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EXTENDED TO AUGUST 15, 2016 Return of Private Foundation

	_	00 DE			F	leturn of Private	e Found	ation			OMB No 1545-00	52
Fori	Porm 990-PF Department of the Treasury Internal Revenue Service The partment of the Treasury Internal Revenue Service Department of the Treasury Internal Revenue Service The partment 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							2045	-			
				► D Intermatio	o not enter :	social security numbers or	this form as	rt may be ma	ide public.	n f		<u>) </u>
		venue Service idar year 2015 (ii abvat i oi i	ii eso-rr and its separate	, and e		s govnorm990	01	Open to Public Inspe	ction
		f foundation	or tox you.				, 4,10 0	y	A Employer id	entification	number	
			ENTS	J. NAY	DEN CI	HARITABLE			A Employer in	Cittilication i	iidiii961	
		NDATION			<i>D L L L L L L L L L L</i>				45-29	39504		
		ind street (or PO b			ered to street a	ddress)		Room/suite	B Telephone n			
		•				DE DRIVE			(561)		1028	
		own, state or pr			-			<u> </u>	<u> </u>			
	-	ITER, F		unity, and Zir 3477	or roreign p	usiai code			C If exemption a	oplication is per	nding, check here	ш
			<u>п ээ</u>	· · · · · · · · · · · · · · · · · · ·		I to the state of the	(L1 -		┨			
G	CHECK	all that apply.		Initial return		Initial return of a f	former public (cnarity	D 1. Foreign o	rganizations,	, check here	نا
			<u> </u>	Final return		Amended return			2 Foreign org	anizations mee	oting the 85% test,	
	Chaol	type of organiz		Address cha		Name change			check here	and attach con	nputation	L
	_					cempt private foundation					us was terminated	٠
<u> </u>		ection 4947(a)(1	•			Other taxable private found			7		A), check here	
		arket value of all		end of year	J Account	• —	Accr	rual			0-month termination	·
		Part II, col (c),		146		ther (specify)			under section	n 507(b)(1)(B), check here	
	≻\$ artl				(Рап I, сош	mn (d) must be on cash			+	ı		
@L <u></u>	arti	(The total of amo	ounts in colui	mns (b), (c), and	(d) may not	(a) Revenue and expenses per books		rvestment ome	(c) Adjust		(d) Disbursements for charitable purpos	
@V	т.	necessarily equa		<u> ``</u> :'			11101	UING 1			(cash basis only)	
N N	'	Contributions,				718,991.			N/A			
=	2	Interest on saving		n is not required to wary	attach Sch B	2.5		<u>`</u>	-		-	
6	3	cash investments	•			35.	ļ	35.	ļ		STATEMENT	-1
	4	Dividends and	interest fro	om securities		21,590.	2	1,590.	 		STATEMENT	2
SCANNED	Ι΄.	Gross rents					ļ		ļ			
, <u>Z</u>		Net rental income	or (loss)			433.050	ļ, <u>-</u>	•		-/ - ₋ ,		
\lesssim	비	Net gain or (loss): Gross sales price				433,278.	7,4-1-4			tota Vi V		<u> </u>
	<u> </u>	assets on line 6a						-	- PIPI	STOVE LO	لت	
	7	Capital gain net in	ncome (from l	Part IV, line 2)			43		******			叉
	8	Net short-term		ın			1 1 1	- 17 - 77	. \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	1 1111	₹ £ 2016	윘
	9	Income modific Gross sales less r		1			- 1	- 11 k / 12 \$1 h	6	JUN	-4/ - 41	2
	10a	and allowances				, , , , , , , , , , , , , , , , , , , ,	\$ 100 m	<u> </u>	1. 10		The same of the sa	3 1
	i i	Less Cost of goo				· 1977年東方等地	20	- 4	1	OG	JEW JUK	المنت
	1	Gross profit or	(loss)				# . 3 v	· · · · · · · · · · · · · · · · · · ·	1-			. 4"
	11	Other income				1 172 004	<u> </u>	4 000	ļ		2	ر ا م
	12	Total. Add line				1,173,894.	45	4,903.			A A C	~ - '
	13	Compensation of			etc	0.	 	<u> </u>	ļ			0.
	1	Other employe					ļ					
		Pension plans,	employee	benefits								
ğ	16a	Legal fees							 		· ···· · ····· · · · · · · · · · · ·	
ğ	b	Accounting fee					ļ					
ù	٦ <u>.</u> د	Other profession	onal tees				 	· · · · · · · · · · · · · · · · · · ·				
<u> </u>	17	Interest		~-		00 000		260	.			
Ī	18	Taxes			MT 3	22,093.		368.	_			0.
	19	Depreciation ar	nd depletio	n		·			<u> </u>			`
Ë	20	Occupancy							ļ			
Ž	21	Travel, confere		-					<u> </u>			
Ž	22	Printing and pu							<u> </u>			
Onersting and Administrative Evances	23	Other expenses			MT 4	10,482.	 1	0,482.				0.
4	24	Total operating	-									
ق ي	3	expenses. Add		-		32,575.		0,850.	<u> </u>			0.
C	23	Contributions,		-		921,525.	١		ļ		921,52	<u> 25.</u>
	26	Total expenses		ursements.							_	
		Add lines 24 ar				954,100.	1 1	<u>0,850.</u>	<u> </u>		921,52	<u>25.</u>
	27	Subtract line 26	6 from line	12:		, , , , , , , ,						
	8	Excess of revenue	over expens	ses and disburse	ements	219,794.			<u> </u>			
	[h	Net investment	t income 6	f negative enter	-0-1	I	1 44	4 053.	1			

