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Form 990-PF

Department of the Treasury

Internal Revenue Service

As Filed Data -

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2016

OMB No 1545-0052

# **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.
 Information about Form 990-PF and its instructions is at <a href="www.irs.gov/form990pf">www.irs.gov/form990pf</a>.

Open to Public Inspection

For	caler	ndar year 2016, or tax year	beginning 01-01-20	)16 ,	and e	nding 12-31-	2016	
		indation R SCOTT FUND INC				A Employer Id	entification numbe	r
		CONNOR DAVIES LLP				13-6113359		
		street (or P O box number if mail is no H AVENUE NO 6TH FL	t delivered to street address)	) Room/suite		<b>B</b> Telephone nu	ımber (see ınstructior	ns)
	00 111 11	TO THE				(212) 286-2600	)	
		, state or province, country, and ZIP or NY 10022	foreign postal code			C If exemption	application is pending	g, check here
G Ch	neck al	l that apply 🔲 Initial return	☐ Initial return of a	former public char	ty	<b>D 1.</b> Foreign or	ganizations, check he	ere
		Final return	Amended return				rganizations meeting :k here and attach coi	
		Address chang					undation status was t	· _
			01(c)(3) exempt private				n 507(b)(1)(A), chec	
		n 4947(a)(1) nonexempt charitable						
		ket value of all assets at end from Part II, col (c),	J Accounting method	☐ Cash ☐ Ac	crual		ation is in a 60-month n 507(b)(1)(B), chec	
		\$ 527.920	✓ Other (specify) r (Part I, column (d) must					
Da	rt I	Analysis of Revenue and		<u>.</u> T	1		Ī	(d) Disbursements
Гч	16.2	of amounts in columns (b), (c), and (c	•	(a) Revenue and expenses per	(b)	Net investment	(c) Adjusted net	for charitable
		equal the amounts in column (a) (see	instructions) )	books		income	ıncome	purposes (cash basıs only)
	1	Contributions, gifts, grants, etc , schedule)	received (attach					
	2	Check ► ✓ If the foundation is i	<b>not</b> required to attach					
	_	Sch B	y cach investments		_			
	3 4	Dividends and interest from secui		14,7	40	14,740	14,740	
	5a	Gross rents		21,7	-	11,710	21,710	
	b	Net rental income or (loss)						
<u>e</u>	6a	Net gain or (loss) from sale of ass	sets not on line 10	1	18			
ē	b	Gross sales price for all assets on	line 6a 118	3				
Revenue	7	Capital gain net income (from Par	·			118		
	8	Net short-term capital gain						
	9	Income modifications						
	10a	Gross sales less returns and allow	vances					
	ь	Less Cost of goods sold						
	C	Gross profit or (loss) (attach sche	edule)					
	11	Other income (attach schedule)		9	00	0	500	
	12	<b>Total.</b> Add lines 1 through 11		15,3	58	14,858	15,240	
	13	Compensation of officers, director	·		0	0	0	(
	14	Other employee salaries and wag						
ses	15	Pension plans, employee benefits		99-1	26		0	1 424
Expenses	16a	Legal fees (attach schedule)		1,4		0	0	1,436
Exp	b	Accounting fees (attach schedule)		6,8	_		_	6,800
	_ c	Other professional fees (attach so	•	2,6	0/	2,667	0	(
rati	17	Interest		<b>1</b>	21	504	0	100
Administrative	18	Taxes (attach schedule) (see inst Depreciation (attach schedule) ar	•	/ س <u>خ</u>		504		100
Ē	19	_	·		+			
Ad	20 21	Occupancy			+			
and	22	Printing and publications			+			
р Б	23	Other expenses (attach schedule)						
Operatıng	24	Total operating and administra			+			
Xer:		Add lines 13 through 23	•	11,6	24	3,171	o	8,336
Ö	25	Contributions, gifts, grants paid		25,4		·		25,450
	26	Total expenses and disbursem	nents. Add lines 24 and					
	77	Subtract line 36 from line 13		37,0	74	3,171	0	33,786
	27 a	Subtract line 26 from line 12  Excess of revenue over expens	ses and	-21,7	16			
	"	disbursements		21,/				
	ь	Net investment income (if negative	•		$\perp$	11,687		
	С	Adjusted net income(if negative	· · · · · · · · · · · · · · · · · · ·				15,240	
-or	₽aper	work Reduction Act Notice, see	instructions.			Cat No 112892	< For	m <b>990-PF</b> (2016

