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Form 990-PF Department of the Treasury Internal Revenue Service

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

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

OMB No 1545-0052

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

For	alendar	year 2014 or tax year beginning DEC	1, 2014	, and ending	NOV 30, 201	<u>5</u>
Nar	ne of fou	ındatıon			A Employer identification	on number
Ť	HE S	SCIORTINO FOUNDATION,	INC.		65-001804	9
		street (or P O box number if mail is not delivered to street		Room/suit		
2	542	SOUTH PENINSULA DRIVE			954-974-7	737
		, state or province, country, and ZIP or foreign p			C if exemption application is	
		NA BEACH, FL 32118				
		triat apply Initial return	Initial return of a fo	ormer public chall ty	D 1 Foreign organizatio	ns, check nere
		[] Final return	Amended return			
		Address change	Name change		2 Foreign organizations r check here and attach	neeting the 85% test, computation
H C	heck typ	be of organization X Section 501(c)(3) ex	empt private foundation		E If private foundation s	tatus was terminated
	Sectio	n 4947(a)(1) nonexempt charitable trust	Other taxable private founda	ition	under section 507(b)(
ı Fa	ır marke	t value of all assets at end of year J Accounti	ng method: X Cash	Accrual	F If the foundation is in	a 60-month termination
(fr	om Pan	t II, col. (c), line 16)	her (specify)		under section 507(b)(
_		2,421,478. (Part I, colu	mn (d) must be on cash l	oasis)		
Pa	ırt I 🧸	nalysis of Revenue and Expenses the total of amounts in columns (b), (c), and (d) may not	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements for charitable purposes
	ne	ecessarily equal the amounts in column (a))	expenses per books	income	income	(cash basis only)
	1 Co	ntributions, gifts, grants, etc., received	82,300.		N/A	
	_	eck if the foundation is not required to attach Sch. B				<u> </u>
	3 Inte	erest on savings and temporary shinvestments	9.		9.	STATEMENT 1
	4 Div	vidends and interest from securities	172,703.	172,70	3.	STATEMENT 2
	5a Gr	oss rents		.,,		
	b Net	t rental income or (loss)				
ø		t gain or (loss) from sale of assets not on line 10	41,508.			
aun	b ass	oss sales price for all 227,547.				
Revenue	7 Ca	pital gain net income (from Fart IV, line 2)		41,50	8	
	8 Ne	t short-term capital gain			I KEGENY	
		come modifications oss sales less returns				
		d allowances			[취] MAR 1 4 20	16 8
2		ss Cost of goods sold			14-1	10
	1	oss profit or (loss)				<u> </u> =
<u>2</u>	l .	her income	206 520	014 00	OGDEM	
<u></u>		tal. Add lines 1 through 11	296,520.	214,22		0
<u>-</u> ,		impensation of officers, directors, trustees, etc	0.		0.	· · · · · · · · · · · · · · · · · · ·
	_	her employee salaries and wages Insion plans, employee benefits				
ses	160 10	gal fees				
, š	h Ac	counting fees STMT 3	3,760.		0.	0
Expense	• Ot	her professional fees STMT 4	27,508.		0.	0
ative E)	17 Int	•	27,300		<u> </u>	
ativ	l .	xes STMT 5	2,581.		0.	0
istr		epreciation and depletion	2,301.			
Ē	ı	ccupancy				
Adr		avel, conferences, and meetings				
and Administrative	I	inting and publications				
Š.		her expenses				
atin	24 To	otal operating and administrative				
Operating	ex	penses. Add lines 13 through 23	33,849.		0.	0
ō	25 Cc	ontributions, gifts, grants paid	118,600.			118,600
	1	otal expenses and disbursements				
		dd lines 24 and 25	152,449.		0.	118,600
		ubtract line 26 from line 12.				
	a Ex	cess of revenue over expenses and disbursements	144,071.			
	b Ne	et investment income (if negative, enter -0-)		214,22		
4225	C Ac	fjusted net income (if negative, enter -0-)			N/A	
4000	0.1					

