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expense of instance provided in the form as it may be made public the Result Size of Result Size			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code	e (except priv	/ate		2015
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Tare recempt shits       760 W G2 WW       (954) 650-7979         Amended tetum       CAY or town, sate or province, country, and ZIP or foreign postal code       6 Gross recepts 5 617,550         Application period       F Name and addess of principal officer TAU BEE REZZO 7670 NW 62 WAY PARKLAND, FL 33067       H(a) Is this a group retum for subordinates       FW SP M         Tax-exempt shits       F Soli(() 1 < (meet no)		return	Number and street (or P.O. box if mail is not delivered to street address) Poom/suite		E Telepho	ne num	ber
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Appleation penders       F Name and address of principal efficer LAURIE RIZZO 7670 NW 82 WAY PARKLAND,FL 33067       Yes FA Web Xer all solvorinates Yes FA HD Are all solvorinates HD Are all solvorinates HD Are all solvorinates H	Amend	led retu					
LAURE RIZZO       7370 MV 82 WAY       Yes FA         Tax-exempt status       F S01(c)(3) = S01(c)   4 (meet no) = 4947(a)(1) or = S27       Website: F       WWW RIZZO44 COM         Website:       WWW RIZZO44 COM       If "No," attach a list (see instruction: MC Group exemption number F         Torm or organization       P Composition Trust Association Tother F       L Year of formation 2012       M State of legal dome         Park I       Summary       IBrefly describe the organization's mission or most significant activities       To RAISE MONEY THROUGH FUNDRAISING EVENTS TO HELP FIGHT CANCER AND ASSIST FAMILIES AFFECTED BY         CANCER       IBrefly describe the organization discontinued its operations or disposed of more than 25% of its net assets       3         Number of independent vating members of the governing body (Part VI, line 1a)       4       4         S Total number of individuals employed in calendar year 2015 (Part V, line 2a)       5       5         Total number of individuals employed in calendar year 2015 (Part V, line 2a)       7a       7a         b Net unrelated business revenue from Form 990-T, line 34       7b       7a         Total interbet durines a grants (Part VIII, line 1h)       228,412       617         10 Total interbet durines (Part VIII, line 20)       228,412       617         11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d)       283,951       344 <t< td=""><td>Applica</td><td>ition pe</td><td>ending</td><td></td><td><b>G</b> Gross re</td><td>eceipts</td><td>\$ 617,550</td></t<>	Applica	ition pe	ending		<b>G</b> Gross re	eceipts	\$ 617,550
7670 NW 62 WAY PARKLAND,FL 33067       H(b) Are all subordinates included TWebsite: WWW RIZZO44 COM         Website: WWW RIZZO44 COM       I'We' attach a list (see instructions Website: WWW RIZZO44 COM         Tore of organization for composition Trust Association for ther ►       L Year of formation 2012       M State of legal dome Networks and the set of legal dome Part 1         Summary       Ibrefly describe the organization's mission or most significant activities TO RATES MONEY THROUGH FUNDRATISING EVENTS TO HELP FIGHT CANCER AND ASSIST FAMILLES AFFECTED BY CANCER         2       Check this box ▶ f if the organization discontinued its operations or disposed of more than 25% of its net assets         3       Number of voting members of the governing body (Part VI, line 1a)         4       Number of voting members of the governing body (Part VI, line 1a)         5       Total number of nuivous employed in calendar year 2015 (Part V, line 2a)         6       7b         7a       7b         9       Program service revenue (from Form 900-T, line 34         10       Investment income (Part VIII, line 1h)         11       Other revenue (Part VIII, column (A), lines 3, 4, and 7d)         12       Total investment income (Part VIII, column (A), lines 1-3)         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)         14       Benefits paid to or for members (Part IX, column (A), lines 1-3)         1						return	
Tax-exempt status       F SOL(2) [ \$ SOL(2) ] \$ (meet no) [ \$ 4947(a)(1) or [\$ 277       H(C)       Group exemption number ▶         Websites ▶ WWW R1ZZO44 COM       If "No," attach a list (see instructions         Form of organization F Corporation [ Tuts ] Association [ Other ▶       L Year of fomation 2012 M State of legal dom:         Part IS       Summary         1Briefly describe the organization's mission or most significant activities TO RAISE MONEY THROUGH FUNDRAISING EVENTS TO HELP FIGHT CANCER AND ASSIST FAMILIES AFFECTED BY CANCER         2       Check this box ▶[ if the organization discontinued its operations or disposed of more than 25% of its net assets         3       Number of independent voting members of the governing body (Part VI, line 1a)         5       Total number of of individuals employed in calendar year 2015 (Part V, line 2a)         6       7a         7a       Total number of individuals employed in calendar year 2015 (Part V, line 2a)         6       7a         7a       Total number of entivers (estimate if necessary)       7b         7a       Total unrelated business taxable income from Form 990-T, line 34       7b         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       7a         10       Total revenue (Part VIII, column (A), lines 3, 4, and 7d)       7a         11       Other revenue (Part VIII, column (A), lines 1-3)       283,951			7670 NW 62 WAY			nates	
