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Form **990-PF** 

, . **. .** .

EXTENDED TO FEBRUARY 15, 2017 Return of Private Foundation

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

OMB No 1545-0052

nal Revenue Service			in this form as it may be ma e instructions is at www.ir		Open to Public Inspection
calendar year 2015 or tax	year beginning JUL	1, 2015	, and ending	JUN 30, 201	
ne of foundation				A Employer identificati	on number
EVITETZ FAMI	LY FOUNDATION	I. INC.		27-353393	0
	ber if mail is not delivered to street	·····	Room/suite	B Telephone number	
300 BROKEN S	OUND BLVD. NW	<u> </u>	110	800-323-6	838
	, country, and ZIP or foreign p 'L 33487	ostal code		C If exemption application is	s pending, check here
OCA RATON, Freck all that apply	'L 33487	Initial return of a	former public charity	D 1 Foreign organization	ons, check here
[	Final return	Amended return			
	Address change	Name change		2 Foreign organizations check here and attach	meeting the 85% test computation
heck type of organization	X Section 501(c)(3) ex	kempt private foundation		E If private foundation s	status was terminated
Section 4947(a)(1) none		Other taxable private found		under section 507(b)	(1)(A), check here 🕨 🗀
r market value of all assets	·	-	Accrual	F If the foundation is in	
om Part II, col. (c), line 1	91,815. (Part I, colu	ther (specify)	hace)	under section 507(b)	(1)(B), check here
\$ 7,7 rt   Analysis of Revenu		(a) Revenue and		(n) Advicted set	(d) Disbursements
(The total of amounts in necessarily equal the ar	columns (b), (c), and (d) may not	expenses per books	(b) Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only)
1 Contributions, gifts, (	rants, etc., received	1,001,750.		N/A	
	ndation is not required to attach Sch. B				
3 Interest on savings and i cash investments		5.	<del> </del>		STATEMENT 1
4 Dividends and interes	t from securities	147,243.	147,243.	ļ	STATEMENT 2
<b>5a</b> Gross rents			<del>                                     </del>	<del> </del>	<del> </del>
b) Net rental income or (loss		<421,322.		-	-
6a Net gain or (loss) from sa h Gross sales price for all	3,138,065.	7401,366.	<u>'</u>		
7 Capital gain net income.			0.		
8 Net short-term capita	<b>AFCEIVED</b>				
9 Income modifications	5	8			
10a Gross sales less returns and allowances	DEC 0 8 2016	2			
b Less Cost of goods sold	DEC 0 0 2010	2			
c Gross profit or (loss)	ANDRAL LIST				
11 Other income	Charles AT	727 676	147,248.	<del> </del>	<del></del>
12 Total Add lines 1 thin 13 Compensation of officers		727,676.	147,248.		<del>  0</del>
13 Compensation of officers 14 Other employee salar		76,494.	38,247.		38,247
15 Pension plans, emplo	•	27,688.	13,844.		13,844
16a Legal fees	STMT 3	1,148.	574.		574
<b>b</b> Accounting fees	STMT 4	5,879.			2,939
c Other professional fe	es STMT 5	29,412.			830
17 Interest	a=== -	237.	<del>                                     </del>		237
18 Taxes	STMT 6	10,000.	10,000.		0
Depreciation and dep	ellon				
?0 Occupancy ?1 Travel, conferences, a	nd meetings	5,672.	2,836.		2,836
2 Printing and publicate	•	5,012.	2,050.		2,030
23 Other expenses	STMT 7	26,969.	12,985.		12,984
4 Total operating and					
expenses Add lines		183,499.	110,008.		72,491
25 Contributions, gifts, g	rants paid	823,745.			823,745
6 Total expenses and o	lisbursements				
		1,007,244.	110,008.		896,236
Add lines 24 and 25	line 12	<279,568.			
27 Subtract line 26 from		< 2.14 58K.	₽ _	<u> </u>	
27 Subtract line 26 from a Excess of revenue over ex		<u> </u>			1
27 Subtract line 26 from	16 (if negative, enter -0 )	227373001	37,240.	N/A	Form <b>990-PF</b> (201)

Par	t II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of	year
Fai	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	Cash - non-interest-bearing	22,266.	27,929.	27,929.
:	2 Savings and temporary cash investments	706,658.	3,381,339.	3,381,339.
- } ;	Accounts receivable ►			
)	Less, allowance for doubtful accounts	į		
1.	Pledges receivable ►			
)	Less, allowance for doubtful accounts ▶			
				· . · · · · · · · · · · · · · · · · · ·
-   `	disqualified persons			
	Other notes and loans receivable			
	Less allowance for doubtful accounts			
Assets				
Ass	Prepaid expenses and deferred charges	<del></del>	<del></del>	
7 10	a Investments - U.S. and state government obligations	451 720		740 400
	b Investments - corporate stock STMT 8	451,732.	689,106.	742,499.
	c Investments - corporate bonds STMT 9	1,161,673.	1,010,379.	1,006,488.
11	Investments - land buildings and equipment basis			
-	Less accumulated depreciation			
12				
10	Investments - other STMT 10	5,432,597.	2,388,155.	2,633,560.
14	Land, buildings, and equipment. basis			
}	Less accumulated depreciation			
15	Other assets (describe ►)			
16	Total assets (to be completed by all filers - see the			
	instructions. Also, see page 1, item I)	7,774,926.	7,496,908.	7,791,815.
17	Accounts payable and accrued expenses			
18	Grants payable			
g 19	Deterred revenue			
Liabilities 5	Loans from officers directors trustees, and other disqualified persons			
류 2	Mortgages and other notes payable			
ے <sub>  22</sub>	Other liabilities (describe ► OTHER LIABILITY )	2,803.	4,353.	
23	Total liabilities (add lines 17 through 22)	2,803.	4,353.	
	Foundations that follow SFAS 117, check here			
	and complete lines 24 through 26 and lines 30 and 31			
8 2	Unrestricted	7,772,123.	7,492,555.	
E 25				
E 26	The state of the s			
ر ا ظ	Foundations that do not follow SFAS 117, check here	- <del></del>		
2	and complete lines 27 through 31			
Ö 27			]	
Sets				
Net Assets or Fund Balances				
e la	· · · · · · · · · · · · · · · · · · ·	7,772,123.	7,492,555.	
\$ 30	Total liet assets of fully paralless	1,112,123.	1,494,333.	
	Total liabilities and net assets/fund balances	7,774,926.	7,496,908.	
			1,490,900.	<del></del>
Par	t III Analysis of Changes in Net Assets or Fund Ba	alances		
1 Tot	al not accets as fund halanges at haginage of year. Part It, column (a), line			
	al net assets or fund balances at beginning of year - Part II, column (a), line 3	50		7 770 102
•	ust agree with end-of-year figure reported on prior year's return)			7,772,123.
	er amount from Part I, line 27a		2	<279,568.>
	er increases not included in line 2 (itemize)		3	0.
	I lines 1, 2, and 3		4	7,492,555.
-	creases not included in line 2 (itemize)		5	0.
6 Joi	al net assets or fund balances at end of year (line 4 minus line 5) - Part II, col	lumn (b), line 30	6	7,492,555.
				Form <b>990-PF</b> (2015)

Form 990-PF (2015) LEVITETZ FAMILY FOUNDATION, INC.

