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

Do not enter social security numbers on this form as it may be made public.

OMB No 1545-0052

▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf. Open to Public Inspection

Department of the Treasury Internal Revenue Service

Fo	or ça	lendar year 2015 or tax year beginning		, 2015	, and ending		, 20
١	lame (of foundation				A Employer ider	tufication number
_		LEVITON FOUNDATION, INC NEW				11-60063	368
1	Numbe	er and street (or P O box number if mail is not delivered	to street address)		Room/suite	B Telephone nu	mber (see instructions)
	201	NORTH SERVICE ROAD				(631)	812-6000
_	City or	town, state or province, country, and ZIP or foreign pos	tal code	•			
	MET	UTITE NV 11747				C If exemption app pending, check h	olication is
_		VILLE, NY 11747 ck all that apply Initial return	Initial return	of a former r	while charity	\dashv	. —
G	Cile	Final return	Amended re	•	dolic charity	D I Foreign organ	nizations, check here Linizations meeting the
		Address change	Name chang			85% test, che	ck here and attach
н	Che	ck type of organization X Section 501(computation	
Ϊ	$\overline{}$	ection 4947(a)(1) nonexempt charitable trust	Other taxable pr		tion	1	ation status was terminated
Ť			unting method X C		rual		07(b)(1)(A), check here .
			ther (specify)				n is in a 60-month termination 7(b)(1)(B), check here
			column (d) must be on cas	sh basis)	_	-	
F		Analysis of Revenue and Expenses (The	(a) Revenue and				(d) Disbursements
		total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))	expenses per books	(b) Net inve incon		(c) Adjusted net income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)	638,325.				(00000000000000000000000000000000000000
	2	Check I if the foundation is not required to					
	3	attach Sch B					
	4	Dividends and interest from securities		-			
	5 a	Gross rents					
	ь	Net rental income or (loss)	•				
Revenue	ı	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all					
Ş	_	assets on line 6a					
8	7 8	Net short-term capital gain		•			
	9	Income modifications		• • •			
		Gross sales less returns and allowances					
	ь	Less Cost of goods sold .					
	С	Gross profit or (loss) (attach schedule)				. .	
	11	Other income (attach schedule)					
_	12	Total. Add lines 1 through 11	638,325.				
ıΛ	13	Compensation of officers, directors, trustees, etc	0.				
nses	14	Other employee salaries and wages				DI.	
ĕ	15	Pension plans, employee benefits				Kr	Va () 3
X		Legal fees (attach schedule)	<u></u>		ic.		2016 0
<u>e</u>	b	Accounting fees (attach schedule)			18		2016 (0)
흈	4-C	Other professional fees (attach schedule)			<u> 4</u>		
str	17	Interest				OGDEN	
Ë	10	Taxes (attach schedule) (see instructions) Depreciation (attach schedule) and depletion .			3 2 2		
투	20	Occupancy					
₹	21	Travel, conferences, and meetings					
ī	22	Printing and publications					-
Ď.	23	Other expenses (attach schedule) ATCH .1.	300.				
Ħ	24	Total operating and administrative expenses.					
ē		Add lines 13 through 23	300.				
ဝ	23 24 25	Contributions, gifts, grants paid	610,525.				610,525
_	26	Total expenses and disbursements Add lines 24 and 25	610,825.				610,525
	27	Subtract line 26 from line 12					
	а	Excess of revenue over expenses and disbursements	27,500.				
	Ь	Net investment income (if negative, enter -0-)		_	0.		
_	С	Adjusted net income (if negative, enter -0-)					5 990 PE (0045)
_							BOO UL 1001C

JSA For Paperwork Reduction Act Notice, see instructions. 5E1410 1 000 0750 KO F332 5/9/2016 6:18:

