0423235246 JUN V 1 2411

Form 990-EZ

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

► Information about Form 990-EZ and its instructions is at www.irs.gov/form99

Open to Public Inspection

	R	Charles	Jul 1 , 2015, and ending Jun 30		2016
			applicable change C Name of organization D En	nployer idei	ntification number
		Name c	hange CHARLES AND ANN SERRAINO FOUNDATION 2	2-3410	0404
		Initial re	Number and street (or P.O. box. if mail is not delivered to street address) Room/suite E. To	lephone nun	nber
	H	Fınal retu	in/leiminated 204 HARRISON AVENUE (2011	288-0626
	-		City or town state or province country, and ZIP or foreign postal code		
	\vdash		I I I I I I I I I I I I I I I I I I I	roup Exer umber	nption •
			11.021.000K 11210110		ganization is not
			ite: SERRAINOFUND@AOL.COM required to a		
			empt status (check only one) — X 501(c)(3)		
			supported to the state of the s		
			of organization X Corporation Trust Association Other		
	L	Ada lı	nes 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total	. ^	
ĺ	_		s (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	▶ \$	21,673.
	Pa	rt I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instruction of the control of the contro	ons for	Part I)
			Check if the organization used Schedule O to respond to any question in this Part I	T - T	<u> </u>
			Contributions, gifts, grants, and similar amounts received	1	20,000.
			Program service revenue including government fees and contracts .	2	1,673.
		3	Membership dues and assessments .	3	DECEIVED
201.	ł	4	Investment income	4 3	1/LULIVLU
80	j	5 a	Gross amount from sale of assets other than inventory . 5 a		100 0 0 0 00 00
T=3	ļ	b	Less cost or other basis and sales expenses		APR 25 2017
\sim		С	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5 g	
\subseteq		6	Gaming and fundraising events		OGDEN, UT
~	R E V	а	Gross income from gaming (attach Schedule G if greater than \$15,000)	<u> </u>	
بر ایا	V E	b	Gross income from fundraising events (not including \$ of contributions]	
SCANNED JUN	N U		from fundraising events reported on line 1) (attach Schedule G if the sum		
4	E		of such gross income and contributions exceeds \$15,000)		
J		С	Less direct expenses from gaming and fundraising events . 6 c]	
Ø	- }	d	Net income or (loss) from gaming and fundraising events (add lines 6a and		
		_	6b and subtract line 6c)	6 d	
			Gross sales of inventory, less returns and allowances	4	
			Less cost of goods sold	1	
		l .	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7 c	
		8	Other revenue (describe in Schedule O)	8	
		9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	21,673.
		10	Grants and similar amounts paid (list in Schedule O)	10	
		11	Benefits paid to or for members	11	
	E	12	Salaries, other compensation, and employee benefits	12	
	P	13	Professional fees and other payments to independent contractors	13	
	PEZSE	14	Occupancy, rent, utilities, and maintenance	14	
•	E	15	Printing, publications, postage, and shipping	15	
5		16	Other expenses (describe in Schedule O) See Form 990-EZ, Part I Line 16 Other Expense	16	533.
? •		17	Total expenses. Add lines 10 through 16	17	533
o t		18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	21,140.
S U	A S NS E E T T	19	Net assets or fund balances at beginning of year (from line 27 column (A)) (must agree with end-of-year		
10	TF	20	figure reported on prior year's return)	19	110,229.
N	S		Other changes in net assets or fund balances (explain in Schedule O)	20	
6 29		21	Net assets or fund balances at end of year Combine lines 18 through 20	21	131, 369.