27-3533930

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<u> </u>	and Losses for Tax Off if	<del></del>		/h\ I los	was wrad T			
(a) List and desc 2-story brick wa	P - P D - C	w acquired urchase Oonation	(c) Date (mo, d	acquired lay, yr.)	(d) Date sold (mo., day, yr.)			
1a ATTACHMENT E					P	VARI	OUS	VARIOUS
b ATTACHMENT E					P	VARI		VARIOUS
c ATTACHMENT F						VARI		VARIOUS
d ATTACHMENT F					P	VARI		VARIOUS
	DIVIDENDS							
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale				ain or (loss s (f) minus	
a 81,961.			95,05	0				<13,089.
b 44,328.			50,28					<5,954.
c 1,580.			1,58					0.
d 2,981,519.			3,412,47					<430,956.
20 677			3,412,41	<del>-</del>	<del></del>			28,677.
	ng gain in column (h) and owned by	the foundation	2 00 12/31/69			) Counc (C	'ol /b) agus	
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) E>	cess of col (i)			l (k), but i	Col. (h) gain not less tha (from col-(	n -0-) <b>or</b>
								<13,089.
<u>a</u>		<del> </del>				· <del></del> ·-	<del></del>	<5,954.
<u>b</u>								0.
<u>C</u>		<del> </del>						<430,956.
<u>d</u>		<del> </del>				<del></del>		
<u>e</u>	<u> </u>	<u> </u>		<del>-</del>			<del></del>	28,677.
2 Capital gain net income or (net ca	apital loss) $ \begin{cases} \text{If gain, also enter} \\ \text{If (loss), enter -0} \end{cases} $	r in Part I, line - in Part I, line	7 : 7	}	2			<421,322.
3 Net short-term capital gain or (lost if gain, also enter in Part I, line 8,		nd (6)						
If (loss), enter -0- in Part I, line 8	column (o)				3		N/A	
Part V Qualification U	Inder Section 4940(e) for	Reduced	Tax on Net	Inves	tment Inc	ome		<del> </del>
(For optional use by domestic private	e foundations subject to the section	4940(a) tax on	net investment inc	come.)				
( == op acc o, co				,				
If section 4940(d)(2) applies, leave t	his part blank							
Was the foundation liable for the sec	tion 4942 tay on the distributable an	nount of any ve	aar in the hace neri	nd?				Yes X No
	lify under section 4940(e). Do not co			ou ·				163 [2 <u>x</u> ] NO
	each column for each year; see the in			otries.	<del></del>	<del></del>		<del></del>
	(b)					·-T		(d) bution ratio
(a) Base period years Calendar year (or tax year beginni	A d	tributions	Net value of non	(c) ncharita	ble-use assets		Distrit	bùtión ratio vided by col. (c))
2014	119 111/	3,547.			343,888		(cor (b) div	.096068
					)83,758			.081419
2013		6,753. 5,125.			399,454		~ <del></del> -	.069557
2012								
2011		9,995.			588,329			.063203
2010	118	5,000.	l	2,8	337 <u>,990</u>	<u>' •                                      </u>		.065187
						1 _		275424
2 Total of line 1, column (d)						2	<del></del>	.375434
3 Average distribution ratio for the		on line 2 by 5,	or by the number of	of years				
the foundation has been in existe	nce if less than 5 years					3	L	.075087
4 Enter the net value of noncharitat	ole-use assets for 2015 from Part X.	line 5				4		7,548,353.
							<u> </u>	<del></del>
5 Multiply line 4 by line 3						_5		566,783.
							1	
6 Enter 1% of net investment incon	ne (1% of Part I, line 27b)					6	<del> </del>	372.
7 Add lines 5 and 6						7		567,155.
8 Enter qualifying distributions from	n Part XII, line 4					8		896,236.
If line 8 is equal to or greater than	line 7, check the box in Part VI, line	1b, and comp	olete that part using	a 1% t	ax rate			
See the Part VI instructions								<del></del>
523521 11 24 15							F	Form <b>990-PF</b> (2015)

	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e)	or 40	$\frac{2}{3} \frac{1-3}{3}$	53393	<u>U</u>	Page 4
		, 01 4	740 - 3	ee msu	ucti	1131
1a	Exempt operating foundations described in section 4940(d)(2), check here  and enter "N/A" on line 1	1	ļ			
	Date of ruling or determination letter (attach copy of letter if necessary-see instructions)	( )				372.
D	Domestic (gundations that meet the section 4940(e) requirements in Part V, check here X and enter 1%	ľ	1			314.
_	of Part I, line 27b		Ì			
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b). Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	' I	,			0.
	Add lines 1 and 2	t	3			372.
-	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	ŀ	4			0.
	Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-	į.	5			<del>372.</del>
	Credits/Payments	 	-		<del></del>	5/2.
		507.	)			
	Exempt foreign organizations - tax withheld at source	, , , ,	1			
	Tax paid with application for extension of time to file (Form 8868)  6c					
	Backup withholding erroneously withheld  6d		}			
	Total credits and payments Add lines 6a through 6d		7		6	607.
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	1	8		<u> </u>	007.
	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed		9	<del></del>		
	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		10		6	235.
	Enter the amount of line 10 to be. Credited to 2016 estimated tax	ا	11			0.
	rt VII-A Statements Regarding Activities	<u> </u>				
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or in	tervene i	ın		Ye	s No
,,,,	any political campaign?			1a		X
h	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the de-	efinition)'	?	1b		X
Ū	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials p			- <u></u>	+-	
	distributed by the foundation in connection with the activities				}	
c	Did the foundation file Form 1120-POL for this year?			1c	}	X
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:				+	
•	(1) On the foundation. $\blacktriangleright$ \$ 0. (2) On foundation managers. $\blacktriangleright$ \$	0.			}	
P	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation				}	
٠	managers ► \$O.				İ	İ
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2	1	X
	If "Yes," attach a detailed description of the activities					1
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorpor	ration, or				
	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?			4a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?		N/I	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:			Į.	ļ	-
	By language in the governing instrument, or			l	ł	İ
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with t	he state	law	1	-	
	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 I	Part XV		7	X	
				i	l	1
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)					1
	FL					
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)					
	of each state as required by General Instruction G? If "No," attach explanation			8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section $4942(j)(3)$ or $4942(j)(5)$	for calen	ıdar			
	year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes," complete Part XIV			9		<u> </u>
10	Did any persons become substantial contributors during the tax year? If "Yes" attach a schedule listing their names and addresse	s				<u> </u>
				Form <b>9</b> !	90-PI	<del>-</del> (2015)

If "Yes," list the years \( \), , , \( \)

Are there any years listed in 2a for which the foundation is **not** applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to **all** years listed, answer "No" and attach statement - see instructions )

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

3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?
 b If "Yes." did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or disqualified g

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

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

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?

