any tronsledge in the organization of the orga					nizations?				
(2) Purchases of assets to a noncharitable exempt organization (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) Rendrus demands are appraished to the second of the	a Transfers	from the reporting found	ation to a noncharitable exempt o	rganization of:					
b. Other transactions: (1) Sates of assets to a noncharidable exempt organization (2) Prochases of assets from a noncharidable exempt organization (3) Rental of beliefes, equipment, or other assets (4) Rembursament arrangements (5) Loans or loan guarantees (6) Performance of services or membership or fundrasing solicitations (7) Exemple floatities, equipment, making lists, other assets, or paid employees (8) The answer or loan guarantees (9) Arrivant or loan guarantees (10) Arrivant involved (• •								
(1) Sales of assets to a monthantable exempt organization (2) Purchases of assets from a noncharitable exempt organization (3) Rehald of facilities, equipment, or other assets (4) Reminursement arrangements (5) Leans or frost any jurantees (5) Leans or frost any jurantees (6) Performance of services or membership or fundrissing solicitations (6) Performance of services or membership or fundrissing solicitations (7) Exemption of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation reserved less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (a) Live no (b) Amount involved (c) Name of montharitable exempt organization (d) Description of branciers, transactions, and alwang amingements (b) Amount involved (c) Name of montharitable exempt organization (d) Description of branciers, transactions, and alwang amingements (b) Amount involved (c) Name of montharitable exempt organization (d) Description of branciers, transactions, and alwang amingements (a) Live no (b) Amount involved (c) Name of montharitable exempt organization (d) Description of branciers, transactions, and alwang amingements (b) Amount involved (c) Name of montharitable exempt organization (e) Description of relationship (c) Description of relationship (d) Description of relationship (e) Description of relationship (f) Description of relationship (g) Trust tells (c) Trust (c							1a(2)		X
(2) Purchases of assets from a monther table exempt organization (3) Rental of facilities, equipment, or other assets (4) Reinthoursement arrangements (5) Leans or loan guarantees (6) Performance of services or membership or fundrasing solicitations (7) Example of facilities, equipment, making lists, other assets, or paid employees (8) Performance of services or rembership or fundrasing solicitations (9) Armount in mixed with the reporting foundation. If the foundation received lists than fair market value in any transaction or sharing arrangement, show in column (4) the value of the goods, other assets, or services received. (9) Armount involved (1) Armount involved (1) Armount involved (1) Armount involved (2) Armount involved (3) Armount involved (4) Armount involved (5) Armount involved (6) Armount involved (7) Armount involved (8) Armount involved (9) Armount involved (1) Armount involved (1) Armount involved (2) Armount involved (3) Armount involved (4) Armount involved (5) Armount involved (6) Armount involved (7) Armount involved (8) Armount involved (9) Armount involved (1) Armount involved (1) Armount involved (1) Armount involved (1) Armount involved (2) Armount involved (3) Armount involved (4) Armount involved (5) Armount involved (6) Armount involved (7) Armount involved (8) Armount involved (9) Armount involved (1) Armount involved (2) Armount involved (3) Armount involved (4) Armount involved (5) Armount involved (6) Armount involved (7) Armount involved (8) Armount involved (9) Armount involved (1) Armount involved (1) Armount involved (1) Armount involved (1) Armount involved (2) Armount involved (3) Armount involved (4) Armount involved (5) Armount involved (6) Armount involved (7) Armount involved (8) Armount involved (9) Armount involved (1) Armount involved (1) Armount involved (1) Armount involved (1) Armount invol							l		
(a) Renate of facilities, equipment, or other assets (b) Loans or loan parameters (c) Performance of services or membership or fundrasing solicitations (d) Performance of services or membership or fundrasing solicitations (e) Performance of services or membership or fundrasing solicitations (e) Performance of services or membership or fundrasing solicitations (e) Renate of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services received. (a) Line no (b) Amount smoothed (c) Name of nonchartable exempt organization (d) Description of honothers, transactions, and sharing arrangements 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organization (a) Line no (b) Amount smoothed (c) Name of nonchartable exempt organization (d) Description of honothers, transactions, and sharing arrangements (a) Line no (b) Amount smoothed (c) Name of nonchartable exempt organization (d) Description of relationship (a) If Yes, "complete the following schedule. (b) If Yes, "complete the following schedule. (c) Name of organization (b) Type of organization (c) Description of relationship (d) Description of relationship (e) Description of relationship (e) Description of relationship (e) Description of relationship (f) Trustee Final Perparetr's name Date Printfrype preparetr's name	• •								
[4] Remobursoment arrangements [5] Loans or loan guarantees [6] Performance of services or membership or fundrasing solicitations [6] Performance of services or membership or fundrasing solicitations [6] Performance of services or services given by the reporting foundation. If the foundation received lies than fair market value in any transaction or sharing arrangement, show in column (g) the value of the goods, other assets, or services given by the reporting foundation. If the foundation received lies than fair market value in any transaction or sharing arrangement, show in column (g) the value of the goods, other assets, or services received. [6] Line no [7] N/A [8] Line no [8] Amount involved [9] Name of noncharitable exempt organization [4] Description of bransfers, transactions, and sharing arrangements in the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 50 (fc) of the Code (other than section 50 (fc)) of the Code (• •								
(5) Loans or loan quarantees (6) Performance of services or membership or fundraising solicitations c Sharing of facilities, equipment, mailing hists, other assets, or paid employees d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services received. (a) Line no (b) Amount involved (c) Name of noncharitable exempt organization (d) description of handlers, transactions, and sharing arrangement, show in column (b) the value of the goods, other assets, or services received. (a) Line no (b) Amount involved (c) Name of noncharitable exempt organization (d) description of handlers, transactions, and sharing arrangements N/A 1 Yes No 1 Trustee Title Prim's address > 3900 Hollywood, FL 33021 Phone no. 954-983-7133	• •							-	