423501 11-24-14 LHA For Paperwork Reduction Act Notice, see instructions

Part	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of	year
7		(a) Book Value	(b) Book Value	(c) Fair Market Value
1	Cash - non-interest-bearing			
2	Savings and temporary cash investments	74,865.	1,074.	1,074
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			
7	Other notes and loans receivable			
	Less: allowance for doubtful accounts			
9				
9	Prepaid expenses and deferred charges			
10	Investments - U.S. and state government obligations			
	b Investments - corporate stock STMT 6	96,625.	178,925.	184 <u>,95</u> 0
	Investments - corporate bonds			
11	Investments - land, buildings, and equipment basis			
	Less accumulated depreciation			
12	5 5			
13	Investments - other STMT 7	1,937,392.	2,072,954.	<u>2,235,454</u>
14	Land, buildings, and equipment basis 🕨			
	Less accumulated depreciation			
15	Other assets (describe)			
16	Total assets (to be completed by all filers - see the			
	ınstructions. Also, see page 1, item I)	2,108,882.	2,252,953.	2,421,478
17	Accounts payable and accrued expenses			
18	Grants payable			
19	Deferred revenue			
20 21	Loans from officers, directors, trustees, and other disqualified persons			
21	Mortgages and other notes payable			•
22	Other liabilities (describe)			
23	Total liabilities (add lines 17 through 22)	0.	0.	
1	Foundations that follow SFAS 117, check here			
	and complete lines 24 through 26 and lines 30 and 31			
24	Unrestricted	2,108,882.	2,252,953.	
25 26				
26				
	Foundations that do not follow SFAS 117, check here			
	and complete lines 27 through 31			
27	·			
28	Paid-in or capital surplus, or land, bldg, and equipment fund			
29				
28 29 30		2,108,882.	2,252,953.	
31	Total liabilities and net assets/fund balances	2,108,882.	2,252,953.	
Parl			2,232,333.	
			<u> </u>	
	al net assets or fund balances at beginning of year - Part II, column (a), line	30		2 100 000
,	ust agree with end-of-year figure reported on prior year's return)		1	2,108,882
	er amount from Part I, line 27a		2	144,071
Uth	er increases not included in line 2 (itemize)		3	0 252 053
A -7	l lines 1, 2, and 3		4	2,252,953
	reason not included in line (1/4			
Dec	ereases not included in line 2 (itemize) al net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	-Lucy (b) Lucy (C)	5	0 2,252,953

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Pa	ge	3

Rart IV Capital Gains a	nd Losses for Tax on In	vestmen	t Income					
	be the kınd(s) of property sold (e g. ehouse, or common stock, 200 shs			(b) How P - Pi D - D	v acquired urchase onation	(c) Date (mo., d	acquired ay, yr.)	(d) Date sold (mo., day, yr)
1a TOUCHSTONE SUST	AINABLITY FUND		_			VARI	OUS	05/04/15
b TOUCHSTONE SUST				-		VARI		05/04/15
c JANUS ENTERPRIS						03/0		08/07/15
d JANUS ENTERPRIS							$\frac{-7}{14}$	08/07/15
е						,_	· /	0070.720
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale		· · · · · · · · · · · · · · · · · · ·	(h) G (e) plus	ain or (loss s (f) minus) (g)
a 125,860.			112,02	3.				13,837.
b 25,687.			23,82					1,860.
c 75,923.			50,11					25,805.
d 77.				1.				6.
е , , , ,				- •				<u>~</u>
	gain in column (h) and owned by t	the foundation	on 12/31/69			Counc (C	ol (h) gain	minus
- Complete only for access channing							ol. (h) gain not less tha	
(i) F.M.V. as of 12/31/69	(ı) Adjusted basis as of 12/31/69		cess of col. (1) col. (1), if any				(from col. (
	45 61 1276 1766	0,01	001. (j), ii uriy					12 027
<u>a</u>								13,837.
b								1,860.
C								25,805.
_d								6 .
e								
2 Capital gain net income or (net cap	ital loss) { If gain, also enter If (loss), enter -0-	in Part I, line - in Part I, line	7 7	} 2				41,508.
3 Net short-term capital gain or (loss	`							
If gain, also enter in Part I, line 8, c		d (0).		J				
If (loss), enter -0- in Part I, line 8	0,2,] 3			N/A	
	der Section 4940(e) for	Reduced	Tax on Net	Inves	tment Inc	ome		
If section 4940(d)(2) applies, leave thi Was the foundation liable for the section If "Yes," the foundation does not qualif	on 4942 tax on the distributable am			od?				Yes X No
1 Enter the appropriate amount in ea	ich column for each year; see the in	istructions be	fore making any en	ntries				<u></u>
(a) Base period years Calendar year (or tax year beginning	(b) Adjusted qualifying dist	tributions	Net value of nor	(c) ncharitab	le-use assets			(d) oution ratio rided by col. (c))
2013		6,000.		2.3	87,763			.044393
2012		6,000.			50,365			.049294
2011		0,520.			04,095			.052791
2010		1,000.			26,201			.047243
2009		3,000.			56,664		• • • • • • • • • • • • • • • • • • • •	
2009		3,000		1,0	50,004	+		.050090
2 Total of line 1, column (d)						2		.243811
3 Average distribution ratio for the 5- the foundation has been in existence		on line 2 by 5,	or by the number (of years		3		.048762
4 Enter the net value of noncharitable	e-use assets for 2014 from Part X, I	line 5				4		2,409,335.
5 Multiply line 4 by line 3								
, ,						5	_	117,484.
6 Enter 1% of net investment income	e (1% of Part I, line 27b)					6		2,142.
7 Add lines 5 and 6						7		119,626.
8 Enter qualifying distributions from	•					8		118,600.
If line 8 is equal to or greater than See the Part VI instructions.	ine 7, check the box in Part VI, line	1b, and comp	lete that part using	a 1% ta	x rate			

