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

OMB No 1545-0052

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

For c	alenda	ar year 2015 or tax year beginning , a	nd ending				
	e of four				A Emplo	yer identification number	
		& LENA MINKOFF FOUNDATION,	INC			6000000	
		SURTON & CO., PA, CPA street (or P O box number if mail is not delivered to street address)				-6078778	
		SHERIDAN STREET RM/STE 202	Ro	om/suite	B Teleph	one number (see instructions)	1
		state or province, country, and ZIP or foreign postal code	<u>.</u>				
HC	LLY	WOOD FL 33021			C If exem	ption application is pending, o	check here
G CI	neck a	Il that apply. Initial return Initial return	n of a former public ch	arity	D 1. For	eign organizations, check her	e > []
		Final return Amended	return	-	2. For	eign organizations meeting th	— •
		Address change Name cha	nge		85%	% test, check here and attach	computation >
H CI	heck to	ype of organization X Section 501(c)(3) exempt private	foundation		E If priva	te foundation status was term	nated under
_			e private foundation			507(b)(1)(A), check here	▶ ∐
		ket value of all assets at J Accounting method:		rual	F If the fo	oundation is in a 60-month ter	mination
en	d of ye	ear (from Part II, col (c), Other (specify)			under	section 507(b)(1)(B), check he	ore ►
line	e 16) 🕽		be on cash basis)				
20%	rt I	Analysis of Revenue and Expenses (The total of	(a) Revenue and	(b) Net inv	astmont	(c) Adjusted net	(d) Disbursements for charitable
Š		amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))	expenses per books	incor		income	purposes
((cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule) Check ► X if the foundation is not required to attach Sch. B					
	2	Interest on savings and temporary cash investments	3		3	2	
Revenue AUG	3 4	Dividends and interest from securities	13,135		13,135	13,135	
	4 5a	Gross rents	10,100			10,100	
<u> </u>	b	Net rental income or (loss)					
	6a	Net gain or (loss) from sale of assets not on line 10 STMT 1	-545				***************************************
6	b	Gross sales price for all assets on line 6a 79,621					
% €	7	Capital gain net income (from Part IV, line 2)	***************************************		0		***************************************
-	8	Net short-term capital gain				0	
	9	Income modifications	•••••••••••••••••				***************************************
	10a	Gross sales less returns and allowances					
	b	Less: Cost of goods sold					
	С	Gross profit or (loss) (attach schedule)					
	11	Other income (attach schedule) STMT 2	5,032		5,032	5,032	
	12	Total. Add lines 1 through 11	17,625		18,170	18,170	
S	13	Compensation of officers, directors, trustees, etc.	0				
enses	14	Other employee salaries and wages					
_	15	Pension plans, employee benefits					
×	16a	Accounting fees (attach schedule) STMT 3					
ē.	b		6,395		3,198		3,197
Ę	С	Other professional fees (attach schedule)					
ĭ	17			 	101		104
Operating and Administrative Exp	18	Taxes (attach-schedule) (see instructions) STMT 4	202		101		101
Ξ	19	Deprecialin (attach schedule) and depletion		-			
Ad	20	Occupancy Travel conformed and meetings		 			
þ	21	Travel, conferences, and meetings Printing and publications		 			
a Jai	22	Other expenses (att. sch.) STMT 5	90		45		45
ing	24	Total operating and administrative expenses.	7	1		· · · · · · · · · · · · · · · · · · ·	
rat		Add lines 13 through 23	6,687	,	3,344	o	3,343
be	25	Contributions, gifts, grants paid	71,200				71,200
0	26	Total expenses and disbursements. Add lines 24 and 25	77,887	***************************************	3,344	0	74,543
	27	Subtract line 26 from line 12:			-		
	a	Excess of revenue over expenses and disbursements	-60,262				
	b	Net investment income (if negative, enter -0-)			14,826		
_	С	Adjusted net income (if negative, enter -0-)				18,170	
For	Paper	work Reduction Act Notice, see instructions.				CIR OF	Form 990-PF (2015)
DAA						W0 //)

