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For calendar year 2015, or tax year beginning 10-01-2015 , and ending 09-30-2016

Name of foundation SEBONACK FOUNDATION		A Employer identification number 20-5411954	
Number and street (or P O box number if mail is not delivered to street address) 270 S SERVICE ROAD		Room/suite	B Telephone number (see instructions) (631) 622-9419
City or town, state or province, country, and ZIP or foreign postal code MELVILLE, NY 117472339		C If exemption application is pending, check here <input type="checkbox"/>	
G Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/> E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col (c), line 16) \$ 86,193		J Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis)	

Part I Analysis of Revenue and Expenses <i>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))</i>		Revenue and expenses per books (a)	Net investment income (b)	Adjusted net income (c)	Disbursements for charitable purposes (d) (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule)	1,650,000			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments	10	10		
	4 Dividends and interest from securities				
	5a Gross rents				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10 _____				
	b Gross sales price for all assets on line 6a _____				
	7 Capital gain net income (from Part IV , line 2)		0		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances _____				
Operating and Administrative Expenses	b Less Cost of goods sold				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule)				
	12 Total. Add lines 1 through 11	1,650,010	10		
	13 Compensation of officers, directors, trustees, etc				
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule).				
	b Accounting fees (attach schedule).				
	c Other professional fees (attach schedule)				
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	1	1		
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings.				
	22 Printing and publications				
	23 Other expenses (attach schedule).	50			50
	24 Total operating and administrative expenses. Add lines 13 through 23	51	1		50
	25 Contributions, gifts, grants paid	1,639,018			1,639,018
	26 Total expenses and disbursements. Add lines 24 and 25	1,639,069	1		1,639,068
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	10,941			
	b Net investment income (if negative, enter -0-)		9		
	c Adjusted net income (if negative, enter -0-)				

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1	Cash—non-interest-bearing	1,731	18,662	18,662
	2	Savings and temporary cash investments	73,521	67,531	67,531
	3	Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	4	Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions).			
	7	Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges			
	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)			
	c	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)			
	14	Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
15	Other assets (describe ▶ _____)				
16	Total assets(to be completed by all filers—see the instructions Also, see page 1, item I)	75,252	86,193	86,193	
Liabilities	17	Accounts payable and accrued expenses			
	18	Grants payable			
	19	Deferred revenue			
	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable (attach schedule).			
	22	Other liabilities (describe ▶ _____)			
	23	Total liabilities(add lines 17 through 22)		0	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.				
	24	Unrestricted	75,252	86,193	
	25	Temporarily restricted			
	26	Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 27 through 31.				
	27	Capital stock, trust principal, or current funds			
	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
	29	Retained earnings, accumulated income, endowment, or other funds			
	30	Total net assets or fund balances(see instructions)	75,252	86,193	
	31	Total liabilities and net assets/fund balances(see instructions)	75,252	86,193	

Part III Analysis of Changes in Net Assets or Fund Balances					
1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	75,252		
2	Enter amount from Part I, line 27a	2	10,941		
3	Other increases not included in line 2 (itemize) ▶ _____	3			
4	Add lines 1, 2, and 3	4	86,193		
5	Decreases not included in line 2 (itemize) ▶ _____	5			
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	86,193		

Part IV Capital Gains and Losses for Tax on Investment Income

List and describe the kind(s) of property sold (e g , real estate, (a) 2-story brick warehouse, or common stock, 200 shs MLC Co)		How acquired P—Purchase (b) D—Donation	Date acquired (c) (mo , day, yr)	Date sold (d) (mo , day, yr)
1a				
b				
c				
d				
e				

(e) Gross sales price	Depreciation allowed (f) (or allowable)	Cost or other basis (g) plus expense of sale	Gain or (loss) (h) (e) plus (f) minus (g)
a			
b			
c			
d			
e			

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

(i) F M V as of 12/31/69	Adjusted basis (j) as of 12/31/69	Excess of col (i) (k) over col (j), if any	Gains (Col (h) gain minus col (k), but not less than -0-) or (l) Losses (from col (h))
a			
b			
c			
d			
e			

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

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

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)
If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No
If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2014	2,230,854	695,323	3 208371
2013	1,957,313	3,023,814	0 647299
2012	1,161,059	4,257,524	0 272708
2011	29,750	1,231,761	0 024152
2010		7,167	0 000000

