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50m 990-PF

Return of Private Foundation

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

2015

Department of the Treasury Internal Revenue Service ▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

2015
Open to Public Inspection

, and ending For calendar year 2015 or tax year beginning A Employer Identification number Name of foundation 65-0375751 FLORESCUE FAMILY FOUNDATION, INC Room/suite Telephone number (see instructions) Number and street (or P O box number if mail is not delivered to street address) 954-784-3031 50 EAST SAMPLE ROAD RM/STE 400 City or town, state or province, country, and ZiP or foreign postal code If exemption application is pending, check here FL 33064 POMPANO BEACH G Check all that apply Initial return of a former public charity 1. Foreign organizations, check here Initial return Amended return Final return 2 Foreign organizations meeting the 85% test, check here and attach computation Name change Address change H Check type of organization X Section 501(c)(3) exempt private foundation If private foundation status was terminated under section 507(b)(1)(A), check here Section 4947(a)(1) nonexempt charitable trust ___ Other taxable private foundation X Cash Accrual J Accounting method Fair market value of all assets at If the foundation is in a 60-month termination under section 507(b)(1)(B), check here end of year (from Part II, col (c), Other (specify) 11,523,347 (Part I, column (d) must be on cash basis) line 16) ▶ \$ (d) Disbursements (a) Revenue and Part I Analysis of Revenue and Expenses (The total of (b) Net investment (c) Adjusted net for charitable expenses per amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions)) income income purposes books (cash basis only) 134,000 Contributions, gifts, grants, etc., received (attach schedule) Check ▶ If the foundation is **not** required to attach Sch B 2 597,787 241,685 3 Interest on savings and temporary cash investments 140,122 69,800 4 Dividends and interest from securities 5a Gross rents b Net rental income or (loss) -133.197Net gain or (loss) from sale of assets not on line 10 2,310,168 Gross sales price for all assets on line 6a 0 Capital gain net income (from Part IV, line 2) Net short-term capital gain Income modifications 10a Gross sales less returns and allowances Less. Cost of goods sold Gross profit or (loss) (attach schedule) Ç Stmt 1 -27,265 11 Other income (attach schedule) 0 711,447 311,485 Total. Add lines 1 through 11 12 Compensation of officers, directors, trustees, etc. 13 14 Other employee salaries and wages 15 Pension plans, employee benefits Legal fees (attach schedule) 16a 2,020 Stmt 2 Accounting fees (attach schedule) Stmt 3 120,000 Other professional fees (attach schedule) 65,287 26,395 17 Interest 93,411 Stmt 4 Taxes (attach schedule) (see instructions) Depreciation (attach schedule) and depletion 19 Occupancy Travel, conferences, and meetings 21 22 Printing and publications 45,455 8,924 Stmt 5 Other expenses (att sch) Total operating and administrative expenses. 326,173 35,319 0 Add lines 13 through 23 952,460 952,460 Contributions, gifts, grants paid 0 Total expenses and disbursements. Add lines 24 and 25 1,278,633 35,319 952,460 26-Subtract line 26 from line 12 -567,186 Excess of revenue over expenses and disbursements 276,166 Net investment income (if negative, enter -0-) 0 Adjusted net income (if negative, enter -0-)

For Paperwork Reduction Act Notice, see instructions.

DAA

Form 990-PF (2015)

6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

6

5,574,548

DAA

*** ****	# VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instructions)					age 4
						
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1					
	Date of ruling or determination letter (attach copy of letter if necessary—see instructions)	4			2	762
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check		+			702
	here X and enter 1% of Part I, line 27b					
C	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of					
_	Part I, line 12, col (b)	2	1			0
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	3	+		2	762
3	Add lines 1 and 2	4	+			, 02
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	_ 	+-		2	762
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-		-			702
6	Credits/Payments 2015 estimated tax payments and 2014 overpayment credited to 2015 5,769					
a	· · · · · · · · · · · · · · · · · · ·					
b	· · · · · · · · · · · · · · · · · · ·					
C	,					
d -		7	İ		5	769
7	Total credits and payments Add lines 6a through 6d	8	+-		_ <u>_,</u>	709
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	9	+-			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	10	+		3	007
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid Enter the amount of line 10 to be Credited to 2016 estimated tax 3,007 Refunded	11			<u> </u>	007
11		11				
	rt VII-A Statements Regarding Activities				Yes	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it			1a	162	No X
	participate or intervene in any political campaign?			la.		_
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see			46		x
	Instructions for the definition)?			1b		
	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			4.		x
C	Did the foundation file Form 1120-POL for this year?			1c		<u> </u>
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year					
	(1) On the foundation ▶ \$ (2) On foundation managers ▶ \$	_				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed					
_	on foundation managers \$					v
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		X
	If "Yes," attach a detailed description of the activities					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of					v
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3	37	X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a	X	<u> </u>
b	If "Yes," has it filed a tax return on Form 990-T for this year?			4b		v
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				x	
_	conflict with the state 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 Pa	πχν	,	7		
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)					
	FL					
þ	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General	1				v
_	(or designate) of each state as required by General Instruction G? If "No," attach explanation See Stmt 1			8b	ļ	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 calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes,"					v
	complete Part XIV			9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their					v
_	names and addresses			10 Form 99	0 0	X
				rorm 32	, v - r [(2015)