SCANNEC JUN 0 2 2016

Б	art II	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	E	End of year			
H	artii	Dalance Sheets	amounts only (See instructions)	(a) Book Value	(b) Book Value		(c) Fair Mai	
	1 (ng	14,586.	42,0	86.		42,086.
			cash investments					
					·		ii iii i	7. A. La ani . Â
-			btful accounts ▶				1	
						S # 3	\$8 mm 15 mm	
			btful accounts ▶					
	_		officers, directors, trustees, and other					
	7	Other notes and leans r	tach schedule) (see instructions) eceivable (attach schedule)	* .1. 4 20 4 5 .4 *	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	, Total	1335443	. ; , , , , , , , , ,
- 1	1		btful accounts		ta'adda malladanana amaandah us an		3.3 5 7.053 300 3.40	andinationalis San
S			<u> </u>					
Assets	-		e					
Š	l	•	eferred charges				 	
_	l		e government obligations (attach schedule).				 	
	l		stock (attach schedule)				-	
	11	Investments - land, building:	bonds (attach schedule), , , , , , , s,		9 , 5 ,2 ,9 , 2 ,			8 3001-19
	1	and equipment basis Less accumulated deprecia			Caiant Dia Line (Die Lites Cit	aiti	الله أشفه ملسم علما	
		(attach schedule)						
1			loans					
		Investments - other (atta Land, buildings, and	ach schedule)			638.2		
			tion >		ش. لا. لند لا لا لا لا لا ا	ومد "تمأ	la l	الأكساءة كمسلب
		(attach schedule)	ation				-	
		Other assets (describe	_ 	-				
			completed by all filers - see the		40.00	0.0		40.006
_	١	instructions Also, see p	age 1, item I)	14,586.	42,0	86.		42,086.
	17	Accounts payable and a	ccrued expenses					
	18	Grants payable						5 7 19 4
ies	19	Deferred revenue						
Ħ	t e	Loans from officers, directo	ors, trustees, and other disqualified persons					
Liabilities	1	* *	otes payable (attach schedule)				lary iff:	
_	22	Other liabilities (describe	· · · · · · · · · · · · · · · · · · ·				li Dajen	ricii A
						_		
_			es 17 through 22)	0.		0.	∤MHAF :	
			low SFAS 117, check here . ▶					KTELT.
Ses		and complete lines	24 through 26 and lines 30 and 31.					¥ 1
alances	24	Unrestricted					4 [10:3:3:3] ≸	ynigi
3al	25	Temporarily restricted .					lank	
þ	26	Permanently restricted .						e de band
H] ,	Foundations that do	not follow SFAS 117, ► X					
Ŧ		check here and com	plete lines 27 through 31.					
0	26 27 28 29 30 31	Capital stock, trust princ	cipal, or current funds	254,387.	254,38	<u>87.</u>	litti I i	
ě	28	Paid-in or capital surplus, or	r land, bldg , and equipment fund					
188	29	Retained earnings, accumi	ulated income, endowment, or other funds	-239,801.	-212,30	01.		
ĭ,	30	Total net assets or fund	d balances (see instructions)	14,586.	42,0	86.		ikaniy 🖟
ž	31	Total liabilities and	net assets/fund balances (see				larika kajira	
		instructions)		14,586.	42,0	86.		1.123
P	art III	Analysis of Cha	nges in Net Assets or Fund Bala	inces				
1	Tota	I net assets or fund b	palances at beginning of year - Part	II, column (a), line 30 (must agree with			
	end-	of-year figure reporte	ed on prior year's return)			1	<u> </u>	14,586.
			line 27a			2		27,500.
			ded in line 2 (itemize) ▶			3		
						4		42,086.
5	Deci	reases not included in	n line 2 (itemize) ▶			5		
6			palances at end of year (line 4 minus	s line 5) - Part II, column (b), line 30	6	L	42,086.

_			
0	~	•	- 4

Pa		and Losses for Tax on Invedoscribe the kind(s) of property sold (c		(b) How	(a) Data	
	(a) List and 2-story bri	acquired P - Purchase	(c) Date acquired	(d) Date sold (mo , day, yr)		
_	2-3(0) 011	D - Donation	(mo, day, yr)	(
<u>1a</u>						
_ p _						
_ <u>c</u>						
e e			•			
<u> </u>		(f) Depreciation allowed	(g) Cost or other basis		(h) Gain or (lo	ess)
	(e) Gross sales price	(or allowable)	plus expense of sale		(e) plus (f) mini	
a						
b						
c						
d						
<u>e</u>			.,			
	Complete only for assets s	showing gain in column (h) and owner	d by the foundation on 12/31/69		Gains (Col (h) g	
((i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	col	(k), but not less t Losses (from co	
a				_		
b						
c						
d				· · · · · · · · · · · · · · · · · · ·		
е						
_	04-1	(If	gain, also enter in Part I, line 7			
2	Capital gain net income o	f (net capital loss)	(loss), enter -0- in Part I, line 7	2		
3	· -	in or (loss) as defined in sections				
	<u> </u>	rt I, line 8, column (c) (see inst	1			
				3		
			duced Tax on Net Investment I			
(Fo	r optional use by domestic	private foundations subject to the	e section 4940(a) tax on net investi	ment inco	me)	
If a	action 4040(d)/2) applies	loove this part blank				
11 5	ection 4940(d)(2) applies,	leave this part blank				
Wa	s the foundation liable for t	the section 4942 tax on the distrib	utable amount of any year in the b	ase perio	d?	Yes X No
If "Y	Yes," the foundation does r	not qualify under section 4940(e)	Do not complete this part			
1	Enter the appropriate am	ount in each column for each yea	r, see the instructions before makin	ng any ent	ries	
-	(a) Base period years	(b)	(c)		(d) Distribution ra	atio
_Ca	Hendar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of nonchantable-use assets		(col (b) divided by	col (c))
	2014	642,195.	27,141.		2	3.661435
	2013	468,675.	57,523.			8.147611
	2012	56,450.	22,956.			2.459052
_	2011	228,221.	154,091. 254,428.	-		1.481079
_	2010	48,985.	254,428.			0.192530
_	Takal of hear 4 Commerce (18			2	3	5.941707
2						5.541707
3	•	•	e the total on line 2 by 5, or by the s than 5 years	3		7.188341
	number of years the foun	dation has been in existence il les	s than 5 years			
4	Enter the net value of nor	ncharitable-use assets for 2015 fro	om Part Y line 5	4		30,037.
4	Litter the net value of nor	icilaritable-use assets for 2013 in	on rate, me s			
5	Multiply line 4 by line 3			5		215,916.
3	wampiy iine 4 by sine 5.				••	
6	Enter 1% of net investme	ent income (1% of Part I, line 27h)		6		
-		The second of th				
7	Add lines 5 and 6			7	<u>.</u>	215,916.
				-		_
8	Enter qualifying distribution	ons from Part XII, line 4		8		610,525.
		eater than line 7, check the box	in Part VI, line 1b, and complete	that part	using a 1% ta	x rate See the
	Part VI instructions					