Form	990-EŽ (2015) CHARLES AND ANN	SERRAINO FOUNDATION	ON	22-	341040	4 Page 2
Par	Balance Sheets (see the instr Check if the organization used Schedu	uctions for Part II)				
	Check if the organization used Schedi	ale O to respond to any question		N) Beginning of year	/B) End of year
22	Cash, savings, and investments			110,229.	22	131,369.
23	Land and buildings			0.	23	0.
24	Other assets (describe in Schedule O) .			0.	24	0.
25	Total assets			110,229.	25	131,369.
26	Total liabilities (describe in Schedule O)			0.	26	0.
27	Net assets or fund balances (line 27 of co			110,229.	27	131,369.
Par	t III Statement of Program Service Ac	complishments (see the ins	structions for Part III)		E:	xpenses
What	Check if the organization used Sche	dule O to respond to any ques	stion in this Part III	(for section 501
Desc meas bene	s the organization's primary exempt purpose? AS ribe the organization's program service account of the organization of the service account of the organization of th	SISTING SENIOR CIT complishments for each of its the nanner, describe the services person title	IZENS free largest program sen provided, the number of	vices, as persons	c)(3) and to organization for others)	ins, optional
28	TO ASSIST SENIOR CITIZENS		TAI.			
	ASSISTANCE IN PAYMENT FOR					
	IN LIFE THREATENING CIRCU		NTATIVE HEALTH	CARE.		
	(Grants \$ 0.) If the	s amount includes foreign grar	nts, check here .		28 a	0.
29	0					
20	(Grants \$) If the	s amount includes foreign gran	nts, check here	>	29 a	
30					ļ	
	(Grants S) If the	s amount includes foreign grar	ata abaak basa		20 =	
31			nts, check here		30 a	RECEIVED
•	•	s amount includes foreign grar	nts check here	▶ □	31 a	
32	Total program service expenses (add lin	es 28a through 31a)		····	32	APR % 5 2017
Par	t IV List of Officers, Directors,		lovees (list each one eve	en if not compensated —	100	
	Check if the organization used Sche					0000000
						A A A A A A A A T T T T T T T T T T T T
	(-) bl d.H.	(b) Average hours per	(c) Reportable compensation	(d) Health benefits	ee (e)	USUCIT, UI
	(a) Name and title	(b) Average hours per week devoted to position		contributions to employ benefit plans and defer		Estimated amount of ther compensation
Hor		week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC)	contributions to employ		Estimated amount of
	Thomas Kean	week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC)	contributions to employ benefit plans and defer		Estimated amount of
Hor		week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not pald, enter -0-)	contributions to employ benefit plans and defer	red o	Estimated amount of
Hor JOP	Thomas Kean	week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not pald, enter -0-)	contributions to employ benefit plans and defer	red o	Estimated amount of
Hor JOA PRE	Thomas Kean Orary advisor to Pres. NNE SERRAINO	week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	contributions to employ benefit plans and defer	0 .	Estimated amount of
Hor JOA PRE BRU	n Thomas Kean lorary advisor to Pres. NNNE SERRAINO SIDENT	week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	contributions to employ benefit plans and defer	0 .	Estimated amount of
Hor JOA PRE BRU INT JOH	Thomas Kean Orary advisor to Pres. NNE SERRAINO CSIDENT ICE J SARTORI PERIM TREASURER IN MCEWEN	week devoted to position 1.00 40.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	contributions to employ benefit plans and defer	0 .	Estimated amount of ther compensation 0.
Hor JOA PRE BRU INT JOH	Thomas Kean Orary advisor to Pres. NNE SERRAINO SIDENT UCE J SARTORI PERIM TREASURER	week devoted to position 1.00 40.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	contributions to employ benefit plans and defer	0 .	Estimated amount of ther compensation 0.
Hor JOA PRE BRU INT JOH	Thomas Kean Orary advisor to Pres. NNE SERRAINO CSIDENT ICE J SARTORI PERIM TREASURER IN MCEWEN	week devoted to position 1.00 40.00 1.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	contributions to employ benefit plans and defer	0. 0.	Estimated amount of ther compensation 0. 0.
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Hor JOA PRE BRU INT JOH	Thomas Kean Orary advisor to Pres. NNE SERRAINO CSIDENT ICE J SARTORI PERIM TREASURER IN MCEWEN	week devoted to position 1.00 40.00 1.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	contributions to employ benefit plans and defer	0. 0.	Estimated amount of ther compensation 0. 0.
Hor JOA PRE BRU INT JOH	Thomas Kean Orary advisor to Pres. NNE SERRAINO CSIDENT ICE J SARTORI PERIM TREASURER IN MCEWEN	week devoted to position 1.00 40.00 1.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	contributions to employ benefit plans and defer	0. 0.	Estimated amount of ther compensation 0. 0.
Hor JOA PRE BRU INT JOH	Thomas Kean Orary advisor to Pres. NNE SERRAINO CSIDENT ICE J SARTORI PERIM TREASURER IN MCEWEN	week devoted to position 1.00 40.00 1.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	contributions to employ benefit plans and defer	0. 0.	Estimated amount of ther compensation 0. 0.
Hor JOA PRE BRU INT JOH	Thomas Kean Orary advisor to Pres. NNE SERRAINO CSIDENT ICE J SARTORI PERIM TREASURER IN MCEWEN	week devoted to position 1.00 40.00 1.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	contributions to employ benefit plans and defer	0. 0.	Estimated amount of ther compensation 0. 0.
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F . . .