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Website:        WWW RIZZ044 COM         Form of organization [* Corporation] Trust [~ Association] Other >       L Year of formation 2012 M State of legal domic TO RAISE MONEY THROUGH FUNDRAISING EVENTS TO HELP FIGHT CANCER AND ASSIST FAMILIES AFFECTED BY CANCER         2 Check this box >[] if the organization discontinued its operations or disposed of more than 25% of its net assets         3 Number of ndependent voting members of the governing body (Part VI, line 1a)         4 Number of independent voting members of the governing body (Part VI, line 2a)         5 Total number of induduals employed in calendary rear 2015 (Part V, line 2a)         6 Total number of volunteers (estimate if necessary)         7a         b Net unrelated business taxable income from Form 990-T, line 34         9 Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)         10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)         11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d)         12 Total revenue-add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3)         13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)         14 Benefits paid to or for members (Part IX, column (A), lines 1-3)         15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 2)         16 Total fundmaing expenses (Part IX, column (A), line 12)         17 Other expenses (Part IX, column (A), line 14, 1-10, 1-10, 24)         16 Total indraising fees (Part I	Tax-e	xempt	status 🔽 501(c)(3) 🔽 501(c)() 📲 (insert no) 🔽 4947(a)(1) or 🔽 527				
Form of organization F Corporation Trust Association Other IN       L Year of formation 2012       M State of legal domic         Part 11       Summary         IBINERY describe the organization's mission or most significant activities TO RATES MONEY THROUGH FUNDRAISING EVENTS TO HELP FIGHT CANCER AND ASSIST FAMILIES AFFECTED BY CANCER         2       Check this box INT of the organization discontinued its operations or disposed of more than 25% of its net assets         3       Number of independent voting members of the governing body (Part VI, line 1a)       4         5       6       6         7a       Total number of induvduals employed in calendar year 2015 (Part V, line 2a)       5         6       6       7a         7a       Total number of volundeers (estimate if necessary)       7a         7a       Total surrelated business revenue from Part VIII, column (C), line 12       7a         7b       Prior Year       Current Year         8       Contributions and grants (Part VIII, line 1b)       228,412       617         9       Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)       228,412       617         10       Investment income (Part IVII, column (A), lines 1, -       228,412       617         12       Total numeasing expenses (Part IX, column (A), lines 1,	Web	site: 🕨		n(C) Group	exempti	on nui	nber 🕨
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1Bnefiy describe the organization's mission or most significant activities         1 Banefiy describe the organization discontinued its operations or disposed of more than 25% of its net assets         2 Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets         3 Number of voting members of the governing body (Part VI, line 1a)         5 Total number of independent voting members of the governing body (Part VI, line 2a)         5 Total number of voting members of the governing body (Part VI, line 2a)         6 Total number of volunteers (estimate if necessary)         7a Total number of volunteers (estimate if necessary)         9 Program service revenue (Part VIII, column (C), line 12         9 Program service revenue (Part VIII, line 2g)         10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)         11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         12)         13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)         14 Benefits paid to or for members (Part IX, column (A), line 1-3)         15 Salanes, other compensation, employee benefits (Part IX, column (A), lines 2-5         16 Professional fundraising fees (Part IX, column (A), line 1-1-0         15 Total indraising fees (Part IX, column (A), line 1-1-0         16 Professional fundraising fees (Part IX, column (A), line 2-0         17 Other expenses (Part IX, column (A), line 1-1-0		_		L Year of form	ation 20.	.2 M	State of legal domicile F
TO RAISE MONEY THROUGH FUNDRAISING EVENTS TO HELP FIGHT CANCER AND ASSIST FAMILIES AFFECTED BY CANCER         CANCER         2 Check this box bf if the organization discontinued its operations or disposed of more than 25% of its net assets         3 Number of voting members of the governing body (Part VI, line 1a)         4         4         Number of individuals employed in calendar year 2015 (Part V, line 2a)         5         5         6         7a Total number of ndividuals employed in calendar year 2015 (Part V, line 2a)         7a Total number of ndividuals employed in calendar year 2015 (Part V, line 2a)         7a Total number of volunteers (estimate if necessary)         7a Total unrelated business revenue from Part VIII, column (C), line 12         7a Total unrelated business revenue from Porm 990-T, line 34         Prior Year         Current Year         8         Ontributions and grants (Part VIII, line 1a)         10         10         10         10         10         10         11							