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Х

N/A

Yes X No

2b

3b

4a

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Part VII-B   Statements Regarding Activities for Which I	orm 4/20 May Be I	Required (contin	ued)		<del> </del>				
5a During the year did the foundation pay or incur any amount to		r		1	}				
(1) Carry on propaganda, or otherwise attempt to influence legislation (section			s X No	1					
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly,									
any voter registration drive?			es X No						
(3) Provide a grant to an individual for travel, study, or other similar purposes		Ye	es X No	-					
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section			ļ	ļ				
4945(d)(4)(A)? (see instructions)		Y <sub>1</sub>	es 🔀 No						
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or			- {					
the prevention of cruelty to children or animals?		Y <sub>1</sub>	es X No	- 1					
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify unit	der the exceptions described	ın Regulations	1						
section 53.4945 or in a current notice regarding disaster assistance (see instru	ictions)?		N/A	5b					
Organizations relying on a current notice regarding disaster assistance check h	nere			- {	ł				
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption for	rom the tax because it mainta	ined	1						
expenditure responsibility for the grant?	Ŋ	J/A 🔲 Ye	es 🔲 No						
If "Yes," attach the statement required by Regulations section 53 494.	5-5(d)		ļ						
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on			1					
a personal benefit contract?		Ye	es X No	1					
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?			6b	X				
If "Yes" to 6b, file Form 8870			Ţ.						
7a. At any time during the tax year, was the foundation a party to a prohibited tax s	shelter transaction?	Ye	es X No	1					
b It "Yes," did the foundation receive any proceeds or have any net income attribu	stable to the transaction?		N/A_	7b					
Part VIII Information About Officers, Directors, Trust		nagers, Highly							
Paid Employees, and Contractors									
1 List all officers, directors, trustees, foundation managers and their	compensation.	· · · · · · · · · · · · · · · · · · ·							
( ) None and address	(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e	e) Expense count, other				
(a) Name and address hours per week devoted to position (If not paid, and determinents and									
SEE STATEMENT 11		0.	0.	<u></u>	0.				
			ļ	}					
			}	}					
		<u> </u>	j	<u> </u>					
					_				
Compensation of five highest-paid employees (other than those inc	luded on line 1). If none,	enter "NONE."		· · · · · ·					
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(-) Companyon	(d) Contributions to employee benefit plans and deterred	(e	Expense count, other				
(a) Name and address of each employee paid more main \$50,000	devoted to position	(c) Compensation	and deterred compensation	acc	llowances				
DANIELLA J. JORDAN - 5300 BROKEN	EXECUTIVE DIR	ECTOR							
SOUND BLVD. NW #110, BOCA RATON, FL	40.00	76,494.	2,000.		0.				
		Į.		}					
		<b> </b>		1					
		)		1					
				1					
		]		}					
			<del></del>	<del> </del>					
		į į	,	ļ					
Cotat number of other employees hard over \$50,000	<u></u>	I			0				

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Part VIII Information About Officers, Directors, Trustees, Foundation No. Paid Employees, and Contractors (continued)	lanagers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter "NON	. "	
, (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		<b>▶</b> 0
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical infor number of organizations and other beneficiaries served, conferences convened, research papers produced, et	mation such as the	Expenses
1 N/A	···	
2		
3		
3		
4		
Part IX-B Summary of Program-Related Investments  Describe the two largest program-related investments made by the foundation during the tax year on lines 1 a	nd 2	Amount
1 N/A	iu z.	Amount
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3	<b>&gt;</b>	0.
		Form <b>990-PF</b> (2015)

4940(e) reduction of tax in those years.

	m 990-PF (2015) LEVITETZ FAMILY FOUNDATION, INC.	27-	-3533930 Page 8
Р	Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations,	see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes.		
а	Average monthly fair market value of securities	1a	5,939,799.
b	Average of monthly cash balances	16	1,723,504.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	7,663,303.
е	Reduction claimed for blockage or other factors reported on lines 1a and	] ]	
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	7,663,303.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	114,950.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4	5	7,548,353.
6_	Minimum investment return. Enter 5% of line 5	6	377,418.
Р	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.)	nd certain	
1	Minimum investment return from Part X, line 6	1	377,418.
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)		
С	Add lines 2a and 2b	2c	372.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	377,046.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	377,046.
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	377,046.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	896,236.
þ	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:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	<del> </del>
4	Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	896,236.
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	372.
6	Adjusted qualifying distributions Subtract line 5 from line 4	6	895,864.
	Note The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation	qualifies fo	r the section

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
Distributable amount for 2015 from Part XI,		· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·
line 7				377,046.
2 Undistributed income if any as of the end of 2015				
a Enter amount for 2014 only			0.	·
b Total for prior years:			}	
· · · · · · · · · · · · · · · · · · ·		0.		
3 Excess distributions carryover, if any, to 2015				
a From 2010 75,576.				
b From 2011 61,574.				
c From 2012 128, 136.		: :		•
dFrom 2013 227, 287.		i I		
e From 2014 373, 053.	0.65 606			
f Total of lines 3a through e	865,626.			
4 Qualifying distributions for 2015 from				
Part XII, line 4 ► \$ 896,236.				
a Applied to 2014, but not more than line 2a	<u> </u>		0.	
<b>b</b> Applied to undistributed income of prior		0.		
years (Election required - see instructions)	<del></del>	U •		
c Treated as distributions out of corpus	0.			
(Election required - see instructions)	Ų.			377,046.
d Applied to 2015 distributable amount	519,190.			3//,040.
e Remaining amount distributed out of corpus	0.			0.
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	1,384,816.			
a Corpus Add lines 31 4c and 4e Subtract line 5 b Prior years' undistributed income. Subtract	1,304,010.			
line 4b from line 2b		0.		
c Enter the amount of prior years'				<del></del>
undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) lax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable		<u> </u>		
amount - see instructions		0.	!	
e Undistributed income for 2014. Subtract line		<del></del>		
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				
be distributed in 2016				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election	II			
may be required - see instructions)	0.			
8 Excess distributions carryover from 2010				
not applied on line 5 or line 7	75,576.			
9 Excess distributions carryover to 2016			,	
Subtract lines 7 and 8 from line 6a	1,309,240.			 
10 Analysis of line 9				
a Excess from 2011 61,574.				
b Excess from 2012 128, 136.				
c Excess from 2013 227, 287.		İ		
d Excess from 2014 373, 053.				
e Excess from 2015 519, 190.	<u></u> _			Farr 000 DE (0045)