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9

173

1,911

1,911

504,716

504,716

506,627

506,627

56

527,920

527,920

2,341

2,341

525,579

525,579

527,920

2

3

4

5

6

504,716

-21,716

42,579

525,579

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Less accumulated depreciation (attach schedule)

Total assets (to be completed by all filers—see the

Foundations that follow SFAS 117, check here

and complete lines 24 through 26 and lines 30 and 31.

Foundations that do not follow SFAS 117, check here ▶

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

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions) . . . . .

Total liabilities and net assets/fund balances (see instructions) .

Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-

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

Analysis of Changes in Net Assets or Fund Balances

Loans from officers, directors, trustees, and other disqualified persons

Mortgages and other notes payable (attach schedule). . . . . .

Total liabilities(add lines 17 through 22) . . . . . . . . .

Other assets (describe > \_

Other liabilities (describe ▶\_

Temporarily restricted

Unrestricted . . . . . .

Permanently restricted . . . .

and complete lines 27 through 31.

of-year figure reported on prior year's return)

Decreases not included in line 2 (itemize) ▶

Other increases not included in line 2 (itemize) -

Enter amount from Part I, line 27a

instructions Also, see page 1, item I)

15

16

17

18

19 20

21

22

23

24

25

28 29

31 Part III

Liabilities

Balances

Fund 26

ō

Assets 27

Net 30

2

3

Gain or (loss) (e) plus (f) minus (g) 118 Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h)) 118 C d e If gain, also enter in Part I, line 7 Capital gain net income or (net capital loss) If (loss), enter -0- in Part I, line 7 2 118 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 -0-3 in Part I, line 8 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)

(a) Base period years Calendar

year (or tax year beginning in) 2015

2014

2013

2012

2011

2 Total of line 1, column (d)

5 Multiply line 4 by line 3

instructions

**7** Add lines 5 and 6 . . . .

36,813

40,619

30,765

33,749

36,090

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

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

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

If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

number of years the foundation has been in existence if less than 5 years

4 Enter the net value of noncharitable-use assets for 2016 from Part X, line 5

6 Enter 1% of net investment income (1% of Part I, line 27b) .

8 Enter qualifying distributions from Part XII, line 4

Adjusted qualifying distributions

3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the

. . . . . . . . . . .

If section 4940(d)(2) applies, leave this part blank

529,676

582,309

588,603

571,151

576,464

2

4

5

6

7

Net value of noncharitable-use assets

_		

0 069501

0 069755

0 052268

0 059089

0 062606

0 313219

0 062644

532,971

33,387

33,504

33,786

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Yes 
 ✓ No

(d)

Distribution ratio

(col (b) divided by col (c))

Page 3

(d)