2	Total of line 1, column (d).	2	4 152530
3	Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	0 830506
4	Enter the net value of noncharitable-use assets for 2015 from Part X, line 5.	4	145,746
5	Multiply line 4 by line 3.	5	121,043
6	Enter 1% of net investment income (1% of Part I, line 27b).	6	
7	Add lines 5 and 6.	7	121,043
8	Enter qualifying distributions from Part XII, line 4.	8	1,639,068

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

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b	1	0
c	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
3	Add lines 1 and 2.	3	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	0
6	Credits/Payments		
a	2015 estimated tax payments and 2014 overpayment credited to 2015	6a	
b	Exempt foreign organizations—tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868).	6c	
d	Backup withholding erroneously withheld	6d	
7	Total credits and payments. Add lines 6a through 6d.	7	
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed ▶	9	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid ▶	10	
11	Enter the amount of line 10 to be Credited to 2015 estimated tax ▶ 0 Refunded ▶	11	

Part VII-A Statements Regarding Activities

1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		Yes	No
1a				No
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)? <i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities</i>	1b		No
c	Did the foundation file Form 1120-POL for this year?	1c		No
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation ▶ \$ _____ (2) On foundation managers ▶ \$ _____			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ \$ _____			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities</i>	2		No
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i>	3		No
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		No
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T</i>	5		No
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	Yes	
7	Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col (c), and Part XV</i>	7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ NY _____			
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? <i>If "No," attach explanation</i> .	8b	Yes	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i>	9		No
10	Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i>	10	Yes	

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions).	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ▶ N/A	13	Yes	
14	The books are in care of ▶ CHARLES E BECKER Telephone no ▶ (631) 622-9419 Located at ▶ 270 S SERVICE ROAD MELVILLE NY ZIP+4 ▶ 117472339			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year ▶ 15	15		
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes", enter the name of the foreign country ▶	16	Yes No	No No

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

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			Yes	No
1a	During the year did the foundation (either directly or indirectly) (1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here. ▶ <input type="checkbox"/>	1b		
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2015?	1c		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2015? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ▶ 20____, 20____, 20____, 20____			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions).	2b		
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ▶ 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If "Yes," did it have excess business holdings in 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).	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
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?	4b		No

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

5a During the year did the foundation pay or incur any amount to

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? ☐ Yes ☒ No

(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? ☐ Yes ☒ No

(3) Provide a grant to an individual for travel, study, or other similar purposes? ☐ Yes ☒ No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions). ☐ Yes ☒ No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? ☐ Yes ☒ No

b If any answer is "Yes" to 5a(1)–(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? ☐ Yes ☒ No **5b**

Organizations relying on a current notice regarding disaster assistance check here. ☐

c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? ☐ Yes ☒ No

If "Yes," attach the statement required by Regulations section 53.4945–5(d)

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

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

If "Yes" to 6b, file Form 8870

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? ☐ Yes ☒ No

b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? ☐ Yes ☒ No **7b**

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
See Additional Data Table				

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

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

Total number of other employees paid over \$50,000. ☐ **0**

Part VIII

Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services. 0

Part IX-A

Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	Expenses
1	
2	
3	
4	

Part IX-B

Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3	

Part X Minimum Investment Return

(All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes		
a	Average monthly fair market value of securities.	1a	0
b	Average of monthly cash balances.	1b	147,965
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	147,965
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	
2	Acquisition indebtedness applicable to line 1 assets.	2	
3	Subtract line 2 from line 1d.	3	147,965
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	2,219
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	145,746
6	Minimum investment return. Enter 5% of line 5.	6	7,287

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

1	Minimum investment return from Part X, line 6.	1	7,287
2a	Tax on investment income for 2015 from Part VI, line 5.	2a	
b	Income tax for 2015 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	
3	Distributable amount before adjustments Subtract line 2c from line 1.	3	7,287
4	Recoveries of amounts treated as qualifying distributions.	4	
5	Add lines 3 and 4.	5	7,287
6	Deduction from distributable amount (see instructions).	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1.	7	7,287

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
a	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26.	1a	1,639,068
b	Program-related investments—total from Part IX-B.	1b	
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	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	1,639,068
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions).	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	1,639,068