*****	990-PF (2015) FLORESCUE FAMILY FOUNDATION, INC.		375751			Page 6
P	rt VII-B Statements Regarding Activities for Which Form 4	720 May Be R	equired (contil	nuea)	1	
5a	During the year did the foundation pay or incur any amount to			₹ ₽	1	
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4)		Y	es 🛚 No		
	(2) Influence the outcome of any specific public election (see section 4955), or to	carry on,	П.,	₹		
	directly or indirectly, any voter registration drive?			es X No		
	(3) Provide a grant to an individual for travel, study, or other similar purposes?		Y	es 🛚 No		
	(4) Provide a grant to an organization other than a charitable, etc., organization of	described in		₹		
	section 4945(d)(4)(A)? (see instructions)		¥	es X No		
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or	educational	┌ ,	₹	1	
	purposes, or for 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 under			n/a		
	Regulations section 53 4945 or in a current notice regarding disaster assistance		•	N/A	5b	
	Organizations relying on a current notice regarding disaster assistance check her					
С	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from	m the tax	N/A 🗌 Y	🗆		
	because it maintained expenditure responsibility for the grant?		N/A Y	es ∐ 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 pa	y premiums		es 🗓 No		
	on a personal benefit contract?		<u> </u>	es X No	CL	v
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a per-	sonal penetit contr	act /		6b	X
	If "Yes" to 6b, file Form 8870			es X No		
	At any time during the tax year, was the foundation a party to a prohibited tax she			es X No N/A		-
	If "Yes," did the foundation receive any proceeds or have any net income attribut	able to the transac	non/		7b	
P	art VIII Information About Officers, Directors, Trustees, For	inuation man	agers, mignily i	-aid Employ	ees,	
	and Contractors List all officers, directors, trustees, foundation managers and their compensation.	ation (soo instrus	tions)			
1	List all officers, directors, trustees. foundation managers and their compensation	ition (see msaac		(d) Contributions to	Π.	
	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	employee benefit plans and deferred compensation		ense account, allowances
Se	ee Statement 12					
						· -
					<u> </u>	
2	Compensation of five highest-paid employees (other than those included o "NONE."	n line 1 – see ins	tructions). If none	e, enter		
	(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation		ense account, allowances
N	DNE					
					<u> </u>	
ota	nl number of other employees paid over \$50,000		·		>	0

Form 990-PF (2015)	FLORESCUE FAMILY FOUNDATION, INC	65-0375751	Page 7
	formation About Officers, Directors, Trustees, Foundatind Contractors (continued)	on Managers, Highly Paid E	Employees,
	paid independent contractors for professional services (see instruction	ons). 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 other	ers receiving over \$50,000 for professional services		•
Part IX-A	Summary of Direct Charitable Activities		
	largest direct charitable activities during the tax year. Include relevant statistical information such beneficiaries served, conferences convened, research papers produced, etc.	as the number of	Expenses
1 N/A			
2			
3			
4			
Part IX-B	Commence of December 19 Left and Immediate According to the contract of the co		
*******************************	Summary of Program-Related Investments (see instruction program-related investments made by the foundation during the tax year on lines 1 and 2	ons)	
1 N/A	programmentation investments made by the foundation during the tax year of times 1 and 2		Amount
2			
All other program-related	d investments. See instructions		
		····	

