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

2013

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 calendar year 2013, or tax year beginning Oct 1, 2013, and ending Sep 30, 2014

| | | | | | | | | |
|---|--|---|--|---------------------------------------|---|---|--------------------------------------|---|
| Name of foundation SEBONACK FOUNDATION | | A Employer identification number 20-5411954 | | | | | | |
| Number and street (or P.O. box number if mail is not delivered to street address) 270 S. SERVICE ROAD | | B Telephone number (see the instructions) (631) 622-9419 | | | | | | |
| City or town, state or province, country, and ZIP or foreign postal code MELVILLE NY 11747-2339 | | C If exemption application is pending, check here. <input type="checkbox"/> | | | | | | |
| D Check all that apply: <table border="0"> <tr> <td><input type="checkbox"/> Initial return</td> <td><input type="checkbox"/> Initial Return of a former public charity</td> </tr> <tr> <td><input type="checkbox"/> Final return</td> <td><input type="checkbox"/> Amended return</td> </tr> <tr> <td><input type="checkbox"/> Address change</td> <td><input type="checkbox"/> Name change</td> </tr> </table> | | <input type="checkbox"/> Initial return | <input type="checkbox"/> Initial Return of a former public charity | <input type="checkbox"/> Final return | <input type="checkbox"/> Amended return | <input type="checkbox"/> Address change | <input type="checkbox"/> Name change | D 1 Foreign organizations, check here. <input type="checkbox"/> 2 Foreign organizations meeting the 85% test, check here and attach computation. <input type="checkbox"/> |
| <input type="checkbox"/> Initial return | <input type="checkbox"/> Initial Return of a former public charity | | | | | | | |
| <input type="checkbox"/> Final return | <input type="checkbox"/> Amended return | | | | | | | |
| <input type="checkbox"/> Address change | <input type="checkbox"/> Name change | | | | | | | |
| H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation | | E If private foundation status was terminated under section 507(b)(1)(A), check here. <input type="checkbox"/> | | | | | | |
| I Fair market value of all assets at end of year (from Part II, column (c), line 16) \$ 2,005,938. | J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis.) | | | | | | | |
| F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here. <input type="checkbox"/> | | | | | | | | |

Part I Analysis of Revenue and Expenses

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

| | (a) Revenue and expenses per books | (b) Net investment income | (c) Adjusted net income | (d) Disbursements for charitable purposes (cash basis only) |
|--|------------------------------------|---------------------------|-------------------------|---|
| 1 Contributions, gifts, grants, etc. received (att sch) | 158,660. | | | |
| 2 <input type="checkbox"/> If the foundn is not req to att Sch B | | | | |
| 3 Interest on savings and temporary cash investments. | 374. | 395. | | |
| 4 Dividends and interest from securities | | | | |
| 5a Gross rents | | | | |
| b Net rental income or (loss) | | | | |
| 6a Net gain/(loss) from sale of assets not on line 10 | -12,464. | L-6a Stmt | | |
| b Gross sales price for all assets on line 6a | 146,196. | | | |
| 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 | | | | |
| c Gross profit/(loss) (att sch) | | | | |
| 11 Other income (attach schedule) | | | | |
| 12 Total. Add lines 1 through 11. | 146,570. | 395. | 0. | |
| 13 Compensation of officers, directors, trustees, etc. | | | | |
| 14 Other employee salaries and wages | | | | |
| 15 Pension plans, employee benefits | | | | |
| 16a Legal fees (attach schedule) | | | | |
| b Accounting fees (attach sch) | 7,046. | | | 7,046. |
| c Other professional fees (attach sch) | | | | |
| 17 Interest | | | | |
| 18 Taxes (attach schedule) (see Instrs) | 4. | 4. | | |
| 19 Depreciation (attach sch) and depletion | | | | |
| 20 Occupancy | | | | |
| 21 Travel, conferences, and meetings | | | | |
| 22 Printing and publications | | | | |
| 23 Other expenses (attach schedule) | | | | |
| See Line 23 Stmt | 275. | | | 275. |
| 24 Total operating and administrative expenses. Add lines 13 through 23 | 7,325. | 4. | | 7,321. |
| 25 Contributions, gifts, grants paid | 1,949,996. | | | 1,949,996. |
| 26 Total expenses and disbursements. Add lines 24 and 25 | 1,957,321. | 4. | | 1,957,317. |
| 27 Subtract line 26 from line 12: | | | | |
| a Excess of revenue over expenses and disbursements | -1,810,751. | | | |
| b Net investment income (if negative, enter -0-) | | 391. | | |
| c Adjusted net income (if negative, enter -0-) | | | 0. | |