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

Part XIII

Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI, line 7				7,287
2 Undistributed income, if any, as of the end of 2015				
a Enter amount for 2014 only.				
b Total for prior years 20____, 20____, 20____				
3 Excess distributions carryover, if any, to 2015				
a From 2010.				
b From 2011.				
c From 2012.				917,320
d From 2013.				1,821,795
e From 2014.				2,196,090
f Total of lines 3a through e.	4,935,205			
4 Qualifying distributions for 2015 from Part XII, line 4 ▶ \$ 1,639,068				
a Applied to 2014, but not more than line 2a				
b Applied to undistributed income of prior years (Election required—see instructions).				
c Treated as distributions out of corpus (Election required—see instructions).				
d Applied to 2015 distributable amount.				7,287
e Remaining amount distributed out of corpus	1,631,781			
5 Excess distributions carryover applied to 2015 (If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	6,566,986			
b Prior years' undistributed income Subtract line 4b from line 2b.				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.				
d Subtract line 6c from line 6b Taxable amount—see instructions				
e Undistributed income for 2014 Subtract line 4a from line 2a Taxable amount—see instructions				
f Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2015.				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions).				
8 Excess distributions carryover from 2010 not applied on line 5 or line 7 (see instructions). . .				
9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a.	6,566,986			
10 Analysis of line 9				
a Excess from 2011. . . .				
b Excess from 2012. . . .				917,320
c Excess from 2013. . . .				1,821,795
d Excess from 2014. . . .				2,196,090
e Excess from 2015. . . .				1,631,781

Part XIV

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b

Tax year	Prior 3 years			(e) Total
(a) 2015	(b) 2014	(c) 2013	(d) 2012	

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Part XV

1

Contributed more than 2% of the total contributions received by the foundation
 (or have contributed more than \$5,000) (See section 507(d)(2))

10% or more of the stock of a corporation (or an equally large portion of the
which the foundation has a 10% or greater interest

2

Contributions to preselected charitable organizations and does not accept or make gifts, grants, etc. (see instructions) to individuals or organizations under

- mail address of the person to whom applications should be addressed

mitted and information and materials they should include

as by geographical areas, charitable fields, kinds of institutions, or other

Part XV

Supplementary Information(continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<div>a Paid during the year</div> <div>See Additional Data Table</div>				
<div>Total</div>			<div>3a</div>	1,639,018
<div>b Approved for future payment</div>				
<div>Total</div>			<div>3b</div>	

Enter gross amounts unless otherwise indicated

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

Form **990-PF** (2015)

1. Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of 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.		1a(1)	No
(2) Other assets.		1a(2)	No
b Other transactions			
(1) Sales of assets to a noncharitable exempt organization.		1b(1)	No
(2) Purchases of assets from a noncharitable exempt organization.		1b(2)	No
(3) Rental of facilities, equipment, or other assets.		1b(3)	No
(4) Reimbursement arrangements.		1b(4)	No
(5) Loans or loan guarantees.		1b(5)	No
(6) Performance of services or membership or fundraising solicitations.		1b(6)	No
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.		1c	No
d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.			

[illegible]

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes
☒ No

b If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
▶	***** _____	2017-02-06 _____	***** _____
	Signature of officer or trustee	Date	Title

May the IRS discuss this return with the preparer shown below
 (see instr.)? ☐ Yes ☒ No

Paid Preparer Use Only	Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name ▶			Firm's EIN ▶	
	Firm's address ▶			Phone no	