523501 11-24-15 LHA For Paperwork Reduction Act Notice, see instructions.

N/A

Dord III	Analysis of	Changes in Net A	Accets or Fun	d Balances
Part III	Allalysis Ul	Changes in Net A	455ets of Full	u palances

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	1,288,705.
2	Enter amount from Part I, line 27a	2	219,794.
3	Other increases not included in line 2 (itemize) PRIOR PERIOD ADJUSTMENT	3	1,055.
4	Add lines 1, 2, and 3	4	1,509,554.
5	Decreases not included in line 2 (itemize) SEE STATEMENT 5	5	376,439.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	1,133,115.

0

0.

1,288,705.

1,288,705.

1,288,705.

Form **990-PF** (2015)

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and complete lines 27 through 31.

30 Total net assets or fund balances

27 Capital stock, trust principal, or current funds

31 Total liabilities and net assets/fund balances

28 Paid-in or capital surplus, or land, bldg., and equipment fund

29 Retained earnings, accumulated income, endowment, or other funds

133,115

1,133,115

1,133,115

Part IV Capital Gains a	ind Losses for Ta	x on Investment	Income						
2 stand bright was phouses or common stock 200 che MLC Co.)					How ac - Purcl - Dona	ilast	c) Date a (mo., da	scquired By, yr.)	(d) Date sold (mo., day, yr.)
1a ML - 02110	_						ARIO	วบร	12/31/15
b ML - 02110						P \	ARI	ous	12/31/15
c CAPITAL GAINS I	DIVIDENDS								
<u>d</u>		· · · · · · · · · · · · · · · · · · ·							
_e									
(e) Gross sales price	(f) Depreciation allo (or allowable)	1 1 1 7	st or other basis expense of sale					ain or (loss (f) minus	
a 171,061.			175,92						-4,866.
ь 998,177.			560,94	3.					437,234.
<u>c</u> 910.		- -							910.
<u>d</u>									
<u>e</u>			10.00.1.00						
Complete only for assets showing	`,,					(I)	Gains (Ci	ol (h) gain iot less tha	i minus
(i) F M.V. as of 12/31/69	(j) Adjusted bas as of 12/31/69		cess of col. (1) col. (j), if any			601.		(from col. ((h)) ´
<u>a</u>									-4,866.
<u>b</u>									437,234.
С									910.
d									
е									····
2 Capital gain net income or (net ca	pital loss) { If gair If (los	ı, also enter ın Part I, lıne s), enter -0- ın Part I, lıne	7 : 7	}	2				433,278.
3 Net short-term capital gain or (los	s) as defined in sections	1222(5) and (6):				ĺ			
If gain, also enter in Part I, line 8,	column (c).			١١					
If (loss), enter -0- in Part I, line 8	-de-Cooties 404	Mal for Badward	Tax an Mad	Щ	3	4		N/A	<u> </u>
Part V. Qualification U		<u> </u>				ent incoi	ne		
(For optional use by domestic private	foundations subject to the	ne section 4940(a) tax on	net investment in	come	-)				
If section 4940(d)(2) applies, leave th	is part blank.								
, , , , , ,	•								
Was the foundation liable for the sect		= =	-	ıodə					Yes X No
1 Enter the appropriate amount in e				ntrioc					
	acii coluliii loi eacii yea	····	ore making any er				1		(d)
(a) Base period years Calendar year (or tax year beginnir	Adjusted ou	(b) alifying distributions	Net value of no	(c) oncha		use assets	1	Distri	(d) bution ratio
2014	ig iii)	535,926.	1001 14140 01110			9,465.	(col. (b) divided by col. (c)) . 157650		
2013		494,444.	· · · · · ·			0,932.			.172826
2012		0.				7,388			.000000
2011		0.			, = 5	0.			
2010							+		.00000
2010							1 1		
2 Total of line 1, column (d)							2		.330476
3 Average distribution ratio for the 5	s-vear base period - divid	e the total on line 2 by 5	or by the number	of ve	are				.330170
the foundation has been in exister		o 1.10 total on 11.10 2 by 0,	or by the hambor	o. yo	4.5		3		.082619
	ioo ii loob tilali o yoaro								
4 Enter the net value of noncharitable-use assets for 2015 from Part X, line 5					4		2,979,750.		
5 Multiply line 4 by line 3				5		246,184.			
6 Enter 1% of net investment income (1% of Part I, line 27b)				6		4,441.			
7 Add lines 5 and 6							7		250,625.
8 Enter qualifying distributions from	Part YII line 4								921,525.
If line 8 is equal to or greater than		Part VI, line 1b, and comp	olete that part usin	ng a 1'	% tax r	ate.	8		341,343.
See the Part VI instructions.									