Date sold

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Par	t VII-B Sta	atements Regard	ling	Activities for Which	Form 4720 May Be	Required (Continued)			
5a	During the year	r did the foundation i	oay o	r incur any amount to					
	(1) Carry on pr	ropaganda, or otherv	ıse a	ttempt to influence legis	lation (section 4945(e))?	☐ Yes 🔽	۱		
(2) Influence the outcome of a			ecifi	public election (see sec	tion 4955), or to carry	⊔ Yes 💌	NO		
	on, directly	or indirectly, any vo	ter re	gistration drive?		· · □ v	1		
	(3) Provide a g	rant to an individual	for ti	avel, study, or other sım	ıılar purposes?	Yes V	No		
				• • •	c , organization described	L Yes ⊻	No		
		<del>-</del>					No		
				eligious, charitable, scier		··	No		
				- '	ren or animals?		1		
ь				·	ail to qualify under the ex	⊔ Yes 🛂	No		
				=	ster assistance (see instri			5b	
	=				ance check here	·	7		
c	-			does the foundation clair			J		
		•			?	п г	1		
		·		y Regulations section 53		· · L Yes L	No		
<b>6</b> a				_	· indirectly, to pay premit	ims on			
<b>o</b> u		efit contract?			munectly, to puy premie		1		
b					directly, on a personal be	·	No	6ь	No
	If "Yes" to 6b, 1		pay	premiums, unecciy or me	alrectiy, off a personal be	ment contract.			110
7a	•		c tha	foundation a party to a	prohibited tax shelter trai	nsaction?	,		
	•				ncome attributable to the	⊔ Yes 💌	No	7b	
			-						
Par		Contractors	JIIIC	ers, Directors, Trus	tees, Foundation Ma	anagers, Highly Paid E	mpio	yees,	
_1_	List all officers	s, directors, truste	es, fo	oundation managers a	nd their compensation		1		
				Title, and average	(c) Compensation (If	(d) Contributions to employee	,	Expen	se account,
	(a) Name a	nd address		hours per week  b) devoted to position	not paid, enter -0-)	benefit plans and deferred			allowances
				· · · · · · · · · · · · · · · · · · ·	-0-,	compensation			
	EL SPENCER SCOTI		PRES 3 00	IDENT	0		이		0
	KF OCONNOR DAVI AVENUE	ES LLP 665	3 00						
	ORK, NY 10022								
STEVE	N F SCOTT			ETARY	0		이		0
	KF OCONNOR DAVI	ES LLP 665	2 00						
	AVENUE ORK, NY 10022								
	TTE VS HEARN		TREA	SURER	0		o		0
C/O P	KF OCONNOR DAVI	ES LLP 665	5 00						
	AVENUE ORK, NY 10022								
		of five highest-na	id en	nlovees (other than t	 hose included on line 1	│ L—see instructions). If no	ne. e	nter "l	NONE."
			iu cii			Contributions to	,c, c		
Ma		(a)	v.d	Title, and average hours per week	(a) Componention	employee benefit		Expens	e account,
Nd		of each employee pa an \$50,000	iiu	(b) devoted to position	(c) Compensation	plans and deferred	(e)	other a	allowances
				(-,		(d) compensation			
NONE	<u> </u>								
		<u> </u>							
Tota	I number of othe	er employees paid ov	er \$5	0,000					0
		·					For	m <b>99</b> 0	)-PF (2016)

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Part VIII  Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid and Contractors (continued)	Employees,
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "N	ONE".
(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	<b>D</b>
Iotal. Add lines 1 through 3	Form <b>990-PF</b> (2016)

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

1a

1b

2

3a 3h

4

5

33,786

33.786

33.669

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Part XII

1

2

3

4

5

Qualifying Distributions (see instructions)

Amounts set aside for specific charitable projects that satisfy the

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

Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Adjusted qualifying distributions. Subtract line 5 from line 4. . . . . . . . . .

Expenses, contributions, gifts, etc —total from Part I, column (d), line 26. . . . . . . . . . . .

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

**b** From 2012. . c From 2013.

From 2014. .

e From 2015. . . .

f Total of lines 3a through e. . . . . . . .

**d** Applied to 2016 distributable amount. . . . e Remaining amount distributed out of corpus

same amount must be shown in column (a) )

5 Excess distributions carryover applied to 2016

a Corpus Add lines 3f, 4c, and 4e Subtract line 5 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 e Undistributed income for 2015 Subtract line 4a from line 2a Taxable amount—see f Undistributed income for 2016 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2017 . . . . . 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 2011 not

applied on line 5 or line 7 (see instructions) . . .

9 Excess distributions carryover to 2017.

10 Analysis of line 9 a Excess from 2012.

**b** Excess from 2013. .

c Excess from 2014. .

d Excess from 2015. .

e Excess from 2016. .

Subtract lines 7 and 8 from line 6a . . . .