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| Part II Balance Sheets | | Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions.) | | Beginning of year | End of year | |
|------------------------|--|---|---|-------------------|----------------|-----------------------|
| | | | | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| ASSETS | 1 | Cash — non-interest-bearing | | 289,911. | 352,590. | 352,590. |
| | 2 | Savings and temporary cash investments | | 3,526,778. | 1,653,348. | 1,653,348. |
| | 3 | Accounts receivable ▶ | | | | |
| | | Less: allowance for doubtful accounts ▶ | | | | |
| | 4 | Pledges receivable ▶ | | | | |
| | | Less: allowance for doubtful accounts ▶ | | | | |
| | 5 | Grants receivable | | | | |
| | 6 | Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) | | | | |
| | 7 | Other notes and loans receivable (attach sch) . ▶ | | | | |
| | | Less: allowance for doubtful accounts ▶ | | | | |
| | 8 | Inventories for sale or use | | | | |
| | 9 | Prepaid expenses and deferred charges | | | | |
| | 10a | Investments — U.S. and state government obligations (attach schedule) | | | | |
| | b | Investments — corporate stock (attach schedule) | | | | |
| | c | Investments — corporate bonds (attach schedule) | | | | |
| | LIABILITIES | 11 | Investments — land, buildings, and equipment: basis ▶ | | | |
| | | Less: accumulated depreciation (attach schedule) ▶ | | | | |
| 12 | | Investments — mortgage loans | | | | |
| 13 | | Investments — other (attach schedule) | | | | |
| 14 | | Land, buildings, and equipment: basis ▶ | | | | |
| | | Less: accumulated depreciation (attach schedule) ▶ | | | | |
| 15 | | Other assets (describe ▶) | | | | |
| 16 | | Total assets (to be completed by all filers — see the instructions. Also, see page 1, item I). | | 3,816,689. | 2,005,938. | 2,005,938. |
| 17 | | Accounts payable and accrued expenses | | | | |
| 18 | | Grants payable | | | | |
| FUND BALANCES | 19 | Deferred revenue | | | | |
| | 20 | Loans from officers, directors, trustees, & other disqualified persons | | | | |
| | 21 | Mortgages and other notes payable (attach schedule) | | | | |
| | 22 | Other liabilities (describe ▶) | | | | |
| | 23 | Total liabilities (add lines 17 through 22) | | | | |
| | | Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. <input checked="" type="checkbox"/> X | | | | |
| | 24 | Unrestricted | | 3,816,689. | 2,005,938. | |
| | 25 | Temporarily restricted | | | | |
| | 26 | Permanently restricted | | | | |
| | | Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. <input type="checkbox"/> | | | | |
| 27 | Capital stock, trust principal, or current funds | | | | | |
| 28 | Paid-in or capital surplus, or land, building, and equipment fund | | | | | |
| 29 | Retained earnings, accumulated income, endowment, or other funds | | | | | |
| 30 | Total net assets or fund balances (see instructions) | | 3,816,689. | 2,005,938. | | |
| 31 | Total liabilities and net assets/fund balances (see instructions) | | 3,816,689. | 2,005,938. | | |

Part III Analysis of Changes in Net Assets or Fund Balances

| | | | |
|---|--|---|-------------|
| 1 | Total net assets or fund balances at beginning of year — Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) | 1 | 3,816,689. |
| 2 | Enter amount from Part I, line 27a | 2 | -1,810,751. |
| 3 | Other increases not included in line 2 (itemize) ▶ | 3 | |
| 4 | Add lines 1, 2, and 3 | 4 | 2,005,938. |
| 5 | Decreases not included in line 2 (itemize) ▶ | 5 | |
| 6 | Total net assets or fund balances at end of year (line 4 minus line 5) — Part II, column (b), line 30 | 6 | 2,005,938. |

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shares MLC Company)

(b) How acquired
P — Purchase
D — Donation(c) Date acquired
(month, day, year)(d) Date sold
(month, day, year)

| | | | | |
|-----|--------------------------|---|----------|---------|
| 1 a | 22,537 SHARES FORMFACTOR | D | 03/13/14 | Various |
| b | | | | |
| c | | | | |
| d | | | | |
| e | | | | |

| (e) Gross sales price | (f) Depreciation allowed (or allowable) | (g) Cost or other basis plus expense of sale | (h) Gain or (loss) (e) plus (f) minus (g) |
|-----------------------|--|---|--|
| a 146,196. | | 158,660. | -12,464. |
| b | | | |
| c | | | |
| d | | | |
| e | | | |

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

| (i) Fair Market Value as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | (k) Excess of column (i) over column (j), if any | (l) Gains (Column (h) gain minus column (k), but not less than -0-) or Losses (from column (h)) |
|---|--------------------------------------|---|---|
| a | | | -12,464. |
| b | | | |
| c | | | |
| d | | | |
| e | | | |

| | | | |
|---|---|---|----------|
| 2 Capital gain net income or (net capital loss). | [- If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7] | 2 | -12,464. |
| 3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): | [- If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0- in Part I, line 8] | 3 | -12,464. |

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

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

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

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No

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

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

| (a) Base period years Calendar year (or tax year beginning in) | (b) Adjusted qualifying distributions | (c) Net value of noncharitable-use assets | (d) Distribution ratio (column (b) divided by column (c)) |
|--|---------------------------------------|--|--|
| 2012 | 1,161,059. | 4,257,524. | 0.272708 |
| 2011 | 29,750. | 1,231,761. | 0.024152 |
| 2010 | 0. | 7,167. | 0.000000 |
| 2009 | 0. | 7,164. | 0.000000 |
| 2008 | 1,000. | 7,401. | 0.135117 |

| | | |
|---|---|------------|
| 2 Total of line 1, column (d) | 2 | 0.431977 |
| 3 Average distribution ratio for the 5-year base period — divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years | 3 | 0.086395 |
| 4 Enter the net value of noncharitable-use assets for 2013 from Part X, line 5. | 4 | 2,710,527. |
| 5 Multiply line 4 by line 3 | 5 | 234,176. |
| 6 Enter 1% of net investment income (1% of Part I, line 27b) | 6 | 4. |
| 7 Add lines 5 and 6. | 7 | 234,180. |
| 8 Enter qualifying distributions from Part XII, line 4 | 8 | 1,957,317. |

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

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

| | | | |
|---|-----|----|----|
| 1 a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter 'N/A' on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary — see instrs) | | | |
| b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b | | 1 | 4. |
| c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, column (b) | | | |
| 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | | 2 | 0. |
| 3 Add lines 1 and 2 | | 3 | 4. |
| 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | | 4 | 0. |
| 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- | | 5 | 4. |
| 6 Credits/Payments: | | | |
| a 2013 estimated tax pmts and 2012 overpayment credited to 2013 | 6 a | | |
| b Exempt foreign organizations — tax withheld at source | 6 b | | |
| c Tax paid with application for extension of time to file (Form 8868) | 6 c | 4. | |
| d Backup withholding erroneously withheld | 6 d | | |
| 7 Total credits and payments. Add lines 6a through 6d | 7 | | 4. |
| 8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached | 8 | | |
| 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed | 9 | | 0. |
| 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | 10 | | 0. |
| 11 Enter the amount of line 10 to be: Credited to 2014 estimated tax Refunded | 11 | | |