_	990-PF (2015) FOUNDATION, LTD		<u>-2939</u>		1	age 4
	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or	1948	- see ir	istruc	tions	5)
	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)					4 4
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here X and enter 1%	1	+		1,4	41.
	of Part I, line 27b		_		`	
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).					^
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	_	_		0.
-	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			4 A	0.
-	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	 ,		1,4	41.
	Credits/Payments:	İ				•
	2015 estimated tax payments and 2014 overpayment credited to 2015 6a 10,760		ļ	-	t	
	Exempt foreign organizations - tax withheld at source	$\dashv \cdots$	1			
	Tax paid with application for extension of time to file (Form 8868) 6c	. ′	,			`
	Backup withholding erroneously withheld 6d	┥╻]	1	7	60.
		7		<u> </u>	<i>o</i> , <i>i</i>	00.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	8 9				
	Overpayment, If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10			<u> </u>	19.
10	6 240 1	11			0,5	0.
Pa	Enter the amount of line 10 to be: Credited to 2016 estimated tax 6,319. Refunded Int VII-A Statements Regarding Activities					
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or interve	ne in			Yes	No
	any political campaign?			1a		Х
ь	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definit	on)?		1b		X
_	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials publis	•			,	
	distributed by the foundation in connection with the activities					`.
c	Did the foundation file Form 1120-POL for this year?			1c		Х
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:					
		•			•	`
е	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?			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 incorporation	, or		_,	-1	
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			48		X
	olf "Yes," has it filed a tax return on Form 990-T for this year?		N/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		X
	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 of the state	ate law			 V	
_	remain in the governing instrument?			6	X	├
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part	XV		7	<u> </u>	├─
					,	,
Ba	Enter the states to which the foundation reports or with which it is registered (see instructions)					1
						
D	of fithe answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)			Q.	х	
^	of each state as required by General Instruction G? If "No," attach explanation Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for c	alandar		85	^	
9	year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes," complete Part XIV	uiciiudi		9	1	x
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing ther names and addresses			10		$\frac{n}{x}$
-10	and any portonic appropriate appropriate contributors opining the tax year. If Yes, attach a schedule listing their names and addresses) DE	1

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c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

b If "Yes," did it have excess business holdings in 2015 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.

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time

Form 4720, to determine if the foundation had excess business holdings in 2015)

had not been removed from jeopardy before the first day of the tax year beginning in 2015?

during the year?