qualifies for the section 4940(e) reduction of tax in those years

Pa	rt X Minimum Investment Return (All domestic foundations must complete this part. Foreign	1 four	dations,
	see instructions.)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes		12 004 575
а	Average monthly fair market value of securities	1a	13,204,575
b	Average of monthly cash balances	1b	28,612
С	Fair market value of all other assets (see instructions)	1c	12 022 107
d	Total (add lines 1a, b, and c)	1d	13,233,187
e	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0		7 470 405
2	Acquisition indebtedness applicable to line 1 assets	2	7,478,405
3	Subtract line 2 from line 1d	3	5,754,782
4	Cash deemed held for charitable activities Enter 1½% of line 3 (for greater amount, see		06 000
	instructions)	4	86,322
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	5,668,460
6	Minimum investment return. Enter 5% of line 5	6	283,423
Pa	rt XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating f	ound	ations
	and certain foreign organizations check here ▶ and do not complete this part)		
1	Minimum investment return from Part X, line 6	1	283,423
2a	Tax on investment income for 2015 from Part VI, line 5		
b	Income tax for 2015 (This does not include the tax from Part VI)		
С	Add lines 2a and 2b	2c	2,762
3	Distributable amount before adjustments Subtract line 2c from line 1	3	280,661
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	280,661
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	280,661
Pa	urt XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	952,460
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.,	ĺ	•
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	_
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	952,460
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	2,762
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	949,698
	Note The amount on line 6 will be used in Part V. column (b), in subsequent years when calculating whether the founda-	tion	

10	Analysis of line 9			
а	Excess from 2011	230,961		
b	Excess from 2012			
c_	_Excess from 2013	304,525	 	
d	Excess from 2014	570,306		
e	Excess from 2015	671,799		

1,777,591

Excess distributions carryover to 2016.

Subtract lines 7 and 8 from line 6a

Part XIV Private Opera	ting Foundations (see l	instructions and Pa	art VII-A, question 9)	
a If the foundation has received					
foundation, and the ruling is ef	-		ug ▶		
			ribed in section 1	942(j)(3) or 494	12(j)(5)
		rating foundation desc	Prior 3 years	942(J)(3) UI 494	12(1)(3)
a Enter the lesser of the adjuste	4) 0045	(b) 2014	(c) 2013	(d) 2012	(e) Total
income from Part I or the mini		(b) 2014	(6) 2013	(4) 2012	-
investment return from Part X	for				
each year listed					ļ
b 85% of line 2a					
 Qualifying distributions from P 	art XII,				
line 4 for each year listed					ļ
d Amounts included in line 2c not use	d directly				
for active conduct of exempt activiti	es				ļ
e Qualifying distributions made o	lirectly				
for active conduct of exempt a	ctivities				
Subtract line 2d from line 2c					
Complete 3a, b, or c for the					
alternative test relied upon					
a "Assets" alternative test – ente	r				
(1) Value of all assets					<u></u>
(2) Value of assets qualifying	under				
section 4942(j)(3)(B)(i)					
b "Endowment" alternative test -	enter 2/3				
of minimum investment return	i				
Part X, line 6 for each year list					
"Support" alternative test en					<u> </u>
(1) Total support other than g	1	İ	İ		İ
investment income (intere	_				
dividends, rents, payment					
securities loans (section					
512(a)(5)), or royalties)					
(2) Support from general publ	ıc		1		
and 5 or more exempt					
organizations as provided	in				
section 4942(j)(3)(B)(III)	,	-	 		
(3) Largest amount of suppor	from				
an exempt organization					
(4) Gross investment income		4 48 5 4 8 5	511 5 1 1: 1	105.000	
	ry Information (Comple		t the foundation h	ad \$5,000 or mor	e in assets at
	ng the year – see instru	ictions.)			
Information Regarding Four	_				
 List any managers of the foun 				=	
before the close of any tax yes		outed more than \$5,000) (See section 507(d)(2))	
BARRY FLORESCU					
b List any managers of the foun	dation who own 10% or more	of the stock of a corpor	ation (or an equally large	portion of the	
ownership of a partnership or	other entity) of which the found	dation has a 10% or gr	eater interest		
N/A					
Information Regarding Cont	ribution, Grant, Gift, Loan, S	cholarship, etc., Pro	grams:		
	dation only makes contribution			loes not accept	
unsolicited requests for funds	•	-			
other conditions, complete ite		•		-	
a The name, address, and telep		s of the person to who	m applications should be	addressed	
ALL BOARD MEMBI	ERS LISTED AT 9	54-784-3031	1 Postantia anadia an	 -	
	RD, STE 400 PO		FL 33064		
b The form in which applications					
See Statement		mation and materials	andy arround arounde		
c _Any_submission deadlines					
NONE		abandana at 1111	Salda luada et 11.1		
a Any restrictions or limitations	on awards, such as by geogra	pnicai areas, charitable	tielas, kinas of institutio	ns, or other	
•					
factors See Statement					