Par	tv Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V			
33	Did the organization engage in any significant activity not previously reported to the IRS?		Yes	No
-	If 'Yes,' provide a detailed description of each activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect	1		†
25.	a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		X
336	(such as those reported on lines 2, 6a, and 7a, among others)?	35 a		X
t	of Yes, to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O	35 b		 ^-
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III		l	
36	reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III . Did the organization undergo a liquidation, dissolution, termination, or significant	35 c		X
30	disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36	ļ	X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions		 	
	Did the organization file Form 1120-POL for this year?	37 b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38 a		X
t	olf 'Yes,' complete Schedule L, Part II and enter the total amount involved	 		
39	amount involved	-		
	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities	٦,		
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under	٦.		
	section 4911 ► , section 4912 ► , section 4955 ►			
Ł	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been			
	reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40 b	1	X
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization.			1
	managers or disqualified persons during the year under sections 4912, 4955, and 4958	_		
(Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimoursed by the organization.			
6	All organizations. At any time during the tax year, was the organization a party to a prohibited tax	-		
41	shelter transaction? If 'Yes,' complete Form 8886-T List the states with which a copy of this return is filed New Jersey	40 e	<u> </u>	X
	New Octoe			
	The organization's books are in care of JOANNE SERRAINO Located at 204 HARRISON AVE At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country			2.6 No X
Ć	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) at any time during the calendar year, did the organization maintain an office outside the U.S.? If 'Yes,' enter the name of the foreign country	42 c		X
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year .		Yes] No
	Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44 a		X
	Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44 b		X
	Did the organization receive any payments for indoor tanning services during the year?	44 c		Х
(If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	44 d		
45 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	44 d		X
			 	+^
	Dold the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45 b	<u> </u>	<u> </u>
	TEEA0812 10/12/15	Form 99	ロードブ	(2015)

Form 990-E.	Z(2015) CHARLES AND ANN SER	RAINO FOUNDATI	ON	22-341	.0404	Р	age 4
						Yes	No
	e organization engage, directly or indirectly dates for public office? If 'Yes,' complete So				46		
Part VI	· · · · · · · · · · · · · · · · · · ·				. 40	<u> </u>	X
(Fait VI	Section 501(c)(3) organizations All section 501(c)(3) organization for lines 50 and 51.		stions 47-49b and 52	2, and complete the	tables		
	Check if the organization used Schedule	O to respond to any que	estion in this Part VI				
	Check if the organization used conedule	o to respond to any que	, storr in this rate vi vi vi v			Yes	No
	e organization engage in lobbying activities ete Schedule C, Part II			the tax year? If 'Yes,'	47		X
48 Is the	organization a school as described in secti	on 170(b)(1)(A)(ii)? If 'Y	es,' complete Schedule E		. 48		X
	e organization make any transfers to an ex	•	ated organization?		. 49 a		X
	, was the related organization a section 52	•			. 49 b	1	<u> </u>
	lete this table for the organization's five hig lyees) who each received more than \$100,0				ткеу		
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred	(e) Estimate other corn		
				compensation	ļ		
none				_			
none		0.00	0.	0.	ļ		0.
			 		 		