Sign Here		**** gnature of officer URIE RIZZO PRESIDENT pe or print name and title						
Paid		Print/Type preparer's name JEFFREY M SHEPPARD CPA PA	Preparer's signature JEFFREY M SHEPPARD CPA PA					
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	у	PLANTATION, FL 333242	2749					

May the IRS discuss this return with the preparer shown above? (see instructio For Paperwork Reduction Act Notice, see the separate instructions.

Form	n 990 (2015)					Page <b>2</b>
Par			ice Accomplishmen oonse or note to any line			
1		organization's mission				
<u>to f</u>	AISE MONEY THRO	UGH FUNDRAISING E	VENTS TO HELP FIGHT	CANCER AND	DASSIST FAMILIES AFFEC	TED BY CANCER
2			ant program services du			⊤Yes <b>√</b> No
		nese new services on S				
3	services?		nake sıgnıfıcant changes		ucts, any program	∏Yes ☑No
	If "Yes," describe th	nese changes on Sched	ule O			
4	expenses Section 5	501(c)(3) and 501(c)(4		red to report th	largest program services, as e amount of grants and alloca	
<b>4</b> a	(Code TO RAISE MONEY THRO	) (Expenses \$ DUGH FUNDRAISING EVENTS	348,531 including of TO HELP FIGHT CANCER AND		293,990 ) (Revenue \$ AFFECTED BY CANCER	)
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4c	(Code See Addıtıonal Dat	) (Expenses \$ a	ıncludıng g	rants of \$	) (Revenue \$	)
4d	Other program ser (Expenses \$	vices (Describe in Scho 52,516 inc	edule O) luding grants of \$	52.51	6)(Revenue\$	)
4e	Total program serv		401,047	, ,	, , · · · · · · · · · · · · · · · · · ·	,
	. eta: program Serv	avhallang -	102,017			Form <b>990</b> (2015)

Form	990 (2015)			Page
Pai	rt IV Checklist of Required Schedules		1	<del></del>
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 🔞	1	Yes Yes	No
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	2		No
3		3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a		No
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b		No
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
Ь	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
Ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b		No
15	Did the organization report on Part IX, column (A ), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15		No
16	Did the organization report on Part IX, column (A ), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No

**b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

# Page **3**

Νo

20a

20b

Form	990	(2015)
		Chaa

Par	t IV Checklist of Required Schedules (continued)								
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes						
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .	22	Yes						
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No					
24a	<b>4a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .								
b	${f b}$ Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?								
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c							
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? $\cdot$ .	24d							
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No					
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No					
26									
27									
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)								
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV								
h	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,	28a		No					
D	Part IV	28b		No					
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No					
29	Did the organization receive more than $25,000$ in non-cash contributions? If "Yes," complete Schedule M $\cdot$ .	29		No					
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No					
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part $I$ .	31		No					
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No					
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No					
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34		No					
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No					
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b							
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No					
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No					
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes						

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Pa	<b>Statements Regarding Other IRS Filings and Tax Compliance</b> Check if Schedule O contains a response or note to any line in this Part V			. <u> </u>
19	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable <b>1a</b>		Yes	No
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable <b>1b</b> 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered	ю		
	by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	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	4a		
Ŀ	account)?	Tu		No
b	If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? $$ . $$ .	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
_		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		N 0
_	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		
	services provided to the payor?	7a 7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to	<u> </u>		<u> </u>
		7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? $\ldots$ .	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
Ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the <b>12b</b>			
13	year Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans <b>13b</b>			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14b		

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Par	t VI Governance, Management, and Disclosure			
	For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, describe the circumstances, processes, or changes in Schedule O. See instructions.	or 10	b belo	w,
	Check if Schedule O contains a response or note to any line in this Part VI			<u></u>
Se	ction A. Governing Body and Management			
			Yes	No
<b>1</b> a	Enter the number of voting members of the governing body at the end of the tax year 4			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent <b>1b</b>			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? $$ .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal R	even.		e.)
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	4.0		
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a		No
	rise to conflicts?	12b		
	In Schedule O how this was done	12c		N -
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	4.5		
a L	The organization's CEO, Executive Director, or top management official	15a 15b		No
D		15D		No
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	16-		DL -
b	taxable entity during the year?	16a		Νο
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed⊫ IL			

 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website Upon request Other (explain in Schedule O)

 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of

**19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, address, and telephone number of the person who possesses the organization's books and records ►LAURIE RIZZO 7670 NW 62ND WAY 7670 NW 62ND WAY PARKLAND, FL 33067 (954) 650-7979 **Ia** Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

• List all of the organization's current key employees, if any See instructions for definition of "key employee "

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

• List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

🔽 Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	Position (c more than or person is b and a direc			(C) Position (do not more than one box person is both an and a director/tru Officei Institutional Trustee or director			(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) ANTHONY RIZZO DIRECTOR	5 00	х						0	0	0
(2) LAURIE RIZZO PRESIDENT	20 00			x				0	0	0
(3) JOHN RIZZO VICE PRESIDE	5 00			x				0	0	0
(4) JOHN A RIZZO SECRETARY/TR	5 00			x				0	0	0
										Form <b>990</b> (2015)

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### Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and Title	(B) Average hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						<b>(D)</b> Reportable compensation from the organization (W-	<b>(E)</b> Reportable compensation from related organizations (W		<b>(F)</b> Estima mount of compens from t	ted fother ation he
		for related organizations below dotted line)	Individual trustaa or dilector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)		rganızatı relate organıza	ed
											_		
											_		
											_		
											+		
1b c d	Sub-Total	s to Part VII, S	ection /	· .									
2	Total number of individuals (in \$100,000 of reportable compe						d abov	e) w	ho received more th	an			
												Yes	No
3	Did the organization list any <b>f</b> e on line 1a? <i>If "Yes," complete S</i>					key •	emplo	yee, •	or highest compen	sated employee	3		No
4	For any individual listed on line organization and related organ <i>individual</i>												
5	Did any person listed on line 1	a receive or acc	crue con	••• mpen	• satio	• on fr	om anv	• vunr	elated organization	or individual for	4		No
	services rendered to the organ											No	