(If an amount appears in column (d), the

6 Enter the net total of each column as

indicated below:

4 Qualifying distributions for 2016 from Part XII, line 4 🕨 \$ a Applied to 2015, 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). . . . . . . . . Page 9

26,532

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0

#### Part XIII Undistributed Income (see instructions) (a) (b) (c) (d) Years prior to 2015 2015 2016 Corpus

1	Distributable amount for 2016 from Part XI, line 7			26,532
2	Undistributed income, if any, as of the end of 2016			
а	Enter amount for 2015 only		0	
1.	T-t-1 f			

2	Undistributed income, if any, as	of the end of 2016			
а	Enter amount for 2015 only			0	
b	Total for prior years 20,	20	0		
3	Excess distributions carryover, if	any, to 2016			
а	From 2011	7,508			

37.181

7,254

44,435

7.508

36,927

0

5,496

1.674 11.834

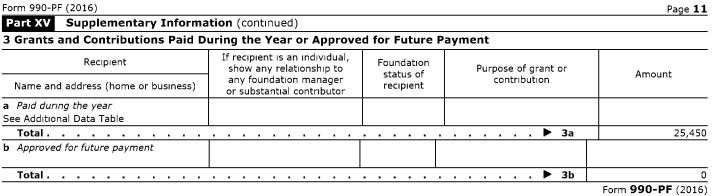
10,669

5.496 1,674

11.834

10.669

7.254



ter gross amounts unless otherwise indicated	Unrelated b	usiness income	Excluded by section	(e) Related or exempt	
Program service revenue	(a) Business code	<b>(b)</b> Amount	(c) Exclusion code	<b>(d)</b> Amount	function income (See instructions )
a					
b					
c					
e					
f					
g Fees and contracts from government agencies Membership dues and assessments					
Interest on savings and temporary cash investments					
Dividends and interest from securities			14	14,740	
Net rental income or (loss) from real estate					
a Debt-financed property					
<b>b</b> Not debt-financed property Net rental income or (loss) from personal property					
Other investment income					
inventory			14	118	
Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory					
Other revenue  a RECOVERY OF QUALIFIED PRIOR YEAR GRANT					
DISTRIBUTION					500
b					
c					
d e					
				14,858	500
Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)			13	3	15,358
rotarr nau inie 12, columns (D), (d), and (e).					· · · · · · · · · · · · · · · · · · ·
e worksheet in line 13 instructions to verify calculation	ns )				
e worksheet in line 13 instructions to verify calculation art XVI-B Relationship of Activities to the	<sup>ns</sup> ) <b>e Accomplish</b>	ment of Exem	pt Purposes		
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Relationship of Activities to the Splain below how each activity for which the accomplishment of the foundation's exinstructions )	ns )  e Accomplish  Income is report  empt purposes (	nment of Exem ed in column (e) of other than by prov	<b>pt Purposes</b> f Part XVI-A contribu	ted importantly to	
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1 (20	10)											
Ή	Information Exempt Orga	ransfers To a	nd T	ransactior	s and	Relation	ship	s With	Non	charit	able	
		 										Г