Pa	Excise Tax Based on investment income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	nstru	ction	<u>s)</u>
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			<u>0.</u>
	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 $\mathcal J$ Part I, line 12, col (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 2			
3	Add lines 1 and 2			0.
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			0.
6	Credits/Payments			
а	2015 estimated tax payments and 2014 overpayment credited to 2015 6a			
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			
7	Total credits and payments Add lines 6a through 6d			0.
8	Enter any penalty for underpayment of estimated tax. Check here 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			0.
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?	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see			٠,,
	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			,,
	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 > \$	_		v
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
_	If "Yes," attach a detailed description of the activities			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of	3		X
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	4a		X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	N/	
_	If "Yes," has it filed a tax return on Form 990-T for this year?	5	,	X
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	,		
_	If "Yes," attach the statement required by General Instruction T			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			
	 By language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no mandatory directions that 			
	conflict with the state law remain in the governing instrument?	6	Х	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	X	
	Enter the states to which the foundation reports or with which it is registered (see instructions)			
Ja	NY,			
h	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	Х	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(i)(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		Х
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			
	names and addresses	10		Х

Pai	rt 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	1	Yes	No
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		Х
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		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address ► N/A			
14	The books are in care of ▶ MARK BAYDARIAN Telephone no ▶ 631-812	2-600	0	
	Located at ▶ 210 NORTH SERVICE ROAD MELVILLE, NY ZIP+4 ▶ 11747			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here	-		T
13	and enter the amount of tax-exempt interest received or accrued during the year	N/	A	. Ш
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority	,	Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		Х
	See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter the name of	, 3 5 		3
	the foreign country >		ŊŢ	
Dэ	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required	1 2.1 3		<u> </u>
ı aı	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	T> 1"	Yes	No
4-	·		75.	
18	During the year did the foundation (either directly or indirectly) (1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No	2.3		iák v
			4 6 5	. ^ :
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?		,	
			rė 10	1 1 2 2
			861	34.74
	(1,7) = 3, = 0.00, = 1, = 1, = 1, = 1, = 1, = 1, = 1, =			1 3/2
	(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)?	100		
	, , , , , , , , , , , , , , , , , , , ,			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the	Maj.		: (4
	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.)		145	
_			, 4 a	P 31
b	off any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	4 5	induis .	X
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b	.37	<u> </u>
	Organizations relying on a current notice regarding disaster assistance check here	ja.		
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that	4.0		X
_	were not corrected before the first day of the tax year beginning in 2015?	1c	,	A
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private	1);
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))		> % % ~ :	SJi
а	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2015?			
	If "Yes," list the years		\$ \$ 000 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)	177		
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to	مة دوست	N/	<u> </u>
	all years listed, answer "No" and attach statement - see instructions)	2b	20/1	FV
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			* \$ 1
_		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	. Side	
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise	X 1.3		
	at any time during the year?		, ,,,,	11 m
b	of f "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or			97733
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the	* (§		#1 g
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of	171		1 54
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the	الله أنظم ا	للفاذ	ألسنسنا
	foundation had excess business holdings in 2015)	3b	N/F	
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	. a** o	X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	est eller		inal s is
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?	4b		X

Form 9	990-PF (2015) THE LEVITON F	OUNDATION, INC	NEW YORK		11-60	06368	Pa	ge 6
Par	t VII-B Statements Regarding Activities	for Which Form	4720 May Be Rec	uired (conti	nued)			
5a	During the year did the foundation pay or incur any am	ount to					T	
	(1) Carry on propaganda, or otherwise attempt to influ	ence legislation (section	n 4945(e))?	. Yes	X No			
	(2) Influence the outcome of any specific public e	ection (see section	4955), or to carry or	η,				
	directly or indirectly, any voter registration drive?			. Yes	X No		[
	(3) Provide a grant to an individual for travel, study, or			1 1	X No			
	(4) Provide a grant to an organization other than	charitable, etc., org	janization described i	n				
	section 4945(d)(4)(A)? (see instructions)				X No			
	(5) Provide for any purpose other than religious, of							
	purposes, or for the prevention of cruelty to children	or animals?		. X Yes	No			
b	If any answer is "Yes" to 5a(1)-(5), did any of the	transactions fail to	qualify under the e	xceptions desc	cribed in			
	Regulations section 53 4945 or in a current notice rega	rding disaster assistar	ice (see instructions)?			5b	х	
	Organizations relying on a current notice regarding disa	aster assistance check	here		▶[
С	If the answer is "Yes" to question 5a(4), does the	foundation claim e	xemption from the t	ax	_	_		
	because it maintained expenditure responsibility for the				No		ŀ	
	If "Yes," attach the statement required by Regulations si			- -				
6a	Did the foundation, during the year, receive any fu	• •	ectly, to pay premiur	ns				
	on a personal benefit contract?				X No			
b	Did the foundation, during the year, pay premiums, di					6ь		Х
	If "Yes" to 6b, file Form 8870	, ,	,					
7a	At any time during the tax year, was the foundation a	party to a prohibited ta	x shelter transaction?	Yes	X No		İ	
b						7b	N/A	
Par	Information About Officers, Direct	ors, Trustees, Fou	ındation Manager	s, Highly Pa	id Emplo	yees,		
4	and Contractors List all officers, directors, trustees, foundation	managers and their	- componention (cos	instructions)				
<u>'</u>		(b) Title, and average	(c) Compensation	(d) Contributio	ns to	(e) Expens	e accoun	
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	employee benefi and deferred comp	it plans pensation	other all		ι,
			-					
ATC	H 2		0.	1	0.			0.
	- 11 - 12 - 12 - 12 - 12 - 12 - 12 - 12							
2	Compensation of five highest-paid employees	(other than thos	se included on lin	e 1 - see in	struction	s). If no	ne, e	nter
	"NONE."			(d) Contribution	one to			
(a)	Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	employee be	enefit	(e) Expens		t,
		devoted to position		plans and def compensat		Other and	Jwances	
					1			
	NONE							
				<u> </u>				
				<u> </u>				
		1						
		•						
Total	number of other employees paid over \$50,000.				▶	•	-	
						Form 990	-PF (2	015)