#### **Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

	(A) Name and business address	(B) Description of services	(C) Compensation
2	Total number of independent contractors (including but not limited to those listed above) \$100,000 of compensation from the organization 🕨	who received more than	

Νo

5

Form 99	90 (20	15)							Page <b>9</b>
Part V	/1111	Statement o							_
		Check if Schedu	ule O contains a re	spon	se or note to any lır	ne in this Part VIII <b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ωĽ	1a	Federated camp	paigns	1a					
Gifts, Grants ilar Amounts	Ь	Membershıp du	es	1b	-				·
ΰĔ	c	Fundraising eve	ents	1c					
fts,	d	Related organiz	ations	1d					
nila	e	Government grants		1e					
Contributions, Giffs, Grants and Other Similar Amounts									
ier ier	f	similar amounts no	ons, gifts, grants, and it included above	1f	617,550				
e fi	g	Noncash contributio 1a-1f \$	ons included in lines						
ont nd	h	<b>Total.</b> Add lines	s1a-1f			617,550			
<u> </u>				· ·	• • •				
Цe	2a			ŀ	Business Code				
evel	b			-					
ዋ ዋ	c			-					
r M C	d			-					
8	e			-					
Program Service Revenue	f	All other progra	ım service revenue	-					
ୁନ				l					
	g 3	Total. Add lines			• • • • •				
			ome (ıncludıng dıv ar amounts)						
	4	Income from inves	tment of tax-exempt l	oond p	roceeds 🕒 🕨				
	5	Royalties		•					
	6a	Gross rents	(ı) Real		(11) Personal				
	Ь	Less rental							
	c c	expenses Rental income							
		or (loss)	me or (loss)						
	u u	NetTentarmoor	(I) Securities	•	•••• <b>₽</b> • (11) Other				
	7a	Gross amount							
		from sales of assets other than inventory							
	b	Less cost or other basis and sales expenses							
	C	Gain or (loss)							
	d		s)	 г	• • • •				
enue	od	Gross income f events (not incl \$							
Other Revenue		of contributions See Part IV , lin	reported on line 1 e 18	c) a	-				
Ť	Ь	Less directer	penses	ŀ					
0	с		loss) from fundrais	L	vents 🕨				
	9a		rom gamıng actıvıt	ies					
		See Part IV, lın	e19	а					
	Ь	less directex	penses	- F					
			loss) from gaming	L	nties .				
		Gross sales of		Γ	- -				
		returns and allo	wances .	_					
	ь		oods sold	a b					
			loss) from sales of	L	ntory 🕨				
	<u> </u>	Miscellaneous			Business Code				
	11a								
	Ь			-					
	с								
	d	All other reven	ue	- [					
	е	Total. Add lines	s11a-11d	•	🕨				
	12	Total revenue.	See Instructions		· · · •	617,550			

Sectio	n = 501(c)(3) and $501(c)(4)$ organizations must complete all columns A	Il other organiza	ations must com	plete column (A )	
	Check if Schedule O contains a response or note to any line in th	s Part IX			<u></u>
	t include amounts reported on lines 6b, , 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV , line 21	317,516	317,516		
2	Grants and other assistance to domestic individuals See Part IV , line 22	28,990	28,990		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	23,333		23,333	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)....	39,155	39,155		
12	Advertising and promotion				
13	Office expenses	5,572		5,572	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	15,386	15,386		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а					
Ь					
с					
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	429,952	401,047	28,905	0
26	Joint costs.Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here F if following SOP 98-2 (ASC 958-720)				<u> </u>

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## Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X . . . . . . . . . . . . . . . .

		Check if Schedule O contains a response or note to any line in this Part X $$ .		• •	<u>,</u>
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash-non-Interest-bearing	37,106	1	224,704
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
Assets	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
A S	7	Notes and loans receivable, net		7	
-	8			<u>/</u> 8	<u> </u>
	9	Prepaid expenses and deferred charges		9	<u> </u>
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D <b>10a</b>			
	ь	Less accumulated depreciation		10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	37,106	16	224,704
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
lid		persons Complete Part II of Schedule L		22	
Ej -	23	Secured mortgages and notes payable to unrelated third parties		23	
_	24	Unsecured notes and loans payable to unrelated thırd partıes		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0	26	0
ės S		Organizations that follow SFAS 117 (ASC 958), check here ► 🔽 and complete lines 27 through 29, and lines 33 and 34.			
anc	27	Unrestricted net assets	37,106	27	224,704
Sa le	28	Temporarily restricted net assets		28	
E E	29	Permanently restricted net assets		29	
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ┌ and complete lines 30 through 34.			
ō	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31	
A\$\$	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net J	33	Total net assets or fund balances	37,106	33	224,704
Ż	34	Total liabilities and net assets/fund balances	37,106	34	224,704
	·		· · · · · ·		Form <b>990</b> (2015)