Part VII Statements Regarding Activities

| | Yes | No |
|--|-----|----|
| 1 a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? | | X |
| b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)? | | X |
| If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities. | | |
| c Did the foundation file Form 1120-POL for this year? | | X |
| d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation . . . \$ 0. (2) On foundation managers . . . \$ 0. | | |
| e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers . . . \$ 0. | | |
| 2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If 'Yes,' attach a detailed description of the activities. | | X |
| 3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes | | X |
| 4 a Did the foundation have unrelated business gross income of \$1,000 or more during the year? | | X |
| b If 'Yes,' has it filed a tax return on Form 990-T for this year? | | |
| 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If 'Yes,' attach the statement required by General Instruction T. | | X |
| 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? | X | |
| 7 Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV. | X | |
| 8 a Enter the states to which the foundation reports or with which it is registered (see instructions) NY — New York | | |
| b If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If 'No,' attach explanation | X | |
| 9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? If 'Yes,' complete Part XIV | | X |
| 10 Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses | X | |

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Part VII-A Statements Regarding Activities (continued)

| | | | | |
|--|---|----------------------------|---|---|
| 11 | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes', attach schedule (see instructions) | 11 | | X |
| 12 | Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If 'Yes,' attach statement (see instructions) | 12 | | X |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? | 13 | X | |
| Website address ▶ N/A | | | | |
| 14 | The books are in care of ▶ CHARLES E. BECKER Telephone no. ▶ (631) 622-9419 | | | |
| Located at ▶ 270 S. SERVICE ROAD MELVILLE NY ZIP + 4 ▶ 11747-2339 | | | | |
| 15 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — Check here | ▶ <input type="checkbox"/> | | |
| and enter the amount of tax-exempt interest received or accrued during the year ▶ 15 | | | | |
| 16 | At any time during calendar year 2013, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? | 16 | | X |
| See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If 'Yes,' enter the name of the foreign country ▶ | | | | |

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

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

| | | Yes | No |
|---|--|-----|----|
| 1 a | During the year did the foundation (either directly or indirectly): | | |
| (1) | Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| (2) | Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| (3) | Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| (4) | Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| (5) | Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| (6) | Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| b | If any answer is 'Yes' to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? | 1 b | |
| Organizations relying on a current notice regarding disaster assistance check here ▶ <input type="checkbox"/> | | | |
| c | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2013? | 1 c | X |
| 2 | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)). | | |
| a | At the end of tax year 2013, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2013? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| If 'Yes,' list the years ▶ 20 __ , 20 __ , 20 __ , 20 __ . | | | |
| b | Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer 'No' and attach statement — see instructions.) | 2 b | |
| c | If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ▶ 20 __ , 20 __ , 20 __ , 20 __ . | | |
| 3 a | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| b | If 'Yes,' did it have excess business holdings in 2013 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 2013) | 3 b | |
| 4 a | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | 4 a | X |
| b | Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2013? | 4 b | X |

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

- (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? ☐ Yes ☒ No
- (2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? ☐ Yes ☒ No
- (3) Provide a grant to an individual for travel, study, or other similar purposes? ☐ Yes ☒ No
- (4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see instructions) ☐ Yes ☒ No
- (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? ☐ Yes ☒ No

b If any answer is 'Yes' to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?Organizations relying on a current notice regarding disaster assistance check here ☐**c** If the answer is 'Yes' to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?☐ Yes ☐ No

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

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

If 'Yes' to 6b, file Form 8870.

7 a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?☐ Yes ☒ No**b** If 'Yes,' did the foundation receive any proceeds or have any net income attributable to the transaction?**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors****1** List all officers, directors, trustees, foundation managers and their compensation (see instructions).

| (a) Name and address | (b) Title, and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
|--|---|---|---|---------------------------------------|
| MICHAEL C. PASCUCCI 270 S. SERVICE ROAD - STE 45 MELVILLE NY 11747 | DIRECTOR/PRESIDENT 0.00 | 0. | 0. | 0. |
| CHRISTOPHER S. PASCUCCI 270 S. SERVICE ROAD - STE 45 MELVILLE NY 11747 | DIRECTOR/VP 0.00 | 0. | 0. | 0. |
| RALPH P. PASCUCCI 270 S. SERVICE ROAD - STE 45 MELVILLE NY 11747 | DIRECTOR/VP 0.00 | 0. | 0. | 0. |
| See Information about Officers, Directors, Trustees, Etc | | 0. | 0. | 0. |

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

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

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

None

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

| | | | |
|----------|--|------------|------------|
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes | | |
| a | Average monthly fair market value of securities | 1 a | 0. |
| b | Average of monthly cash balances | 1 b | 2,751,804. |
| c | Fair market value of all other assets (see instructions) | 1 c | 0. |
| d | Total (add lines 1a, b, and c) | 1 d | 2,751,804. |
| e | Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) | 1 e | |
| 2 | Acquisition indebtedness applicable to line 1 assets | 2 | |
| 3 | Subtract line 2 from line 1d | 3 | 2,751,804. |
| 4 | Cash deemed held for charitable activities. Enter 1-1/2% of line 3 (for greater amount, see instructions) | 4 | 41,277. |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 | 5 | 2,710,527. |
| 6 | Minimum investment return. Enter 5% of line 5 | 6 | 135,526. |

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

| | | | |
|------------|---|------------|----------|
| 1 | Minimum investment return from Part X, line 6 | 1 | 135,526. |
| 2 a | Tax on investment income for 2013 from Part VI, line 5 | 2 a | 4. |
| b | Income tax for 2013. (This does not include the tax from Part VI.) | 2 b | |
| c | Add lines 2a and 2b | 2 c | 4. |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1 | 3 | 135,522. |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | |
| 5 | Add lines 3 and 4 | 5 | 135,522. |
| 6 | Deduction from distributable amount (see instructions) | 6 | |
| 7 | Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 | 7 | 135,522. |