Supplementary Information (continued) Part XV 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Purpose of grant or show any relationship to status of Amount contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year See Statement 15 952,460 952,460 ▶ 3a Total **b** Approved for future payment UNIVERSITY OF ROCHESTER PC 277 WALLIS HALL GENERAL CONTRIBUTION ROCHESTER NY 14627 1,500,000 1,500,000 <u>Tot</u>al ▶ 3b

F	Part XVI-A Analysis of Income-Producing Act	ivities				
	er gross amounts unless otherwise indicated	1	d business income	Exclude	d by section 512, 513, or 514	4-3
		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income
1	Program service revenue					(See instructions)
	a					·
	b	Ĺ				
	c					
	d					
	e					
	f					 -
	g Fees and contracts from government agencies				_	
	Membership dues and assessments	000000	F05 505			
	Interest on savings and temporary cash investments	900099		1 4	00.073	
	Dividends and interest from securities	900099	118,049	14	22,073	
5	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	<u> </u>				
	Other investment income	900099	-132,731	10	-466	• • • • • • • • • • • • • • • • • • • •
	Gain or (loss) from sales of assets other than inventory	900099	-132,731	10	-400	
	Net income or (loss) from special events					
	Gross profit or (loss) from sales of inventory					
11	other revenue a b ENERGY TRANSFER PARTNERS L.P.	900099	-16,426			
	c ENLINK MIDSTREAM PARTNERS, LP	900099		_		
	d STONEMOR PARTNERS LP	900099		-		· — · — — —
	e WILLIAMS PARTNERS LP	900099				
12	Subtotal Add columns (b), (d), and (e)		555,840		21,607	0
	Total. Add line 12, columns (b), (d), and (e)			<u></u>	13	577,447
	ee worksheet in line 13 instructions to verify calculations)					
	Part XVI-B Relationship of Activities to the Ac	complishm	ent of Exempt Pu	irpose	es	
	Line No. Explain below how each activity for which income					
	accomplishment of the foundation's exempt purpo					
	N/A					· · · · · · · · · · · · · · · · · · ·
					<u></u> -	
						

orm 990		5) FLORESCUE						Pa	ige 13
Part X		Information Regarized Exempt Organized	_	ansfers To a	nd Transactio	ons and Relationships	With Noncharitable		
1 Did				e in any of the fo	ollowing with any	other organization described		Yes	No
ın s	_	01(c) of the Code (other		-		ection 527, relating to politica	I		
-		om the reporting found	lation to a no	ncharitable exer	nnt organization o	ıf			
	Cash	on the reporting reality		monantable exer	inprovigamentori o	'	1	a(1)	x
٠.	Other as	seets						a(2)	X
	er transa						<u> </u>	2(2)	1
		assets to a noncharit	able exempt	organization			11	o(1)	x
(2)	Purchas	es of assets from a no	oncharitable	exempt organiza	ition		11	0(2)	X
(3)	Rental c	of facilities, equipment	or other ass	sets			11	0(3)	X
(4)	Reımbu	rsement arrangements	3				11	0(4)	X
(5)	Loans o	r Ioan guarantees					11	(5)	X
(6)	Perform	ance of services or me	embership oi	r fundraising soli	citations		<u>11</u>	o(6)	X
c Sha	aring of fa	acilities, equipment, m	aılıng lısts, o	ther assets, or p	aid employees		<u> </u>	lc	X
		•			_	mn (b) should always show t			
		-	_	-	-	the foundation received less			
		transaction or sharing				the goods, other assets, or s	services received		
(a) Lin	e no	(b) Amount involved	(c) Name	of noncharitable exe	mpt organization	(d) Description of transfe	ers, transactions, and sharing arran	gements	
N/A									
					<u> </u>	<u> </u>			
			ļ	·-··					
								 .	
									
			<u> </u>						
									
									
2a is ti	ne found	ation directly or indirec	tly affiliated	with or related to	o one or more tax	c-exempt organizations			
		section 501(c) of the						Yes X	i No
		nplete the following so		man section son	(c)(o)) or in section	JII 327 ·	ł	162 23	, NO
	-	Name of organization	1100010	(b) Type o	f organization	(c) D	escription of relationship		
N/2	<u> </u>	· · · · · · · · · · · · · · · · · · ·			.	···	· · · · · · · · · · · · · · · · · · ·		
								*	
·								· ·	
	**						·		
						edules and statements, and to the be	st of my knowledge and belief, it is	true,	
	correct, ar	id complete Declaration of p	preparer (otner t	nan taxpayer) is base	ed on all information of	which preparer has any knowledge	May the IRS discuss	this return	
Sign	,						with the preparer sho		٦١
lere	. /	X //			_	<i>1</i> 1	(see instructions)?	X Yes	No
		my /			10	/24//6 DI	R./PRES.		
	s/grta	eture of officer officeres			Date	Title			
	Fint/Ty	pe preparer a name			Preparer's signatu	re , /2	Date	Check	
aid		Į.			MAN	MMM	_ Id21/1		ployed
Paid Proparor	MARK	MYERS			X//VUC	X// /	1727		
reparer Jse Only	Firm's n		MYERS					90400	
oe Only	Firm's a	ddress ► 50 E	SAMPLE		400			72442	
		POMPA	NO BEA	CH, FL	33064-35	52	Phone no 954 -	784-3	031