(e) Performance of services or membership or fundrasing solicitations Sharing of facilities, equipment, mailing lists, other assets, or paid employees It It is answer to any of the above is "Yes," complete the following shedule. Column (b) should always show the fair market value of the goods, other assets, or services govern by the reporting foundation. If the foundation received lies than fair market value in any transaction or sharing arrangement, show in column (c) live value of the goods, other assets, or services received. (a) Line no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, 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? 2 in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? 3 in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? 3 in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? 3 in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? 3 in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? 3 in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? 3 in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? 3 in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? 4 in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? 4 in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? 5 in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? 5 in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? 5 in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? 6 in section 501(c) of the Code (other than section 501(c) of the Code (other than sect							,		
e Sharing of facilities, equipment, making lists, other assets, or paid employees d if the answer to any of the above is "Yes," compliet the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (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 52?? b If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (e) Description of relationship N/A Sign and continue of prayin, Licetize felt type examped the return, network accompanying schedules and alternation of which prayers has any knowledge and the destination of prayers (other than tappaging labellation of all information of which prayers has any knowledge and the second organization of prayers (other than tappaging schedules and alternation of which prayers has any knowledge and the second organization of prayers (other than tappaging schedules and alternation of which prayers has any knowledge and the second organization of prayers (other than tappaging as beaution of all information of which prayers has any knowledge and the second organization of prayers (other than tappaging as beaution of all information of which prayers has any knowledge and the second organization of prayers (other than tappaging as beaution of all information of which prayers has any knowledge and the second organization of prayers (other than tappaging as beaution of all information of which prayers has any knowledge and the second organization of prayers (other than tappaging as beautio			embershin or fundraising solicitati	ons					
d If the answer to any of the above is "res," complete the following schedulic. Column (b) should always show the far market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (a) Line no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and phiring arrangements N/A 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? b If "res," complete the following schedulic. (a) Name of organization (b) Type of organizations (c) Description of relationship N/A (a) Name of organization (c) Description of relationship N/A (b) Type of organization (c) Description of relationship N/A Trustee Thustee	• •								
or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (a) Living roo (b) Amount involved (c) Name of noncharinable exempt organization (d) Description of transfers, transactions, and alturing arrangements N/A 2 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? If Yes, complete the following schedule. (a) Name of organization (b) Type of organization (e) Description of relationship N/A Sign and event, it is true, correct, and organization selective. Under penalties of perper, i locative that Type enamined this return, including accompanying schedules and statements, and to the best of my knowledge in the following schedule. Sign and event, it is true, correct, and organization perpense (other than tapenyer) is based on all information of which prepare has any knowledge interturn with the prepare and the prepare in the prep	•		· · ·	· ·	wavs show the fair n	narket value of the goods, o		ets.	
column (d) the value of the goods, other assets, or services received. (a) Lime no (b) Amount involved (c) Name of nonchardable exempt organization (d) Description of transfers, transactions, and sharing anaropements N/A 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? b if Yes, complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A Sign and belief, it is true, correct, and configuration Destaration of prepare (other than integration) than tax payory in section 501 (a) 31/b Trustee Firm 1 and to the Section 5 organization (b) Trustee Pool 1780 45 Firm's address ▶ 3900 Hollywood Blvd. PH-N Hollywood. FL 33021 Phone no. 954-983-7133								,	
N/A 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 52?? b If Yes, complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A Way the IRS discuss this stock of the code (other than section 501(c)(3)) or in section 52?? Way the IRS discuss this stock of the code (other than tax the companying schedules and statements, and to the beast of my knowledge of the code (other than tax the code of the code (other than tax the code of the code of the code (other than tax the code of the code (other than tax the code of the code (other than tax the code of the code of the code (other than tax the code of the code of the code (other than tax the code of the code of the code (other than tax the code of the code of the code (other than tax the code of the code of the code (other than tax the code of the code of the code (other than tax the code of the c	column (d) the value of the goods,	other assets, or services received	<u> </u>					
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? b If Yes, complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A	(a) Line no	(b) Amount involved		e exempt organization	(d) Description	of transfers, transactions, and s	haring an	angeme	nts
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? In Yes, complete the following schedule. (a) Name of organization N/A 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 the college in the preparer and belief, it is true, correct, and complete the college in the preparer (other than taxpayer) is based on all information of which preparer has any knowledge Print/Type preparer's name Dennis J. Koffler, CPA Print/Type preparer's name Dennis J. Koffler, CPA Firm's name ▶ Koffler, Adorno & Associates, LLC Firm's EIN ▶ 20 - 0644948 Phone no. 954-983-7133			N/A						
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? In Yes, complete the following schedule. (a) Name of organization N/A 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 completely Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge and belief, it is true, correct, and completely Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge and belief, it is true, correct, and completely Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge and belief, it is true, correct, and completely Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge and belief, it is true, correct, and completely Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge and belief, it is true, correct, and completely Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge and belief, it is true, correct, and completely Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge and belief, it is true, correct, and to the best of my knowledge and belief. The preparer is any knowledge and belief, it is true, correct, and to the best of my knowledge and belief, it is true, correct, and to the best of my knowledge and belief, it is true, correct, and to the best of my knowledge and belief, it is true, correct, and to the best of my knowledge and belief, it is true, correct, and to the best of my knowledge and belief, it is true, correct, and to the best of my knowledge and belief, it is true, correct, and to the best of my knowledge and belief, it is true, correct, and to the best of my knowledge and b									