-		Balance Sheets Attached schedules and amounts in the description column	n	Beginning of year	End o	f year
_	art l	should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash – non-interest-bearing				
- {	2	Savings and temporary cash investments		17,771	26,192	26,192
	3	Accounts receivable ▶				
		Less: allowance for doubtful accounts ▶				
- 1	4	Pledges receivable ▶				
		Less: allowance for doubtful accounts ▶				
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other			!	
		disqualified persons (attach schedule) (see				
ı		instructions)				
- }	7	Other notes and loans receivable (att. schedule)				
ł		Less: allowance for doubtful accounts ▶	0			
Ŋ	8	Inventones for sale or use				
Assets	9	Prepaid expenses and deferred charges				
As	10a	Investments – U.S and state government obligations (attach schedule)				
1	b	Investments – corporate stock (attach schedule)				
	С	Investments – corporate bonds (attach schedule)				
İ	11	Investments – land, buildings, and equipment basis				
		Less accumulated depreciation (attach sch.)				
	12	Investments – mortgage loans				. <u> </u>
	13	Investments – other (attach schedule) SEE STATEMENT	6	667,304	598,621	455,307
	14	Land, buildings, and equipment basis				
		Less accumulated depreciation (attach sch.)				
	15	Other assets (describe ▶)			
	16	Total assets (to be completed by all filers – see the				
⅃		instructions. Also, see page 1, item I)		685,075	624,813	481,499
	17	Accounts payable and accrued expenses				
	18	Grants payable				
es	19	Deferred revenue				
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons				
iab	21	Mortgages and other notes payable (attach schedule)			<u> </u>	
-	22	Other liabilities (describe ▶)			
	23	Total liabilities (add lines 17 through 22)		0	0	
S		Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.	▶ □			
S	24	Unrestricted				
au	25	Temporarily restricted				•
Ba	26	Permanently restricted				1
Net Assets or Fund Balances	20	Foundations that do not follow SFAS 117, check here	► X			
교		and complete lines 27 through 31.				
ō	27	Capital stock, trust principal, or current funds		725,742	685,075	
sts	28	Paid-in or capital surplus, or land, bldg , and equipment fund				1
SS	29	Retained earnings, accumulated income, endowment, or other funds		-40,667	-60,262	1
t A	30	Total net assets or fund balances (see instructions)		685,075		4
Ne	31	Total liabilities and net assets/fund balances (see		- 333,313	0==,0==	1
	٥.	instructions)		685,075	624,813	
	Part		ces	1 000/01	1 020,000	<u> </u>
		I net assets or fund balances at beginning of year – Part II, column (a), lir		ust agree with		1
•		of-year figure reported on prior year's return)			1	685,075
2		er amount from Part I, line 27a			2	-60,262
		er increases not included in line 2 (itemize)			3	1
		lines 1, 2, and 3			4	624,813
5		reases not included in line 2 (itemize)			5	1
		I net assets or fund balances at end of year (line 4 minus line 5) – Part II,	column	(b), line 30	6	624,813
_						Form 990-PF (2015

**********	990-PF (2015) EOUIS & LENA MINKOFF FOUNDATION, INC 11-6076776			P;	age 4
	Ft VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instructions)				
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1.				
	Date of ruling or determination letter (attach copy of letter if necessary—see instructions)				
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check				148
	here ▶ X and enter 1% of Part I, line 27b				
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of				
	Part I, line 12, col (b).				^
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)				0
3	Add lines 1 and 2				148
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)				0
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-				148
6	Credits/Payments:				
a	2015 estimated tax payments and 2014 overpayment credited to 2015				
b	Exempt foreign organizations – tax withheld at source				
C	Tax paid with application for extension of time to file (Form 8868) 6c				
d	Backup withholding erroneously withheld 6d 6d	1			
7	Total credits and payments. Add lines 6a through 6d				
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached				1 4 0
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed				148
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid				
11	Enter the amount of line 10 to be Credited to 2016 estimated tax ▶ Refunded ▶ 11				-
-	rt VII-A Statements Regarding Activities				
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it			Yes	No
_	participate or intervene in any political campaign?		<u> 1a</u>		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see				v
	Instructions for the definition)?		1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials				
	published or distributed by the foundation in connection with the activities				₹.
C	Did the foundation file Form 1120-POL for this year?		1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:				
_	(1) On the foundation > \$ (2) On foundation managers. > \$				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed				
•	on foundation managers. ▶ \$				х
2	If "Yes," attach a detailed description of the activities.		2		
2	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of				
3	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		,		х
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		3 4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	-1,	5		X
Ū	If "Yes," attach the statement required by General Instruction T		<u>-</u>		
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either				
•	By language in the governing instrument, or				
	By state legislation that effectively amends the governing instrument so that no mandatory directions that				
	conflict with the state law remain in the governing instrument?		6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part X	V	7	X	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ▶				
	NONE				
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General				
	(or designate) of each state as required by General Instruction G? If "No," attach explanation		8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or				
	4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes,"				
	complete Part XIV		9		x
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their				
	names and addresses		10		X
	— · · · · · — — — — — — — — — — — — — —			A DE	

Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of

Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

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 2015?

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 2015.)

Form 990-PF (2015)

X

X

3b

4a

N/A

	1990-PF (2015) LOUIS & LENA M						Page 0
Pa	rt VII-B Statements Regarding /	Activities for Which Form	14720 May Be R	equired (conti	nued)		
ia	During the year did the foundation pay or incu					-	
	(1) Carry on propaganda, or otherwise attempt	pt to influence legislation (section	1 4945(e))?	Y	es X No	ı	
	(2) Influence the outcome of any specific pub	olic election (see section 4955); o	r to carry on,			-	
	directly or indirectly, any voter registration	drive?		<u> </u>	es X No	I	
	(3) Provide a grant to an individual for travel,	study, or other similar purposes?	>	Y	es X No	I	
	(4) Provide a grant to an organization other the	han a charitable, etc , organizatio	n described in	_	_	ł	
	section 4945(d)(4)(A)? (see instructions)			Y	es X No	ı	
	(5) Provide for any purpose other than religio	us, charitable, scientific, literary,	or educational			ŧ	
	purposes, or for the prevention of cruelty	to children or animals?		Y	es X No	I	
b	If any answer is "Yes" to 5a(1)-(5), did any of	the transactions fail to qualify ur	nder the exceptions d	escribed in		-	
	Regulations section 53.4945 or in a current ne	otice regarding disaster assistand	ce (see instructions)?	•	N/A	5b	
	Organizations relying on a current notice rega	arding disaster assistance check	here		▶ 🔲	1	
С	If the answer is "Yes" to question 5a(4), does	the foundation claim exemption	from the tax				
	because it maintained expenditure responsibil	ility for the grant?		N/A 🗌 Y	es 🗌 No	-	
	If "Yes," attach the statement required by Reg	gulations section 53 4945-5(d).					
6a	Did the foundation, during the year, receive a	ny funds, directly or indirectly, to	pay premiums			I	
	on a personal benefit contract?			Y	es 🗓 No		
b	Did the foundation, during the year, pay prem	nums, directly or indirectly, on a p	personal benefit contr	ract?		6b	X
	If "Yes" to 6b, file Form 8870						
7a	At any time during the tax year, was the found	dation a party to a prohibited tax	shelter transaction?	Y	'es 🗓 No		
b	If "Yes," did the foundation receive any proce	eds or have any net income attrit	outable to the transac	ction?	N/A	7b	
Pi	art VIII Information About Office	rs, Directors, Trustees, F	oundation Man	agers, Highly	Paid Employe	es,	
	and Contractors						
1 I	List all officers, directors, trustees, foundati	on managers and their compe	nsation (see instruc	tions).			
			(b) Title, and average	(c) Compensation	(d) Contributions to	_	
	(a) Name and address	s	hours per week	(If not paid,	employee benefit plans and deferred		ense account, allowances
			devoted to position	enter -0-)	compensation		
GE	EORGE MINKOFF	GREAT BARRINGTON	PRESIDENT				
26	S ROWE ROAD	MA 01230	1.00	0	0		0
JI	ANE MINKOFF HODES	DELRAY BEACH	V.P., TREAS.			ĺ	
14	1601 JETTY LANE	FL 33446	1.00	0	0		0
T#	AMMY LAWLOR	GARDEN CITY	SECRETARY				
10	00 QUENTIN ROOSEVELT BLVD	NY 11530	1.00	0	0		0
						<u> </u>	
2	Compensation of five highest-paid employ	yees (other than those included	d on line 1 – see ins	tructions). If non	e, enter		
	"NONE."						
			(b) Title, and average		(d) Contributions to		
	(a) Name and address of each employee paid m	nore than \$50,000	hours per week	(c) Compensation	employee benefit plans and deferred		ense account, allowances
			devoted to position		compensation		
N	ONE						
			1				
							