Yes X No

N/A

4a

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Х

FOUNDATION, LTD			<u>45-293950</u>	4 Page 6				
Part VII-B Statements Regarding Activities for Which Fo	orm 4720 May Be Re	equired (continu	ied)					
5a During the year did the foundation pay or incur any amount to:			ŀ	` ~				
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	4945(e))?	Ye	s X No	'				
(2) Influence the outcome of any specific public election (see section 4955); or		ctly,						
any voter registration drive?	•	☐ Ye	s X No	[] - [
(3) Provide a grant to an individual for travel, study, or other similar purposes?)	Ye						
(4) Provide a grant to an individual for days, stady, or date similar perposes			;	·				
• • • • • • • • • • • • • • • • • • • •	described in section	□ v _a	s X No					
4945(d)(4)(A)? (see instructions)	as advicational auranage as fo		5 <u>21</u> NU	2.1				
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or it		. 🖘 🏅					
the prevention of cruelty to children or animals? Yes X No Yes A No Yes Yes X No								
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und		1 Regulations		•				
section 53.4945 or in a current notice regarding disaster assistance (see instruc				ib				
Organizations relying on a current notice regarding disaster assistance check hi	ere			검색되었는				
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr		. —						
expenditure responsibility for the grant?	N	/A Ye	s No _	- [,				
If "Yes," attach the statement required by Regulations section 53 4945	-5(d)			- -				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to p	pay premiums on		٠,					
a personal benefit contract?		Ye	s X No					
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		I .	Sb X				
If "Yes" to 6b. file Form 8870				3 1 44				
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	ΓYε	s X No					
b If "Yes," did the foundation receive any proceeds or have any net income attribu				7b				
Part VIII Information About Officers, Directors, Truste		agers. Highly						
Paid Employees, and Contractors	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
1 List all officers, directors, trustees, foundation managers and their of	compensation.							
	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans	(e) Expense				
(a) Name and address	hours per week devoted to position	(If not paid,	and deterred	(e) Expense account, other allowances				
DENIC I NAVDEN		enter -0-) NEEDED	compensation	anowanicos				
The state of the s	LKESIDENI VS	NEEDED						
ADMIRAL'S COVE, 131 QUAYSIDE DRIVE	0.05	_	ا ہ ا	٥				
JUPITER, FL 33477	0.25	0.	0.	0.				
The state of the s	SECRETARY AS	NEEDED						
1150 5TH AVENUE, APT. 301				•				
NEW YORK, NY 10029	0.25	0.	0.	0.				
The state of the s	DIRECTOR AS N	EEDED						
ADMIRAL'S COVE, 131 QUAYSIDE DRIVE								
JUPITER, FL 33477	1.00	0.	0.	0.				
]]						
,	1							
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none,	enter "NONE."						
	(b) Title, and average		(d) Contributions to	(e) Expense				
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	employee benefit plans and deferred compensation	account, other allowances				
NONE	devoted to position	<u> </u>	compensation					
NONE	1							
		 						
	1							
		-	<u> </u>					
	4		1					
	4		1					
	ļ		ļ					
	1							
	<u> </u>	<u> </u>	<u> </u>					
Total number of other employees paid over \$50,000		<u>. </u>	<u>▶</u>	0				
			Form	990-PF (2015)				

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Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter "NO	NE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
		
Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities	······································	▶ 0
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical in number of organizations and other beneficiaries served, conferences convened, research papers produced,	nformation such as the	Expenses
1 N/A	010.	
N/A		
2		
*		
3		· · · · · · · · · · · · · · · · · · ·
4		
(5 . N/B)		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lines	1 and 2.	Amount
1 N/A		
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3	>	0.
		Form 990-PF (2015)

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P	Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	dations, se	ee 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	18	2,766,027.
b	Average of monthly cash balances	1b	2,766,027. 259,100.
c	Fair market value of all other assets	10	
d	Total (add lines 1a, b, and c)	1d	3,025,127.
е	Reduction claimed for blockage or other factors reported on lines 1a and	<i>t</i>	
	1c (attach detailed explanation) <u>1e</u> 0.	2	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	3,025,127.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	45,377.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	2,979,750.
6	Minimum investment return. Enter 5% of line 5	6	148,988.
<u>P</u>	art XI. Distributable Amount (see instructions) (Section 4942(I)(3) and (I)(5) private operating foundations and foreign organizations check here	d certain	
1	Minimum investment return from Part X, line 6	1	148,988.
2a	Tax on investment income for 2015 from Part VI, line 5		
b	Income tax for 2015 (This does not include the tax from Part VI.)	14	
C	Add lines 2a and 2b	2¢	4,441.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	144,547.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	144,547.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	144,547.
P	Qualifying Distributions (see instructions)		· -
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	30.6	
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	921,525.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		- 11 -
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	921,525
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	5	4,441.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	917,084.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	ualifies for	the section
	4040(a) reduction of tay in those years		