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? In Yes, complete the following schedule. (a) Name of organization N/A 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 completely Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge and belief, it is true, correct, and completely Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge and belief, it is true, correct, and completely Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge and belief, it is true, correct, and completely Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge and belief, it is true, correct, and completely Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge and belief, it is true, correct, and completely Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge and belief, it is true, correct, and completely Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge and belief, it is true, correct, and to the best of my knowledge and belief. The preparer is any knowledge and belief, it is true, correct, and to the best of my knowledge and belief, it is true, correct, and to the best of my knowledge and belief, it is true, correct, and to the best of my knowledge and belief, it is true, correct, and to the best of my knowledge and belief, it is true, correct, and to the best of my knowledge and belief, it is true, correct, and to the best of my knowledge and belief, it is true, correct, and to the best of my knowledge and belief, it is true, correct, and to the best of my knowledge and b									
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? In Yes, complete the following schedule. (a) Name of organization N/A 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 completely Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge and belief, it is true, correct, and completely Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge and belief, it is true, correct, and completely Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge and belief, it is true, correct, and completely Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge and belief, it is true, correct, and completely Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge and belief, it is true, correct, and completely Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge and belief, it is true, correct, and completely Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge and belief, it is true, correct, and to the best of my knowledge and belief. The preparer is any knowledge and belief, it is true, correct, and to the best of my knowledge and belief, it is true, correct, and to the best of my knowledge and belief, it is true, correct, and to the best of my knowledge and belief, it is true, correct, and to the best of my knowledge and belief, it is true, correct, and to the best of my knowledge and belief, it is true, correct, and to the best of my knowledge and belief, it is true, correct, and to the best of my knowledge and belief, it is true, correct, and to the best of my knowledge and b							_		
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? In Yes, complete the following schedule. (a) Name of organization N/A 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 completely Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge and belief, it is true, correct, and completely Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge and belief, it is true, correct, and completely Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge and belief, it is true, correct, and completely Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge and belief, it is true, correct, and completely Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge and belief, it is true, correct, and completely Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge and belief, it is true, correct, and completely Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge and belief, it is true, correct, and to the best of my knowledge and belief. The preparer is any knowledge and belief, it is true, correct, and to the best of my knowledge and belief, it is true, correct, and to the best of my knowledge and belief, it is true, correct, and to the best of my knowledge and belief, it is true, correct, and to the best of my knowledge and belief, it is true, correct, and to the best of my knowledge and belief, it is true, correct, and to the best of my knowledge and belief, it is true, correct, and to the best of my knowledge and belief, it is true, correct, and to the best of my knowledge and b				- · · ·					
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? In Yes, complete the following schedule. (a) Name of organization N/A 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 the college in the preparer and belief, it is true, correct, and complete the college in the preparer (other than taxpayer) is based on all information of which preparer has any knowledge Print/Type preparer's name Dennis J. Koffler, CPA Print/Type preparer's name Dennis J. Koffler, CPA Firm's name ▶ Koffler, Adorno & Associates, LLC Firm's EIN ▶ 20 - 0644948 Phone no. 954-983-7133	-								
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? In Yes, complete the following schedule. (a) Name of organization N/A 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 the college in the preparer and belief, it is true, correct, and complete the college in the preparer (other than taxpayer) is based on all information of which preparer has any knowledge Print/Type preparer's name Dennis J. Koffler, CPA Print/Type preparer's name Dennis J. Koffler, CPA Firm's name ▶ Koffler, Adorno & Associates, LLC Firm's EIN ▶ 20 - 0644948 Phone no. 954-983-7133		·							
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? In Yes, complete the following schedule. (a) Name of organization N/A 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 the college in the preparer and belief, it is true, correct, and complete the college in the preparer (other than taxpayer) is based on all information of which preparer has any knowledge Print/Type preparer's name Dennis J. Koffler, CPA Print/Type preparer's name Dennis J. Koffler, CPA Firm's name ▶ Koffler, Adorno & Associates, LLC Firm's EIN ▶ 20 - 0644948 Phone no. 954-983-7133									
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? In Yes, complete the following schedule. (a) Name of organization N/A 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 the college in the preparer and belief, it is true, correct, and complete the college in the preparer (other than taxpayer) is based on all information of which preparer has any knowledge Print/Type preparer's name Dennis J. Koffler, CPA Print/Type preparer's name Dennis J. Koffler, CPA Firm's name ▶ Koffler, Adorno & Associates, LLC Firm's EIN ▶ 20 - 0644948 Phone no. 954-983-7133									
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? In Yes, complete the following schedule. (a) Name of organization N/A 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 the college in the preparer and belief, it is true, correct, and complete the college in the preparer (other than taxpayer) is based on all information of which preparer has any knowledge Print/Type preparer's name Dennis J. Koffler, CPA Print/Type preparer's name Dennis J. Koffler, CPA Firm's name ▶ Koffler, Adorno & Associates, LLC Firm's EIN ▶ 20 - 0644948 Phone no. 954-983-7133									