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_	1990-PE (2014) THE SCIORTINO FOUNDATION, INC.	<u>65-</u>	0018	049	4:	Page 4
	ert VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or	1948 -	· see ir	nstru	ICTIO	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.		j			
	Date of ruling or determination letter (attach copy of letter if necessary-see instructions)		ĺ			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%	1			4,2	84.
	of Part I, line 27b					
	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col. (b).					^
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	 -		4 2	<u> </u>
3	Add lines 1 and 2	3			4,2	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4			4 2	0.
5	Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-	5			4,2	84.
Ö	Credits/Payments:					
	2014 estimated tax payments and 2013 overpayment credited to 2014 6a	-				
	Exempt foreign organizations - tax withheld at source To part of the second se	-				
	Tax paid with application for extension of time to file (Form 8868) Balance the other accounts the tide.	-				
	Backup withholding erroneously withheld	┥ _ │				^
_	Total credits and payments. Add lines 6a through 6d	7				<u> </u>
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached.	8			4 2	56.
9	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed	9			4,3	40.
10		10				
_	Enter the amount of line 10 to be: Credited to 2015 estimated tax Refunded Refunded Refunded Refunded	11				
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or interven-				Yes	No
ıa	any political campaign?	2 111	1	1a		X
h	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition	n\2	ŀ	1b		X
	If the answer is "Yes" to 1a or 1b , attach a detailed description of the activities and copies of any materials publish	•		10		- 21
	distributed by the foundation in connection with the activities	ca or				
c	Did the foundation file Form 1120-POL for this year?			1c		х
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:		ŀ			
	(1) On the foundation. \blacktriangleright \$ 0 • (2) On foundation managers. \blacktriangleright \$ 0 •					;
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation	_				
	managers. ▶ \$ 0.					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		х
_	It 'Yes, ' attach a detailed description of the activities		Ī			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation,	or				
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		Х
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		Ī	4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N	/A [4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		X
	If "Yes," attach the statement required by General Instruction T					
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:					
	By language in the governing instrument, or					
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state	e law				
	remain in the governing instrument?			6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part X	/		7	Х	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)					
	FL					
t	of 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 cal	endar				
	year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," complete Part XIV		}	9_		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses			10_	<u> </u>	<u> </u>

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Part VII-B Statements Regarding Activities for Which I	orm 4720 May Be F	Required (contin	ued)	
5a During the year did the foundation pay or incur any amount to:				
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	1 4945(e))?	Y6	es X No	
(2) Influence the outcome of any specific public election (see section 4955); o	, ,,			
any voter registration drive?		· · · · · · · · · · · · · · · · · · ·	es X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes	?		es X No	
(4) Provide a grant to an organization other than a charitable, etc., organization				
4945(d)(4)(A)? (see instructions)		☐ Y6	es X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational nurposes, or f			
the prevention of cruelty to children or animals?			es X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	ter the excentions described i			
section 53.4945 or in a current notice regarding disaster assistance (see instru	·	rriogalationo	N/A	ib
Organizations relying on a current notice regarding disaster assistance check h	·			,,,
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr		ned		
expenditure responsibility for the grant?		/A 🗆 Ye	s No	
If "Yes," attach the statement required by Regulations section 53 4945		1/ 22	.5	
6a Did the foundation, during the year, receive any funds, directly or indirectly, to				
a personal benefit contract?	pay premiums on		es X No	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	arcanal hanafit aantraat?	₹ لــــا		Sb X
If "Yes" to 6b. file Form 8870	ersonal benefit contract?		<u> </u>	N A
	haltar transaction?		es X No	
7a At any time during the tax year, was the foundation a party to a prohibited tax s		Y6		'b
Part VIII Information About Officers, Directors, Trusto		nagara Highli		0 [
Paid Employees, and Contractors	ees, roundation wa	nagers, nigni	y	
List all officers, directors, trustees, foundation managers and their	compensation.			
. List an omest of an octors, a actoos, roundation managers and then		(c) Compensation	(d) Contributions to	(e) Expense
(a) Name and address	(b) Title, and average hours per week devoted	(If not paid,	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
MARTINA COTORMINO	to position PRESIDENT	enter -0-)	compensation	allowances
MARILYN SCIORTINO 2542 SOUTH PENINSULA DR	LKE2IDEMI.			
	0.00	0.	ا م ا	0
	0.00		0.	0.
	V/P TREASURER	1		
10103 ASHWOOD DRIVE	0 00			0
KENSINGTON, MD 20895	0.00	0.	0.	0.
	V/P SECRETARY			
2151 MONTOVA POINT	0.00			0
WINTER PARK, FL 32729	0.00	0.	0.	0.
	DIRECTOR			
3642 HIGH PINE DR.	0.00			•
CORAL SPRINGS, FL 33065 2 Compensation of five highest-paid employees (other than those inc	0.00	O.	0.	0.
2 Compensation of the highest-paid employees (other than those inc	(b) Title, and average	enter NONE.	(d) Contributions to	(e) Expense
(a) Name and address of each employee paid more than \$50,000	hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred	account, other
MONT	devoted to position		compensation	allowances
NONE				
				