Part XII Qualifying Distributions (see instructions)

| | | | |
|----------|---|------------|------------|
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes | | |
| a | Expenses, contributions, gifts, etc. — total from Part I, column (d), line 26 | 1 a | 1,957,317. |
| b | Program-related investments — total from Part IX-B. | 1 b | 0. |
| 2 | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes | 2 | |
| 3 | Amounts set aside for specific charitable projects that satisfy the: | | |
| a | Suitability test (prior IRS approval required) | 3 a | |
| b | Cash distribution test (attach the required schedule) | 3 b | |
| 4 | Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 | 4 | 1,957,317. |
| 5 | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions) | 5 | 4. |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | 1,957,313. |

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

BAA

Form 990-PF (2013)

Part XIII Undistributed Income (see instructions)

| | (a) Corpus | (b) Years prior to 2012 | (c) 2012 | (d) 2013 |
|--|---------------|----------------------------|-------------|-------------|
| 1 Distributable amount for 2013 from Part XI, line 7 | | | | 135,522. |
| 2 Undistributed income, if any, as of the end of 2013 | | | | |
| a Enter amount for 2012 only | | | 0. | |
| b Total for prior years 20 __, 20 __, 20 __ | | | | |
| 3 Excess distributions carryover, if any, to 2013 | | | | |
| a From 2008 | 0. | | | |
| b From 2009 | 0. | | | |
| c From 2010 | 0. | | | |
| d From 2011 | 0. | | | |
| e From 2012 | 917,320. | | | |
| f Total of lines 3a through e | 917,320. | | | |
| 4 Qualifying distributions for 2013 from Part XII, line 4: ► \$ 1,957,317. | | | | |
| a Applied to 2012, 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 2013 distributable amount | | | | 135,522. |
| e Remaining amount distributed out of corpus | 1,821,795. | | | |
| 5 Excess distributions carryover applied to 2013 (If an amount appears in column (d), the same amount must be shown in column (a).) | 0. | | | 0. |
| 6 Enter the net total of each column as indicated below: | | | | |
| a Corpus Add lines 3f, 4c, and 4e Subtract line 5 | 2,739,115. | | | |
| 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 2012 Subtract line 4a from line 2a Taxable amount — see instructions | | | 0. | |
| f Undistributed income for 2013. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2014 | | | | 0. |
| 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions) | 0. | | | |
| 8 Excess distributions carryover from 2008 not applied on line 5 or line 7 (see instructions) | 0. | | | |
| 9 Excess distributions carryover to 2014. Subtract lines 7 and 8 from line 6a | 2,739,115. | | | |
| 10 Analysis of line 9: | | | | |
| a Excess from 2009 | 0. | | | |
| b Excess from 2010 | 0. | | | |
| c Excess from 2011 | 0. | | | |
| d Excess from 2012 | 917,320. | | | |
| e Excess from 2013 | 1,821,795. | | | |

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 2013, 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(j)(5)

| | Tax year | Prior 3 years | | | (e) Total |
|--|----------|---------------|----------|----------|-----------|
| | (a) 2013 | (b) 2012 | (c) 2011 | (d) 2010 | |
| 2 a Enter the lesser of the adjusted net 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 | | | | | |
| 3 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.)**1 Information Regarding Foundation Managers:**

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

MICHAEL C. PASCUCCI

- 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.

N/A

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

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

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

CHRISTINE TOURTOULIS

270 S. SERVICE ROAD - SUITE 45

MELVILLE

NY

11747

(631) 622-9401

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

SEE STATEMENT A

- c** Any submission deadlines:

SEE STATEMENT A

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

SEE STATEMENT A

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

| Recipient Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|---|--|--------------------------------------|--|------------|
| a Paid during the year SEE STATEMENT ATTACHED | N/A | 501 (C) 3 | PROMOTE HEALTH & WELFARE OF CHILDREN, DISABLED, CLERGY; RESEARCH & EDUCATION | 1,949,996. |
| See Line 3a statement | | | | |
| Total ▶ 3a | | | | 1,949,996. |
| b Approved for future payment | | | | |
| Total ▶ 3b | | | | |

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

| Enter gross amounts unless otherwise indicated. | | Unrelated business income | | Excluded by section 512, 513, or 514 | | (e) Related or exempt function income (See instructions) |
|---|--|---------------------------|-------------------------------|--------------------------------------|------|--|
| | (a) Business code | (b) Amount | (c) Exclu- sion code | (d) Amount | | |
| 1 | Program service revenue: | | | | | |
| a | | | | | | |
| b | | | | | | |
| c | | | | | | |
| d | | | | | | |
| e | | | | | | |
| f | | | | | | |
| g | Fees and contracts from government agencies . . | | | | | |
| 2 | Membership dues and assessments | | | | | |
| 3 | Interest on savings and temporary cash investments | | | 14 | 374. | |
| 4 | Dividends and interest from securities | | | | | |
| 5 | Net rental income or (loss) from real estate: | | | | | |
| a | Debt-financed property | | | | | |
| 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 than inventory . . . | | | | | -12,464. |
| 9 | Net income or (loss) from special events | | | | | |
| 10 | Gross profit or (loss) from sales of inventory . . . | | | | | |
| 11 | Other revenue | | | | | |
| a | | | | | | |
| b | | | | | | |
| c | | | | | | |
| d | | | | | | |
| e | | | | | | |
| 12 | Subtotal. Add columns (b), (d), and (e) | | | | 374. | -12,464. |
| 13 | Total. Add line 12, columns (b), (d), and (e) | | | | 13 | -12,090. |

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

[illegible]

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

► **Attach to Form 990, Form 990-EZ, or Form 990-PF**

► **Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.**

OMB No 1545-0047

2013

Name of the organization

SEBONACK FOUNDATION

Employer identification number

20-5411954

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

- ☐ 501(c)() (enter number) organization
☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
☐ 527 political organization