Form **990-PF** (2015)

Page 9

Part XIII Undistributed Income (see instructions) (a) (b) (c) (d) Corpus Years prior to 2014 2014 2015 1 Distributable amount for 2015 from Part XI, 144,547. 2 Undistributed income, if any, as of the end of 2015 0. a Enter amount for 2014 only h Total for prior years 0 3 Excess distributions carryover, if any, to 2015: a From 2010 **b** From 2011 c From 2012 176,528. d From 2013 387,401. e From 2014 563 929 f Total of lines 3a through e 4 Qualifying distributions for 2015 from Part XII, line 4, ►\$ 921,525. a Applied to 2014, but not more than line 2a 0 b Applied to undistributed income of prior 0 years (Election required - see instructions) c Treated as distributions out of corpus 0 (Election required - see instructions) d Applied to 2015 distributable amount 144,547. 776,978 e Remaining amount distributed out of corpus Ō. 0 Excess distributions carryover applied to 2015 (If an amount appears in column (d), the same amount must be shown in column (a)) Enter the net total of each column as indicated below. 907 & Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income. Subtract 0. 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 0 assessed d Subtract line 6c from line 6b. Taxable 0 amount - see instructions e Undistributed income for 2014. Subtract line 4a from line 2a. Taxable amount - see instr. 0 f Undistributed income for 2015. Subtract lines 4d and 5 from line 1. This amount must 0. 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 0 may be required - see instructions) Excess distributions carryover from 2010 0. not applied on line 5 or line 7 Excess distributions carryover to 2016. 1,340,907 Subtract lines 7 and 8 from line 6a 10 Analysis of line 9: a Excess from 2011 b Excess from 2012

523581 11-24-15

c Excess from 2013

d Excess from 2014

e Excess from 2015

Form **990-PF** (2015)

176,528

387,401

978

776,

	ION, LTD			45-29	39504 Page 10
Part XIV Private Operating F	oundations (see in	structions and Part VI	I-A, question 9)	N/A	
1 a If the foundation has received a ruling o	r determination letter that	t it is a private operating			
foundation, and the ruling is effective fo	r 2015, enter the date of t	the ruling	▶		
b Check box to indicate whether the found	lation is a private operatir	ng foundation described	in section	4942(j)(3) or 4	942(၂)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2015	(b) 2014	(c) 2013	(d) 2012	(e) Total
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	<u> </u>	 		 	***************************************
used directly for active conduct of					Į
exempt activities					
e Qualifying distributions made directly			-		
, ,					
for active conduct of exempt activities.	1				ļ
Subtract line 2d from line 2c 3 Complete 3a, b, or c for the			 	_	
alternative test relied upon:					1
a "Assets" alternative test - enter:					
(1) Value of all assets				-	-
(2) Value of assets qualifying					
under section 4942(j)(3)(B)(i)					
b "Endowment" afternative test - enter 2/3 of minimum investment return					
shown in Part X, line 6 for each year		<u>}</u>			
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)					Ì
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income					
Part XV Supplementary Info	rmation (Comple	te this part only	if the foundation	had \$5,000 or mo	re in assets
at any time during t	he year-see instr	uctions.)			
1 Information Regarding Foundation	n Managers:	· ·			-
a List any managers of the foundation wh	•	than 2% of the total con	tributions received by the	foundation before the clo	se of any tax
year (but only if they have contributed r					ov or any tax
NONE					
b List any managers of the foundation wh	o own 10% or more of th	e stock of a corporation	(or an equally large port	ion of the ownership of a n	partnership or
other entity) of which the foundation ha			(o. a adami) m.ga par.		
NONE					
2 Information Regarding Contribut	ion Grant Gift Loan	Scholarchin etc. D	rograme:		
Check here ► X if the foundation of				not accept uncollected reni	uests for funds. If
the foundation makes gifts, grants, etc.					
a The name, address, and telephone num					
a The hame, address, and telephone ham	DEL OF E-HIGH GOOFESS OF I	ine person to whom app	iications should be addre	55cu.	
b The form in which applications should l	ne cubmitted and informa	tion and materials they	should include:	 	
b The term in which applications should t	e submitted and informa	tion and materials they s	modia include.		
c Any submission deadlines;					
	·				
d Any restrictions or limitations on award	s, such as by geographic	al areas, charitable fields	, kinds of institutions, or	other factors:	