							
					<u> </u>		
_							
ota	al number of other employees paid over \$50,00	00					0
					F	om 990	0-PF (2015)

Form 990-PF (20 Part VIII	http://piss.com/pississes/		Page 7 mployees,
2 Five highs	and Contractors (continued) est-paid independent contractors for professional services (see instru	otions) If none onter "NONE "	
3 Five highe	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE	(a) Name and address of each person paid more than \$50,000	(b) Type of Service	(e) Compensation
Total number of	others receiving over \$50,000 for professional services		<u> </u>
Part IX-A	Summary of Direct Charitable Activities		
	s four largest direct charitable activities during the tax year. Include relevant statistical information so other beneficiaries served, conferences convened, research papers produced, etc	uch as the number of	Expenses
1 N/A			
2			
3			
4			
Part IX-B	Summary of Program-Related Investments (see instru	ctions)	
	orgest program-related investments made by the foundation during the tax year on lines 1 and 2		Amount
1 N/A			
2		· .	
All other program-r	related investments. See instructions		
Total. Add lines	1 through 3		

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

Form **990-PF** (2015)

Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient show any relationship to Purpose of grant or status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year SEE STATEMENT 7 71,200 71,200 3a Total b Approved for future payment N/A Total **▶** 3b

		Analysis of Income-Producing Acunts unless otherwise indicated		ed business income	Excluded	by section 512, 513, or 514	
	Program ser		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income (See instructions)
Ċ	_				_		
	b						
							·····
	f						
	g Fees and	d contracts from government agencies					
2	Membership	dues and assessments					
		avings and temporary cash investments			14	3	<u></u>
	_	nd interest from securities	ļ		14	13,135	
5		come or (loss) from real estate.					
		anced property			1		
		-financed property	ļ	}			
		come or (loss) from personal property			1 4 4		
	Other invest				14	5,032	
		s) from sales of assets other than inventory			1 1		-545
		or (loss) from special events		 	 		
	· ·	or (loss) from sales of inventory			1 1		
11	Other reven		-	-			
			-				
		<u></u> -	-		+ +		
					1 1		
12	e	d columns (b), (d), and (e)	- 	<u> </u>	0	18,170	-545
		ine 12, columns (b), (d), and (e)	t	· L.,	<u> </u>	13	17,625
		in line 13 instructions to verify calculations)					
_	art XVI-B		Accomplishn	nent of Exempt	Purpose	s	
	Line No.	Explain below how each activity for which incom					
_	V N/A	accomplishment of the foundation's exempt purp	poses (otner tha	n by providing tunas	tor such pu	irposes) (See instructi	ons)
_	N/A						
			·		 	· · · · · · · · · · · · · · · · · · ·	
_							112
_							
_					•		
		- · · · · · · · · · · · · · · · · · · ·		-		······································	
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Part.	XVII	Information Rega Exempt Organiza		ansfers To and	Transaction	ns and Relation	ships With	n Noncharitat	le		
1 Di	d the era	anization directly or indi		e in any of the follo	wing with any o	ther organization des	cribed		T1	Yes	No
		501(c) of the Code (other									
	ganizatio	• •	i illan secile	ni 30 i(c)(3) oiganiz	zations) or in sec	Stion 527, relating to	pontical		1		ĺ
	-	rom the reporting found	ation to a no	ncharitable evern	t organization of				1		