Form 990-PF

- ☒ 501(c)(3) exempt private foundation
☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
☐ 501(c)(3) taxable private foundation

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

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

General Rule

☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules

☐ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ► \$

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

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ,
or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization

Employer identification number

SEBONACK FOUNDATION

20-5411954

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

| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|---------------|---|-------------------------------|--|
| 1 | MICHAEL C. PASCUCCHI 392 DUCK POND ROAD LOCUST VALLEY NY 11560-2405 | \$ 158,660 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

Employer identification number

20-5411954

Part II

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
|---------------------------|--|--|----------------------|
| 1 | 22,537 SHARES FORMFACTOR INC. | | |
| | | \$ 158,660. | 03/13/14 |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | | |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | | |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | | |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | | |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | | |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | | |
| | | \$ | |

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

**Form 990-PF
Part I, Line 6a****Net Gain or Loss From Sale of Assets****2013**

Name

SEBONACK FOUNDATION

Employer Identification Number

20-5411954

Asset Information:Description of Property: 22,537 SHARES FORMFACTOR INC.Date Acquired: . 03/13/14 How Acquired: . . . DonatedDate Sold: . . . Various Name of Buyer: . . . _____Sales Price: . . 146,196. Cost or other basis (do not reduce by depreciation) . . . 158,660.

Sales Expense: . . _____ Valuation Method: _____

Total Gain (Loss): . . -12,464. Accumulation Depreciation: . . . _____

Description of Property: _____

Date Acquired: . _____ How Acquired: _____

Date Sold: . . . _____ Name of Buyer: . . . _____

Sales Price: . . _____ Cost or other basis (do not reduce by depreciation) . . . _____

Sales Expense: . . _____ Valuation Method: _____

Total Gain (Loss): . . _____ Accumulation Depreciation: . . . _____

Description of Property: _____

Date Acquired: . _____ How Acquired: _____

Date Sold: . . . _____ Name of Buyer: . . . _____

Sales Price: . . _____ Cost or other basis (do not reduce by depreciation) . . . _____

Sales Expense: . . _____ Valuation Method: _____

Total Gain (Loss): . . _____ Accumulation Depreciation: . . . _____

Description of Property: _____

Date Acquired: . _____ How Acquired: _____

Date Sold: . . . _____ Name of Buyer: . . . _____

Sales Price: . . _____ Cost or other basis (do not reduce by depreciation) . . . _____

Sales Expense: . . _____ Valuation Method: _____

Total Gain (Loss): . . _____ Accumulation Depreciation: . . . _____

Description of Property: _____

Date Acquired: . _____ How Acquired: _____

Date Sold: . . . _____ Name of Buyer: . . . _____

Sales Price: . . _____ Cost or other basis (do not reduce by depreciation) . . . _____

Sales Expense: . . _____ Valuation Method: _____

Total Gain (Loss): . . _____ Accumulation Depreciation: . . . _____

Description of Property: _____

Date Acquired: . _____ How Acquired: _____

Date Sold: . . . _____ Name of Buyer: . . . _____

Sales Price: . . _____ Cost or other basis (do not reduce by depreciation) . . . _____

Sales Expense: . . _____ Valuation Method: _____

Total Gain (Loss): . . _____ Accumulation Depreciation: . . . _____

Description of Property: _____

Date Acquired: . _____ How Acquired: _____

Date Sold: . . . _____ Name of Buyer: . . . _____

Sales Price: . . _____ Cost or other basis (do not reduce by depreciation) . . . _____

Sales Expense: . . _____ Valuation Method: _____

Total Gain (Loss): . . _____ Accumulation Depreciation: . . . _____

Description of Property: _____

Date Acquired: . _____ How Acquired: _____

Date Sold: . . . _____ Name of Buyer: . . . _____

Sales Price: . . _____ Cost or other basis (do not reduce by depreciation) . . . _____

Sales Expense: . . _____ Valuation Method: _____

Total Gain (Loss): . . _____ Accumulation Depreciation: . . . _____

Form 990-PF, Page 1, Part I, Line 23

Line 23 Stmt

| Other expenses: | Rev/Exp Book | Net Inv Inc | Adj Net Inc | Charity Disb |
|-----------------------|--------------|-------------|-------------|--------------|
| NYS ANNUAL FILING FEE | 250. | | | 250. |
| POSTAGE | 25. | | | 25. |
| Total | 275. | | | 275. |

Form 990-PF, Page 6, Part VIII, Line 1

Information about Officers, Directors, Trustees, Etc.

| (a) Name and address | (b) Title, and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
|---|--|--|--|--|
| Person . . <input checked="" type="checkbox"/> Business . <input type="checkbox"/> CHARLES E. BECKER, JR. 270 S. SERVICE ROAD - STE 45 MELVILLE NY 11747 | TREASURER | | | |
| | 0.00 | 0. | 0. | 0. |
| Person . . <input checked="" type="checkbox"/> Business . <input type="checkbox"/> PETER I. CAVALLARO 270 S. SERVICE ROAD - STE 45 MELVILLE NY 11747 | SECRETARY | | | |
| | 0.00 | 0. | 0. | 0. |

Total

0. 0. 0.

Form 990-PF, Page 11, Part XV, line 3a

Line 3a statement

| Recipient Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Founda- tion status of re- cipient | Purpose of grant or contribution | Person or Business Checkbox Amount |
|---|--|--|-------------------------------------|---|
| a Paid during the year | | | | |
| ----- | ----- | ----- | ----- | Person or <input type="checkbox"/> Business <input type="checkbox"/> |
| ----- | ----- | ----- | ----- | Person or <input type="checkbox"/> Business <input type="checkbox"/> |
| ----- | ----- | ----- | ----- | Person or <input type="checkbox"/> Business <input type="checkbox"/> |

Form 990-PF, Page 11, Part XV, line 3a

Continued

Line 3a statement

[illegible]

Total

INTEROFFICE MEMORANDUM

To: Christopher S. Pascucci

CC: Michael C. Pascucci
Ralph P. Pascucci
Christine Tourtoulis
Peter Cavallaro

From: Chuck Becker

Date: November 6, 2013

Re: **Sebonack Foundation ("SF") – Funding Procedures**

This memorandum serves to outline certain operating procedures for SF, which has received its IRS Section 501(c)(3) exemption.