Part XVII	Part XVII  Exempt Organizations  Figure 1: Part XVIII  Figure 2: Part XVIII  Figure 3: Part XVIII  Figure 4: P											
	ganization directly or in- Code (other than sectio	directly engag							ion 501		Yes	No
	from the reporting foun		-	•	·			-				
<b>(1)</b> Cash										1a(1)		No
<b>(2)</b> Othe	rassets									1a(2)		No
<b>b</b> Other tran	Other transactions											
<b>(1)</b> Sales	of assets to a nonchari	table exempt	organızatı	ion.						1b(1)		No
(2) Purchases of assets from a noncharitable exempt organization										1b(2)		No
	al of facilities, equipmen	•								1b(3)		No
	bursement arrangemen									1b(4)		No
	s or loan guarantees.									1b(5)		No
` '	mance of services or m	•		-						1b(6)		No
_	f facilities, equipment, n	-								1c		No
	wer to any of the above ods, other assets, or serv											
	nsaction or sharing arra											
(a) Line No	(b) Amount involved	(a) Nama of r	oncharitabl	la avan	npt organization		(d) Description of	transfers, transactions	c and char	ing arra	aaoman	te
(a) Lille NO	(b) Amount involved	(C) Name of t	Юпспапсаы	ie exeii	iipt organization		(u) Description of	transfers, transactions	s, and snai	iliy alla	igemen	its
2a Is the four	ndation directly or indire	ctly affiliated	with or re	related	to one or more	- ta	ax-exempt organ	ızatıons				
	in section 501(c) of the	•	•		•				Г	Yes	<b>☑</b> N	In
	omplete the following so	•	eriair occur	011 30	2(0)(3)) 01 11 30				–			
<b>D</b> II 103, 0	(a) Name of organization		1	(b	) Type of organizat	tion	ı	(c) Descriptio	n of relatio	nship		
115-4	er penalties of perjury,	I doclare that	I have se	/ D PP   P	nd this return in	. داد	Idina accompani	na schodulas and a	tatomort	رد عمط	to the	bost
	er penalties of perjury, ny knowledge and belief											
Sign which	ch preparer has any kno	wledge										
	*****				2017-09-27		*****		May the IF with the p			
	Signature of officer or ti	rustee			Date		Title		(see instr	· —		
	T					_			(see msu	/· L	es — I	
	Print/Type preparer's	name	Preparer's	s Sıgn	ature		Date	Check if self-	PTIN			
								employed ▶ ✓		P00713	382	
Daid	ROBIN STRONG						2017-09-27	employed F 🖭				
Paid Proparor												
Preparer Use Only	Third Hamie F	O'CONNOR DA	AVIES LLP	1					Firm's E	[N ▶27	17289	945
USE UIIIY		5 FIFTH AVEN	IUE									
									Phone no	212	) 286-1	2600
	NE	W YORK, NY	10022							\ <b>-</b>	, '	

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount contribution show any relationship to status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year WESTMINSTER SCHOOL NONE PUBLIC **GENERAL** 2,500 995 HOPEMEADOW STREET CHARITY SIMSBURT, CT 06070

KEEWAYDIN FOUNDATION 950 W SHORE ROAD SALISBURY, VT 05769	NONE	PUBLIC CHARITY	GENERAL	1,100
THE CHURCH AT POW POINT O WOODS NY 11706 POINT O WOODS, NY 11706	NONE	PUBLIC CHARITY	GENERAL	1,250
POW VFCO 7 PROSPECT TERRACE	NONE	PUBLIC	GENERAL	1,000

POINT O WOODS NY 11706 POINT O WOODS, NY 11706	THORE .	CHARITY	CENTERVIL	1,250
POW VFCO 7 PROSPECT TERRACE YONKERS, NY 10705	NONE	PUBLIC CHARITY	GENERAL	1,000
CT RIVER MUSEUM 67 MAIN STREET ESSEX, CT 06426	NONE	PUBLIC CHARITY	GENERAL	1,100

POINT O WOODS, NY 11706				
POW VFCO 7 PROSPECT TERRACE YONKERS, NY 10705	NONE	PUBLIC CHARITY	GENERAL	1,
CT RIVER MUSEUM 67 MAIN STREET ESSEX,CT 06426	NONE	PUBLIC CHARITY	GENERAL	1,

25,450 Total . За

#### Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year FUND FOR ST JOHNS 60 COLLEGE AVE NONE PUBLIC **GENERAL** 1,000 ANNAPOLIS, MD 21401 CHARITY

<u>'</u>				
NFFFSF C/O ROBYN ALDO 30 WHOLEY WAY PORTSMOUTH, NH 03801	NONE	PUBLIC CHARITY	GENERAL	1,000
HOPE 4 HORSES 370 MIDDLETON ROAD BOXFORD, MA 01921	NONE	PUBLIC CHARITY	GENERAL	150

PORTSMOUTH, NH 03801				
HOPE 4 HORSES 370 MIDDLETON ROAD BOXFORD, MA 01921	NONE	PUBLIC CHARITY	GENERAL	150
HURRICAN ISLAND FOUNDATION PO BOX 18218 PORTLAND, ME 04112	NONE	PUBLIC CHARITY	GENERAL	2,750
DARTMOUTH MEDICAL SCHOOL 1 HOPE FERRY ROAD	NONE	PUBLIC CHARITY	GENERAL	500