Form 990-PF (2015) Page 7 Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, Part VIII and Contractors (continued) Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE." (a) Name and address of each person paid more than \$50,000 (b) Type of service (c) Compensation NONE Part IX-A **Summary of Direct Charitable Activities** List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of Expenses organizations and other beneficiaries served, conferences convened, research papers produced, etc Summary of Program-Related Investments (see instructions) Amount Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 1 NONE All other program-related investments See instructions

Form 990-PF (2015)

3 NONE

Total. Add lines 1 through 3

Par	see instructions.)			ndations,
1	Fair	market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purp	poses		
а	Ave	rage monthly fair market value of securities	1a	
		rage of monthly cash balances	1b	30,494.
С		market value of all other assets (see instructions)	1c	
d	Tota	al (add lines 1a, b, and c)	1d	30,494.
е	Red	uction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acq	uisition indebtedness applicable to line 1 assets	2	
3	Sub	tract line 2 from line 1d	3	30,494.
4	Cas	tract line 2 from line 1d		
		ructions)	4	457.
5		value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	30,037.
6	Mini	imum investment return. Enter 5% of line 5	6	1,502.
Par	t XI	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating found and certain foreign organizations check here ▶ and do not complete this part)	dations	3
1	Mını	mum investment return from Part X, line 6	1	1,502.
2a	Tax	on investment income for 2015 from Part VI, line 5		
ь	Inco	ome tax for 2015 (This does not include the tax from Part VI).		
c		lines 2a and 2b	2c	
3		ributable amount before adjustments Subtract line 2c from line 1	3	1,502.
4		coveries of amounts treated as qualifying distributions	4	
5		lines 3 and 4	5	1,502.
6		luction from distributable amount (see instructions),	6	
7		tributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
•		1	7	1,502.
Par		Qualifying Distributions (see instructions)	,	-
1		ounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а		enses, contributions, gifts, etc total from Part I, column (d), line 26	1a	610,525.
b	Pro	gram-related investments - total from Part IX-B	1b	
2		ounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., poses	2	
3		ounts set aside for specific charitable projects that satisfy the		
а	Suit	ability test (prior IRS approval required)	3a	
b	Cas	sh distribution test (attach the required schedule)	3b	
4	Qua	lifying distributions Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	610,525.
5		indations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
	Ente	er 1% of Part I, line 27b (see instructions)	5	0.
6	Adj	usted qualifying distributions. Subtract line 5 from line 4	6	610,525.
		e. The amount on line 6 will be used in Part V, column (b), in subsequent years when ca qualifies for the section 4940(e) reduction of tax in those years	lculatii	ng whether the foundation

Part XIII Undistributed Income (see instruc				4.80
Distributable amount for 2015 from Part XI,	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
line 7				1,502
2 Undistributed income, if any, as of the end of 2015				
a Enter amount for 2014 only				
b Total for pnor years 20 13 ,20 12 ,20 11				
3 Excess distributions carryover, if any, to 2015				
a From 2010				
56 450				
1 465 700 1				
C40 030				
e 110111 2014	1,427,593.			
f Total of lines 3a through e	1,12,,050.			
line 4 ▶ \$ 610,525.				
a Applied to 2014, but not more than line 2a				
				
b Applied to undistributed income of prior years (Election required - see instructions)				
c Treated as distributions out of corpus (Election required - see instructions)				
d Applied to 2015 distributable amount				1,502
e Remaining amount distributed out of corpus	609,023.			
5 Excess distributions carryover applied to 2015 .				
(If an amount appears in column (d), the same				
amount must be shown in column (a)) 6 Enter the net total of each column as				
indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	2,036,616.			
b Prior years' undistributed income Subtract				
line 4b from line 2b				
c Enter the amount of prior years' undistributed				
income for which a notice of deficiency has been issued, or on which the section 4942(a)				
tax has been previously assessed				
d Subtract line 6c from line 6b Taxable				
amount - see instructions				
e Undistributed income for 2014 Subtract line 4a from line 2a Taxable amount - see				
instructions				
f Undistributed income for 2015 Subtract lines				
4d and 5 from line 1. This amount must be				
distributed in 2016	-			
7 Amounts treated as distributions out of corpus				
to satisfy requirements imposed by section				
170(b)(1)(F) or 4942(g)(3) (Election may be				
required - see instructions)				
8 Excess distributions carryover from 2010 not	36,285.			
applied on line 5 or line 7 (see instructions)	<u> </u>			
9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a	2,000,331.			
10 Analysis of line 9	· · · · · · · · · · · · · · · · · · ·			
a Excess from 2011 228, 221.				
b Excess from 2012 56,450.				
c Excess from 2013 465,799.				
d Excess from 2014 640,838.				
e Excess from 2015 609,023.				