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? In Yes, complete the following schedule. (a) Name of organization N/A 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 the college in the preparer and belief, it is true, correct, and complete the college in the preparer (other than taxpayer) is based on all information of which preparer has any knowledge Print/Type preparer's name Dennis J. Koffler, CPA Print/Type preparer's name Dennis J. Koffler, CPA Firm's name ▶ Koffler, Adorno & Associates, LLC Firm's EIN ▶ 20 - 0644948 Phone no. 954-983-7133									
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? In Yes, complete the following schedule. (a) Name of organization N/A 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 the college in the preparer and belief, it is true, correct, and complete the college in the preparer (other than taxpayer) is based on all information of which preparer has any knowledge Print/Type preparer's name Dennis J. Koffler, CPA Print/Type preparer's name Dennis J. Koffler, CPA Firm's name ▶ Koffler, Adorno & Associates, LLC Firm's EIN ▶ 20 - 0644948 Phone no. 954-983-7133		-							
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? In Yes, complete the following schedule. (a) Name of organization N/A 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 the college in the preparer and belief, it is true, correct, and complete the college in the preparer (other than taxpayer) is based on all information of which preparer has any knowledge Print/Type preparer's name Dennis J. Koffler, CPA Print/Type preparer's name Dennis J. Koffler, CPA Firm's name ▶ Koffler, Adorno & Associates, LLC Firm's EIN ▶ 20 - 0644948 Phone no. 954-983-7133									
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? In Yes, complete the following schedule. (a) Name of organization N/A 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 the college in the preparer and belief, it is true, correct, and complete the college in the preparer (other than taxpayer) is based on all information of which preparer has any knowledge Print/Type preparer's name Dennis J. Koffler, CPA Print/Type preparer's name Dennis J. Koffler, CPA Firm's name ▶ Koffler, Adorno & Associates, LLC Firm's EIN ▶ 20 - 0644948 Phone no. 954-983-7133									
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? In Yes, complete the following schedule. (a) Name of organization N/A 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 the college in the preparer and belief, it is true, correct, and complete the college in the preparer (other than taxpayer) is based on all information of which preparer has any knowledge Print/Type preparer's name Dennis J. Koffler, CPA Print/Type preparer's name Dennis J. Koffler, CPA Firm's name ▶ Koffler, Adorno & Associates, LLC Firm's EIN ▶ 20 - 0644948 Phone no. 954-983-7133	2a Is the four	indation directly or indirect	l Ny affiliated with or related to one	or more tax-exempt organiz	zations described			-	
Linder 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 return with the preparer shown below (see inst 1?) Vinder 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 shown below (see inst 1?) Vinder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge return with the preparer shown below (see inst 1?) Vinder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge freturn with the preparer shown below (see inst 1?) Vinder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge freturn with the preparer shown below (see inst 1?) Vinder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge freturn with the preparer shown below (see inst 1?) Vinder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge frequency in the preparer and to the best of my knowledge frequency in the preparer and to the best of my knowledge frequency in the preparer and to the perjury in the preparer and tother than taxpayer) is based on all information of which preparer		•			eutions acsoribed		Yes	X	l No
(a) Name of organization (b) Type of organization (c) Description of relationship N/A 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 return with the preparer shown below (see instr.)? Value						_			,
Sign Here Sign Here Sign Here Signature of officer or trystee Date Date Print/Type preparer's name Preparer's signature Date Print/Type preparer's name Preparer's signature Date Print/Type preparer's name Preparer's name Preparer's signature Date Print/Type preparer's name Preparer's name Preparer's signature Date Print/Type preparer's name Pre				(b) Type of organization	(c) Description of relationsh	р		
Sign Here And belief, it is true, correct, and complete beclaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge Marketin with the preparer shown below (see instr.)? X Yes No No		N/A							
Sign Here And belief, it is true, correct, and complete beclaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge Marketin with the preparer shown below (see instr.)? X Yes No No No No No No No No									
Sign Here And belief, it is true, correct, and complete beclaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge Marketin with the preparer shown below (see instr.)? X Yes No No No No No No No No									
Sign Here And belief, it is true, correct, and complete beclaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge Marketin with the preparer shown below (see instr.)? X Yes No No No No No No No No	·-								
Sign Here And belief, it is true, correct, and complete beclaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge Marketin with the preparer shown below (see instr.)? X Yes No No No No No No No No	Unde	r penalties of periury. I declare	that I have examined this return, including	ng accompanying schedules and	statements, and to the	best of my knowledge			
Here Signature of officer or trystee Paid Preparer Use Only Prim's name ► Koffler, Adorno & Associates, LLC Firm's name ► Koffler, Adorno & Associates, LLC Firm's address ► 3900 Hollywood Blvd. PH-N Hollywood, FL 33021 Printstee X Yes No Trustee X Yes No Trustee X Yes No Trustee X Yes No Polit Prints No Preparer's signature Date 1/29 self-employed Polit Prints No Phone no. 954-983-7133						has any knowledge May return	with the	prepare	er
Signature of officer or trusfee Date Title		hause /	het	16/23/16	Truste			see insti	וי ו
Paid Preparer Use Only Dennis J. Koffler, CPA Firm's name ► Koffler, Adorno & Associates, LLC Firm's EIN ► 20-0644948 Firm's address ► 3900 Hollywood Blvd. PH-N Hollywood, FL 33021 Phone no. 954-983-7133	Sig	nature of officer or trystee		Date					
Paid Preparer Use Only Firm's address ▶ 3900 Hollywood Blvd. PH-N Hollywood, FL 33021 P00178045 Firm's EIN ▶ 20-0644948 Phone no. 954-983-7133		Print/Type preparer's na	me Preparer's s	ignature					
Preparer Use Only Firm's name ► Koffler, Adorno & Associates, LLC Firm's EIN ► 20-0644948 Firm's address ► 3900 Hollywood Blvd. PH-N Hollywood, FL 33021 Phone no. 954-983-7133		Dennis J.	Koffler,	. ////// ~	7/29/	self- employed			
Use Only Firm's address ▶ 3900 Hollywood Blvd. PH-N Hollywood, FL 33021 Phone no. 954-983-7133			- Wim	in Holler	· · · · · · · · · · · · · · · · · · ·				
Firm's address ► 3900 Hollywood Blvd. PH-N Hollywood, FL 33021 Phone no. 954-983-7133	-		fler, Adorno &	Associates,	LLC	Firm's EIN ► 20 – 06	449	48	
Hollywood, FL 33021 Phone no. 954-983-7133	use Uniy		00 11-11 7 53						
						Dhone no OE / OO	3 - 7	122	
FAITH 33U-PF (2014)		ı no	TTAMOOR' LT 220	. T. T					2014\