Procedures for Making Grants:

In accordance with IRS guidelines, SF must demonstrate "expenditure responsibility" when making grants to other charitable organizations. Exercising expenditure responsibility requires record keeping, monitoring and reporting obligations to ensure a grant is spent solely for the purpose for which it was made.

To satisfy these requirements, the following procedures must be followed when receiving a request for funding from an outside charitable organization:

- A "Grant Application" form and related cover letter will be sent to the charitable organization by the Managing Director of SF (examples enclosed).
- The Managing Director will receive the completed "Grant Application" forms. Upon receipt, the Managing Director will review the application for content and completeness.
- If a fully completed "Grant Application" is not received, the Managing Director will usually follow-up with a phone call or email to the organization requesting the missing information.
- In accordance with our charitable guidelines and operating budget, an initial screening for approval or decline will be made the Managing Director.
- The Managing Director will present each completed "Grant Application" to the SF Board of Directors. The Board of Directors will issue final approvals or declines for all grants. (Note: see the attached schedule for a listing of the members of the Board of Directors.) Grants must be approved by a majority of the Board. Approval may be obtained verbally with the understanding that "Grant Application" documents must be signed as soon as practically possible.
- The Managing Director will notify the charitable organization of the Board of Director's decision regarding their grant.

- The Managing Director will be responsible for recording all approved grants on a schedule (which includes the grant date, amount of grant and to whom the grant was made). At each Board of Directors meeting the schedule will be ratified by execution of the attached "Unanimous Written Consent" form. The fully executed "Unanimous Written Consent" will be filed with the corporate records of SF by the Secretary/General Counsel of SF.

Files will be maintained by the Managing Director for each charitable agency, which is funded by our organization. The files will include a copy of the "Grant Application" and all related supporting materials including but not limited to annual reports, operating budgets, 501(c)(3) determination letters, etc.

Procedures for Acknowledging Donations (Cash and Stock)

We will comply with the IRS regulations, which require that all donations be acknowledged (via a letter) by our charitable entities. The Managing Director will be responsible for making sure all donations are acknowledged and maintaining copies of acknowledgment letters.



SEBONACK FOUNDATION, INC.

**270 South Service Road
Suite 45**

Melville, NY 11747-2399

Phone: (631) 622-9401 • Fax: (631) 622-9489

Grant Application

In order for our foundation to consider making a grant to any organization, please complete the following grant application. It is essential that you answer all questions on this form, and sign the form at the top of page 3. Please print, or type the information requested, and return this form to us along with all requested documentation. You may call our office if you have any questions. Thank you for your cooperation.

| | |
|--|---|
| 1. Legal Name of Organization: | Year Organized: |
| 2. Address of Organization: | Telephone Number: Fax Number: E-Mail Address: Website URL: EIN #: |
| 3. Are you a tax exempt organization (required)? Yes ____ No ____ | |
| 4. Approximate annual # of people served: _____ | |
| 5. Head of Staff: Title: <div style="text-align: right;">Paid: <input type="checkbox"/> Yes <input type="checkbox"/> No</div> | |
| 6. <u>Organizational Overview</u> . Provide background information on your organization, including its mission, primary groups served, major program types and their geographical reach. (Attach additional sheets as required.) | |

7. Project Overview. Please provide a concise description of the project for which you are applying for a grant. Please include the project's purpose, objectives, primary groups to be served and the program's target reach (in terms of # of people served and geographical). Please indicate the dollar amount of the grant sought. (Attach additional sheets as required.)

8. Total operating budget for current year: \$ _____

9. Program budget (if you are applying for a program with its own budget)
\$ _____

10. Personnel

full-time staff: _____ # part-time staff: _____ # volunteers: _____

11. Finances (Please check off all sources of funding and their approximate % to the total):

| | | | |
|--|---------|---|---------|
| <input type="checkbox"/> Activities/Events | _____ % | <input type="checkbox"/> State Government | _____ % |
| <input type="checkbox"/> Church Synagogue | _____ % | <input type="checkbox"/> Foundations | _____ % |
| <input type="checkbox"/> Local Government | _____ % | <input type="checkbox"/> Individuals | _____ % |
| <input type="checkbox"/> Corporations | _____ % | <input type="checkbox"/> Federal Government | _____ % |
| <input type="checkbox"/> Direct Mail | _____ % | <input type="checkbox"/> Investments | _____ % |
| <input type="checkbox"/> Earned Income | _____ % | <input type="checkbox"/> Other (please specify) | _____ % |

12. Include a copy of your most recent Form 990 and three years audited financial statements. If not available, please explain why.

13. Include a copy of your 501(c)3 non-profit status exemption letter from the Internal Revenue Service. If not available, please explain why.

14. Please list the names of the members of your Governing Board and their affiliations. Indicate any member(s) of your Executive Committee with an (E) in parentheses after the name(s). Indicate paid staff members serving on your Board with a (P) in parentheses after the name(s).

15. Certification:

I certify that the information furnished is true, accurate and complete in all material respects:

Signature of Board Member or Officer

Title

Date

Do not write in this space.

☐ Mission

☐ 501(c)(3)

☐ 990 and 3 years financials

☐ Board of Directors

Reviewed by:

Managing Director: _____

Date: _____

Comments: _____

Do not write in this space.