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation(If not paid, enter -0-)	Contributions to employee benefit plans and deferred compensation (d)	Expense account, (e) other allowances
MICHAEL C PASCUCCI	DIRECTOR/PRESIDENT 0	0	0	0
270 S SERVICE ROAD - STE 45 MELVILLE,NY 11747				
CHRISTOPHER S PASCUCCI	DIRECTOR/VP 0	0	0	0
270 S SERVICE ROAD - STE 45 MELVILLE,NY 11747				
RALPH P PASCUCCI	DIRECTOR/VP 0	0	0	0
270 S SERVICE ROAD - STE 45 MELVILLE,NY 11747				
CHARLES E BECKER JR	TREASURER 0	0	0	0
270 S SERVICE ROAD - STE 45 MELVILLE,NY 11747				
PETER I CAVALLARO	SECRETARY 0	0	0	0
270 S SERVICE ROAD - STE 45 MELVILLE,NY 11747				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
BETHPAGE HIGH SCHOOL 10 CHERRY AVENUE BETHPAGE,NY 11714		501(C)(3)	OF CHILDREN, DISABLED, CLERGY,PROMOTE HEALTH & WELFARERESEARCH & EDUCATION	100
CATHOLIC RELIEF SERVICES 228 W LEXINGTON ST BALTIMORE,MD 21201		501(C)(3)	OF CHILDREN, DISABLED, CLERGY,PROMOTE HEALTH & WELFARERESEARCH & EDUCATION	82,668
THE CHILD CENTER OF NY 60-02 QUEENS BLVD WOODSIDE,NY 11377		501(C)(3)	OF CHILDREN, DISABLED, CLERGY,PROMOTE HEALTH & WELFARERESEARCH & EDUCATION	1,000
CROSS CATHOLIC OUTREACH INC 600 SW 3RD ST POMPAÑO BEACH,FL 33060		501(C)(3)	OF CHILDREN, DISABLED, CLERGY,PROMOTE HEALTH & WELFARERESEARCH & EDUCATION	50,000
DOMINICAN MISSION FOUNDATION BOX 15368 SAN FRANCISCO,CA 94115		501(C)(3)	OF CHILDREN, DISABLED, CLERGY,PROMOTE HEALTH & WELFARERESEARCH & EDUCATION	100,000
ELS FOR AUTISM FOUNDATION 3900 MILITARY TRAIL JUPITER,FL 33458		501(C)(3)	OF CHILDREN, DISABLED, CLERGY,PROMOTE HEALTH & WELFARERESEARCH & EDUCATION	10,000
EXPECTANT MOTHER CARE 61 LEWIS PARKWAY YONKERS,NY 10705		501(C)(3)	OF CHILDREN, DISABLED, CLERGY,PROMOTE HEALTH & WELFARERESEARCH & EDUCATION	138,000
FELLOWSHIP OF CATHOLIC UNIVERSITY STUDENTS 603 PARK POINT DR GENESEE,CO 80401		501(C)(3)	OF CHILDREN, DISABLED, CLERGY,PROMOTE HEALTH & WELFARERESEARCH & EDUCATION	166,668
FOUNDATION FOR HELPING VETERANS PO BOX 377 CALVERTON,NY 11933		501(c)(3)	OF CHILDREN, DISABLED, CLERGY,PROMOTE HEALTH & WELFARERESEARCH & EDUCATION	1,000
FRIENDS OF KAREN INC 21 PERRY ST PORT JEFFERSON,NY 11777		501(C)(3)	OF CHILDREN, DISABLED, CLERGY,PROMOTE HEALTH & WELFARERESEARCH & EDUCATION	10,000
FRIENDS OF SARNELLI HOUSE PO BOX 785 FOND DU LAC,WI 54936		501(C)(3)	OF CHILDREN, DISABLED, CLERGY,PROMOTE HEALTH & WELFARERESEARCH & EDUCATION	10,000
FUTURES IN EDUCATION 243 PROSPECT PARK W BROOKLYN,NY 11215		501(C)(3)	OF CHILDREN, DISABLED, CLERGY,PROMOTE HEALTH & WELFARERESEARCH & EDUCATION	1,000
GIFT OF LIFE INTERNATIONAL PO BOX 650436 FRESH MEADOW,NY 11365		501(C)(3)	OF CHILDREN, DISABLED, CLERGY,PROMOTE HEALTH & WELFARERESEARCH & EDUCATION	10,000
HERMANDAD INC PO BOX 286269 NEW YORK,NY 10128		501(C)(3)	OF CHILDREN, DISABLED, CLERGY,PROMOTE HEALTH & WELFARERESEARCH & EDUCATION	10,000
HOPE FOR HAITI 1021 5TH AVE NORTH NAPLES,FL 34102		501(C)(3)	OF CHILDREN, DISABLED, CLERGY,PROMOTE HEALTH & WELFARERESEARCH & EDUCATION	15,000
Total			▶ 3a	1,639,018