		OUNDATION,			33930 Page 10
Part XIV Private Operating F	oundations (see in	structions and Part V	I-A, question 9)	N/A	
1 a If the foundation has received a ruling o					
foundation, and the ruling is effective fo	r 2015, enter the date of	the ruling	<b>▶</b>	<del></del>	
b Check box to indicate whether the found		ing foundation described		4942(j)(3) or4	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years	<del></del>	1
income from Part I or the minimum	(a) 2015	(b) 2014	(c) 2013	(d) 2012	(e) Total
investment return from Part X for	į	}	į.		1
each year listed		<u> </u>			
b 85% of line 2a					
c Qualifying distributions from Part XII,		}	<u>{</u>	1	
line 4 for each year listed		<u> </u>			
d Amounts included in line 2c not	)				
used directly for active conduct of					
exempt activities		<u> </u>			
e Qualifying distributions made directly	}	į		}	
for active conduct of exempt activities		İ			
Subtract line 2d from line 2c		<u> </u>			
3 Complete 3a, b, or c for the alternative test relied upon					
a "Assets" alternative test - enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter		<del> </del>			
2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter					
(1) Total support other than gross					
investment income (interest,		ł	ţ		
dividends, rents, payments on securities loans (section		}		ļ	
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)			<u> </u>		
(3) Largest amount of support from			ĺ		
an exempt organization	ļ		ļ		<u> </u>
(4) Gross investment income					<u> </u>
Part XV Supplementary Info	-		if the foundatio	n had \$5,000 or m	ore in assets
at any time during t		ructions.)			
1 Information Regarding Foundation					
a List any managers of the foundation wh year (but only if they have contributed n			tributions received by th	ne foundation before the clo	ose of any tax
JEFFERY A. LEVITETZ					
b List any managers of the foundation wh other entity) of which the foundation has			(or an equally large por	tion of the ownership of a p	partnership or
NONE					
2 Information Regarding Contributi	ion, Grant, Gift, Loar	, Scholarship, etc., P	rograms:	<del></del>	
Check here ► if the foundation of the foundation makes gifts, grants, etc.	only makes contributions	to preselected charitable	organizations and does		
a The name, address, and telephone num	<del></del>		<del></del>	<del></del>	
SEE STATEMENT 12					
b The form in which applications should b	e submitted and informa	ation and materials they s	hould include.		<del></del>
c Any submission deadlines		<del></del>			
d Any restrictions or limitations on awards	s, such as by geographic	cal areas, charitable fields	, kinds of institutions, o	r other factors.	<del></del>
	<del>.</del> .				
523601 11-24-15			·	<del></del>	Form <b>990-PF</b> (2015)

LEVITETZ FAMILY FOUNDATION, INC.

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual. Recipient show any relationship to Foundation Purpose of grant or Amount status of contribution any foundation manager Name and address (home or business) or substantial contributor recipient a Paid during the year ACHIEVEMENT & REHABILITATION CENTER PUBLIC CHARITY GENERAL PURPOSE 10250 NW 53 STREET 10,000. SUNRISE, FL 33351 AMERICAN JEWISH COMMITTEE PUBLIC CHARITY GENERAL PURPOSE 55 EAST MONROE ST. STE 2930 5,000. CHICAGO, IL 60603 PUBLIC CHARITY GENERAL PURPOSE ANDREW ALLARD MEMORIAL GOLF CLASSIC PO BOX 16333 HOOKSETT NH 03106 1,500. ANTHONY RIZZO FAMILY FOUNDATION INC. PUBLIC CHARITY GENERAL PURPOSE 6574 N. STATE ROAD 7, STE 201 COCONUT CREEK, FL 33073 30,000, PUBLIC CHARITY GENERAL PURPOSE BICOL CLINIC FOUNDATION 951 NW 13TH ST, SUITE 3E BOCA RATON FL 33486 5 000 SEE CONTINUATION SHEET(S) ► 3a Total 823 745. b Approved for future payment NONE Total

Form **990-PF** (2015)

523621 11-24-15

Form 990-PF (2015) LEVITETZ FAMILY FOUNDATION, INC.