 _					,		
			ļ	<u> </u>	<u></u>		
	number of other employees paid over \$100				- ¢100 000	o f	
comp	plete this table for the organization's five hig ensation from the organization. If there is n	inest compensated inde ione, enter 'None '	pendent contractors who	each received more tha	n 3 100,000	Oi	
((a) Name and business address of each independent con	itractor	(b) Type	of service	(c) Com	npensatio	n .
none							
			-				
	~						
					ļ		
					+		
			-				
d Total	number of other independent contractors e	each receiving over \$100	0,000				
	ne organization complete Schedule A? Not oleted Schedule A	e: All section 501(c)(3)	organizations must attach	а	► XYe	:s	No
Under penalties	s of perjury, I declare that I have examined this return incond complete. Declaration of preparer (4ther than officer) is	cluding accompanying schedule	s and statements, and to the best	of my knowledge and belief it is	;		
	Man a c Veragin	s based on all morniation of vin	ich preparer has any knowledge	11/01/16			
Sign	Signature of officer	<u>~~</u>		Date			
Here	JOANNE SERRAINO Type or print name and title			President			
· · · · · · · · · · · · · · · · · · ·	Print/Type preparer's name	Preparer's signature	Date		PTIN		
Paid	BRUCE J. SARTORI, CPA	BRUCE J. SART	ORI, CPA 11/01/	0110011 ==== 11	P010546	11	
Preparer	Firm's name ► BRUCE J. SARTOR			`			
Use Only	Firm's address ► 45 ESSEX STREET	, SUITE 105A		Firm's EIN	22-301	5137	
	HACKENSACK	·	NJ 07601	Phone no (2		<u>-788</u>	1
May the IR	S discuss this return with the preparer show	wn above? See instructi	ons	<u> </u>	► XYe) S	No
					Form 9	90-EZ	(2015)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization	· · · · · · · · · · · · · · · · · · ·				Employer identificat	ion number		
CHARLES AND ANN SERRAING	FOUNDATION				22-3410404			
Part I Reason for Public Cha	rity Status (All or	rganizations must co	omplete	this pa	art.) See instruction	S.		
The organization is not a private foundat	ion because it is (For	lines 1 through 11, checl	conly one	box)				
1 A church, convention of church	hes, or association of	churches described in se	ction 170)(b)(1)(A	۸)(ı).			
2 A school described in section								
-ma	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).							
4 A medical research organizati	,		٠,,	, , , ,		e hospital's		
name, city, and state	on operated in conjunt	Mon Man a noophan acco	noca in o		TO(D)(T)(T)(III) LINOI III	o noophar s		
5 An organization operated for t 170(b)(1)(A)(iv). (Complete F	he benefit of a college Part II)	or university owned or o	perated b	y a gove	ernmental unit described	in section		
6 A federal, state, or local gover								
7 An organization that normally in section 170(b)(1)(A)(vi).	Complete Part II)		governm	ental un	it or from the general pu	blic described		
8 A community trust described in	n section 170(b)(1)(A)(vi). (Complete Part II)						
9 X An organization that normally from activities related to its ex investment income and unrela June 30, 1975 See section 5	empt functions – subji ited business taxable i	ect to certain exceptions, ncome (less section 511	and (2) r	no more	than 33-1/3% of its supp	ort from gross		
10 An organization organized and	, ,	•		,	/\ /			
11 An organization organized and or more publicly supported organized 11d that des	ganizations described i	in section 509(a)(1) or s	ection 50)9(a)(2).	See section 509(a)(3).			
a Type I. A supporting organization(s) the power to recomplete Part IV, Sections A	egularly appoint or elec	sed, or controlled by its s ct a majority of the direct	upported ors or tru	organiza stees of	ation(s), typically by givir the supporting organizat	ng the supported ion You must		
b Type II. A supporting organiza management of the supporting must complete Part IV, Sect	g organization vested i	ntrolled in connection with in the same persons that	n its supp control o	orted org r manag	ganization(s), by having e the supported organiza	control or ation(s) You		
c Type III functionally integral organization(s) (see instruction	ted. A supporting organs) You must compl	nization operated in coni ete Part IV, Sections A,	nection w D, and E	ith, and f	functionally integrated w	ith, its supported		
d Type III non-functionally integrated The or instructions) You must comp	ganization generally m	nust satisfy a distribution	connecti requirem	on with i ent and	ts supported organizatio an attentiveness require	n(s) that is not ment (see		
e Check this box if the organiza integrated, or Type III non-fun	tion received a written	determination from the I	RS that it	ıs a Typ	e I, Type II, Type III fund	ctionally		
f Enter the number of supported or								
g Provide the following information	about the supported o	rganization(s)						
(i) Name of supported organization	(II) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is organization in your go docum	on listed everning	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
			Yes	No				
(A)								
(B)		 	ļ					
<u>(C)</u>								
(D)			ļ					
(E)								
Total BAA For Paperwork Reduction Act N	lotice see the lest-	ctions for Form 990	000 F7		Schedule A /Fam	n 990 or 990-EZ) 2015		
Appropriate Medical Act I	эсе ше шэши	eriona ioi i oi in aan of	JJV°に∠.		Scriedule A (POII	ロララひ いこうさいにんりんひしろ		