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Par	<b>t XI Reconcilliation of Net Assets</b> Check if Schedule O contains a response or note to any line in this Part XI				୮
1	Total revenue (must equal Part VIII, column (A ), line 12)	1		e	517,550
2	Total expenses (must equal Part IX, column (A ), line 25)	2		4	129,952
3	Revenue less expenses Subtract line 2 from line 1	3			187,598
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))			-	
5	Net unrealized gains (losses) on investments	4			37,106
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O )	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10			224,704
Par	t XII Financial Statements and Reporting				
T G I	Check if Schedule O contains a response or note to any line in this Part XII				Г
		•••		Yes	No
1	Accounting method used to prepare the Form 990 🔽 Cash 🔽 Accrual 💭 Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If `Yes,' check a box below to indicate whether the financial statements for the year were compiled or revie a separate basis, consolidated basis, or both	ewed o	n		
	Separate basis Consolidated basis Both consolidated and separate basis				
Ь	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sep basis, consolidated basis, or both	arate			
	Separate basis Consolidated basis F Both consolidated and separate basis				
с	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig of the audit, review, or compilation of its financial statements and selection of an independent accountant		2c		No
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	In			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	ne	Зa		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		Зb		

## Software ID: Software Version:

**EIN:** 45-5636633

Name: ANTHONY RIZZO FAMILY FOUNDATION

## Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code	) (Expenses \$	52,516	including grants of \$	52,516 ) (Revenue \$	)
TO RAISE MONEY	THROUGH FUNDRAISING EVE	NTS TO HE	ELP FIGHT CANCER AND A	ASSIST FAMILIES AFFECTED BY CA	ANCER

efi	le GF	RAPHIC print - DO	NOT PROCE	SS As Filed Da	ta -	DLN: 93	493278008346
Department of the Treasury			Complete if the	e organization is a sec 4947(a)(1) nonexe ▶ Attach to Form bout Schedule A (Forr	IS and Public Supp tion 501(c)(3) organization o empt charitable trust. 1 990 or Form 990-EZ. n 990 or 990-EZ) and its instr	Ort or a section uctions is at	DMB No 1545-0047 2015 Open to Public Inspection
		<b>he organization</b> ZZO FAMILY FOUNDATION				Employer ident if ica	ation number
Da	rt I	Boscon for Du	lic Charity S	Statue (All organiza	ations must complete this	45-5636633	
					through 11, check only one h		/115
1		-			hes described in section 170		
2	, 				chedule E (Form 990 or 990-		
2	, L				described in <b>section 170(b)(1</b>		
4	, L			_	with a hospital described in <b>se</b>		) Enter the
-	,	hospital's name, cit		eracea în conjunction v			Ji Enter the
5	Γ		erated for the be		iversity owned or operated by	y a governmental unit o	lescribed in <b>section</b>
6	Γ	A federal, state, or	ocal governmen	t or governmental unit	described in <b>section 170(b)(</b>	(1)(A)(v).	
7	Γ				of its support from a governm	ental unit or from the g	jeneral public
8	Г			vi). (Complete Part II tion 170(b)(1)(A)(vi)			
9 10	고 기	receipts from activ from gross investm organization after J	ties related to it ent income and une 30, 1975 S	ts exempt functions—s unrelated business ta See <b>section 509(a)(2).</b>	1/3% of its support from cont subject to certain exceptions, xable income (less section 5 (Complete Part III) st for public safety See <b>sectio</b>	, and (2 ) no more than 11 tax) from businesse	331/3% of its support
11		one or more publicly the box in lines 11a	supported orga through 11d that	nızatıons described in at describes the type o	e benefit of, to perform the fur section 509(a)(1) or section of supporting organization and	n 509(a)(2) See <b>sectio</b> d complete lines 11e, 1	<b>n 509(a)(3).</b> Check . 1f, and 11g
а	I	supported organizat	ion(s) the power		r controlled by its supported or r elect a majority of the direc <b>B</b> .		
Ь	Γ	Type II. A supportin	ng organization s supporting organ	upervised or controlle nization vested in the	ed in connection with its supp same persons that control or		
с	Г	Type III functional	y integrated. A	supporting organizatio	on operated in connection with		grated with, its
d	Г				mplete Part IV, Sections A, I zation operated in connectior		anization(s) that is
-	,	not functionally inte	grated The orga		st satisfy a distribution requi		
е	Γ	Check this box if th	e organızatıon re	eceived a written deter	mination from the IRS that it	ıs a Type I, Type II, T	ype III functionally
-	<b>-</b> .			ally integrated suppor			
f	Ente		-		•••••	· · · · · · · · - —	
g		Provide the followin	g information ab	out the supported orga	anization(s)		
Naı	me of s	(i) supported organizatio	n (ii)EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	<b>(iv)</b> Is the organization listed in your governing document?	(v) A mount of monetary support (see instructions)	<b>(vi)</b> A mount of other support (see instructions)