Board of Directors Approval:

1.) Name: _____

Date: _____

2.) Name: _____

Date: _____

If applicable:

3.) Name: _____

Date: _____

**Sebonack Foundation
Schedule of Grants
FYE 9/30/14**

| <u>Grantee</u> | | | <u>FYE '14</u> |
|---|---|------------|-------------------------|
| Alfred E Smith Memorial Foundation | 1011 First Ave , Ste 1400, NYC 10022 | 13-1553263 | 5,000 |
| American Jewish Committee | 165 E 56th Street, NYC, 10022 | 13-5563393 | 1,500 |
| Bucknell University | 301 Market Street, Ste 2, Lewisburg, PA 17837 | 24-0772407 | 200,000 |
| Cancer Research Institute Inc | 55 Broadway, Ste 1802, NY, NY 10006 | 13-1837442 | 1,000 |
| Catholic Campus Ministry Association | 1118 Pendleton Street, Ste 300, Cincinnati, OH 4521 | 23-7191131 | 50,000 |
| Catholic Relief Services | 228 West Lexington Street, Baltimore, MD 21201 | 13-5563422 | 30,000 |
| Communities in Schools Inc | 2345 Crystal Drive, Ste 801, Arlington, VA 22202 | 58-1289174 | 1,500 |
| Dominican Mission Foundation-CENPROGIAP | Box 15367, San Francisco, CA 94115 | 94-3086454 | 17,500 |
| Dominican Mission Foundation-Prestly Formation | Box 15367, San Francisco, CA 94116 | 94-3086454 | 32,500 |
| Els For Autism Foundation | 3900 Military Trail, Ste 200, Jupiter, FL 33458 | 26-3520396 | 10,000 |
| Expectant Mother Care | 61 Lewis Pkwy , Yonkers, NY 10705 | 13-3301413 | 150,000 |
| Federation Employment & Guidance Service (FE) | 315 Hudson St, New York, NY 10013 | 13-1624000 | 1,000 |
| Fellowship of Catholic University Students (FOC) | 603 Park Point Dr , Genesee, CO 80401 | 84-1522811 | 166,664 |
| Friends of Karen, Inc | 21 Perry St , Port Jefferson, NY 11777 | 14-1612290 | 5,000 |
| Friends of Samelli House | PO Box 785, Fond du Lac, WI 54936-0785 | 20-4519502 | 5,000 |
| Gift of Life International | PO Box 650436, Fresh Meadow, NY 11365 | 56-2322626 | 5,000 |
| Global Impact (Cordaid Fund) | 66 Canal Center Plaza, Ste 310, Alexandria, VA 223 | 52-1273585 | 112,500 |
| Group for the East End, Inc | 2442 Main Street, PO Box 569, Bridgehampton, NY | 13-6379135 | 1,500 |
| Hernandad, Inc | PO Box 286269, New York, NY 10128 | 51-0175782 | 5,000 |
| Hope for Haiti | 1021 5th Ave North, Naples, FL 34102 | 59-3564329 | 7,500 |
| iF Foundation Inc | 26-15 Ulmer Street, College Point, NY 11354 | 46-3176588 | 5,000 |
| Irish Educational Development Foundation/Maym | 436 West 47th Street, Unit 3A, New York, NY 10C | 13-3087500 | 20,000 |
| Jewish National Fund | 78 Randall Avenue, Rockville Centre, NY 11570 | 13-1659627 | 12,000 |
| Jonas Center at RPA | 225 West 106th Street, Ste 15M, NYC 10025 | 13-3615533 | 10,000 |
| Lighthouse Mission Outreach, Inc | 1543 Montauk Hwy , Bellport, NY 11713 | 20-5850026 | 3,000 |
| Long Island Philharmonic Inc | One Huntington Quad, Ste 2C21, Melville, NY 117 | 11-2499103 | 1,000 |
| Lustgarten Foundation | 1111 Stewart Avenue, Bethpage, NY 11714 | 31-1611837 | 5,000 |
| Madison Square Park Conservancy Inc | 11 Madison Avenue, 15th Fl, New York, NY 1001C | 14-1859935 | 5,000 |
| Maryknoll Fathers & Brothers--Famine Relief | PO Box 302, Maryknoll, NY 10545-0302 | 13-1740144 | 150,000 |
| Mercy & Sharing | 201 N Mill St , Ste 201, Aspen, CO 81611 | 84-1323007 | 110,000 |
| Metropolitan Golf Association Foundation | 49 Knollwood Rd , Elmsford, NY 10523 | 13-3637689 | 6,000 |
| Midnight Run | 97 Main St , Dobbs Ferry, NY 10522 | 13-3576702 | 2,500 |
| Ministry For Hope, Inc | PO Box 358, 1 High St , Pt Jefferson, NY 11777 | 11-2667800 | 5,000 |
| Miracle Corners of the World Inc | 152 Madison Avenue, New York, NY 0016 | 11-3548856 | 1,000 |
| Miracle Feet | 410 W Main Street, Ste 107, Carrboro, NC 27510 | 27-3764203 | 25,000 |
| Molloy College | 1000 Hempstead Ave , PO Box 5002, Rockville Cer | 11-1797182 | 10,000 |
| Mustard Seed Communities, Inc | 29 Janes Ave , Medfield, MA 02052 | 58-1657207 | 57,500 |
| Mustard Seed Communities, Inc (Cottage) | 29 Janes Ave , Medfield, MA 02052 | 58-1657207 | 12,500 |
| NPH USA (formerly, Friends of the Orphans) | 134 N LaSalle St , Ste 500, Chicago, IL 60602 | 65-1229309 | 6,000 |
| Of Home, Family and Future | 7 East 8th Street, Suite 135, New York, NY 10003 | 20-2014390 | 1,000 |
| Parish Catalyst | 11100 Santa Monica Blvd , Ste 1910, Los Angeles, I | 46-3673528 | 10,000 |
| SCO Family of Services | One Alexander Pl , Glen Cove, NY 11542 | 11-2777066 | 1,000 |
| Several Sources Foundation | 300 Airmont Ave , Ramsey, NJ 07446 | 22-2368937 | 12,500 |
| Sisters of Life | 38 Montebello Rd , Suffern, NY 10901 | 06-1579167 | 83,332 |
| Southampton Fresh Air Home (for Crippled Child | 36 Barkers Island Rd , Southampton, NY 11968 | 13-6400777 | 1,000 |
| St Dominic Roman Catholic Church | 93 Anstice Street, Oyster Bay, NY 11771 | 11-1821948 | 25,000 |
| St Francis Hospital Foundation | 100 Port Washington Ave , Roslyn, NY 11576 | 11-2916033 | 220,000 |
| St John's Bread & Life Program Inc | 795 Lexington Avenue, Brooklyn, NY 11221 | 11-3174514 | 1,500 |
| Summer On The Hill | 4662 Tibbett Avenue, Bronx, NY 10471 | 65-1232087 | 1,000 |
| Telecare | 1200 Glenn Curtiss Blvd , Uniondale, NY 11553 | 11-3045547 | 325,000 |
| Warriors For Freedom Foundation | 3126 S Boulevard, Ste 298, Edmond, OK 73013 | 45-4149325 | 5,000 |
| Welcoming Home Our Heroes Ltd | c/o American River International, 1229 Walt Whitm | 26-3155998 | 1,000 |
| YMCA | 121 Dosons Lane, Glen Cove, NY 11542 | 13-1624228 | 1,000 |
| Youth & Family Counseling Agency of Oyster Ba | 193A South St , Oyster Bay, NY 11771 | 11-2516151 | 1,000 |
| Youth With A Mission | 70 New York Avenue, Smithtown, NY 11787 | 11-3212616 | 6,000 |
| <u>Year to Date Total Contributions Cash</u> | | | <u>1,949,996</u> |