Form 990-PF Intere	st on Savii	ngs and Tem	porary	Cash In	vestments	Statement 1
Source		(a Reve Per B	nue		(b) vestment come	(c) Adjusted Net Income
Suntrust - various		-	42.		42.	
Total to Part I, li	ne 3		42.		42.	
Form 990-PF	Dividends	and Inter	est fr	om Secur	ities	Statement 2
Source	Gross Amount	Capital Gains Dividend	R	(a) evenue r Books	(b) Net Inves ment Inco	_
Boston Trust - Dividends Boston Trust - Interest	179,659 91,218	-	9.	171,120. 91,218.	·	
To Part I, line 4	270,877			262,338.		
Form 990-PF		Accounti	ng Fee	S		Statement 3
Description		(a) Expenses Per Books	Net I	b) nvest- Income	(c) Adjusted Net Incom	
Accounting Fees	_	5,311.		5,311.		0.
To Form 990-PF, Pg	1, ln 16b	5,311.		5,311.	•	0.

Form 990-PF (Other Profes	sional Fees	S	tatement 4
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes
Management Fees Consulting	93,576. 11,987.			0.
To Form 990-PF, Pg 1, ln 16c	105,563.	93,576.		0.
Form 990-PF	Tax	es	S	tatement 5
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes
Foreign Taxes Excise Tax	95. 11,153.	95.		0.
To Form 990-PF, Pg 1, ln 18	11,248.	95.		0.
Form 990-PF	Other E	xpenses	S	tatement 6
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes
Investment Fees Bank Charges Travel	50,062. 270. 6,623.	50,062. 270. 0.		0. 0. 0.
To Form 990-PF, Pg 1, ln 23	56,955.	50,332.		0.