Yes

No

Total

Sch	edule A (Form 990 or 990-EZ) 201!	5					Page <b>2</b>
Ра	Art II Support Schedule for (Complete only if you Part III. If the organiz	checked the bo	ox on line 5, 7,	or 8 of Part I c	or if the organiz	ation failed to q	
s	ection A. Public Support		and the the				
	Calendar year	(-)2011	(1)2012	(-)2012	(4)2014	(-)2015	
(or	fiscal year beginning in) 🕨	(a)2011	<b>(b)</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	<b>Total.</b> 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)						
6	Public support. Subtract line 5						
<u> </u>	from line 4 ection B. Total Support						
	Calendar year						
(or	fiscal year beginning in) 🏲	<b>(a)</b> 2011	( <b>b)</b> 2012	(c)2013	(d)2014	(e)2015	<b>(f)</b> ⊤otal
7	A mounts 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	Otherincome Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
11	VI) Total support. Add lines 7						
11	through 10						
12	Gross receipts from related activit	ies, etc (see inst	ructions)			12	
13	First five years. If the Form 990 is	for the organization	on's first, second	l, thırd, fourth, or	fifth tax year as a	section 501(c)(3	) organization,
	check this box and <b>stop here</b>					<u></u>	-
S	ection C. Computation of Pu						
14	Public support percentage for 201	5 (line 6, column	(f) divided by line	e 11, column (f))		14	
15	Public support percentage for 201	4 Schedule A, Pa	rt II, line 14			15	
16a	33 1/3% support test-2015. If the	organization did i	not check the bo	x on line 13, and	line 14 is 33 1/3%	% or more, check 1	this box
	and <b>stop here.</b> The organization qu					·	►
b	33 1/3% support test-2014. If the				, and line 15 is 3	3 1/3% or more, cl	
17-	box and stop here. The organizatio 10%-facts-and-circumstances test			-	na 12 162 ar 16	h and line 14	▶•)
17a	is 10% or more, and if the organization	-				•	
	in Part VI how the organization me						orted
	organization					,, <b></b> PP	►
b	10%-facts-and-circumstances test						
	15 is 10% or more, and if the orga						
	Explain in Part VI how the organiza supported organization	ation meets the "f	acts-and-circum	istances" test T	ne organization qu	lalifies as a public	ly ►
18	Private foundation. If the organization	tion did not check	a box on line 13	,16a,16b,17a.	or 17b, check thi	s box and see	F (

instructions

▶□

Schodulo A	(Form	aan	or 990-EZ	12015
Schedule A		990	01 990-EZ	/2015

### 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.)

Section A. Public S	Support
Calendar year	
(or fiscal year beginning	in) 🕨

- Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants"
- 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose
- 3 Gross receipts from activities that are not an unrelated trade or business under section 513
- 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 organization without charge
- 6 Total. Add lines 1 through 5
- 7a 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 yea
- **c** Add lines 7a and 7b
- 8 Public support. (Subtract line 7 c from line 6 )

### Section B. Total Support

CTI	оп	в.	10	στα	•	3	u
	Cal	end	ar	yea	r		

(or fiscal year	beginning	in) 🖡
-----------------	-----------	-------

- 9 A mounts from line 610a Gross income from interest,
- dividends, payments received on securities loans, rents, royalties and income from similar sources
- Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975
- c Add lines 10a and 10b
- 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 Part VI)
- **13 Total support.** (Add lines 9, 10c, 11, and 12)

14	First five years. If the Form 990 is t	or the organization's first, second,	thırd, fourth, or fifth ta	x year as a section 501(c	:)(3) organization,
	check this box and <b>stop here</b>				▶

90,450

(b)2012

90,450

(c)2013

220,039

220,039

## Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))

## 16 Public support percentage from 2014 Schedule A, Part III, line 15

# Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))

(a)2011

18 Investment income percentage from 2014 Schedule A, Part III, line 17

19a 33 1/3% support tests—2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
b 33 1/3% support tests—2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

	<b>(a)</b> 2011	<b>(b)</b> 2012	(c)2013	<b>(d)</b> 2014	<b>(e)</b> 2015	<b>(f)</b> ⊺otal
,		90,450	220,039	228,412	617,550	1,156,451
E		90,450	220,039	228,412	617,550	1,156,451
						1,156,451

(d)2014

228,412

228,412

(e)2015

617,550

617,550

15

16

17

18

(f)Total

1,156,451

1,156,451

### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations 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 2 509(a)(1) or (2). **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? 3a If "Yes," answer (b) and (c) below. **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)? 3b If "Yes," describe in **Part VI** when and how the organization made the determination. c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)3c purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use. 4a Was any supported organization not organized in the United States ("foreign supported organization")? 4a If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below. **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 4b 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. 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)? **4c** 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. 5a 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 5a accomplished (such as by amendment to the organizing document). b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in 5b the organization's organizing document? 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 (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one 6 or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990). 7 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990). 8 9a 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. 9a **b** Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI. 9b c Did a disqualified person (as defined in line 9(a)) 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. 9c 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting 10a organizations)? If "Yes," answer b below. **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). 10b 11 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 11b **b** A family member of a person described in (a) above?

c 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

## Part IV Supporting Organizations (continued)

## Section B. Type I Supporting Organizations

- 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.
- 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.