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
IRISH EDUCATIONAL DEVELOPMENT FOUNDATION 436 WEST 47TH ST NEW YORK, NY 10036		501(C)(3)	OF CHILDREN, DISABLED, CLERGY,PROMOTE HEALTH & WELFARERESEARCH & EDUCATION	40,000
KEEP THE FAITH 70 LAKE ST RAMSEY,NJ 07446		501(C)(3)	OF CHILDREN, DISABLED, CLERGY,PROMOTE HEALTH & WELFARERESEARCH & EDUCATION	5,000
LILBERY HEALTHCARE SYS FOUNDATION 242 BARROW ST CU JERSEY CITY,NJ 07302		501 (c)(3)	OF CHILDREN, DISABLED, CLERGY,PROMOTE HEALTH & WELFARERESEARCH & EDUCATION	1,000
LIGHTHOUSE MISSION OUTREACH 1543 MONTAUK HWY BELLPORT,NY 11713		501(C)(3)	OF CHILDREN, DISABLED, CLERGY,PROMOTE HEALTH & WELFARERESEARCH & EDUCATION	3,000
MARYKNOLL FATHERS & BROTHERS PO BOX 302 MARYKNOLL,NY 10545		501(C)(3)	OF CHILDREN, DISABLED, CLERGY,PROMOTE HEALTH & WELFARERESEARCH & EDUCATION	75,000
MERCY & SHARING 201 N MILL ST ASPEN,CO 81611		501(C)(3)	OF CHILDREN, DISABLED, CLERGY,PROMOTE HEALTH & WELFARERESEARCH & EDUCATION	80,000
MIDNIGHT RUN 97 MAIN ST DOBBS FERRY,NY 10522		501(C)(3)	OF CHILDREN, DISABLED, CLERGY,PROMOTE HEALTH & WELFARERESEARCH & EDUCATION	2,500
MINISTRY FOR HOPE PO BOX 358 PT JEFFERSON,NY 11777		501(C)(3)	OF CHILDREN, DISABLED, CLERGY,PROMOTE HEALTH & WELFARERESEARCH & EDUCATION	2,000
MIRACLE FEET 410 W MAIN ST STE 107 CARRBORO,NC 27510		501(c) (3)	OF CHILDREN, DISABLED, CLERGY,PROMOTE HEALTH & WELFARERESEARCH & EDUCATION	25,000
MUSTARD SEED COMMUNITIES 29 JANES AVE MEDFIELD,MA 02052		501(C)(3)	OF CHILDREN, DISABLED, CLERGY,PROMOTE HEALTH & WELFARERESEARCH & EDUCATION	127,500
NASSAUSUFFOLD SERVICE FOR AUTISTIC 80 HAUPPAUGE RD COMMACK,NY 11725		501(c) (3)	OF CHILDREN, DISABLED, CLERGY,PROMOTE HEALTH & WELFARERESEARCH & EDUCATION	5,000
NICKLAUS CHILDRENS' HEALTH CARE FOUNDATION 11770 US HWY ONE STE 303 NORTH PALM BEACH,FL 33408		501(c) (3)	OF CHILDREN, DISABLED, CLERGY,PROMOTE HEALTH & WELFARERESEARCH & EDUCATION	1,750
NPH USA (FORMERLY FRIENDS OF THE ORPHANS) 134 N LASALLE ST CHICAGO,IL 60602		501(C)(3)	OF CHILDREN, DISABLED, CLERGY,PROMOTE HEALTH & WELFARERESEARCH & EDUCATION	6,000
QUALITY SERVICES FOR THE AUTISM COMMUNITY 253 W 35TH ST 14TH FL NEW YORK,NY 10010		501(C)(3)	OF CHILDREN, DISABLED, CLERGY,PROMOTE HEALTH & WELFARERESEARCH & EDUCATION	2,500
SEVERAL SOURCES FOUNDATION 300 AIRMONT AVENUE RAMSEY,NJ 07446		501(C)(3)	OF CHILDREN, DISABLED, CLERGY,PROMOTE HEALTH & WELFARERESEARCH & EDUCATION	25,000
Total			▶ 3a	1,639,018