ter gross amounts unless otherwise indicated.	. Unrelated b	usiness income		by section 512, 513, or 514	(e)
,	(a) Business	(b)	(C) Exclu-	(d)	Related or exemp
Program service revenue	Business	Amount	code	Amount	function income
a					
b					
C	1 1				
3	1				
e	1				
1					
g Fees and contracts from government agencies					
Membership dues and assessments					
nterest on savings and temporary cash					
nvestments			14	5.	
Dividends and interest from securities			14	147,243.	
Vet rental income or (loss) from real estate					
a Debt-financed property		·			
Not debt-financed property					
Net rental income or (loss) from personal				1	
oroperty					
Other investment income					
Gain or (loss) from sales of assets other			1	}	
than inventory			18	<421,322.	<u> </u>
Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory					<del> </del>
Other revenue					
a					
b	_				
C					
	]				
d			J J		
de					<del></del>
d e Subtotal Add columns (b), (d), and (e)			).	<274,074.	
d e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e)		(	).	<274,074.	
b Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e)		(	).		
Subtotal Add columns (b), (d), and (e)  Fotal. Add line 12, columns (b), (d), and (e)  e worksheet in line 13 instructions to verify calculations	5.)			13	
Subtotal Add columns (b), (d), and (e)  Fotal. Add line 12, columns (b), (d), and (e)  E worksheet in line 13 instructions to verify calculations  Art XVI-B Relationship of Activitie	s.)	plishment of	Exempt P	urposes	<274,0
Subtotal Add columns (b), (d), and (e)  Fotal. Add line 12, columns (b), (d), and (e)  E worksheet in line 13 instructions to verify calculations  Belationship of Activitie  Explain below how each activity for which	s to the Accom	nplishment of	Exempt P	urposes	<274,0
Subtotal Add columns (b), (d), and (e)  Fotal. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions to verify calculations  Art XVI-B Relationship of Activitie  Explain below how each activity for which the foundation's exempt purposes (other the subtotal in the su	s to the Accom	nplishment of	Exempt P	urposes	<274,0
Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  e worksheet in line 13 instructions to verify calculations  art XVI-B Relationship of Activitie  the No Explain below how each activity for which	s to the Accom	nplishment of	Exempt P	urposes	<274,0
Subtotal Add columns (b), (d), and (e)  Fotal. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions to verify calculations  Art XVI-B Relationship of Activitie  Explain below how each activity for which the foundation's exempt purposes (other the subtotal in the su	s to the Accom	nplishment of	Exempt P	urposes	<274,0
Subtotal Add columns (b), (d), and (e)  Fotal. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions to verify calculations  Art XVI-B Relationship of Activitie  e No Explain below how each activity for which the foundation's exempt purposes (other the subtotal activity).	s to the Accom	nplishment of	Exempt P	urposes	<274,0
d e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activitie  The No Explain below how each activity for which the foundation's exempt purposes (other total).	s to the Accom	nplishment of	Exempt P	urposes	<274,0
Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  e worksheet in line 13 instructions to verify calculations  ACTIVITIES  Relationship of Activities  Explain below how each activity for which the foundation's exempt purposes (other the	s to the Accom	nplishment of	Exempt P	urposes	<274,0
Subtotal Add columns (b), (d), and (e)  Fotal. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions to verify calculations  Art XVI-B Relationship of Activitie  e No Explain below how each activity for which the foundation's exempt purposes (other the subtotal activity).	s to the Accom	nplishment of	Exempt P	urposes	<274,0
Subtotal Add columns (b), (d), and (e)  Fotal. Add line 12, columns (b), (d), and (e)  e worksheet in line 13 instructions to verify calculations  Art XVI-B Relationship of Activitie  Explain below how each activity for which the foundation's exempt purposes (other the subtotal in the	s to the Accom	nplishment of	Exempt P	urposes	<274,0
Subtotal Add columns (b), (d), and (e)  Fotal. Add line 12, columns (b), (d), and (e)  e worksheet in line 13 instructions to verify calculations  Art XVI-B Relationship of Activitie  Explain below how each activity for which the foundation's exempt purposes (other the subtotal in the	s to the Accom	nplishment of	Exempt P	urposes	<274,0
Subtotal Add columns (b), (d), and (e)  Fotal. Add line 12, columns (b), (d), and (e)  e worksheet in line 13 instructions to verify calculations  Art XVI-B Relationship of Activitie  Explain below how each activity for which the foundation's exempt purposes (other the subtotal in the	s to the Accom	nplishment of	Exempt P	urposes	<274,0
Subtotal Add columns (b), (d), and (e)  Fotal. Add line 12, columns (b), (d), and (e)  e worksheet in line 13 instructions to verify calculations  Art XVI-B Relationship of Activitie  Explain below how each activity for which the foundation's exempt purposes (other the subtotal in the	s to the Accom	nplishment of	Exempt P	urposes	<274,0
Subtotal Add columns (b), (d), and (e)  Fotal. Add line 12, columns (b), (d), and (e)  e worksheet in line 13 instructions to verify calculations  ACTIVITIES  Relationship of Activities  Explain below how each activity for which the foundation's exempt purposes (other the	s to the Accom	nplishment of	Exempt P	urposes	<274,0
Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  e worksheet in line 13 instructions to verify calculations  ACTIVITIES  Relationship of Activities  Explain below how each activity for which the foundation's exempt purposes (other the	s to the Accom	nplishment of	Exempt P	urposes	<274,0
Subtotal Add columns (b), (d), and (e)  Fotal. Add line 12, columns (b), (d), and (e)  e worksheet in line 13 instructions to verify calculations  ACTIVITIES  Relationship of Activities  Explain below how each activity for which the foundation's exempt purposes (other the	s to the Accom	nplishment of	Exempt P	urposes	<274,0
Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  e worksheet in line 13 instructions to verify calculations  ACTIVITIES  Relationship of Activities  Explain below how each activity for which the foundation's exempt purposes (other the	s to the Accom	nplishment of	Exempt P	urposes	<274,0
Subtotal Add columns (b), (d), and (e)  Fotal. Add line 12, columns (b), (d), and (e)  e worksheet in line 13 instructions to verify calculations  ACTIVITIES  Relationship of Activities  Explain below how each activity for which the foundation's exempt purposes (other the	s to the Accom	nplishment of	Exempt P	urposes	<274,0
Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  e worksheet in line 13 instructions to verify calculations  ACTIVITIES  Relationship of Activities  Explain below how each activity for which the foundation's exempt purposes (other the	s to the Accom	nplishment of	Exempt P	urposes	<274,0

orm 99			ETZ FAM						<del> </del>		533930		ige 13
Part	XVII	,	•	ransfe	ers To	and Tra	ansactions	an	nd Relations	ships With Non	charitabl	е	
4		Exempt Organ			ha falla							Voc	No
		ganization directly or indii (other than section 501(c)		-		-				tion 50 i(c) of		162	NO
		from the reporting found						idiliZ	:41101157		Ì		
	Cash	· -	ation to a nonch	іаі наріє	exempto	nyamzation	101.				1a(1)	J	Х
		rassets									1a(2)		X
		isactions.									18/2	<del>'</del>	-22
		s of assets to a noncharita	hie evennt oraș	ลกเรลไเดต	1						16(1)		x
		hases of assets from a no.									1b(2)		X
		al of facilities, equipment,		npr orga	an Euron						1b(3)		X
		bursement arrangements									1b(4)	7	X
		s or loan guarantees									1b(5	7	X
٠, ,		ormance of services or me	imbership or fur	ndraising	g solicitat	tions					16(6)		Х
٠,		it facilities, equipment, ma	-		-						1c		X
d If t	he ans	wer to any of the above is	"Yes," complete	the follo	owing sch	nedule. Coli	ımn ( <b>b</b> ) should	alwa	ays show the fair	market value of the go	ods, other as	sets,	
or	service	s given by the reporting f	oundation. If the	e founda	ition recei	ived less th	an fair market v	alue	in any transactio	on or sharing arrangen	nent, show in		
col	umn (d	d) the value of the goods,	other assets, or	service	s received	d							
(a) Line r	0	(b) Amount involved	(c) Nar	ne of no	ncharitab	ole exempt o	organization		(d) Description	on of transfers, transaction	s, and sharing a	rrangeme	ents
					N/A								
									ļ	· <del></del>			
			ļ										
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	-+		<u> </u>	<del></del>			<del></del>		<del> </del>	* * *			
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									<del> </del>				
	_												
							· · · · · · · · · ·			<del></del>			
2a 15	he fou	ndation directly or indirec	tly affiliated with	ı, or rela	ited to, on	ne or more (	tax-exempt orga	anıza	ations described	··· · · · · · · · · · · · · · · ·			
រា :	section	501(c) of the Code (other	r than section 5	01(c)(3)	)) or in se	ction 527?					Yes		IJ No
b  f"	Yes," c	omplete the following sch	edule										
		(a) Name of org	ganization			<b>(b)</b> Typi	e of organization	n		(c) Description of rela	ationship		
		N/A						4		<del></del>			
								$\perp$					
						<del> </del>		_ _					
	<del>,</del>						<del> </del>		<del> </del>	<del></del>			
C:		penalties of perjury. I destare elief it is true correct and con								e best of my knowledge er has any knowledge	May the IRS return with t		
Sign Here		( bula	+			ı			x direc		shown belov	v (see ins	str )?
	Sign	nature of officer or trustee	<u> </u>			k_ Da		ري	Title	10m, V)	_ LXJ Ye	s L_	_  No
		Print/Type preparer's na		T p	renarer'e	signature	ile	1	Date	Check 1 If 1	PTIN		
		יייייייייייייייייייייייייייייייייייייי	*****	{'	Λ <b>1</b>	1 C	1	Ι,	P-10	self- employed			