PO BOX 18218 PORTLAND, ME 04112	NONE	CHARITY	GENERAL	2,730
DARTMOUTH MEDICAL SCHOOL 1 HOPE FERRY ROAD HANOVER, NH 02755	NONE	PUBLIC CHARITY	GENERAL	500

25,450

PORTLAND, ME 04112		GI II II II I		
DARTMOUTH MEDICAL SCHOOL 1 HOPE FERRY ROAD HANOVER, NH 02755	NONE	PUBLIC CHARITY	GENERAL	50

Total. За

#### Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year MERCY HOSPITAL NONE PUBLIC: GENERAL 250 1000 NORTH VILLAGE AVE CHARITY

ROCKVILLE CENTER, NY 11571 ST GEORGE SCHOOL PO BOX 1910 NONE PUBLIC GENERAL NEWPORT, RI 02840 CHARITY

DYNAMY PROG 27 SEVER ST NONE PUBLIC **GENERAL** WORCESTER, MA 01609 CHARITY NONE PUBLIC: **GENERAL** 

500

250

SEA EDUCATION PO BOX 6 100 WOODS HOLE, MA 02543 CHARITY NONE **GENERAL** 250 PUBLIC

CHARITY

HAMPSHIRE COLLEGE 893 WEST STREET AMHERST, MA 01002

Total . . . . . . . 25,450

За

### Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year NEW CANAAN COUNTRY SCHOOL NONE PUBLIC GENERAL 200

635 FROGTOWN RD NEW CANAAN, CT 06840		CHARITY		
NEED 'N DEED 8616 GERMANTOWN AVENUE 2ND FL PHILADELPHIA, PA 19118	NONE	PUBLIC CHARITY	GENERAL	1,000
POW COMMUNITY FUND	NONE	PUBLIC	GENERAL	100

THIEADLETHIA, TA 19110				
POW COMMUNITY FUND 7 PROSPECT TERRACE YONKERS, NY 10705	NONE	PUBLIC CHARITY	GENERAL	100
HIMALAYAN PROJECT 202 SPRING ST MARION, MA 02738	NONE	PUBLIC CHARITY	GENERAL	250
LIFE FLIGHT BOX 899	NONE	PUBLIC	GENERAL	150

10NKEK3, NT 10703				
HIMALAYAN PROJECT 202 SPRING ST MARION, MA 02738	NONE	PUBLIC CHARITY	GENERAL	250
LIFE FLIGHT BOX 899 CAMDEN, ME 04843	NONE	PUBLIC CHARITY	GENERAL	150
Total				25,450

За

GENERAL GENERAL	3,000
GENERAL	3,000
GENERAL	500
GENERAL	4,000
GENERAL	200

За

### Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year				
PUPPIES BEHIND BARS 10 EAST 40TH STREET 19TH FLOOR NEW YORK, NY 10016	NONE	PUBLIC CHARITY	GENERAL	1,000
				1

NEW YORK, NY 10016				
ASPCA 424 EAST 92ND ST NEW YORK, NY 10128	NONE	PUBLIC CHARITY	GENERAL	250
THE ETHEL WALKER SCHOOL	NONE	PUBLIC	GENERAL	250

THE ETHEL WALKER SCHOOL 230 BUSHY HILL ROAD SIMSBURY, CT 06070	NONE	PUBLIC CHARITY	GENERAL	250
NEW YORK, NY 10128		CHARITY		

MANAYA 42 MODRIC BD	NONE	DUDL TO	CENEDAL	7.50
UCLA 651 CHARLES E YOUNG DR LOS ANGELES, CA 90095	NONE	PUBLIC CHARITY	GENERAL	100
230 BUSHY HILL ROAD SIMSBURY, CT 06070		CHARITY		

UCLA 651 CHARLES E YOUNG DR LOS ANGELES, CA 90095	NONE	PUBLIC CHARITY	GENERAL	100
WVWA 12 MORRIS RD AMBLER, PA 19002	NONE	PUBLIC CHARITY	GENERAL	250