Form 990-PF Other Decreases	in Net Asse	ts or F	und Balances	Statement	7
Description				Amount	
Prior Period Adjustment (09/30/	13 Excise T	'ax)		1,8	57.
Total to Form 990-PF, Part III,	line 5			1,8	57.
Form 990-PF U.S. and Sta	te/City Gov	rernment	Obligations	Statement	8
Description	U.S. Gov't	Other Gov't	Book Value	Fair Marke Value	t
Government and Agency Bonds Municianl Obligations	X	х	1,347,694. 161,077.	1,953,6 165,8	
Total U.S. Government Obligatio	ns	-	1,347,694.	1,953,6	98.
Total State and Municipal Gover	nment Oblig	ations	161,077.	165,8	62.
Total to Form 990-PF, Part II,	line 10a	=	1,508,771.	2,119,5	60.
Form 990-PF	Corporate	Stock		Statement	9
Description			Book Value	Fair Marke Value	t
Coporate Stock - Various		_	6,844,533.	8,381,4	16.
Total to Form 990-PF, Part II,	line 10b	=	6,844,533.	8,381,4	16.
Form 990-PF	Corporate	Bonds		Statement	10
Description			Book Value	Fair Market Value	t
Coporate Bond - Various		_	1,972,249.	1,953,69	98.
Total to Form 990-PF, Part II,	line 10c	_	1,972,249.	1,953,69	98.
		=			