		_		<u> </u>
	_			
			<u> </u>	
Total number of other employees paid over \$50,000			<u> </u>	0
			Earm	990-DE (2014)

P,	art X Minimum Investment Return (All domestic foundations must con	nplete this part. Foreign foun	dations, s	see instructions)
<u> </u>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., p	urposes:		
а	Average monthly fair market value of securities		1a	2,404,233.
	Average of monthly cash balances		1b	41,792.
	Fair market value of all other assets		1c	
d	Total (add lines 1a, b, and c)		1d	2,446,025.
	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	2,446,025.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see inst	tructions)	4	36,690.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V,	line 4	5	2,409,335.
6	Minimum investment return. Enter 5% of line 5		6	120,467.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5)	private operating foundations an	d certain	
	foreign organizations check here 🕨 🔲 and do not complete this part.)			
1	Minimum investment return from Part X, line 6		1	120,467.
2a	Tax on investment income for 2014 from Part VI, line 5	4,284.		
b	Income tax for 2014. (This does not include the tax from Part VI.)			
C	Add lines 2a and 2b		2c	4,284.
3	Distributable amount before adjustments. Subtract line 2c from line 1		3	116,183.
4	Recoveries of amounts treated as qualifying distributions		4	O ،
5	Add lines 3 and 4		5	116,183.
6	Deduction from distributable amount (see instructions)	ļ	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line	1	7	116,183.
Р	art XII Qualifying Distributions (see instructions)			
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:			110 600
а			1a	118,600.
b	- 3 ·		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:			
а	, ,		_3a	
b	,		3b	110 600
4	Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8, and Part V	(III, line 4	4	118,600.
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	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4		6	118,600.
	Note The amount on line 6 will be used in Part V, column (b), in subsequent years when calc	culating whether the foundation of	jualifies for	the section

4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
1 Distributable amount for 2014 from Part XI,				
line 7				116,183.
2 Undistributed income, if any, as of the end of 2014				
a Enter amount for 2013 only			0.	
b Total for prior years.	İ			
		0.		
3 Excess distributions carryover, if any, to 2014:				
a From 2009 b From 2010				
c From 2011 3,857.				
d From 2012				
e From 2013				
f Total of lines 3a through e	3,857.			
4 Qualifying distributions for 2014 from				
Part XII, line 4 ► \$ 118,600.				
a Applied to 2013, but not more than line 2a			0.	
b Applied to undistributed income of prior		-		
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2014 distributable amount				116,183.
e Remaining amount distributed out of corpus	2,417.			
5 Excess distributions carryover applied to 2014 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below.				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	6,274.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b Taxable				
amount - see instructions		0.		
e Undistributed income for 2013. Subtract line				
4a from line 2a Taxable amount - see instr.			0.	
f Undistributed income for 2014. 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)	0.			
8 Excess distributions carryover from 2009	0.			
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2015				
Subtract lines 7 and 8 from line 6a	6,274.			
10 Analysis of line 9:				
a Excess from 2010				
b Excess from 2011 3,857.				
c Excess from 2012			İ	
d Excess from 2013				
e Excess from 2014 2, 417.				Form 000-DE (2014)