**SUITE 1770** 

Phone no (312)782-1010 Form **990-PF** (2015)

Firm's EIN ► 36-3663184

Paid Preparer

Use Only

Firm's name ► GIMBEL ABRAMS

Firm's address ► 10 S. RIVERSIDE PLAZA, CHICAGO, IL 60606-3710

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

Name of the organization

Employer identification number

L.	EVITETZ FAMILY FOUNDATION, INC.	27-3533930
Organization type (check	one)	
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		
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
• -	is covered by the <b>General Rule</b> or a <b>Special Rule.</b> (2)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule.	ule See instructions
X For an organization	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totalin y one contributor. Complete Parts I and II. See instructions for determining a contributor	
Special Rules		
sections 509(a)(1) any one contribut	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990 EZ), Part II, line 13, 16a for, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount of the complete Parts I and II	, or 16b, and that received from
year, total contrib	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from autions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educately to children or animals. Complete Parts I, II, and III	
year, contribution is checked, enter purpose Do not c	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from its exclusively for religious, charitable, etc., purposes, but no such contributions totaled in here the total contributions that were received during the year for an exclusively religious complete any of the parts unless the <b>General Rule</b> applies to this organization because the, etc., contributions totaling \$5,000 or more during the year	nore than \$1,000 If this box s, charitable, etc ,
but it must answer "No" or	that is not covered by the General Rule and/or the Special Rules does not file Schedule in Part IV, line 2, of its Form 990, or check the box on line H of its Form 990 EZ or on its Fet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)	

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

Employer identification number

LEVITETZ	FAMILY	FOUNDATION.	INC.

27-3533930

Part I	Contributors (see instructions) Use duplicate copies of Part I if add	itional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JEFFREY A. LEVITETZ  5300 BROKEN SOUND BLVD., NW#110  BOCA RATON, FL 33487	\$ 1,000,000.	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 Oncash 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 Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Payroll Poncash Complete Part II for noncash contributions )

Name of organization

Employer identification number

## LEVITETZ FAMILY FOUNDATION, INC.

27-3533930

Part II	Noncash Property (see instructions) Use duplicate copies of P	art II if additional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		*	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

Name of organi	zation		Employer identification number
LEVITET	Z FAMILY FOUNDATION,	INC.	27-3533930
Part III	the year from any one contributor. Complete c	olumns (a) through (e) and the following	ction 501(c)(7), (8), or (10) that total more than \$1,000 for line entry. For organizations
	completing Part III enter the total of exclusively religious.  Use duplicate copies of Part III if additional		or the year (Enter this into once) > \$
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, an	d ZIP + 4	Relationship 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) Transfer of gift	
	Transferee's name, address, an	id ZIP + 4	Relationship 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) Transfer of gift	
-	Transferee's name, address, an	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, an	(e) Transfer of gift	Relationship of transferor to transferee

3 Grants and Contributions Paid During the Y		<del></del>		
Recipient  Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
waite and address (nome of dusiness)	or substantial contributor	recipient		
BOCA HELPING HANDS, INC.		PUBLIC CHARITY	GENERAL PURPOSE	
1500 NW 1ST COURT				50.54
BOCA RATON, FL 33432				50,540
BOCA RATON FIRE FIGHTERS		PUBLIC CHARITY	GENERAL PURPOSE	
P.O. BOX 565		Obbie charti		
BOCA RATON, FL 33429				3,000
BOCA RATON REGIONAL HOSPITAL		PUBLIC CHARITY	GENERAL PURPOSE	
FOUNDATION				
745 MEADOWS ROAD				}
BOCA RATON, FL 33486				20,000
C & S CHARITIES INC. 7 CORPORATE DRIVE		PUBLIC CHARITY	GENERAL PURPOSE	
KEENE NH 03431				23,500
CHESTERTON ACADEMY		PUBLIC CHARITY	GENERAL PURPOSE	
5300 FRANCE AVE. S.				
EDINA, MN 55410				1,750
CHILDREN MEDICAL CENTER FOUNDATION		PUBLIC CHARITY	GENERAL PURPOSE	
2777 N STEMMONS FREEWAY, STE 700			į	10,000
DALLAS, TX 75207				10,000
CLEVELAND CLINIC FLORIDA		PUBLIC CHARITY	GENERAL PURPOSE	
2950 CLEVELAND CLINIC BLVD				
WESTON, FL 33331		<u> </u>		50,000
COMMUNITY CHILD CARE OF DELRAY BEACH		PUBLIC CHARITY	GENERAL PURPOSE	
INC				
555 NW 4TH ST				5 000
DELRAY BEACH, FL 33444				5,000
CONNECTED WARRIORS		PIJBLIC CHARTTV	GENERAL PURPOSE	
900 BROKEN SOUND PKWAY SUITE 125			Service Fore OSE	}
BOCA RATON FL 33487				1,000
EDUCATION FOUNDATION OF PALM BEACH		PUBLIC CHARITY	GENERAL PURPOSE	<u> </u>
COUNTY INC				
3300 FOREST HILL BLVD E#50-116		}		
WEST PALM BEACH, FL 33406  Total from continuation sheets	<del></del>	<del></del>	L	772 245