## Section C. Type II Supporting Organizations

 Yes

 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).

## Section D. All Type III Supporting Organizations

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, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) 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 2 supported organization(s). 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? 3 If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.

## Section 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)

- **a**  $\prod$  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  $\Gamma$  The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions)
- 2 <u>Activities Test</u> Answer (a) and (b) below.
- 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 2a organization determined that these activities constituted substantially all of its activities. **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. 2b Parent of Supported Organizations Answer (a) and (b) below. 3 a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of 3a each of the supported organizations? Provide details in Part VI.
- **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 played by the organization in this regard.

3b

Yes

No

No

		Yes	No				
	1						
s)							
	2						
	_						

### Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 See instructions. All other
 Type III non-functionally integrated supporting organizations must complete Sections A through E

	Section 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		
5	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		

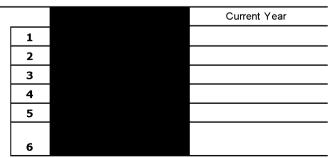
#### **Section B - Minimum Asset Amount**

- Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)
- **a** Average monthly value of securities
- **b** Average monthly cash balances
- c Fair market value of other non-exempt-use assets
- d Total (add lines 1a, 1b, and 1c)
- e Discount claimed for blockage or other factors (explain in detail in Part VI)
- 2 Acquisition indebtedness applicable to non-exempt use assets
- 3 Subtract line 2 from line 1d
- 4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)
- 5 Net value of non-exempt-use assets (subtract line 4 from line 3)
- 6 Multiply line 5 by 035
- 7 Recoveries of prior-year distributions
- 8 Minimum Asset Amount (add line 7 to line 6)

### Section C - Distributable Amount

- **1** Adjusted net income for prior year (from Section A, line 8, Column A)
- 2 Enter 85% of line 1
- 3 Minimum asset amount for prior year (from Section B, line 8, Column A)
- 4 Enter greater of line 2 or line 3
- 5 Income tax imposed in prior year
- 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
- 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

	(A) Prior Year	(B) Current Year (optional)
1		
1a		
1b		
1c		
1d		
2		
3		
4		
5		
6		
7		
8		



Schedule A (Form 990 or 990-EZ) 2015

Section D - Distributions	Current Year
A mounts paid to supported organizations to accomplish exempt purposes	
Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
Administrative expenses paid to accomplish exempt purposes of supported organizations	
Amounts paid to acquire exempt-use assets	
Qualified set-aside amounts (prior IRS approval required)	
• Other distributions (describe in Part VI) See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
B Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
Distributable amount for 2015 from Section C, line 6	
<b>0</b> Line 8 amount divided by Line 9 amount	

(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
		(I) Underdistributions

Schedule A (Form 990 or 990-EZ) (2015)