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Part XIV Private Operating Fe	oundations (see ins	structions and Part VII	A, question 9)	N/A	
1 a If the foundation has received a ruling of	r determination letter that	it is a private operating			
foundation, and the ruling is effective for	r 2014, enter the date of t	he ruling	▶ <u></u>		
b Check box to indicate whether the found	lation is a private operatir	g foundation described i	n section	4942(j)(3) or 49)42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years	_ -	
income from Part I or the minimum	(a) 2014	(b) 2013	(c) 2012	(d) 2011	(e) Total
investment return from Part X for					
each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the					
alternative test relied upon: a "Assets" alternative test - enter:					
(1) Value of all assets		:			
(2) Value of assets qualifying					
under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter.					
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on securities loans (section					
512(a)(5)), or royalties)					
(2) Support from general public					
and 5 or more exempt					
organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income	<u></u>				
Part XV Supplementary Info			if the foundation	n had \$5,000 or m	ore in assets
at any time during t	he year-see insti	ructions.)			
1 Information Regarding Foundation					
a List any managers of the foundation wh year (but only if they have contributed n			ributions received by th	e foundation before the clo	se of any tax
, , , , , ,	nore man \$5,000). (See s	66 (u)(2).)			
NONE	100/		/		- 4
b List any managers of the foundation whe other entity) of which the foundation ha			or an equally large port	ion of the ownership of a p	eartnership or
	o a 1070 or grouter interes				
NONE		0-1-111			
2 Information Regarding Contribut			_	not consol upoplicated roa	unata for funda. If
Check here X if the foundation of the foundation makes gifts, grants, etc.					
a The name, address, and telephone num	·				
a The name, address, and telephone num	iber of e-mail address of	the person to whom appr	cations should be addi-	:55tu.	
b The form in which applications should be	oe submitted and informa	tion and materials they sl	hould include		
c Any submission deadlines:					
	lo auch no hu nanguanh	al arana abaritable fields	lundo of motifications	ather feeters:	
d Any restrictions or limitations on award	s, such as by geographic	ai areas, charitadie fields,	KIRUS OF ITISHIUTIONS, OF	other factors:	
423601 11-24-14	· · · · · ·				Form 990-PF (2014)
					•

Form 990-PF (2014) THE SCIORT Part XV Supplementary Informa		LNC.	65-0018	049 Page 1
3 Grants and Contributions Paid During t		Payment		
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	A
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
a Paid during the year				
AMERICARES	N/A	PUBLIC CHARITY		
88 HAMILTON AVENUE			WORLD HUNGER PROGRAM	
STANFORD, CT 06902			FOOD AID FOR THE POOR	1,000
				•
BISHOP MOORE HIGH SCHOOL 3901 EDGEWATER DRIVE	N/A	PUBLIC CHARITY	EDUCATION	
ORLANDO, FL 32804				5,000
FAMILY RENEW COMMUNITY 810 RIDGEWOOD AVENUE	N/A	PUBLIC CHARITY	REHAB FOR FAMILIES IN DISTRESS	
HOLLY HILL, FL 32119				1,000
FRIENDS OF CHILDREN	N/A	PUBLIC CHARITY	SOCIAL SERVICES	
P.O. BOX 5016	ļ		PROGRAM FOR CHILDREN	4 000
WOODBURY, CO 06798				1,000
GUATEMALA TOMORROW	N/A	PUBLIC CHARITY	HEALTH CARE AND	
P.O. BOX 3636			EDUCATION FOR CHILDREN	
TEQUESTA FL 33464 Total SEE	CONTINUATION SHE	Pm/C)	> 00	2,000
b Approved for future payment	CONTINUATION SHE	1(5)	▶ 3a	118,600
NONE				
Total			▶ 3b	(

423611 11-24-14

Part XVI-A	Analysis	of Incor	me-Producing	Activities
Part Avi-A	Anaiysi	s of lifeor	me-Producing	ACTIVITIES

ter gross amounts unless otherwise indicated.	Unrelated	ousiness income		section 512, 513, or 514	(e)
	(a) Business	(b)	(C) Exclu- sion	(d)	Related or exemp
Program service revenue:	code	Amount	code	Amount	function income
ì					
)					
C					
d			_		<u></u>
e					
f					
g Fees and contracts from government agencies					
Membership dues and assessments					
Interest on savings and temporary cash					
investments			14	9.	
Dividends and interest from securities			14	172,703.	
Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
Net rental income or (loss) from personal					
property					
Other investment income	·				
Gain or (loss) from sales of assets other			18	41,508.	
than inventory Net income or (loss) from special events			1	41,500.	
Gross profit or (loss) from sales of inventory					
Other revenue:					
a					·
C					
d					
e					
Subtotal. Add columns (b), (d) and (e)			5.	214,220.	
Total Add line 12, columns (b), (d), and (e)				13	214,2
ee worksheet in line 13 instructions to verify calculation	s)				
Part XVI-B Relationship of Activitie	es to the Accor	nplishment of	Exempt Pu	ırposes	
ine No Explain below how each activity for which	income is reported in	column (e) of Part XV	/I-A contributed	importantly to the accomp	ulishment of
the foundation's exempt purposes (other				addoning	
					