		ion the reporting lound	ation to a no	inchantable exemp	t organization of	•			1a(1)	i	x _
•) Cash								1a(2)		X
•) Other a								1:3(2)	*******	
	ther trans		. h. l						45/4	1	x _
•	•	of assets to a nonchanta	-	•	_				1b(1)		x
•	•	ises of assets from a no			n				1b(2)		X
•	•	of facilities, equipment,		sets					1b(3)		X
•	•	ursement arrangements	}						1b(4)		X
	•	or loan guarantees							1b(5)		X
•	•	mance of services or me	•	-					1b(6)		X
	_	facilities, equipment, m		•					1c		
		er to any of the above is									
		e goods, other assets, o									
		y transaction or sharing		-							—
	ine no	(b) Amount involved	(c) Name	e of noncharitable exemp	t organization	(a) Description	of transfers, tran	sactions, and sharing a	irrangeme	nts	
N/A											
		 				· .					
		<u> </u>									
		 						<u>. </u>			
								<u> </u>			—
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			<u> </u>			<u> </u>		· · · · · · · · · · · · · · · · · · ·			
		idation directly or indirec	-				ıs			T	ē]
		in section 501(c) of the		than section 501(c	c)(3)) or in section	in 52/?			☐ ¥6	es ⊿	No Z
b if	"Yes," c	omplete the following so	hedule.	1		1	4.15				
37	/3	(a) Name of organization	.	(b) Type of o	rganization	-	(c) Descript	ion of relationship			 -
N/	A			 							
	·			<u> </u>					-		
				ļ		-					
	<u> </u>							···	-		
	Under	penalties of perjury, I declare the	nat I have exam	ned this return including	n accompanying sch	edules and statements, an	d to the best of r	ny knowledge and beli	ef. it is truc	a.	
	correct	and complete Declaration of	preparer (other	than taxpayer) is based	on all information of	which preparer has any kr	owledge				
0:			. 1			1		May the IRS do with the prepar			
Sign	1	1. h d	1 1.			1]		(see instruction	ıs)? 🗶	Yes	No
Here	1 . ?	X Mus &	BILL.	,	17	118/16	משמ	IDENT			
		anathra hi officer or trustee	10 0 00		Date		Title	IDENI			
	31	gnature of officer or trustee						Г		T	
	Print	Type preparer's name			Preparer's signali	lie Com	CPS	2 Date	,	Check	
Paid	2	TANGITIE D GG	CDA		ANDRE S.	BURTON, CPA	- 0	1/14	/16	serr-er	mployed
Prepar	er	RE S. BURTON, S name > BURTON		OMPANY, P	.A., CPA		· · · · · · · · · · · · · · · · · · ·	<u>1 ′</u>	0145	544	<u></u> -
Use Oı	niv Fim	4040		DAN STREE					-206		
	Firm		YWOOD,		1, SULLE 1-3512	202	ŀ		-200		
	l l	קקט	$\pm m \cup \cup \cup \cup$,	TH JJUZ	エーフリエム		ŀ	Phone no 93	- JU		

1:35 AM ⁻	Page 1
7	

B3730 LOUIS & LENA MINKOFF FOUNDATION, INc.
Federal Statements

FYE: 12/31/2015

Statement 1 - Form 990-PF, Part I, Line 6a - Sale of Assets

• 2	Gain / Loss	\$ -545	\$ -545		Adjusted Net Income	5,032		Charitable Purpose	3,197 3,197		Charitable Purpose	101
!	Expense Depreciation	v,	0 \$ 0	Income	Net Investment Income	\$ 5,032 \$ \$ 5,032 \$	nting Fees	Adjusted Net	w w	ixes	Adjusted Net	\$\sigma_{\sigma}\$
l	Cost	80,166 \$	80,166 \$	Statement 2 - Form 990-PF, Part I, Line 11 - Other Income	Revenue per Books	\$ 5,032 \$ 5,032	990-PF, Part I, Line 16b - Accounting Fees	Net Investment	\$ 3,198	- Form 990-PF, Part I, Line 18 - Taxes	Net Investment	\$ 101
How	Sale Price	PURCHASE 79,621 \$	\$ 79,621 \$	t 2 - Form 990-PF, P			1 _1	Total		Statement 4 - Form 990-P	Total	
	Date Date Acquired Sold	VARIOUS VARIOUS		Statemen	Description		Statement 3 - Form	uo	· φ. · φ. ·	Stater	uo	· φ· φ¨
	Whom Sold	INVESTMENT	TOTAL			STIFEL NICHOLAS TOTAL		Description	ACCOUNTING FEES TOTAL		Description	TAXES TOTAL