Form 990-PF (2015) FOUNDATION, LTD

Part XV Supplementary Information (continued)

	ear or Approved for Future F		1	
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	Purpose of grant or contribution	Amount
a Paid during the year	or substantial contributor	recipient		
AMERICAN IRELAND FUND	NONE		GENERAL OPERATING	
211 CONGRESS STREET			SUPPORT	
BOSTON, MA 02110				2,500
BERKLEE FUND	NONE		GENERAL OPERATING SUPPORT	2,000
BISHOP SCHOLARSHIP FUND 238 JEWETT AVENUE	NONE		GENERAL OPERATING	
BRIDGEPORT, CT 06606			SUPPORT	105,000
CATHOLIC CHARITIES OF FAIRFIELD	NONE		GENERAL OPERATING	
COUNTY			SUPPORT	
238 JEWETT AVENUE				
BRIDGEPORT, CT 06606				100,000
ST. CATHERINE'S ACADEMY	NONE		GENERAL OPERATING	
238 JEWETT AVENUE			SUPPORT	
BRIDGEPORT, CT 06606				200,000
	NTINUATION SHEE	r(S)	▶ 38	921,525
b Approved for future payment				
NONE				
Total			▶ 3b	0

2015.03050 BRITTA & DENIS J. NAYDEN 50200.01

FOUNDATION, LTD

Part XVI-A Analysis of Income-Producing Activities

	Lincolated b	ousiness income			
Enter gross amounts unless otherwise indicated.	(a) Business	(b) Amount	(C) Exclu- sion code	(d) Amount	(e) Related or exempt function income
1 Program service revenue:	code		code	7.01100111	
8	· 		┼╌┼		
b	· -		 		
<u> </u>	· 		 		
d		·	+	-	
e	·	-	1 1		
Econ and contracts from accomment accomme	· · · · · · · · · · · · · · ·		╁╌╌┼		•
 g Fees and contracts from government agencies 2 Membership dues and assessments 	<u> </u>		 		
3 Interest on savings and temporary cash	 -		 		
investments			14	35.	
4 Dividends and interest from securities			14	35. 21,590.	
5 Net rental income or (loss) from real estate	 		1	21,350.	
a Debt-financed property			1 1	*	
b Not debt-financed property	 	· · · · · · · · · · · · · · · · · · ·	 		• •
6 Net rental income or (loss) from personal			 		• • • • • • • • • • • • • • • • • • • •
property	1 1				
7 Other investment income	<u> </u>		1 1		
8 Gain or (loss) from sales of assets other			1 1		
than inventory			18	433,278.	
9 Net income or (loss) from special events				·	······································
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
8					
b					
c					
d	.		11		
e	·	· · · · · · · · · · · · · · · · · · ·			
12 Subtotal. Add columns (b), (d), and (e)		0.		454,903.	0.
13 Total. Add line 12, columns (b), (d), and (e)				13	454,903.
(See worksheet in line 13 instructions to verify calculations.)				·····	
Part XVI-B Relationship of Activities	to the Accom	plishment of Ex	empt l	Purposes	
Lie Ne Francisco de la constanta della constanta de la constanta de la constanta de la constan					
Explain below how each activity for which income the foundation's exempt purposes (other than			A CONTRIDU	ited importantly to the accomp	DIISNMENT OF
The feetings exempt perposes (ether than	by providing folias	Tor such purposes).			
	 				
					- , ,,,,
					·
					

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FOINDATION LTD

Part X		egarding Transfers To a	and Transactions an	d Relationships With Nor	icharitable					
<u> </u>	Exempt Organ			•						
1 Did t	he organization directly or indi	rectly engage in any of the following	ng with any other organization	described in section 501(c) of	Yes No					
the C	the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?									
a Transfers from the reporting foundation to a noncharitable exempt organization of.										
(1) Cash										
(2) Other assets										
b Other transactions.										
(1) Sales of assets to a noncharitable exempt organization										
(2)	1b(2) X									
(3)	Rental of facilities, equipment,		1b(3) X							
(4)	1b(4) X									
(5)	Loans or loan guarantees			•	1b(5) X					
(6)	Performance of services or me	embership or fundraising solicitatio	ons		1b(6) X					
c Shar	ing of facilities, equipment, ma	ailing lists, other assets, or paid en	nployees		1c X					
d If the	e answer to any of the above is	s "Yes," complete the following scho	edule. Column (b) should alw	ays show the fair market value of the	goods, other assets,					
or se	ervices given by the reporting f	oundation. If the foundation receiv	ed less than fair market value	in any transaction or sharing arrange	ment, show in					
colu		other assets, or services received.			····					
(a) Line no	(b) Amount involved	(c) Name of noncharitable	le exempt organization	(d) Description of transfers, transacti	ons, and sharing arrangements					
		N/A								
	<u> </u>									
					 					