Pa	rt XIV Private Ope	erating Foundations	(see instructions ar	nd Part VII-A, question	on 9)	NOT APPLICABLE		
1 a	If the foundation has							
	foundation, and the ruling is effective for 2015, enter the date of the ruling							
D	Check box to indicate v	Tax year	is a private operating i	Prior 3 years	section 49420	4942(1)(5)		
2 a	Enter the lesser of the ad- justed net income from Part	(a) 2015	(b) 2014	(c) 2013	(d) 2012	(e) Total		
	I or the minimum investment return from Part X for each	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(2)		(-)			
h	year listed							
	85% of line 2a	-						
٠	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							
е	Qualifying distributions made directly for active conduct of exempt activities. Subtract line							
3	2d from line 2c Complete 3a, b or c for the							
а	alternative test relied upon "Assets" alternative test - enter							
-	(1) Value of all assets							
	(2) Value of assets qualifying under section							
b	4942(j)(3)(B)(i) "Endowment" alternative test-					<u> </u>		
	enter 2/3 of minimum invest- ment return shown in Part X.							
	line 6 for each year listed							
С	"Support" alternative test - enter		H:					
	(1) Total support other than gross investment income							
	(interest, dividends, rents, payments on securities							
	loans (section 512(a)(5)), or royalties)			i				
	(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							
Pa		ntary Information (C		only if the foundat	ion had \$5,000 oı	more in assets at		
_	-	uring the year - see				· · · · · ·		
1 a	Information Regarding List any managers of			than 2% of the tota	L contributions receiv	ed by the foundation		
Ī	before the close of any	tax year (but only if th	ey have contributed m	ore than \$5,000) (Se	e section 507(d)(2))	or by the roundation		
	N/A List any managers of	the foundation who	own 10% or more of	the stock of a corne	oration (or an equal)	large portion of the		
	ownership of a partner					large portion of the		
_	N/A							
2	Information Regardin	-		- · · · · · · · · · · · · · · · · · · ·				
		or funds If the found	ation makes gifts, gra			and does not accept r organizations under		
а	The name, address, a			he person to whom app	olications should be ad-	dressed		
b	The form in which app	lications should be sub	omitted and informatio	n and materials they s	should include			
	N/A							
С	Any submission deadli	nes						
 :	N/A				ble fields loods of			
d	Any restrictions or li factors N/A	imitations on awards.	, such as by geogra	ipnicai areas, charita	DIE TIEIDS, KINDS OF	institutions, or other		

Part XV Supplementary Information	(continued)			
3 Grants and Contributions Paid Dur	Ing the Year or Appl	roved for h	I .	
Recipient // American // Ameri	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
AMCII 2			1	
ATCH 3				
			i	
		1		
			1	
		ľ		
			1	
		ľ		
		Ì		
	<u> </u>			
Total	<u> </u>		▶ 3a	610,525.
b Approved for future payment				
NONE				
	1		1	- -
Total			▶ 3b	

JSA 5E1491 1 000

Part XVI	-A Analysis of Income-Prod	ucing Act	ivities			
Enter gross	amounts unless otherwise indicated	Unrel	ated business income	Excluded b	y section 512, 513, or 514	(e)
,		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income
	n service revenue					(See instructions)
_				1	-	
				 	-	
. —				1		
g Fees	and contracts from government agencies					
2 Member	rship dues and assessments					
	on savings and temporary cash investments •					
	ds and interest from securities					
5 Net rent	tal income or (loss) from real estate			ļ		
a Debi	t-financed property					
b Not	debt-financed property			ļ		
6 Net renta	al income or (loss) from personal property					
	nvestment income			 	-	
	(loss) from sales of assets other than inventory				-	
	ome or (loss) from special events · · ·					
•	profit or (loss) from sales of inventory					
	evenue a		· 	 		-
					1	=
					 	_ ····
e	,		-			
	Add columns (b), (d), and (e)					
	dd line 12, columns (b), (d), and (e)				13	
	heet in line 13 instructions to verify calc	ulations)				
Part XVI	B Relationship of Activitie	s to the A	ccomplishment of E	xempt Pur	poses	
Line No.	Explain below how each activit	y for whicl	h income is reported i	n column (e) of Part XVI-A contribu	ited importantly to the
▼	accomplishment of the foundation	on's exemp	t purposes (other than I	by providing	funds for such purposes	s) (See instructions)
	N/A					
						· <u>- · · · · · · · · · · · · · · · · · ·</u>
	-					
-			·		·	
			 			
						·
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	-					
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	-		<u></u>			****

FU

Form 990-PF (2015) THE LEVITON FOUNDATION, INC. - NEW YORK 11-6006368 Page 13 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable

, are XVII	Exempt Organ		morero ro una rranoa		ia itelation	ompo wid	, itolicilari	tabit	•
1. Did the			engage in any of the follow	ving with a	ny other orga	nızatıon des	cribed	Yes	No
			section 501(c)(3) organizat						
organi	zations?							1 1	
a Transf	ers from the reportin	g foundation to	a noncharitable exempt or	ganization of	f:				
(1) Ca	sh						1a(1)	Х	
(2) Oth	her assets						1a(2)		X
	transactions								
			npt organization						X
			ble exempt organization					\sqcup	X
(3) Re	ntal of facilities, equi	pment, or other	assets				1b(3)	\sqcup	X
(4) Re	imbursement arrange	ements					1b(4)	\sqcup	X
(5) Los	ans or loan guarantee	s					1b(5)	\vdash	<u> X</u>
			ip or fundraising solicitations						<u>X</u>
			ts, other assets, or paid emp					لـــــا	<u> </u>
			s," complete the following ces given by the reporting						
			ement, show in column (d						
(a) Line no	(b) Amount involved		onchantable exempt organization		scription of transf				
1A(1)	500.	MELVILLE			ITY PURPO		, and sharing are	ingemer	1115
(-/		112271222	THE PER S	- Cimik	111 101110				
									
				 					
						· · · · · · · · · · · · · · · · · · ·		_	
		-							<u> </u>
						**			
									
							 -		
			iliated with, or related to,					es X	١.,.
	oed in section 501(c) ." complete the follow		her than section 501(c)(3))	or in sectio	n 52//		🗀 16	3S [_^_] MÓ
D II TES	(a) Name of organization		(b) Type of organization	<u> </u>		c) Description of	of relationship		
	(2) / (2) / (2)		(2) 1) 10 01 019 21112 1110	·	·	э, э э э э э э э			
			· · · · · · · · · · · · · · · · · · ·	-					
Under	penalties of penury, I decla	re that I have examin	ed this return, including accompanying	g schedules and	statements, and t	o the best of my	knowledge and b	elief, it	ıs true,
Sign L	a, and complete Declaration of	reparer (piner man-ra	xpayer) is based on all information of wh	N O	r		the IRS discus		
	IV JANT 15	ayd	<u> </u>	_ Dec	retaru	May with			
Here Sign	nature of officer or trustee		Date	Title	((see	instructions)? X	Yes	No
	· · · · · · · · · · · · · · · · · · ·								
Paid	Print/Type preparer's nar		Preparer's signature		Date	Check	if PTIN		_
·=	LAURA KIELCZE		June michael	<u>u</u>	5 11 1p	self-emp			9
reparer		NST & YOUNG				Firm's EIN	34-656559	1 6	
Jse Only		TIMES SQUAF		1.0	026	^	110 770 0	200	
	NE'	W YORK, NY	<u>'</u>	10	036	Phone no 2	212-773-30		2015
							Form 99 0	,-FF (∠015)

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury

Schedule of Contributors

OMB No 1545-0047

2015

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

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

Name of the organization Employer identification number THE LEVITON FOUNDATION, INC. - NEW YORK 11-6006368 Organization type (check one) Filers of: Section: 501(c)(Form 990 or 990-EZ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF X 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I. II, and III For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions 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)

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) (2015)

Name of organization THE LEVITON FOUNDATION, INC. - NEW YORK

Employer identification number 11-6006368

Part I	Contributors (see instructions) Use duplicate copi	es of Part I if additional space is ne	eeded
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	LEVITON MFG. CO., INC. 201 NORTH SERVICE ROAD MELVILLE, NY 11747	\$ 638,325.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Employer identification number

11-6006368

Part II	Noncash Property (see instructions). Use duplicate copies	of Part II if additional space is ne	eded
(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
		s	
(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
		 \$	

Employer identification number

11-6006368

Part III	Exclusively religious, charitable, etc. (10) that total more than \$1,000 for the following line entry. For organization contributions of \$1,000 or less for the Use duplicate copies of Part III if additional and the second seco	the year from any lons completing Par e year (Enter this in	one contributor. (t III, enter the total formation once So	Complete columns (a) through (e) and of exclusively religious, charitable, etc.,
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
		(e) Transt	er of gift	
	Transferee's name, address, ar	nd ZIP + 4	Relation	nship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
		(e) Transf	er of gift	
	Transferee's name, address, ar	nd ZIP + 4	Relation	nship of transferor to transferee
(a) Na				
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
		(e) Transf	er of gift	
	Transferee's name, address, ar	nd ZIP + 4	Relation	nship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
		(e) Transf	er of gift	
	Transferee's name, address, an	nd ZIP + 4	Relation	nship of transferor to transferee
			<u> </u>	

ATTACHMENT 1

FORM 990PF, PART I - OTHER EXPENSES

DESCRIPTION

MISCELLANEOUS EXPENSES

REVENUE

AND

EXPENSES

PER BOOKS

300.

TOTALS

300.