B3730 LOUIS & LENA MINKOFF FOUNDATION,INC 11-6078778 FYE: 12/31/2015	i LL	ederal Statements	ments		11:35 AM · Page 2
	Statement 5 - Form	990-PF, Part I,	Statement 5 - Form 990-PF, Part I, Line 23 - Other Expenses	enses	•
Description	Total	al	Net Investment	Adjusted Net	Charitable Purpose
EXPENSES	φ.	တ		\$	₩.
BANK FEES & MISC. TOTAL	w	06	45	8	\$ 45
15	Statement 6 - Form 9	990-PF, Part II,	Line 13 - Other Investments	stments	
	Ш	Beginning of Vear	End of Year	Basis of Valuation	Fair Market Value
OTHER INVESTMENTS TOTAL		667,304	\$ 598, 621 \$ 598, 621	MARKET	\$ 455,307 \$ 455,307
Statement 7 - Form 990-PF,	Par	t XV, Line 3a - G	- Grants and Contributions Paid During the ar	ions Paid During t	the
Name		Address	Ì		
Address	Relationship	Status		Purpose	Amount
BERKSHIRE TACONIC COMMUNITY FOUNDAT	OUNDAT				1,000
THE CENTER FOR RELIGIOUS HUMANISM	NISM				2,000
CONSTRUCT					2,500
BERKSHIRE TACONIC COMMUNITY FOUNDAT	OUNDAT				1,000
INITIATIVES IN ART AND CULTURE	я				1,000
CLOSE ENCOUNTERS WITH MUSIC					200
FAIRVIEW HOSPITAL					2,500
					5-7

Federal Statements B3730 LOUIS & LENA MINKOFF FOUNDATION, INC 11-6078778

11:35 AM [·] Page 3

FYE: 12/31/2015

Statement 7 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year (continued)

1,000 2,100 2,500 5,000 7,500 1,000 7,500 2,500 7,500 7,500 1,000 250 1,000 500 250 2,500 Amount Purpose Status Address Relationship BERKSHIRE FILM & MEDIA COLLABORATIV BERKSHIRE FILM & MEDIA COLLABORATIV INITIATIVES IN ART AND CULTURE COMMUNITY ACCESS TO THE ARTS CLOSE ENCOUNTERS WITH MUSIC BERKSHIRE PLAYWRIGHTS LAB POETRY SOCIETY OF AMERICA BERKSHIRE PLAYWRIGHTS LAB Name Address CUNY GRADUATE CENTER CUNY GRADUATE CENTER BARUCH COLLEGE FUND NATURE CONSERVATORY FAIRVIEW HOSPITAL FAIRVIEW HOSPITAL FAIRVIEW HOSPITAL CLARK UNIVERSITY CLARION PROJECT

3,500

B3730 LOUIS & LENA MINKOFF FOUNDATION, INC 11-6078778 FYE: 12/31/2015	FOUNDATION, INC	ederal Statemer	nts	11:35 AM · Page 4
	Form 990-PF, Part	KV, Line 3a - Grants	Statement 7 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the	
Name		Year (continued) Address		
Address	Relationship	Status	Purpose	Amount
PAP				1,500
FRIENDS OF LOXAHACHEE				1,000
YOGA REACHES OUT				750
PAP				200
DANA FARBER CANCER INST				2,000
РАР				200
HSUS HUMANE SOCIETY				100
WOUNDED WARRIOR				1,000
NORTON MUSEUM				050
TOTAL				71,200
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