		<u> </u>								
	· · · · · · · · · · · · · · · · · · ·	ļ	· · · · · · · · · · · · · · · · · · ·							
		ļ	 							
-	-									
										
		<u> </u>		<u> </u>						
	•	ctly affiliated with, or related to, on	· -	ations described						
		er than section 501(c)(3)) or in sec	ction 527?		Yes X No					
b If "Y	es," complete the following sch		(b) Type of organization	(a) Description of	ralationshin					
	(a) Name of or	ganization	(b) Type of Organization	(c) Description of	relationship					
	N/A				· · · · · · · · · · · · · · · · · · ·					
	 		†	<u> </u>						
			1							
			1							
	Under penalties of perjury, I declare	that I have examined this return, includin	ig accompanying schedules and sta	itements, and to the best of my knowledge	May the IRS discuss this					
Sign	/1	implete Dicardion of preparer (other that	n taxpayer) is based on all informati	ion of which preparer has any knowledge	return with the preparer shown below (see instr.)?					
Here		us A Rydu	1 6/20/16	OFFICER	X Yes No					
	Signature of officer or trustel	le V	Date	Title						
	Print/Type preparer's n	name Preparer's	signature	Date Check X If	PTIN					
			c 111 -	self- employed						
Paid	LEONARD CA	ALBO des (alla	6/19/16	P00644749					
Prepa	rer Firm's name ► SMC		IDSON & ASSOC	LLC Firm's EIN	46-5683178					
Use C	- L.									
	Firm's address ▶ 4 HIGH RIDGE PARK, SUITE 103									

Form 990-PF (2015)

Phone no. 203-399-0600

STAMFORD, CT 06905

Supplementary Information Part XV Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Purpose of grant or contribution Foundation show any relationship to Amount status of any foundation manager or substantial contributor Name and address (home or business) recipient NONE ST. LEO PARISH GENERAL OPERATING SUPPORT 24 ROXBURY ROAD STAMFORD, CT 06902 10,000. STAMFORD EMS NONE GENERAL OPERATING SUPPORT 250. NONE TRINITY CATHOLIC HS NAYDEN GENERAL OPERATING SCHOLARSHIP FUND SUPPORT 1,525. VNA HEALTH GROUP FOUNDATION NONE GENERAL OPERATING SUPPORT 250. UNIVERSITY OF CONNECTICUT NONE GENERAL OPERATING 2131 HILLSIDE ROAD SUPPORT STORRS, CT 06269 500,000. 512,025. Total from continuation sheets

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, or 990-PF) and its instructions is at www irs gov/form990.

OMB No 1545-0047

Employer identification number

2015

Name of the organization

BRITTA & DENIS J. NAYDEN CHARITABLE
FOUNDATION, LTD

45-2939504

Organization type (check o	ne)
Filers of:	Section:
Form 990 or 990-EZ	501(c)() (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	X 501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
, •	s covered by the General Rule or a Special Rule . (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions
:	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor Complete Parts I and II. See instructions for determining a contributor's total contributions
Special Rules	
sections 509(a)(1) any one contribute	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 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 or, 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, line 1 Complete Parts I and II.
year, total contribu	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the itions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for cruelty to children or animals. Complete Parts I, II, and III.
year, contributions is checked, enter to purpose Do not contributions.	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the section execusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box here the total contributions that were received during the year for an exclusively religious, charitable, etc., complete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year.
but it must answer "No" on	hat is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), 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

LHA 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
BRITTA & DENIS J. NAYDEN CHARITABLE
FOUNDATION. LTD

Employer identification number

45-2939504

Part I	Contributors (see instructions) Use duplicate copies of Part I if additional	il space is needed			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1	MR. AND MRS. DENIS J. NAYDEN 131 QUAYSIDE DRIVE JUPITER, FL 33477	\$ 718,991.	Person Payroll Noncash X (Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Oncash Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroli Omnicash Complete Part II for noncash contributions)		
(a) N o.	(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 Oncash Complete Part il 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.)		