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

Employer identification number

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

OMB No 1545-0047

FLORESCUE FA	AMILY FOUNDATION, INC	65-0375751
Organization type (check	(one)	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	•
	4947(a)(1) nonexempt charitable trust not treated	as a private foundation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as	a private foundation
	501(c)(3) taxable private foundation	
	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 Special Rule. See
instructions	(c)(7), (a), or (10) organization can check boxes for both the	
General Rule		
	on filing Form 990, 990-EZ, or 990-PF that received, during to y or property) from any one contributor. Complete Parts I and contributions	
Special Rules		
regulations under 13, 16a, or 16b, ai	on described in section 501(c)(3) filing Form 990 or 990-EZ to sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Sched and that received from any one contributor, during the year, to of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form	ule A (Form 990 or 990-EZ), Part II, line otal contributions of the greater of (1)
contributor, during	on described in section 501(c)(7), (8), or (10) filing Form 990 g the year, total contributions of more than \$1,000 exclusively tonal purposes, or for the prevention of cruelty to children or	y for religious, charitable, scientific,
contributor, during contributions total during the year for General Rule app	on described in section 501(c)(7), (8), or (10) filing Form 990 g the year, contributions exclusively for religious, charitable, alled more than \$1,000. If this box is checked, enter here the tor an exclusively religious, charitable, etc., purpose. Do not couplies to this organization because it received nonexclusively it more during the year.	etc , purposes, but no such otal contributions that were received omplete any of the parts unless the
990-EZ, or 990-PF), but it	that is not covered by the General Rule and/or the Special F t must answer "No" on Part IV, line 2, of its Form 990, or che 2, to certify that it does not meet the filing requirements of S	ck the box on line H of its Form 990-EZ or on its

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Name of organization

FLORESCUE FAMILY FOUNDATION, INC

Employer identification number 65-0375751

Part I	Contributors (see instructions). Use duplicate copies of	Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	BARRY FLORESCUE 50 EAST SAMPLE RD, #400 POMPANO BEACH FL 33064	\$ 134,000	Person X Payroll Noncash X (Complete Part II for noncash contributions)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.	Name, address, and zir + 4	\$	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
140.	Nume, address, and En . 4	\$	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
140.	Name, audiess, and EIF T 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Page 1 of 1

Page 3

Name of organization
FLORESCUE FAMILY FOUNDATION, INC

Employer identification number 65-0375751

Part II	Noncash Property (see instructions). Use duplicate	copies of Part II if additional	space is needed
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	1,000 SHARES SL GREEN REALTY COR		
		\$ 134,000	03/20/15
(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
		s	

65-0375751	Federal	ederal Statements		
- -	Statement 1 - Form 990-PF, Part I, Line 11 - Other Income	=, Part I, Line 11 - Othe	<u>r Income</u>	
<u>~</u>	Description	Revenue per Books	Net Investment Income	Adjusted Net Income
ENERGY TRANSFER PARTNERS LE ENLINK MIDSTREAM PARTNERS, STONEMOR PARTNERS LP WILLIAMS PARTNERS LP TOTAL	ERS, LP	\$ -16,426 -2,652 -1,202 -6,985 \$ -27,265	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
	Statement 2 - Form 990-PF, I	Part I, Line 16b - Accounting Fees	Inting Fees	
Description Indirect Accounting Fe	Total 2, 020 2, 020	Net Investment	Adjusted Net	Charitable Purpose
	Statement 3 - Form 990-PF, Part	-PF, Part I, Line 16c - Other Professional Fees	fessional Fees	
Description PROFESSIONAL FEES Total	\$ 120,000 \$ 120,000	Net Investment	Adjusted Net	Charitable Purpose
	Statement 4 - Form 99	Form 990-PF, Part I, Line 18 - Taxes	axes	
Description	Total	Net Investment	Adjusted Net	Charitable Purpose
FLORIDA - DEPT. OF STATE FEDERAL INCOME & EXCISE FLORIDA CORPORATE TAX Total	\$ 61 SE TAX 81,506 11,844 \$ 93,411	w w	o o o o o o o o o o	w w
				4