LEVITETZ FAMILY FOUNDATION, INC. 27-3533930

3 Grants and Contributions Paid During the	Year (Continuation)			{
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	Commonition	
ELIZABETH H. FAULK FOUNDATION		PUBLIC CHARITY	GENERAL PURPOSE	
22455 BOCA RIO ROAD			<b>\</b>	
BOCA RATON, FL 33433				5,000
FLORENCE FULLER CHILD DEVELOPMENT		PUBLIC CHARITY	GENERAL PURPOSE	
CENTER, INC				1
200 NE 14TH ST.			i	
BOCA RATON, FL 33432				10,000
				1
FOOD FOR THE POOR, INC.		PUBLIC CHARITY	GENERAL PURPOSE	}
6401 LYONS ROAD			Ì	77.262
COCONUT CREEK, FL 33073				77,363
				}
GEORGE WASHINGTON UNIVERSITY		PUBLIC CHARITY	GENERAL PURPOSE	1
45155 RESEARCH PLACE, STE 260 ASHBURN VA 20147				1,500
GIGI'S PLAYHOUSE INC		DIBLIC CHADITY	GENERAL PURPOSE	
2350 WEST HIGGINS ROAD		FOREIC CHARITI	SENERAL FORFOSE	
HOFFMAN ESTATES, IL 60169				25,000
GUMBO LIMBO NATURE CENTER INC		PUBLIC CHARITY	GENERAL PURPOSE	
1801 N. OCEAN BLVD				1
BOCA RATON, FL 33432		<del> </del>	<del> </del>	1,000
HOSPICE BY THE SEA, INC		PUBLIC CHARITY	GENERAL PURPOSE	
5300 EAST AVE WEST PALM BEACH, FL 33407				10,000
HUBBARD STREET DANCE CHICAGO		DIIBLIC CHARTTY	GENERAL PURPOSE	
1147 W. JACKSON BLVD		TOBBIC CIMICITI	GENERAL TOREGOD	•
CHICAGO, IL 60607				1,500
HUMANE SOCIETY OF BROWARD COUNTY		PUBLIC CHARITY	GENERAL PURPOSE	
2070 GRIFFIN RD				
FORT LAUDERDALE, FL 33312	<del></del>	+		50,842
INTERNATIONAL PROSTATE CANCER		PUBLIC CHARITY	GENERAL PURPOSE	}
FOUNDATION INC				}
52 RILEY ROAD, SUITE 322 CELEBRATION, FL 34747				20,000
Total from continuation sheets	<del></del>			

Part XV Supplementary Informatio	n		27-35	
3 Grants and Contributions Paid During the	Year (Continuation)			
Recipient	If recipient is an individual,	Foundation	Durance of grant or	1
Name and address (home or business)	show any relationship to any foundation manager	status of	Purpose of grant or contribution	Amount
Name and address (nome of business)	or substantial contributor	recipient		
JEWISH ADOPTION & FOSTER CARE		PUBLIC CHARITY	GENERAL PURPOSE	
PTIONS, INC		1		
200 N. UNIVERSITY DRIVE				
UNRISE, FL 33351				21,60
JOE DIMAGGIO CHILDREN'S HOSPITAL		PUBLIC CHARITY	GENERAL PURPOSE	
FOUNDATION INC				
3711 GARFIELD ST			]	
OLLYWOOD, FL 33021			}	25,00
				1
ADY LUCK ANIMAL RESCUE INC		PUBLIC CHARITY	GENERAL PURPOSE	{
P.O. BOX 541716				1000
JAKE WORTH, FL 33454		+		10,00
EDANON AREA POVE & CIRLS CLUB		DIDITO CHARTAV	CEMERAL DURDOCE	
LEBANON AREA BOYS & GIRLS CLUB 103 W. MAIN STREET		PUBLIC CHARITY	GENERAL PURPOSE	
EBANON, IN 46052				5,00
11. 40032				
EBANON COMM OF SHALOM, INC.		PUBLIC CHARITY	GENERAL PURPOSE	
304 W. GREEN STREET, P.O. BOX 135				
LEBANON IN 46052		-		4,50
LYNN UNIVERSITY		PUBLIC CHARITY	GENERAL PURPOSE	}
3601 N. MILITARY TRAIL			j	
3OCA RATON, FL 33431				25,00
MAE VOLEN SENIOR CENTER, INC. L515 WEST PALMETTO PARK DR		PORFIG CHARITY	GENERAL PURPOSE	
BOCA RATON, FL 33486		}		12.95
TAKE A WISH SOUTHERN FLORIDA		PUBLIC CHARITY	GENERAL PURPOSE	
1411 SOUTH STATE ROAD 7				
BOCA RATON FL 33314			<u> </u>	10.00
1AYO CLINIC FOUNDATION	<u> </u>	PUBLIC CHARITY	GENERAL PURPOSE	
500 SAN PABLO RD.		1		}
ACKSONVILLE FL 32224		<del> </del>		50,00
				j
ORIKAMI INC		PUBLIC CHARITY	GENERAL PURPOSE	
00 MORIKAMI PARK ROAD DELRAY BEACH FL 33446	1	1		5,00
Total from continuation sheets		<del></del>	<del></del>	1

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount any foundation manager status of contribution Name and address (home or business) or substantial contributor recipient PUBLIC CHARITY GENERAL PURPOSE NATIONAL WRESTLING HALL OF FAME 40 N. CLAY STREET 1,000, MANHEIM, PA 17545 PUBLIC CHARITY GENERAL PURPOSE NINA'S NETWORK INC 5543 NW 55 TERRACE 1,000. COCONUT CREEK, FL 33043 NITTANY LION WRESTLING CLUB PUBLIC CHARITY GENERAL PURPOSE P.O. BOX 316 STATE COLLEGE, PA 16804 10,000. PUBLIC CHARITY GENERAL PURPOSE PEGGY ADAMS ANIMAL RESCUE LEAGUE OF PALM BEACH, INC 3100 N. MILITARY TRAIL WEST PALM BEACH, FL 33409 50,000, PUBLIC CHARITY GENERAL PURPOSE SOUTHEAST FLORIDA HONOR FLIGHT 7586 WORRAL ROAD 45,000. LAKE WORTH, FL 33463 SOUTHEASTERN HEALTHCARE FOUNDATION, PUBLIC CHARITY GENERAL PURPOSE INC 1329 SW 16TH ST, STE 3150 GAINESVILLE, FL 32610 1,000. PUBLIC CHARITY GENERAL PURPOSE UNITED STATE OLYMPIC COMMITTEE ONE OLYMPIC PLAZA COLORADO SPRINGS, CO 80909 50,000. PUBLIC CHARITY GENERAL PURPOSE UNIVERSITY OF ALABAMA ARTS AND SCIENCES PO BOX 870268 TUSCALOOSA, AL 35487-0101 20,000. USA WRESTLING PUBLIC CHARITY GENERAL PURPOSE 6155 LEHMAN DR. 50,000. COLORADO SPRINGS CO 80918 PUBLIC CHARITY GENERAL PURPOSE YMCA OF GREATER INDIANAPOLIS 2791 N. LEBANON ST LEBANON IN 46052 5,000. Total from continuation sheets