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a <i>Paid during the year</i>				
SISTERS OF LIFE 38 MONTEBELLO RD SUFFERN, NY 10901		501(C)(3)	OF CHILDREN, DISABLED, CLERGY, PROMOTE HEALTH & WELFARE RESEARCH & EDUCATION	83,332
SISTERS OF THE ORDER OF ST DOMINIC 555 ALBANY AVE AMITYVILLE, NY 11701		501(C)(3)	OF CHILDREN, DISABLED, CLERGY, PROMOTE HEALTH & WELFARE RESEARCH & EDUCATION	12,500
ST AGNES CATHEDRAL 29 QUEALY PLACE ROCKVILLE CENTRE, NY 11570		501(C)(3)	OF CHILDREN, DISABLED, CLERGY, PROMOTE HEALTH & WELFARE RESEARCH & EDUCATION	10,000
ST FRANCIS HOSPITAL FOUNDATION 100 PORT WASHINGTON AVE ROSLYN, NY 11576		501(C)(3)	OF CHILDREN, DISABLED, CLERGY, PROMOTE HEALTH & WELFARE RESEARCH & EDUCATION	220,000
ST JOHNS BREAD & LIFE PROGRAM 795 LEXINGTON AVENUE BROOKLYN, NY 11221		501(C)(3)	OF CHILDREN, DISABLED, CLERGY, PROMOTE HEALTH & WELFARE RESEARCH & EDUCATION	500
TELECARE 1200 GLENN CURTISS BLVD UNIONDALE, NY 11553		501(C)(3)	OF CHILDREN, DISABLED, CLERGY, PROMOTE HEALTH & WELFARE RESEARCH & EDUCATION	300,000
YOUTH WITH A MISSION 70 NEW YORK AVENUE SMITHTOWN, NY 11787		501(C)(3)	OF CHILDREN, DISABLED, CLERGY, PROMOTE HEALTH & WELFARE RESEARCH & EDUCATION	6,000
Total ▶ 3a				1,639,018

TY 2015 Other Expenses Schedule**Name:** SEBONACK FOUNDATION**EIN:** 20-5411954

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
NYS ANNUAL FILING FEE	50			50

TY 2015 Taxes Schedule**Name:** SEBONACK FOUNDATION**EIN:** 20-5411954

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FEDERAL EXCISE TAX	1	1		

<div>Schedule B</div> <div>(Form 990, 990-EZ, or 990-PF)</div> <div>Department of the Treasury Internal Revenue Service</div>	<div>Schedule of Contributors</div> <div>▶ Attach to Form 990, 990-EZ, or 990-PF</div> <div>▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990</div>	<div>OMB No 1545-0047</div> <div>2015</div>
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Name of the organization	Employer identification number
SEBONACK FOUNDATION	20-5411954

Organization type (check one)

Filers of:	Section:
Form 990 or 990-EZ	<div><input type="checkbox"/> 501(c)() (enter number) organization</div> <div><input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation</div> <div><input type="checkbox"/> 527 political organization</div>
Form 990-PF	<div><input checked="" type="checkbox"/> 501(c)(3) exempt private foundation</div> <div><input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation</div> <div><input type="checkbox"/> 501(c)(3) taxable private foundation</div>

Check if your organization is covered by the **General Rule** or a **Special Rule**.
Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. ▶ \$ _____

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

Name of organization SEBONACK FOUNDATION	Employer identification number 20-5411954
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Part I Contributors (see instructions) Use duplicate copies of Part I if additional space is needed			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MICHAEL C PASCUCCI	\$ 1,650,000	Person <input checked="" type="checkbox"/>
	392 DUCK POND ROAD		Payroll <input type="checkbox"/>
	LOCUST VALLEY, NY 11560		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

Name of organization SEBONACK FOUNDATION	Employer identification number 20-5411954
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Part III 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 completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$ _____

Use duplicate copies of Part III if additional space is needed

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
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(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div> <div>--</div>	<div></div> <div></div> <div></div>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div> <div>--</div>	<div></div> <div></div> <div></div>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div> <div>--</div>	<div></div> <div></div> <div></div>	



SEBONACK FOUNDATION, INC.

270 South Service Road

Suite 45

Melville, NY 11747-2399

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

Grant Application

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

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

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

8 Total operating budget for current year: \$ _____

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

10 Personnel

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

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

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

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

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

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

15 Certification.

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

Signature of Board Member or Officer

Title

Date

Do not write in this space.

- ☐ Mission
- ☐ 501(c)(3)
- ☐ 990 and 3 years financials
- ☐ Board of Directors

Reviewed by:

Managing Director _____

Date _____

Comments _____

Do not write in this space.

Board of Directors Approval:

1.) Name _____

Date: _____

2.) Name _____

Date: _____

If applicable:

3.) Name _____

Date: _____