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

| | | |
|--|--|---|
| Type or print File by the extended due date for filing your return. See instructions. | Name of exempt organization or other filer, see instructions | Employer identification number (EIN) or |
| | SEBONACK FOUNDATION | 20-5411954 |
| | Number, street, and room or suite number. If a P O box, see instructions | Social security number (SSN) |
| | 270 S. SERVICE ROAD, #45 | |
| | City, town or post office, state, and ZIP code For a foreign address, see instructions | |
| | MELVILLE NY 11747-2339 | |

Enter the Return code for the return that this application is for (file a separate application for each return) **04**

| Application Is For | Return Code | Application Is For | Return Code |
|---|-------------|-----------------------------------|-------------|
| Form 990 or Form 990-EZ | 01 | | |
| Form 990-BL | 02 | Form 1041-A | 08 |
| Form 4720 (individual) | 03 | Form 4720 (other than individual) | 09 |
| Form 990-PF | 04 | Form 5227 | 10 |
| Form 990-T (section 401(a) or 408(a) trust) | 05 | Form 6069 | 11 |
| Form 990-T (trust other than above) | 06 | Form 8870 | 12 |

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in care of ▶ CHARLES E. BECKER
Telephone No. ▶ (631) 622-9419 Fax No ▶ (631) 777-3850
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until Aug 17, 20 15.
- 5 For calendar year _____, or other tax year beginning Oct 1, 20 13, and ending Sep 30, 20 14
- 6 If the tax year entered in line 5 is for less than 12 months, check reason ☐ Initial return ☐ Final return
☐ Change in accounting period
- 7 State in detail why you need the extension . . . INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN HAS NOT YET BEEN RECEIVED.

| | | |
|---|--------|-----|
| 8 a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions | 8 a \$ | 4 . |
| b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 | 8 b \$ | 4 . |
| c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 8 c \$ | 0 . |

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ [Signature] Title ▶ ASST SECY/TREAS Date ▶ 05/12/15
BAA FIF20502 12/31/13 Form 8868 (Rev 1-2014)

**Application for Extension of Time To File an
Exempt Organization Return**► **File a separate application for each return.**► **Information about Form 8868 and its instructions is at www.irs.gov/form8868.**

OMB No 1545-1709

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).A corporation required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only ☐*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.***Enter filer's identifying number, see instructions**

| | | |
|---|---|---|
| Type or print | Name of exempt organization or other filer, see instructions | Employer identification number (EIN) or |
| | SEBONACK FOUNDATION | 20-5411954 |
| | Number, street, and room or suite number. If a P.O. box, see instructions | Social security number (SSN) |
| | 270 S. SERVICE ROAD, #45 | |
| File by the due date for filing your return. See instructions | City, town or post office, state, and ZIP code. For a foreign address, see instructions | |
| | MELVILLE | NY 11747-2339 |

Enter the Return code for the return that this application is for (file a separate application for each return) ☐ 04

| Application Is For | Return Code | Application Is For | Return Code |
|---|-------------|-----------------------------------|-------------|
| Form 990 or Form 990-EZ | 01 | Form 990-T (corporation) | 07 |
| Form 990-BL | 02 | Form 1041-A | 08 |
| Form 4720 (individual) | 03 | Form 4720 (other than individual) | 09 |
| Form 990-PF | 04 | Form 5227 | 10 |
| Form 990-T (section 401(a) or 408(a) trust) | 05 | Form 6069 | 11 |
| Form 990-T (trust other than above) | 06 | Form 8870 | 12 |

- The books are in the care of ►
- CHARLES E. BECKER

Telephone No ► (631) 622-9419 Fax No ► (631) 777-3850

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until May 15, 20 15, to file the exempt organization return for the organization named above.
- The extension is for the organization's return for:

- ☐ calendar year 20 or
- ☒ tax year beginning Oct 1, 20 13, and ending Sep 30, 20 14.

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
- ☐ Change in accounting period

| | | | |
|--|-----|----|----|
| 3 a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | 3 a | \$ | 4. |
| b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | 3 b | \$ | 0. |
| c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 3 c | \$ | 4. |

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.