Federal Statements

65-0375751

	Charitable Purpose	\mathbf{v}	\$
r Expenses	Adjusted Net	v ₂	\$
5 - Form 990-PF, Part I, Line 23 - Other Expenses	Net Investment	8,924	\$ 8,924
ent 5 - Form 990-PF, P	Total	\$ 22,073 - 110 22,000 1,272	\$ 45,455
Statement	Description	ACQUISITION INDEBTEDNESS Dividend Received Deductions Expenses DIVIDEND RECEIVED DEDUCTIONS MISCELLANEOUS EXPENSE CHARITABLE CONTRIBUTIONS REPORTED ON FORM 990-T DEDICATIONS	Total

Statement 6 - Form 990.	-PF, Pai	t II, Line 10a	- US and	State Govern	0-PF, Part II, Line 10a - US and State Government Investments	sti S	
-	ш	Beginning		End of	Basis of	ιĽ	Fair Market
Description		ofYear		Year	Valuation	į	Value
GNMA POOL #00711	\$	136	S	57		৵	54
GNMA 11 PASS THRU POOL#4558		39,145		5			31,703
GNMA PASS THRU POOL #4446		87,430		66,477			70,541
GNMA POOL #4488		87,799		63,926			62,789
POOL		7,552		5,209			5,180
GNMA POÓL #4599		73,827		55,286			58,314
POÓL							56,653
GNMA POOL #4796		29,741		18,190			18,252
Π		53,190		41,411			44,186
GNMA II GID MIG PASS THRU CIFS 4879		80,401		54,663			57,152
GNMA II GID MTG PASS THRU POOL#4880		32,734		21,438			21,837
GNMA II GTD MTG PAS THRU CTFS MA1760		94,281		69,925			71,050
GNMA II ĢTD MTG PASS THRU CTFS MA282				101,570			100,120
Total	‹›	658,267	ዏ	581,260		s	600,831

	ints	of Fair Market ion Value	34,90 117,20 65,66 53,47 34,92 12,83	230, 306, 118, 78, 16, 106, 125, 21,	of Fair Market on Salue \$ 91,750 69,000 517,500 517,500	20,25 84,60 39,50 07,00
!	Investme	Basis of Valuation			Bond Investments Basis of Valuation 22 84 84 84 84 84	
ents	- Corporate Stock Investments	End of Year	36,61 12,666 19,14 89,75 73,44 12,61	331,93 41,32 371,51 188,17 77,33 21,33 21,33 105,72 100,44	1,750,554 Corporate Bond End of Year 107,552 101,434 506,924 101,847	77,34 04,20 15,13 06,75
Federal Statements	Part II, Line 10b	Beginning of Year	\$ 158,316 36,614 12,664 122,208 90,672 147,479 102,247	41,416 282,177 188,171 77,335	Beginning of Year \$ 1,542,201 \$ 1990-PF, Part II, Line 10c- Beginning of Year \$ 107,552 \$ 101,434 402,625 188,007 48,880 102,062	004,20 004,20 77,95 15,13 06,75
65-0375751	Statement 7 - Form 990-PF,	Description	SHS KUTHS HOSPITALLITY GRENT INSTANDALY CAP MGMT INC PERSONALY CAP MGMT INC HS CYS INVTS INC HS ENERGY TRANSFER PTRS IS HSBC FIN CORP PFD SER BHS COUPENMENT DEAVER INC MD	GOVERNMENT FELTS GOVERNMENT FELTS EALTY INCOME CORE LILION FINL CORP VEREIT INC COM ARBOR RLTY TR INC NLINK MIDSTREAM F R GROUP INC CL A TONEMOR PARTN. L CCESS MIDSTREAM (MEGA HEALTHCARE I UTFRONT MEDIA INC	Statement 8 - Form Statement 8 - Form ALCOA INC NT AVON PRODS INC NT BEST BUY INC FIXED RT NT BOYD GAMING CORP CAESARS ENTMT OPER CO INC SR SECD NT CAPITAL ONE BANK CELGENE CORP NT	EAKE I EAKE I AKE EI AKE EI HOTELS

Statement 8 - Form 990-PF, Part II, Line 10c - Corporate Bond Investments (continued)