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year nning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge .						
4	Total. Add lines 1 through 3 .						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	ni agit					
6	Public support. Subtract line 5 from line 4			,	,		
Sec	tion B. Total Support		<u> </u>	<u>'</u>	<u>'</u>	<u> </u>	
Cale	ndar year (or fiscal year nning ın) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10	*,					
12	Gross receipts from related activiti	es, etc (see instru	uctions)			12	
13	First five years. If the Form 990 is organization, check this box and s	s for the organizati	on's first, second,	third, fourth, or fift	h tax year as a sec	ction 501(c)(3)	
Sec	tion C. Computation of Pu						
14			•	1, column (f))		. 14	%
15	Public support percentage from 20)14 Schedule A, P	art II, line 14.		•	15	%
16 2	33-1/3% support test — 2015. If and stop here. The organization of	the organization d qualifies as a publi	id not check the bo cly supported orga	ox on line 13, and inization	line 14 is 33-1/3%	or more, check this	box · · · · ►
t	33-1/3% support test — 2014. If t and stop here. The organization of	he organization di qualifies as a publi	d not check a box cly supported orga	on line 13 or 16a, anization .	and line 15 is 33-1 -	/3% or more, check 	this box
17 2	10%-facts-and-circumstances to or more, and if the organization m the organization meets the 'facts-a	eets the 'facts-and	l-circumstances' te	st, check this box	and stop here. Ex	olain in Part VI how	_
	10%-facts-and-circumstances to or more, and if the organization m organization meets the 'facts-and-	eets the 'facts-and circumstances' tes	l-circumstances' te st The organizatio	st, check this box n qualifies as a pu	and stop here. Ex iblicly supported or	oplain in Part VI how ganization	the ►
18	Private foundation. If the organiz	ation did not chec	k a box on line 13,	16a, 16b, 17a, or	17b, check this bo	x and see instructio	ns ▶ 📗

Part III. Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

Sec	tion A. Public Support					· · · · · · · · · · · · · · · · · · ·	
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions and membership fees					İ	
	received (Do not include	E 100	7 015	20 000	10,000.	20 000	62 115
2	any 'unusual grants ')	5,100.	7,015.	20,000.	10,000.	20,000.	62,115.
-	sions, merchandise sold or		•	i			
	services performed, or facilities furnished in any activity that is		ļ				
	related to the organization's			Ì			
	tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513					ľ	
4	Tax revenues levied for the						
	organization's benefit and						
	either paid to or expended on its behalf						
5	The value of services or						
	facilities furnished by a governmental unit to the	1					
	organization without charge.						
	Total. Add lines 1 through 5	5,100.	7,015.	20,000.	10,000.	20,000.	62,115.
/ a	Amounts included on lines 1, 2, and 3 received from						
	disqualified persons						
b	Amounts included on lines 2						
	and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or						
	1% of the amount on line 13 for the year					:	
c	Add lines 7a and 7b						
8	Public support. (Subtract line	1 4.				,	
	7c from line 6)	, , , ,					62,115.
Sec	tion B. Total Support	······································					
	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 6	5,100.	7,015.	20,000.	10,000.	20,000.	62,115.
10 a	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties and income from						
b	similar sources			150.			150.
_	income (less section 511						
	taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b			150.			150.
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on .						
12	Other income. Do not include gain or loss from the sale of						
	capital assets (Explain in						
40	Part VI)						
13	Total support. (Add lines 9, 10c, 11, and 12)	5,100.	7,015.	20,150.	10,000.	20,000.	62,265.
14	First five years. If the Form 990 is	s for the organization					- 02/2001
	organization, check this box and s						<u> </u>
<u>5ec</u>	Public support personting for 201			1 (0)		1451	00 76 0
16	Public support percentage for 201 Public support percentage from 20	•	•	column (1))		15	99.76 %
	tion D. Computation of Inv					- 16	99.68 %
17	Investment income percentage for					17	0.24 %
18	Investment income percentage fro				,, ·	18	0.32 %
	a 33-1/3% support tests – 2015. If			x on line 14, and I	ine 15 is more than	<u> </u>	
	is not more than 33-1/3%, check the	his box and stop h	ere . The organızatı	on qualifies as a p	oublicly supported of	organization	► [X]
t	33-1/3% support tests — 2014. If	the organization d	id not check a box	on line 14 or line	19a, and line 16 is i	nore than 33-1/3%	, and
20	line 18 is not more than 33-1/3%, Private foundation. If the organiz	cneck this box and	stop here. The org	ganization qualifie	s as a publicly sup	oorted organization	. •
RAA		ation did not check	ta box on line 14, 1			nstructions	· • [_]