ATTACHMENT 2

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
SHIRLEY LEVITON C/O LEVITON 201 NORTH SERVICE ROAD MELVILLE, NY 11747	TREASURER 1.00	0	.0	.0
DONALD HENDLER C/O LEVITON 201 NORTH SERVICE ROAD MELVILLE, NY 11747	PRESIDENT 1.00	.0	·	.0
STEPHEN SOKOLOW C/O LEVITON 201 NORTH SERVICE ROAD MELVILLE, NY 11747	VICE PRESIDENT 1.00	.0	Ċ	.0
MARK BAYDARIAN C/O LEVITON 201 NORTH SERVICE ROAD MELVILLE, NY 11747	SECRETARY 1.00	.0	·	.0
	GRAND TOTALS	0	0	0.

FORM 990PE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
MAINLY MOZART INC	NONE	GRANTS FOR RELIGIOUS, MEDICAL OR EDUCATIONAL	10,000
444 WEST BEECH STREET, SUITE 220 SAN DIEGO, CA 92101	PC	PURPOSES	
ALZHEIMER'S OF CENTRAL ALABAMA	NONE	GRANTS FOR RELIGIOUS, MEDICAL OR EDUCATIONAL	200
PO BOX 2273	PC	PURPOSES	
ВІКМІМСНАМ, АL 35201-2273			
ALLEN COUNTY S P C.A	NONE	GRANTS FOR RELIGIOUS, MEDICAL OR EDUCATIONAL	150
4914 HANNA STREET	PC	PURPOSES	
FORT WAYNE, IN 46806			
WINTHROP UNIVERSITY HOSPITAL - PDP	NONE	GRANTS FOR RELIGIOUS, MEDICAL OR EDUCATIONAL	1,000
120 MINEOLA BLVD - SUITE 210	PC	PURPOSES	
MINEOLA, NY 11501			
ST JUDE CHILDREN'S RESEARCH HOSPITAL	NONE	GRANTS FOR RELIGIOUS, MEDICAL OR EDUCATIONAL	1,000
262 DANNY THOMAS PLACE	PC	PURPOSES	
MEMPHIS, IN 38105-3678			
ELECTRICAL SAFETY FOUNDATION INTERNATIONAL	NONE	GRANTS FOR RELIGIOUS, MEDICAL OR EDUCATIONAL	6,500
1300 NORTH 17TH ST SUITE 900	PC	PURPOSES	
ROSSLYN, VA 22209			

ATTACHMENT 3 (CONT'D)

FORM 990PE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

11-6006368

ATTACHMENT 3 (CONT'D)

BUTIONS PAID DURING THE YEAR	
교	
AND	
PART XV GRANTS AND CONT	
XV	
PART XV	
990PE, P	
FORM	

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		
	AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
THEODORE ROOSEVELT COUNCIL BSA	NONE	GRANTS FOR RELIGIOUS, MEDICAL OR EDUCATIONAL	350
544 BROADWAY	PC	PURPOSES	
MASSAPEQUA, NY 11758-5010			
EPIC LONG ISLAND	NONE	GRANTS FOR RELIGIOUS, MEDICAL OR EDUCATIONAL	2,500
1500 HEMPSTEAD TURNPIKE	PC	PURPOSES	
EAST MEADOW, NY 11554			
AMERICARES	NONE	GRANTS FOR RELIGIOUS, MEDICAL OR EDUCATIONAL	2,200
88 HAMILTON AVENUE	PC	PURPOSES	
STAMFORD, CT 06902			
CROHN'S AND COLITIS FOUNDATION	NONE	GRANTS FOR RELIGIOUS, MEDICAL OR EDUCATIONAL	3,000
585 STEWART AVENUE, #304	PC	PURPOSES	
GARDEN CITY, NY 11530			
CYSTIC FIBROSIS FOUNDATION	NONE	GRANTS FOR RELIGIOUS, MEDICAL OR EDUCATIONAL	3,300
2701 NW VAUGHN STREET, #203	PC	PURPOSES	
PORTLAND, OR 97210			
THE FIRST TEE OF LONG ISLAND	NONE	GRANTS FOR RELIGIOUS, MEDICAL OR EDUCATIONAL	3,000
3545 JEROME AVENUE	PC	PURPOSES	
BRONX, NY 10467			

11-6006368

ATTACHMENT 3 (CONT'D)

FORM 990PE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		
	AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
LEUKEMIA & LYMPHOMA SOCIETY	NONE	GRANTS FOR RELIGIOUS, MEDICAL OR EDUCATIONAL	1,000
RICHMOND HIGHWAY - SUITE 800	PC	PURPOSES	
ALEXANDRIA, VA 22303			
MELVILLE FIRE DEPARTMENT	NONE	GRANTS FOR RELIGIOUS, MEDICAL OR EDUCATIONAL	200
531 SWEET HOLLOW ROAD	000	PURPOSES	
MELVILLE, NY 11747		PURPOSES	
MARCH OF DIMES	NONE	GRANTS FOR RELIGIOUS, MEDICAL OR EDUCATIONAL	3,000
325 CROSSWAYS PARK DRIVE	PC	PURPOSES	
WOODBURY, NY 11797			
ZACHARY GERALD KNIGHT FOUNDATION, INC	NONE	GRANTS FOR RELIGIOUS, MEDICAL OR EDUCATIONAL	250
430 RIVENDELL LANE	PC	PURPOSES	
SEVERNA PARK, MD 21146			
BREAST CANCER RESEARCH FOUNDATION	NONE	GRANTS FOR RELIGIOUS, MEDICAL OR EDUCATIONAL	200
60 EAST 56TH STREET, SUITE BTH FLR	PC	PURPOSES	
NEW YORK, NY 10022			
BIG BROTHERS BIG SISTERS OF AMERICA	NONE	GRANTS FOR RELIGIOUS, MEDICAL OR EDUCATIONAL	1,000
P O BOX 868	PC	PURPOSES	
FT WAYNE, IN 46801			