	 <u> </u>	 	

				TION, INC.				<u>0018049</u>		ge 13
Part X	VII Information Re Exempt Organ	-	sfers To a	and Transaction	s and R	elations	hips With Nor	ncharitable	•	
1 Did ti	ne organization directly or indir	rectly engage in any	of the followin	ig with any other organi	zatıon desci	ıbed in secti	on 501(c) of		Yes	No
the C	ode (other than section 501(c)	(3) organizations) o	r in section 52	27, relating to political or	rganizations	?				
a Trans	sfers from the reporting found	ation to a noncharita	ble exempt or	ganization of:						
(1)	Cash							1a(1)		_X_
(2)	Other assets							1a(2)		_X_
b Other	r transactions:									
	Sales of assets to a noncharital							1b(1)		<u>X</u>
` '	Purchases of assets from a nor	•	organization					<u>1b(2)</u>		<u>X</u>
	Rental of facilities, equipment,							1b(3)		<u>X</u>
• •	Reimbursement arrangements							1b(4)		X
٠,	oans or loan guarantees							1b(5)		X
٠,	Performance of services or me	·	•					1b(6)		X
	ing of facilities, equipment, ma				مام مريديام اد	Ale a . f				X
	answer to any of the above is		-	• •	-		-		sets,	
	rvices given by the reporting for nn (d) the value of the goods, a			eu iess man iaii ma;ket	value III ally	rtiansaciion	or snaring arranger	illelli, Silow III		
(a) Line no	(b) Amount involved			e exempt organization	1	1) Description	of transfers, transaction	ne and charing ar	rangeme	nte
(a) Ellio llo	(b) randant involved	(0) 1141110 01	N/A	o oxompt organization		a) Description	or transiers, transaction	ns, and snamy a	angeme	,,,,,
			14/17							
-										
	-									
=	7.7.7.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1									
			, _ ,							
	•									
		-								
							· · · · · · · · · · · · · · · · · · ·			
	e foundation directly or indirect ction 501(c) of the Code (other	-		•	ganızatıons	described		Yes	X] No
b If "Ye	s," complete the following sch									
	(a) Name of org	anization		(b) Type of organization	on		(c) Description of re	lationship		
	N/A									
					- 					
							_			
	Under penalties of perjury, I declare	that I have everyned th	o rotura unoludur	a accompanying schodules	and statemen	to and to the	hast of my knowledge			
	and belief, it is true, correct, and con							May the IRS return with th	discuss le prepar	this er
Here	may a	Scientino		1	.	חדמתו	A PATON	shown below	(see ins	tr)''
	Signature of officer or trustee	summing		l Date	Tıt	PRESII	DEN.I.	LXJ Yes	<u> </u>	J No
	Print/Type preparer's na	ıme	Preparer's s		Date	<u></u>	Check If	PTIN		
	Trind type preparer 5 lla	ano	1 Toparer 3 S		Date	_,	self- employed			
Paid	MICHAEL R.	מדאתא	1 1/1-1	IN Adm	2/1	5/16	Son omployed	D00144	251	
Prepa				P.A., CP.		,,,,	Firm's EIN ▶ 0	<u> P00144</u> 4-37964		
Use O	11111101101110	TV & WOOL	CIMIES	, F.A., CP	מט		THIN SEIN PU	z-J/J04	20	
	Firm's address ▶ 32	VINU N 00	ERSITY	DRIVE, SU	ITE 2	04				
	co	RAL SPRIN	IGS, FL	33065-410	0		Phone no (9	54) 974	<u>-77</u>	<u>3</u> 7

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

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

OMB No 1545-0047

Employer identification number

2014

Т	THE SCIORTINO FOUNDATION, INC.	65-0018049
Organization type (check	cone)	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundate	ation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	l
	501(c)(3) taxable private foundation	
Note. Only a section 501(General Rule X For an organization	n is covered by the General Rule or a Special Rule . (c)(7), (8), or (10) organization can check boxes for both the General Rule and a solution of the form 990, 990-EZ, or 990-PF that received, during the year, contribution one contributor. Complete Parts I and II. See instructions for determining a contribution of the formula of t	ons totaling \$5,000 or more (in money or
Special Rules		
sections 509(a)(1 any one contribu	ion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, lirutor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of EZ, line 1 Complete Parts I and II	ne 13, 16a, or 16b, and that received from
year, total contril	ion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that recebutions of more than \$1,000 exclusively for religious, charitable, scientific, literal for cruelty to children or animals. Complete Parts I, II, and III	-
year, contribution is checked, ente purpose Do not	ion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that receipts exclusively for religious, charitable, etc., purposes, but no such contributions in here the total contributions that were received during the year for an exclusive complete any of the parts unless the General Rule applies to this organization lible, etc., contributions totaling \$5,000 or more during the year	s totaled more than \$1,000 If this box ely religious, charitable, etc ,
but it must answer "No" of certify that it does not me	n that is not covered by the General Rule and/or the Special Rules does not file on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ eet the filing requirements of Schedule B (Form 990, 990 EZ, or 990-PF)	or on its Form 990-PF, Part I, line 2, to