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Sec	tion A. All Supporting Organizations			Ι
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
3 8	a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below	3a		
ı	b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination	3b		
(Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use	3с		
4 :	a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
i	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
(c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5 :	a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
I	b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	- 5b		
	c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5 c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes, provide detail in Part VI	6		,
7	Did the organization provide a grant, loan compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ)	8		
9	a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI	9 a		
	b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes, provide detail in Part VI	91:	,	
,	c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI	90		<u> </u>
10	a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer 10b below	10a		
1	b Did the organization, have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	105	,	

	t IV Supporting Organizations (continued)	 -		
.,	TTV Outpointing Organizations (continued)		Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
t	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI	11c		
Sec	tion B. Type I Supporting Organizations			
		,	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities if the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1	,	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		1
Sec	tion C. Type II Supporting Organizations			
		,	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		X
Sec	ction D. All Type III Supporting Organizations		J.,,	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
,	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes' describe in Part VI the role the organization's supported organizations played in this regard.	3	,	
Sec	ction E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
	The organization satisfied the Activities Test Complete line 2 below			
	b The organization is the parent of each of its supported organizations. Complete line 3 below			
	c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction).	tions)		
2	Activities Test Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2 a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization s position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	21:		
3	Parent of Supported Organizations Answer (a) and (b) below			
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i>	3 8		
	b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes' describe in Part VI the role placed by the organization in this regard	21		

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Schedule A (Form 990 or 990-EZ) 2015	CHARLES	AND A	NN SERRATNO	FOUNDATION

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Page 6

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizati	ons	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on N other Type III non-functionally integrated supporting organizations must complete Sect	lovemb	er 20, 1970 See instru through E	uctions. All
Sec	tion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for	6		
7	production of income (see instructions)	7		
8	Other expenses (see instructions)	8		
	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	0	(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)			-
	Average monthly value of securities	1 a		
ı	Average monthly cash balances	1 b		
	Fair market value of other non-exempt-use assets	1 c		
	i Total (add lines 1a, 1b, and 1c)	1 d		
	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
_ 5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount		,	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4	* 1	
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-integrate (see instructions)	d Type	III supporting organiza	ation

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Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015	CHARLES	AND	ANN	SERRATNO	FOUNDATION

22-3410404

Page 7

	t V. ·· Type III Non-Functionally Integrated 509(a)(3) Su	pporting Organiza	tions (continued)			
Sec	Section D Distributions					
1	1 Amounts paid to supported organizations to accomplish exempt purposes .					
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity					
3	Administrative expenses paid to accomplish exempt purposes of supported organizations					
4						
5	5 Qualified set-aside amounts (prior IRS approval required)					
6	6 Other distributions (describe in Part VI) See instructions					
7	7 Total annual distributions. Add lines 1 through 6					
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.					
9	9 Distributable amount for 2015 from Section C, line 6					
10	0 Line 8 amount divided by Line 9 amount					
Sec	tion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(ıii) Dıstrıbutable Amount for 2015		
1	Distributable amount for 2015 from Section C, line 6		,			
2	Underdistributions, if any, for years prior to 2015 (reasonable cause required — see instructions)	<u>.</u>				
3	Excess distributions carryover, if any, to 2015	· · · · · · · · · · · · · · · · · · ·	,			
а						
b				-		
С	· · · · · · · · · · · · · · · · · · ·					
d	From 2013		-			
	From 2014		,	,		
1	Total of lines 3a through e			1.4		
g	Applied to underdistributions of prior years	,				
	Applied to 2015 distributable amount	,	,:	<u> </u>		
	Carryover from 2010 not applied (see instructions)		 			
	Remainder Subtract lines 3g, 3h, and 3i from 3f					
4	Distributions for 2015 from Section D.			· · · · · · · · · · · · · · · · · · ·		
	line 7\$	• ,		. ,		
а	Applied to underdistributions of prior years	, , , , , , , , , , , , , , , , , , ,		·		
t	Applied to 2015 distributable amount	Tage 1				
	Remainder Subtract lines 4a and 4b from 4			,		
5	Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			,		
6	Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)					
7						
8	Breakdown of line 7			, .		
		-	•			
			,	1		
	Excess from 2013	A				
	Excess from 2014		 	1		
	Excess from 2015					
_ `	· personal matter of the contract of the contr	t	1	1-		

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Schedule A (Form 990 or 990-EZ) 2015

Page 8 22-3410404 Part VI: Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization

CHARLES AND ANN SERRAINO FOUNDATION

Employer identification number

22-3410404