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	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		
	AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
SUFFOLK COUNTY DETECTIVE INVESTIGATORS PBA	NONE	GRANTS FOR RELIGIOUS, MEDICAL OR EDUCATIONAL	009
868 CHURCH STREET	NOO	PURPOSES	
ВОНЕМІА, NY 11716-5021			
ARTHRITIS FOUNDATION	NONE	GRANTS FOR RELIGIOUS, MEDICAL OR EDUCATIONAL	2,500
1330 WEST PEACHTREE STREET NO 100	PC	PURPOSES	
ATLANTA, GA 30309			
MEMORIAL SLOANT KETTERING CANCER CENTER	NONE	GRANTS FOR RELIGIOUS, MEDICAL OR EDUCATIONAL	2,000
1275 YORK AVENUE	PC	PURPOSES	
NEW YORK, NY 10065			
CUREPSP	NONE	GRANTS FOR RELIGIOUS, MEDICAL OR EDUCATIONAL	2,500
30 EAST PADONIOA ROAD, SUITE 201	PC	PURPOSES	
TIMONIUM, MD 21093			
PLANNED FARENTHOOD AFFILIATES OF NEW JERSEY	NONE	GRANTS FOR RELIGIOUS, MEDICAL OR EDUCATIONAL	2,000
P O BOX 928	PC	PURPOSES	
ELIZABETH, NJ 07207			
OVERLOOK FOUNDATION	NONE	GRANTS FOR RELIGIOUS, MEDICAL OR EDUCATIONAL	2,000
P.O BOX 220	PC	PURPOSES	
SUMMIT, NJ 07920			

		ATTACHMEN	ATTACHMENT 3 (CONT'D)
	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		
	AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
AMERICAN DIABETES ASSOCIATION	NONE	GRANTS FOR RELIGIOUS, MEDICAL OR EDUCATIONAL	2,500
1160 U S 22 CENTERPOINT II, SUITE 103	PC	PURPOSES	
BRIDGEWATER, NJ 08807			
COMMUNITY FOOD BANK OF NEW JERSEY	NONE	GRANTS FOR RELIGIOUS, MEDICAL OR EDUCATIONAL	2,000
31 EVANS TERMINAL ROAD	PC	PURPOSES	
HILLSIDE, NJ 07205			
UNIVERSITY OF MIAMI	NONE	GRANTS FOR RELIGIOUS, MEDICAL OR EDUCATIONAL	2,000
3312, 1320 S DIXIE HWY	P.C	PURPOSES	
CORAL GABLES, FL 33146			
MIT	NONE	GRANTS FOR RELIGIOUS, MEDICAL OR EDUCATIONAL	2,000
77 MASSACHUSETTS AVE	PC	PURPOSES	
CAMBRIDGE, MA 02139			
THE NUCKOLLS FUND	NONE	GRANTS FOR RELIGIOUS, MEDICAL OR EDUCATIONAL	200
12 MILL POND RD	22	PURPOSES	
PUTNAM VALLEY, NY 10579			
WGA EVANS SCHOLARS FOUNDATION	NONE	GRANTS FOR RELIGIOUS, MEDICAL OR EDUCATIONAL	2,000
ONE BRIAR ROAD	PC	PURPOSES	
GOLF, IL 60029			

ATTACHMENT 3 (CONT'D)

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR.

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND		
RECIPIENT NAME AND ADDRESS.	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
NAED EDUCATION & RESEARCH FOUNDATION P O BOX 843703 KANSAS CIIY, MO 64183	NONE PC	GRANTS FOR RELIGIOUS, MEDICAL OR EDUCATIONAL PURPOSES	20,000.
NORTH SHORE-LLJ HEALTH SYSTEM 972 BRUSH HOLLOW ROAD 5TH FLOOR WESTBURY, NY 11590	NONE SO I	GRANTS FOR RELIGIOUS, MEDICAL OR EDUCATIONAL PURPOSES	333, 325.
WEATHERED HANDS/WEATHERED HEARTS C/O TIM WILSON7420 SW BRIDGEPORT ROAD SUITE 210 PORTLAND, OR 97224	NONE PC	GRANTS FOR RELIGIOUS, MEDICAL OR EDUCATIONAL PURPOSES	250
FRANKLIN AND MARSHALL COLLEGE 415 HARRISBURG AVE LANCASTER, PA 17603	NONE PC	GRANTS FOR RELIGIOUS, MEDICAL OR EDUCATIONAL PURPOSES	10,000
METROPOLITAN GOLF ASSOCIATION FOUNDATION 49 KNOLLWOOD RD ELMSFORD, NY 10523	NONE PC	GRANTS FOR RELIGIOUS, MEDICAL OR EDUCATIONAL PURPOSES	3,000

ATTACHMENT 3
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610, 525.

TOTAL CONTRIBUTIONS PAID

0750KO F332 5/9/2016

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