Description	Beginning of Year	End of Year	Basis of Valuation	Fair Market Value
IXED RT INC SR	\$ 98,070 54,068	v.		v.
CONSTELLATION BRANDS INC SK NI CONTINENTAL RES INC OKLA GTD SK NT	oc ' ‡	98,130		73,751 50,292
GID FIALD IN	0,13	0,13		53,97
DIRECTV HLDGS LLC GTD	5,68	5,27		2,70
R COMMUNICATI	90	Ċ		0 Y 0
GOLDMAN SACHS GROUP INC	08,32	99,249 108,325		107,899
SACHS GROUP	9,75	9,75		06,55
PACKARD CO GLOBAL NT	50,84	0,84		9,51
NTS	28,31	7		7 7
ICAHN ENTERPRISES L P	5, 73	/ ¤ / TO		07 10
SES L		UX, 50		O T T O O
	97,49	7, 4 7, 4 0, 0		10 , 01
JEFFRIES GROUP INC	75,28	3/5,28/		401,020
	70, KI	T 0 ' 0 7		7. 7. 7. 7. 7. 7. 9. 9. 9. 9. 9. 9. 9. 9. 9. 9. 9. 9. 9.
INC	12,59	00,02		
N C	312,947	15,68		yo, 84
N.I.	11 50	201 136		341 663
COKF	11,3U 57,31	0/1/0		7.7
	, 01 7, 7,	3 73		5.26
3	ر د 12.	99,318		101,844
MGM MTRAGE SR NT	7,75	1		-
RESORTS	34,90	32,20		90,00
RESORTS INTL SR NT	3,79	729,10		8,43
RESORTS INTL		03,57		9,25
SAN STANLEY FIXRD RT SR NT	12,96	112,966		112,275
STANLEY SUB NT SER F	6,95	06,95		06,12
CORP GTD FIXED RT	08,38			
J C CORP INC GTD FIXE	2,09			
PLAINS EXPL & PRODIN CO GID SR NI	2,56	72,560		39,975
RUISES	80,63			
凶	03,25			
INC FIXED RT	102,227	101,949		84,875
Į,	02,08	C		000
SEARS & RUEBUCA ACCFI	T, 50	000,10		00000

Federal Statements

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(continued)	
d Investments	
: - Corporate Bon	
t II, Line 10c	
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tement 8 - Form	
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Description	Beg	Beginning of Year		End of Year	Basis of Valuation	Fair Market Value
SPRINT CAP CORP	w	212,828	٠ •			S
SPRINT NEXTEL CORP NT		96,755		96,755		70,500
STARWOOD HOTELS & RESORTS		92,823		92,823		97,723
T-MOBILE USA INC GTD FIXED RT SR		106,830				
VERIZON COMMUNICATIONS INC		113,669		112,475		109,933
WCI CMNTYS INC		14,015		14,015		
WYNDHAM WORLDWIDE CORP NT		105,444		105,444		100,655
WYNN LAS VEGAS LLC		248,817				
WYNN LAS VEGAS LLC/WYNN LAS VEGAS CA	F	668,935		2,242,235		2,061,999
XEROX CORP				96,781		95,898
YUM BRANDS INC SR NT		51,067		51,068		52,696
Total	\$ 9,	9,601,197	ω	9,850,909		\$ 9,062,234

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Federal Statements

Statement 9 - Form 990-PF, Part II, Line 15 - Other Assets

Description	 Beginning of Year	 End of Year	_	Fair Market Value
DUE FROM BROKER MUTUAL FUNDS	\$ 77,951 428,875	\$ 3,237 564,948	\$	3,237 445,226
Total	\$ 506,826	\$ 568,185	\$	448,463

Statement 10 - Form 990-PF, Part II, Line 22 - Other Liabilities

Description		Beginning of Year		End of Year
MARGIN BALANCE	\$	6,248,976	\$_	7,182,391
Total	\$ <u></u>	6,248,976	\$_	7,182,391

Statement 11 - Form 990-PF, Part VII-A, Line 8b - Not Filing with Attorney General Explanation

Description

THE ORGANIZATION DOES NOT SOLICIT CONTRIBUTIONS FROM THE PUBLIC AND THEREFORE IS NOT REQUIRED TO FILE.