LOS ANGLELS, CA 90093		CHARTT		
WVWA 12 MORRIS RD AMBLER, PA 19002	NONE	PUBLIC CHARITY	GENERAL	

WVWA 12 MORRIS RD AMBLER, PA 19002	NONE	PUBLIC CHARITY	GENERAL	250
Total				25,450

efile GRAPHIC print - DO NOT PR	OCESS As I	Filed Data -		DI	N: 93491289006397		
TY 2016 Accounting Fed	es Schedu	le					
	Name: SS	PENCER SO	COTT FUND IN	IC			
	C/O PKF O'CONNOR DAVIES LLP						
<b>EIN:</b> 13-6113359							
Category	Amount	Net	Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		

6,800

6,800

ACCOUNTING FEE

TY 2016 Investments Corporate Stock Schedule				
Name: S SPENCER SCOTT FUND INC				

C/O PKF O'CONNOR DAVIES LLP

DLN: 93491289006397

467,008

467,008

<b>EIN:</b> 13-6113359		
Name of Stock	End of Year Book Value	End of Year Fair Market Value

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

VARIOUS EQUITY(DETAILS PROVIDED ON REQUEST)

efile GRAPHIC print - DO NOT PROCESS	As Filed Data	-	DLN	N: 93491289006397			
TY 2016 Legal Fees Schedule	ΓΥ 2016 Legal Fees Schedule						
Name:	S SPENCER	SCOTT FUND INC					
C/O PKF O'CONNOR DAVIES LLP							
EIN:	13-6113359						
Category Amount Net Investment Income Income for Charitable Purposes							
LEGAL FEE	1,436	0	0	1,436			

Name: S SPENCER SCOTT FUND INC.

C/O PKF O'CONNOR DAVIES LLP

PREPAID FEDERAL EXCISE TAX

## Utner Assets Schedule

Other	 Cabadula		

Description

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

**EIN:** 13-6113359

Beginning of Year -

Book Value

173

## End of Year - Book Value





56

56

DLN: 93491289006397

Market Value

DLN: 93491289006397

Name: S SPENCER SCOTT FUND INC

C/O PKF O'CONNOR DAVIES LLP EIN: 13-6113359

Other Income Schedu

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Other Income Schedule					
Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income		
RECOVERY OF QUALIFIED PRIOR YEAR GRANT DISTRIBUTION	500		500		

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491289006397				
TY 2016 Other Increases Schedule							
Name:	S SPENCER SO	COTT FUND INC					
	C/O PKF O'CO	NNOR DAVIES LLP					
EIN:	13-6113359						
Dr	escription		Amount				
UNREALIZED APPRECIATION ON INVEST	MENTS		42,579				

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DI	N: 93491289006397			
TY 2016 Other Liabilities Schedule							
Name: S SPENCER SCOTT FUND INC							
C/O PKF O'CONNOR DAVIES LLP							
<b>EIN:</b> 13-6113359							
Description Beginning of Year Book Value Book Value							
DEFERRED FEDERAL EXCISE TAXES			1,911	2,341			

efile GRAPHIC print - DO NOT PROCES	SS As Filed Data	-	DLN	N: 93491289006397			
TY 2016 Other Professional Fees Schedule							
Name: S SPENCER SCOTT FUND INC							
	C/O PKF O'CONNOR DAVIES LLP						
EI	<b>IN:</b> 13-6113359						
Category Amount Net Investment Adjusted Net Disbursements Income Income for Charitable Purposes							

2,667

2,667

	i e	_
Category	Amount	N

INVESTMENT MANAGEMENT FEE

efile GRAPHIC print - DO NOT PROCESS	As Filed Data	<u>-</u> ]	DLN	N: 93491289006397
TY 2016 Taxes Schedule				
				!
Name:	S SPENCER S	SCOTT FUND INC		1
	C/O PKF O'CONNOR DAVIES LLP			
EIN:	13-6113359			
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FOREIGN TAXES ON INVESTMENTS	504	504	0	0
FEDERAL EXCISE TAXES	117	0	0	0
NYS FILING FEE	100	0	0	100