STATEMENT 6

DETAIL OF SHORT-TERM CAPITAL GAINS AND LOSSES

SHIFT IMA 1-08711

Capital Gain/Loss Detail	Date Acquired	Date Sold	Gross Sales Price	Cost or Other Adjustment Basis Code(s)	Adjustment Code(s)	Amount of Adjustment	Gain or Loss
						1	
250, MEDTRONIC INC COM	12/26/2014	01/26/2015	18, 778.75	18,480.98			77 77
1150, ROCHE HOLDINGS LTD ADR	VAR	02/27/2015	38,961.62	40,249.25			-1.287 63
	10/15/2014	05/02/2015	61,006.27	67,191.00			-6.184 73
100 JOHNSON & JOHNSON COM	12/26/2014	05/21/2015	10.293.81	10.529.32			13 216
				30.00			
Iotals			100 040 45	116 450 55			

DZR391 656X 12/27/2015 1-08711

DETAIL OF LONG-TERM CAPITAL GAINS AND LOSSES

Capital Gain/Loss Detail	Acquired	Sold	Price	Basis	Code(s)	Adjustment	Loss
14 32 GNMA POOL #215914 98 8/15/17	12/13/1988	10/15/2014	14 32	14.92			09 0-
5.18 GNMA POOL #268215 10% 3/15/19	12/11/1992	10/15/2014	5 18	5 18			
2656 93 GNMA POOL #783452 3 5% 10/15/41	08/14/2012	10/15/2014	2,656 93	2.866.58			-209 65
325. NIKE INC CL B COM	09/25/2012	10/15/2014	27,378.76	15.521 99			11 856 77
14.43 GWNA POOL #215914 98 8/15/17	12/13/1988	11/15/2014	14 43	5.			-0.61
5.23 GNMA POOL #268215 10% 3/15/19		11/15/2014		5.23			
ᇭ	08/14/2012	11/15/2014	3,128 90	3.375.79			-246 89
	VAR	11/25/2014	36,484 22	17.489 98			18 994 24
	02/01/2013	11/25/2014	13,569 71	10.928.50			
20. GOOSLE INC.A	VAR	11/25/2014	10,970 89	8,108.95			
200. MCDONALDS CORP COM		11/25/2014	19,440 11	19.333 54			
75. METTLER-TOLEDO INTL INC COM		11/25/2014	22,313 51	12.784 17			9 529 34
1400 SIGMA ALDRICH CORP COM		11/25/2014	191,071 84	100.384.04			90 687 80
150 STRYKER CORP COM	VAR	11/25/2014		9.109.95			4 658 26
150000 EMERSON ELEC CO 5% 12/15/14	02/25/2008	12/15/2014	150,000.00	151,989.00			-1 989 00
14 54 GNMA POOL #215914 98 8/15/17	12/13/1988	12/15/2014	14.54	15.15			-0 61
5 27 GNNA POOL #268215 10% 3/15/19	12/11/1992,	12/15/2014	5.27	5 27			
യി	08/14/20127	12/15/2014	2,821.85				-222 66
- }	VAR	01/08/2015	2,774 70	2,180 64			594.06
CDK GLOBAL INC-W/I	VAR	01/12/2015	14,375 89	7,666.39			6.709.50
3300, DENBURY RESOURCES INC	VAR	01/12/2015	23,014 34	52,709.67			
1 CDK GLOBAL INC-W/I	09/25/2012	01/15/2015	41.55	21.83			19.72
14 66 GINNA POOL #215914 98 8/15/17	12/13/1988	01/15/2015	14.66	15.28			
2 82 GNMA POOL #268215 10% 3/15/19	12/11/1992	01/15/2015	2.82	2 82			
1315 79 GNMA POOL #783452 3 5% 10/15/41	08/14/2012	01/15/2015	1,315.79	1,419 61			-103.82
1250. MEDTRONIC INC COM	VAR	01/26/2015	93,893.75	51,023.37			42.870.38
1180. J P MORGAN CHASE & CO COM	VAR	01/28/2015	66,053.28	50,952 29			15,100,99
	12/13/1988	02/15/2015	14.78	15 40			-0 62
5		02/15/2015	5.34	5.34			
1713.7 GNMA POOL #783452 3 5% 10/15/41	08/14/2012	02/15/2015	1,713.70	1,848.92			-135.22
3200. ROCHE HOLDINGS LTD ADR	02/01/2013	02/27/2015	108,414.96	89,584.00			18.830.96
>	09/25/2012	03/02/2015	64,452.85	74,910.00			-10.457.15
14.89 GNMA POOL #215914 98 8/15/17	12/13/1988	03/15/2015	14 89	15 52			-0 63