65-0375751	Federal	Federal Statements	S		
Statement 12 - Form 990-PF, Part VIII, Line 1 - List of Officers, Directors, Trustees, Etc.	n 990-PF, Part VIII,	Line 1 - List of Etc.	Officers, Directors	, Trustees,	
Name and Address	Title	Average Hours	Compensation	Benefits	Fxnenses
BARRY FLORESCUE 50 E SAMPLE RD POMPANO BEACH FL 33064	DIR./PRES.	3.00	0	0	0
GRETCHEN FLORESCUE 50 E SAMPLE RD POMPANO BEACH FL 33064	DIRECTOR	0.50	0	0	0
DANA SCHEER 50 E SAMPLE RD POMPANO BEACH FL 33064	DIRECTOR	0.50	0	0	0
MARK MYERS 50 E SAMPLE RD POMPANO BEACH FL 33064	DIRECTOR	0.50	0	0	0
RENATE FLORESCUE 50 EAST SAMPLE RD POMPANO BEACH FL 33064	DIRECTOR	0.25	0	0	0
SHARON GUSTAFSON 50 EAST SAMPLE RD POMPANO BEACH FL 33064	DIRECTOR	5.00	0	0	0

65-0375751	. Federal Stat	ements
<u>Form 990-PF</u>	, Part XV, Line 1a - Managers	Who Contributed Over 2% or \$5,000
N	lame of Manager	Amount
BARRY FLORESCUE		\$
Total	-	\$0
Statement 13 - For	m 990-PF, Part XV, Line 2b - A	pplication Format and Required Content
	Description	
VARIOUS TYPES OF CO	OMMUNICATIONS RELATING TO	QUALIFIED
<u>F</u>	orm 990-PF, Part XV, Line 2c	- Submission Deadlines
	Description	
NONE		
Statement 14	- Form 990-PF, Part XV, Line 2	d - Award Restrictions or Limitations
	Description	
ALL REASONABLE APP WITH THE FOUNDATIO	LICATIONS WILL BE REVIEWED NS PHILOSOPHY.	O IN CONCERT

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Statement 15 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year

Name	Add	Address	ı	
Address	Relationship	Status	Purpose	Amount
UNIVERSITY OF ROCHESTER	277 WALLIS H	HALL		
ROCHESTER NY 14627		PC	GENERAL CONTRIBUTION	700,000
BROWARD OUTREACH CENTER	PO BOX 22049	0		(
HOLĽYWOOD FL 33022	NONE	;	GENERAL CONTRIBUTION	2,100
DIABETES RESEARCH INSTIT.	200 SOUTH PA	RK RD, # 100		1
HOLLYWOOD FL 33021	NONE	PC	GENERAL CONTRIBUTION	000'9
BOYS & GIRLS CLUB OF BROW	877 NW 61ST	ST		
FT LAUDERDALE FL 33309	NONE	PC	GENERAL CONTRIBUTION	20,000
WORLD VISION	PO BOX 70102			
TACOMA WA 98481	NONE	PC	GENERAL CONTRIBUTION	1,260
JUNIOR ACHIEVEMENT	1130 COCONUT CREEK BLVD	CREEK BLVD		
COCONUT CREEK FL 33066	NONE	PC	GENERAL CONTRIBUTION	20,000
AMERICAN HEART ASSOCIATION	4000 HOLLYWOOD BLVD, 170N	OD BLVD, 170	Z	
HOLLYWOOD FL 33021		PC	GENERAL CONTRIBUTION	2,000
VAIL VALLEY MEDICAL CTR FOUNDATION	FION PO BOX 1529			
VAIL CO 81658	NONE		GENERAL CONTRIBUTION	1,000
WOUNDED WARRIOR PROJECT	4899 BELFORT RD,	RD, STE 300		
JACKSONVILLE FL 32256	NONE		GENERAL CONTRIBUTION	1,500
AMERICAN FRIENDS OF MAGEN DAVID ADO 352 SEVENTH AVE,	DADO 352 SEVENTH	AVE, STE 400		
NEW 'YORK NEW YORK NY 1000 NONE		PC	GENERAL CONTRIBUTION	150,000
JDRF	3411 NW 9TH	9TH AVE, STE 701		
FT LAUDERDALE FL 33309		PC	GENERAL CONTRIBUTION	2,000
ROYAL DAMÉS OF CANCER RESEARCH	6278 FEDERAL)ERAL HWY, #378		
FT LAUDERDALE FL 33308	NONE	PC	GENERAL CONTRIBUTION	6,100
BOYS & GIRLS OF KOONTENAI COUNTY	ry PO BOX 3598			
POST FALLS ID 83877	N.E.	PC	GENERAL CONTRIBUTION	2,000
SHRINERS HOSPITAL FOR CHILDREN	2900 ROCKY P	POINT DR		
TAMPA FL 33067	NONE	PC	GENERAL CONTRIBUTION	2,500
Total				952,460