Name of organization

BRITTA & DENIS J. NAYDEN CHARITABLE

Employer identification number

FOUNDATION, LTD

45-2939504

(b) Description of noncash property given (b) Description of noncash property given (b) Description of noncash property given	(c) FMV (or estimate) (see instructions) \$ 718,991. (c) FMV (or estimate) (see instructions) \$ (c) FMV (or estimate) (see instructions)	(d) Date received 10/22/15 (d) Date received (d) Date received
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions) \$ (c) FMV (or estimate) (see instructions)	(d) Date received
Description of noncash property given	(c) FMV (or estimate) (see instructions) \$ (c) FMV (or estimate) (see instructions)	(d) Date received
(b)	\$(c) FMV (or estimate) (see instructions)	(d)
	(c) FMV (or estimate) (see instructions)	
	FMV (or estimate) (see instructions)	
	 \$	
	I	·
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	s	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	s	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	Description of noncash property given (b) Description of noncash property given	(b) Description of noncash property given (b) \$ (c) FMV (or estimate) (see instructions) \$ (c) FMV (or estimate)

Schedule B (Form 990, 990-EZ, or 990-PF) (2015) Employer identification number Name of organization BRITTA & DENIS J. NAYDEN CHARITABLE 45-2939504 FOUNDATION, LTD Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations Part III completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this Info once) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (d) Description of how gift is held (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (d) Description of how gift is held (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Relationship of transferor to transferee

Transferee's name, address, and ZIP + 4

FORM 990-PF INTEREST ON SA	VINGS	AND TEMP	ORARY C	ASH IN	VESTMENTS	STATEMENT 1
SOURCE		REVENUE NET IN		(B) VESTMENT COME	(C) ADJUSTED NET INCOME	
MERRILL LYNCH #02077	_			35.		
TOTAL TO PART I, LINE 3	=		35.		35.	
FORM 990-PF DIVIDE	NDS A	ND INTERE	ST FROM	SECUR	ITIES	STATEMENT 2
GROSS SOURCE AMOUN		CAPITAL GAINS DIVIDENDS		A) ENUE BOOKS	(B) NET INVES MENT INCO	
MERRILL LYNCH #02110 22,5	500.	910	. 2	1,590.	21,59	0.
TO PART I, LINE 4 22,5	00.	910	. 2	1,590.	21,59	00.
FORM 990-PF		TAXE	S			STATEMENT 3
DESCRIPTION			(B) NET IN MENT IN	EST-	(C) ADJUSTED NET INCOM	
FOREIGN TAX PAID IRS - 2015 ESTIMATED TAX &		368.		368.		0.
2014 BALANCE DUE TO FORM 990-PF, PG 1, LN 18		21,725.		368.		0.
						
FORM 990-PF		OTHER EXPENSES		STATEMENT 4		
DESCRIPTION			(B) NET INV MENT IN	/EST-	(C) ADJUSTEI NET INCOM	
MERRILL LYNCH #02077 - WIRE TRANSFER FEE MERRILL LYNCH #02077		60. 150.		60.		0.
MERRILL LYNCH #02110		10,272.	Τ(0,272.		υ.

¹⁹ STATEMENT(S) 1, 2, 3, 4 2015.03050 BRITTA & DENIS J. NAYDEN 50200.01

FORM 990-PF	OTHER DEC	REASES IN 1	NET ASSETS	OR FUND	BALANCES	STATEMENT 5	5
DESCRIPTION						AMOUNT	
DIFFERENCE BE	TWEEN FMV &	BOOK VALU	E OF STOCK	DONATED)	376,43	39.
TOTAL TO FORM	990-PF, PA	RT III, LI	NE 5			376,43	39.
FORM 990-PF CORPORATE STOCK				STATEMENT 6	 5		
DESCRIPTION				F	SOOK VALUE	FAIR MARKET VALUE	r
248,138 SHS ACCRETIVE HEALTH CARE ML# 874-02110					10,174. 1,028,140.	1,806,61 1,012,57	
TOTAL TO FORM 990-PF, PART II, LINE 10B			1,038,314.	2,819,19	<u> </u>		