FORM 990-PF INTERE	ST ON SAVI	NGS AND TEM	PORARY CA	ASH IN	VESTMENTS	STATEMENT	1
SOURCE		(A REVE PER B	NUE 1	NET IN	(B) VESTMENT COME	(C) ADJUSTED NET INCOM	3
NORTHERN TRUST			5.		5.		
TOTAL TO PART I, LI	NE 3		5.		5.		
FORM 990-PF	DIVIDENDS	S AND INTER	EST FROM	SECUR	ITIES	STATEMENT	2
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDEND	REVI	A) ENUE BOOKS	(B) NET INVES MENT INCO		
NORTHERN TRUST	175,920	. 28,67	7. 14'	7,243.	147,24	3.	
TO PART I, LINE 4	175,920	28,67	7. 14	7,243.	147,24	3.	
FORM 990-PF		LEGAL	FEES			STATEMENT	3
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INV MENT IN		(C) ADJUSTED NET INCOM		
LEGAL		1,148.		574.	<del></del>	5′	74.
TO FM 990-PF, PG 1,	LN 16A =	1,148.		574.		5	74.
FORM 990-PF		ACCOUNTI	NG FEES			STATEMENT	4
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INV MENT IN		(C) ADJUSTED NET INCOM		
ACCOUNTING		5,879.	2	,940.	······································	2,9	39.
TO FORM 990-PF, PG	1, LN 16B	5,879.	2	,940.		2,9	39.

FORM 990-PF	THER PROFES	SIONAL FEES	S'	ratement 5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
INVESTMENT AND BANK FEES	29,412.	28,582.		830.
TO FORM 990-PF, PG 1, LN 16C	29,412.	28,582.		830.
FORM 990-PF	TAX	ES	S'	PATEMENT 6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
FEDERAL TAXES	10,000.	10,000.		0.
TO FORM 990-PF, PG 1, LN 18	10,000.	10,000.		0.
FORM 990-PF	OTHER E	XPENSES	S'	ratement 7
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
OFFICE EXPENSE INSURANCE DUES & SUBSCRIPTIONS TELEPHONE COMPUTER OTHER ADMINISTRATIVE EXPENSES	502. 16,792. 225. 700. 1,092.	251. 8,396. 113. 350. 546.		251. 8,396. 112. 350. 546.
TO FORM 990-PF, PG 1, LN 23	26,969.	12,985.		12,984.

FORM 990-PF	CORPORATE STOCK		STATEMENT 8
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE
SEE ATTACHMENT C		689,106.	742,499.
TOTAL TO FORM 990-PF, PART I	I, LINE 10B	689,106.	742,499.
FORM 990-PF	CORPORATE BONDS		STATEMENT 9
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE
SEE ATTACHMENT A		1,010,379.	1,006,488.
TOTAL TO FORM 990-PF, PART I	I, LINE 10C	1,010,379.	1,006,488.
FORM 990-PF	OTHER INVESTMENTS		STATEMENT 10
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
SEE ATTACHMENT B SEE ATTACHMENT D	COST	628,346. 1,759,809.	675,841. 1,957,719.
TOTAL TO FORM 990-PF, PART I	I, LINE 13	2,388,155.	2,633,560.

	IST OF OFFICERS, I ND FOUNDATION MANA		STATI	EMENT 11
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	EXPENSE
JEFFERY A. LEVITETZ 5300 BROKEN SOUND BLVD. NW #110 BOCA RATON, FL 33487	DIRECTOR/PRESI	IDENT 0.	0.	0.
ALAN RUTNER 5300 BROKEN SOUND BLVD. NW #110 BOCA RATON, FL 33487	DIRECTOR/VP/SI 2.00	ECRETARY/TREA 0.	A 0.	0.
DAVID GROOMES 5300 BROKEN SOUND BLVD. NW #110 BOCA RATON, FL 33487	D 21(11C1 C10,1) 12	0.	0.	0.
ZACHARY LEVITETZ 5300 BROKEN SOUND BLVD. NW #110 BOCA RATON, FL 33487	DIRECTOR 1.00	0.	0.	0.
TYLER LEVITETZ 5300 BROKEN SOUND BLVD. NW #110 BOCA RATON, FL 33487	DIRECTOR 1.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE	6, PART VIII	0.	0.	0.

FORM 990-PF GRANT APPLICATION SUBMISSION INFORMATION STATEMENT 12 PART XV, LINES 2A THROUGH 2D

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

LEVITETZ FAMILY FOUNDATION, INC. % ALAN RUTNER 5300 BROKEN SOUND BLVD, . NW #110 BOCA RATON, FL 33487

TELEPHONE NUMBER NAME OF GRANT PROGRAM

800-323-6838

CHARITABLE, ATHLETIC, RELIGIOUS, EDUCATIONAL, AND SCIENTIFIC

FORM AND CONTENT OF APPLICATIONS

LETTER FORM IS SUGGESTED, ALTHOUGH NOT REQUIRED. NO SPECIAL MATERIAL REQUIRED.

ANY SUBMISSION DEADLINES

NONE

RESTRICTIONS AND LIMITATIONS ON AWARDS

NONE

LEVITETZ FAMILY FOUNDATION Y/E 6/30/16 FORM 990PF PAGE 2 INVESTMENTS-CORPORATE BONDS FEIN 27-3533930

			Market
Security Name	Shares	Cost	Value
	,		
International Business Machs Corp 1.95%	125,000.000	128,936.25	125,073.37
JP Morgan Chase & Co 3.15%	125,000.000	127,801.25	125,000.00
Disney Walt Co Med Term 1.35%	125,000.000	126,115.00	125,129.62
John Deere Capital Corp 1.4%	125,000.000	125,230.00	125,477.00
United Technologies Corp 1.8%	125,000.000	127,452.50	125,956.62
Occidental Pete Corp 1.5%	125,000.000	125,477.50	125,455.25
Merck & Co 2.35%	125,000.000	124,480.00	128,762.12
Glaxosmithkline Cap PLC 1.5%	125,000.000	124,886.25	125,634.12
	•		
TOTALS	_	1,010,378.75	1,006,488.10

LEVITETZ FAMILY FOUNDATION Y/E 6/30/16 FORM 990 PAGE 2 INVESTMENTS - OTHER FEIN 27-3533930

Security Name	Shares	Cost	Market Value
MFC iShares 1-3 Year Credit Bond	950.000	100,330.55	100,785.50
MFO Vanguard Inflation Protected Securities F	2,304.240	67,365.81	61,800.52
MFC Flexshares Tr iBoxx 3 Year Target	4,000.000	99,736.21	99,760.00
MFB Northern FDS Global Real Estate	39,874.110	360,913.11	413,494.52
TOTALS	_	628,345.68	675,840.54