Name of organization

Employer identification number

THE SCIORTINO FOUNDATION, INC.

65-0018049

Part I	Contributors (see instructions) Use duplicate copies of Part I if add	ditional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MARILYN SCIORTINO 2542 SOUTH PENINSULA DRIVE DAYTONA BEACH, FL 32118	\$\$ <u>82,300.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	•	\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$Shedule B (Farm	Person Payroll Noncash (Complete Part II for noncash contributions)

Name of organization

Employer identification number

THE SCIORTINO FOUNDATION, INC.

65-0018049

art II	Noncash Property (see instructions) Use duplicate copies of Part II if a	dditional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	2000 SHARES OF SYSCO CORPORATION STOCK		
≛		\$ 82,300.	08/15/15
(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
	5-14	\$Sahadula B (Form 6	90, 990-EZ, or 990-PF)

Name of orga	Inization		Employer identification number
mir	TODUTNO POINDAUTON INC		65 0018040
Part III	Exclusively religious, charitable, etc., contribute the year from any one contributor. Complete co completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	outions to organizations described lumns (a) through (e) and the follo charitable, etc., contributions of \$1,000 or	65-0018049 In section 501(c)(7), (8), or (10) that total more than \$1,000 for wing line entry. For organizations riess for the year (Enter this info once) \$
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	t
	Transferee's name, address, and	1 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, and	(e) Transfer of gif	t 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 git	t
	Transferee's name, address, and	1 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, and	(e) Transfer of git	Relationship of transferor to transferee

THE SCIORTINO FOUNDATION, INC.

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient show any relationship to Foundation Purpose of grant or Amount contribution any foundation manager status of Name and address (home or business) or substantial contributor recipient M/A PUBLIC CHARITY CARING FOR THE SICK HOSPICE OF VOLUSIA/FLAGLER 3800 WOODBRIAR TRAIL 2,000. PORT ORANGE, FL 32129 ORLANDO RESCUE MISSION N/A PUBLIC CHARITY SUPPORT THE LESS FORTUNATE 1521 W. WASHINGTON STREET ORLANDO, FL 32805 1 000. ORLANDO SENTINEL FAMILY FUND N/A PUBLIC CHARITY HELPING NEEDY FAMILIES 24541 NETWORK PL CHICAGO IL 60673-1245 1,000. PUBLIC CHARITY FEED THE HUNGRY SECOND HARVEST FOOD BANK OF CENTRAL N/A FLORIDA 320 NORTH STREET CENTRAL FLORIDA FOOD DAYTONA BEACH, FL 32114 5,000. PUBLIC CHARITY CHILDRENS RESEARCH ST JUDE CHILDREN'S RESEARCH HOSPITAL N/A 5011 ST. JUDE PLACE HOSPITAL 100. MEMPHIS TN 38105 PUBLIC CHARITY EDUCATION ST. LUKES LUTHERAN SCHOOL N/A 2025 W. STATE ROAD 426 OVIEDO, FL 32765 5,000. PUBLIC CHARITY EDUCATION THE HEIGHTS SCHOOL N/A 10400 SEVEN LOCKS ROAD POTOMAC, MD 20854 5,000. PUBLIC CHARITY INTERCITY PROJECT TRUE HOPE DELIVERANCE CHURCH N/A 955 MELSON AVE 2,000. JACKSONVILLE FL 32254 PUBLIC CHARITY SOCIAL SERVICES FOR WINGS OF HOPE N/A 8219 NARROW LEAF POINT CHILDREN IN CENTRAL SANFORD FL 32771 FLORIDA 500. CHEN GUANGCHEN FOUNDATION N/A PRIVATE SOCIAL SERVICES FOR OPERATING WOMEN AND FAMILIES IN P.O. BOX 34150 BETHESDA, MD 20827 FOUNDATION 2,000, Total from continuation sheets 108,600.