SHIFT 144 1-08711

DETAIL OF LONG-TERM CAPITAL GAINS AND LOSSES

5.39 GNMA POOL #268215 10\$ 3/15/19 1946.71 GNMA POOL #783452 3.5\$ 10/15/41 2000. NESTLE S A SPONSORED ADR REPSTG REG SH 15.01 GNMA POOL #215914 9\$ 8/15/17 5.44 GNMA POOL #268215 10\$ 3/15/19 5976.18 GNMA POOL #268215 3.5\$ 10/15/41	20.000	2000	Price	Basis	Code(s)	Adjustment	Loss
D ADR R							
D ADR R	12/11/1992	03/15/2015	5.39	5.39			
2000. NESTLE S A SPONSORED ADR REPSTG REG SH 15.01 GNMA POOL #215914 98 8/15/17 5.44 GNMA POOL #268215 108 3/15/19 5976.18 GNMA POOL #783452 3.58 10/15/41	08/14/2012	03/15/2015	1,946.71	2,100.32			-153 61
	VAR	03/20/2015	156,359.72	129, 599.00			26,760.72
	12/13/1988	04/15/2015	15.01	15.64			-0 63
	12/11/1992	04/15/2015	5.44	5.44			
JOBO GOOD GOOD	08/14/2012	04/15/2015	5,976 18	6,447 74			-471.56
1900, BB&1 CORF CUP	02/01/2013	05/05/2015	74,621.12	59,279.05			15,342.07
357 GOOGLE INC-CL C	03/12/2013	05/08/2015	192.38	147.27			45.11
1700 DONALDSON INC COM	08/13/2012	05/11/2015	59,901.28	58, 235.54			1,665.74
140 TIME WARNER CABLE INC	VAR	05/11/2015	21,794 31	12,865.59			8,928.72
15.13 GNMA POOL #215914 9% 8/15/17	12/13/1988	05/15/2015	15.13	15.77			
5.48 GNMA POOL #268215 10% 3/15/19	12/11/1992	05/15/2015	5.48	5 48			
3317.81 GNMA POOL #783452 3.5% 10/15/41	08/14/2012	05/15/2015	3,317.81	3,579.61			-261 80
100 BECTON DICKINSON & CO COM	03/12/2013	05/21/2015	14,188.74	8,968.99			5,219.75
250000 FHLB (PED HM LN BK) 0.375% 8/28/15	12/05/2013	05/21/2015	250,156.50	250,377.00			-220.50
200. ILLINOIS TOOL WORKS	08/13/2012	05/21/2015	19,521.66	11,518.40			8,003 26
100. M & T BK CORP COM	02/01/2013	05/21/2015	12,342.77	10,414.88			1,927 89
175 NIKE INC CL B COM	09/25/2012	05/21/2015	18,247.38	8,357 99			9,889.39
150 PRICE T ROWE GROUP INC	02/01/2013	05/21/2015	12,230.79	10,900.43			1,330.36
15.25 GNMA POOL #215914 9% 8/15/17	12/13/1988	06/15/2015	15.25	15.89			-0 64
6 78 GNMA POOL #268215 10% 3/15/19	12/11/1992	06/15/2015	6.78	81.9			
3471 39 GNMA POOL #783452 3.5% 10/15/41	08/14/2012	06/15/2015	3,471.39	3,745.30			-273.91
3100. ABB LTD ADR	VAR	06/23/2015	68,944.58	65,901 69			6,042.89
1100. APACHE CORP COM	VAR	06/23/2015	64,316.80	89,440.80			-25,124.00
4300. BG GROUP PLC ADR	VAR	06/23/2015	74,001.63	86,431.00			-12,429.37
100. CHUBB CORP COM	02/01/2013	06/23/2015	9,788.82	66'988'8			1,401.83
300 CISCO SYSTEMS INC	02/01/2013	06/23/2015	8,588.87	6,254.82			2,334.05
300. COLGATE-PALMOLIVE COMPANY	02/01/2013	06/23/2015	20,066.66	16,392.75			3,673 91
100 COMERICA INC COM	02/01/2013	06/23/2015	5,233.90	3,515.95			
2200. CONOCOPHILLIPS	VAR	06/23/2015	139,082.74	128,763.91			10,318.83
100. COSTCO WHOLESALE CORP	02/01/2013	06/23/2015	13,962.75	10,348.00			3,614.75
100. B M C CORP MASS	09/25/2012	06/23/2015	2,736.95	2,737.95			-1 00
500. PEPSICO INC	VAR	06/23/2015	47,659.12	36,218.91			11,440 21

XG900 3 900

DZR391 656X 12/27/2015 1-08711

SHIFT IMA 1-08711

DETAIL OF LONG-TERM CAPITAL GAINS AND LOSSES

Capital Gain/Loss Detail	Date	Date	Gross Sales	Cost or Other	Adjustment Code(s)	Amount of	Gain or
					(alana)		2007
400 UNITED PARCEL SERVICE - CL B	VAR	06/23/2015	40,263 29	30,843,29			9 420 00
200000 FHLMC(FED HM LN MTG) 2.375% 1/13/22	08/13/2012	07/13/2015	201, 638.60	207,915.20			-6.276.60
	12/13/1988	07/15/2015	15 37	16 02			-0 65
6.84 GNMA POOL #268215 10% 3/15/19	12/11/1992	07/15/2015	6.84	6.84			
	08/14/2012	07/15/2015	4,271.07	4,608.08			-337 01
- 1	03/04/2014	07/24/2015	31,350 00	13,629.79			17,720 21
745 ACCENTURE PLC IRELAND	VAR	08/05/2015	78, 112.33	54,197 49			23,914.84
.2 AT&T INC	03/04/2014	08/06/2015	6.82	6.94			-0 12
%6	12/13/1988	08/15/2015	15 49	16 14			-0 65
	12/11/1992	08/15/2015	6.90	9 6.90			
3 28	08/14/2012	08/15/2015	2,519.77	2,718.60			-198 83
250000 CALVERT SOCIAL INVT FND 1% 8/31/15	08/31/2012	08/31/2015	250,000.00	250,000.00			
1200. CHUBB CORP COM	VAR	09/01/2015	143,461.55	92,941 60			50.519.95
900. TIME WARNER CABLE INC	VAR	09/01/2015	166,610.96	80,953.77			85.657 19
15.61 GNMA POOL #215914 9% 8/15/17	12/13/1988	09/15/2015	15 61	16 27			-0.66
3 22 GNMA POOL #268215 10% 3/15/19	12/11/1992	09/15/2015	3.22				
951.37 GNMA POOL #783452 3.5% 10/15/41	08/14/2012	09/15/2015	951.37	1,026.44			-75.07
Totals			2,897,736.43	2,454,275 73			443.460 70
	i						

JSA XG900 3 000

DZR391 656X 12/27/2015 1-08711