Part XV Supplementary Information				
3 、Grants and Contributions Paid During the Y	1	· 		
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		<u> </u>
CATHOLIC FOUNDATION OF CENTRAL	N/A	PUBLIC CHARITY	SOCIAL SERVICES FOR	
FLORIDA			PEOPLE OF CENTRAL	
P.O. BOX 4905	İ		FLORIDA THROUGH THE	
ORLANDO FL 32802			CATHOLIC CHURCH	50,000
GUIDDUDDO DUDUD OD GABUOLIG DOUBLANDANIAN	7/3	DUDI TO WAR FOW	NOOTA, OPPUTOUS FOR	
SHEPHERDS FUND OF CATHOLIC FOUNDATION OF CENTRAL FLORIDA	N/A	PUBLIC CHARITI	SOCIAL SERVICES FOR PEOPLE OF CENTRAL	
P.O. BOX 4905			FLORIDA THROUGH THE	
ORLANDO, FL 32802			CATHOLIC CHURCH	5,000
ONDITION IN THE SECOND				
HOLY CROSS CATHOLIC CHURCH	N/A	PUBLIC CHARITY		
12600 MARSFIELD AVE.				
ORLANDO, FL 32837				10,000
OUR CATHOLIC APPEAL A PROGRAM OF	N/A	PUBLIC CHARITY	SUPPORT THE PROGRAMS	
CATHOLIC FOUNDATION OF CENTRAL FLORIDA			FOR THE POOR OF THE CATHOLIC FOUNDATION OF	
P.O. BOX 4905			CENTRAL FLORIDA	
ORLANDO FL 32802				15,000
ST. LUKES LUTHERAN CHURCH	N/A	PUBLIC CHARITY	SUPPORT THE CHURCH	
2025 W. STATE ROAD 426			COMMUNITY	
OVIEDO, FL 32765		 		5,000
		1]	
			1	
	1			
-				
		 		
Total from continuation sheets		·		

FORM 990-PF INTEREST ON S	SAVING	S AND TEM	PORARY	CASH IN	VESTMENTS	STATEMENT	1
SOURCE		(A REVEI PER BO	NUE	NET IN	(B) VESTMENT COME	(C) ADJUSTED NET INCOM	€
MERRILL LYNCH BANK DEPOSIT	י		9.		9.		
TOTAL TO PART I, LINE 3			9.		9.		
FORM 990-PF DIVIE	DENDS	AND INTERI	EST FRO	M SECUR	ITIES	STATEMENT	2
GROS SOURCE AMOU		CAPITAL GAINS DIVIDENDS	RE	(A) VENUE BOOKS	(B) NET INVES' MENT INCO		
MERRILL LYNCH DIVIDENDS 172,	703.	(0. 1	72,703.	172,70	3.	
TO PART I, LINE 4 172,	703.	(0. 1	72,703.	172,70	3.	
FORM 990-PF		ACCOUNTI	NG FEES			STATEMENT	3
DESCRIPTION		(A) XPENSES ER BOOKS	(B NET IN MENT I	VEST-	(C) ADJUSTED NET INCOM		
ACCOUNTING		3,760.		0.			0.
TO FORM 990-PF, PG 1, LN 1	L6B	3,760.		0.			0.
FORM 990-PF	ОТН	ER PROFES	SIONAL	FEES		STATEMENT	4
FORM 990-PF DESCRIPTION	E	(A) XPENSES ER BOOKS	(E	;) WEST-	(C) ADJUSTED NET INCOM	(D) CHARITA	BLE
	_ E	(A) XPENSES	(E	;) WEST-	ADJUSTED	(D) CHARITA	BLE

FORM 990-PF	TAX	ES			STATEMENT	5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVES MENT INCO		(C) ADJUSTED NET INCOM		
TAX PAID ON INVESTMENT INCOME	2,518.		0.			0.
STATE OF FLORIDA ANNUAL FEE	63.		0.			0.
TO FORM 990-PF, PG 1, LN 18 =	2,581.		0.			0.
FORM 990-PF	CORPORAT	E STOCK	·	h 4, 41, = =	STATEMENT	6
DESCRIPTION			вос	K VALUE	FAIR MARKE VALUE	T
SYSCO COMMON STOCK		_		178,925.	184,9	50.
TOTAL TO FORM 990-PF, PART II	I, LINE 10B	=		178,925.	184,9	50.
FORM 990-PF	OTHER INV	ESTMENTS	<u>.</u>		STATEMENT	7
DESCRIPTION		LUATION ETHOD	вос	OK VALUE	FAIR MARKE VALUE	T
MERRILL LYNCH MUTUAL FUNDS ML WONTON FUTURESACCESS LLC		COST COST	1	,872,954. 200,000.	2,022,8	
TOTAL TO FORM 990-PF, PART II	I, LINE 13	_	2	2,072,954.	2,235,4	54.