### 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. (See instructions).

Facts And Circumstances Test

Return Reference

Explanation

Schedule A (Form 990 or 990-EZ) 2015

(Form 990)	efile GRAPHIC pri	int - DO	NOT PROCESS	As Filed Data -					DLN	: 93493278008346
Beak manual method         Information about Schedule 1 (form 990) and its instructions is a <u>grow if is dev/form 990</u> .         Totol Million mandae list instructions is a <u>grow if is dev/form 990</u> .         Totol Million mandae list instructions is a <u>grow if is dev/form 990</u> .         Totol Million mandae list instructions is a <u>grow if is dev/form 990</u> .         Totol Million mandae list instructions is a <u>grow if is dev/form 990</u> .         Totol Million mandae list instructions is a <u>grow if is dev/form 990</u> .         Totol Million mandae list instructions is a <u>grow if is dev/form 990</u> .         Totol Million mandae list is dev/form 990.         Totol Million	Schedule I (Form 990)			Governments a	and Individuals tion answered "Yes," or	in the United Form 990, Part IV,	States		0 M	2015
	Treasury		🕨 Inforr	mation about Schedule			<u>.irs.gov/form990</u> .			
Part I General Information on Grants and Assistance      10 Des the again mattern records to substrates the amount of the grants or assistance, the grants or assistance, and the set of control the grant or assistance. The grant of the grants of again and the grants are set of grant funds in the United States      Part I Grant State add add the grants are set of grant funds in the United States      Description and the resistance to Demost Comparison Comparison answerd "Yes" of Fam 920, Part IV, Ine 21, for any recipient     use incored in the state 5,000 Part IV and the distance of Grant funds in the United States      Part II Grant add the resistance to Demost Comparison answerd "Yes" of Fam 920, Part IV, Ine 21, for any recipient     (g) Amount of additional pages in nector      (g) Amount of additional pages in the distance      Part II Can be distance to Demost Comparison and Demost of additional pages in nector      (g) Amount of additional pages in the distance      Part II Can be distance to Demost Comparison and Demost of additional pages in nector      (g) Amount of additional pages in the distance      Part II Can be distance to Demost Comparison and Demost of additional pages in nector      (g) Amount of additional pages in the distance      Part II Can be distance to Demost Comparison and the distance distance      pages and the rest of the state of additional pages in nector      (g) Amount of additional pages in the distance      Part II Can be distance to Demost Comparison and the distance      (g) Amount of additional pages in the distance      page II Can be distance additional pages in nector      (g) Amount of additional pages in the distance      Part II Can be distance additional pages in nector      (g) Amount of additional pages in the distance      Part II Can be distance additional pages      pages II Can be distance additional pages      pages II Can be distance      pages II Can be distance      pages II Can be different additional pages      pages II Can be distance      pages I	Name of the organization							Employ	yer identific	ation number
1       Describe organization mamma netrods to substantists the anount of the prints or assurbance, the prints or assurbance, the prints or assurbance, and the assurbance form of the argumation's aproaches for montang the use of grant funds in the Under States       Pres Ti         2       Describe in Part IV the organization and substance to Domestic Complete funds organization and subscatter to the applicable for distance and service and service funds or assured "Yes" on Form 350, Part IV, line 21, for any recount on organization and service funds or assured and the assured of the service	ANTHONY RIZZO FAM	1ILY FOUI	NDATION					45-56	536633	
The selection critical used is award the grants or sessitione?         If Yes         If Yes           2         Describe infait/U the anglination's processing for molecting the use of grant funds in the United States         If Yes         If Yes<	Part I General	Inform	ation on Grant	s and Assistance						
Ubst.         received more than 55,000 Part II can be diplexated 1 additional space is needed         (d) Amount of non- cash grant         (d) Amount of non- cash grant         (d) Amount of non- cash grant         (d) Amount of non- cash grant         (d) Description of non-cash assistance           FAMUY REACH (2) CON DATA         ISO00         ISO000         ISO00         ISO000	the selection crit	eria used f	to award the grants	s or assistance?				ssistance, and		I Yes ∏ N
Display organization organization propertment       If applicable       grant       cash ssistance       (book, FWV, appraval, other)       non-Cesh assistance       or assistance         BEAR NECESSITIES PED (1) CANCER FNDTM S5 WACKER DSUITE 1100       15,000       Image: State	Part II Grants and						nization answered "Yes" o	on Form 990, P	art IV , lıne	21, for any recipient
(1) CANCER NOTN SWACKER PSUTE 1100         80,000	organization		<b>(b)</b> EIN			cash	(book, FMV, appraisal,			(h) Purpose of grant or assistance
(2) FOUNDATION       2001 ROUT 46 SUIT 210         PARSIPPANY, NJ 07354       50,000         (3)       50,000         (3)       50,000         S01 HOLON ST       1         HOLIWOOD, FL 33021       70,000         (4) HOSPITAL       225 CHICAGO AVE         CHICAGO LL 60611       70,000         U O FMINISTYLEFER       50,000         (5) CANCER CENTER       50,000         MIANISTYLEFER       50,000         (6) CYCLE FOR SURVIVAL       25,000         BS 2ND AVE 7TH FLOOR       25,000         NEW YORK, NY 10017       10,000         (7)       10,000       10,000         JON LESTER NEVER QUIT FOUNDATION       10,000         CHICAGO AVE CHICAG	(1) CANCER FNDTN 55 WACKER DR SUI	TE 1100			15,000					
JOE DIMAGGIO CHLIDRENS HOSPITAL 3501 JOHNSON ST HOLLYWOOR, FL 33021       70,000	(2) FOUNDATION 2001 ROUTE 46 SUI				80,000					
(4) HOSPITAL 225 E CHICAGO AVE CHICAGO, IL 60611	JOE DIMAGGIO CHI HOSPITAL 3501 JOHNSON ST				50,000					
(S) CANCER CENTER       1475 NW 12TH AVE         1475 NW 12TH AVE       25,000         (6) CYCLE FOR SURVIVAL       25,000         885 2ND AVE 7TH FLOOR       10,000         (7)       10,000         JON LESTER NEVER QUIT       10,000         FOUNDATION       10,000         Image: Construct of the construction of the constructions listed in the line 1 table	(4) HOSPITAL 225 E CHICAGO AV	'E			70,000					
885 2ND AVE 7TH FLOOR NEW YORK, NY 10017       Image: Constraint of the section 501(c)(3) and government organizations listed in the line 1 table.       Image: Constraint of the section 501(c)(3) and government organizations listed in the line 1 table.       Image: Constraint of the section 501(c)(3) and government organizations listed in the line 1 table.       Image: Constraint of table.       Image: Constraintable.       Image: Constraint of tab	(5) CANCER CENTER 1475 NW 12TH AVE	R			50,000					
JON LESTER NEVER QUIT FOUNDATION       Image: Constraint of the section 501(c)(3) and government organizations listed in the line 1 table.       Image: Constraint of the section 501(c)(3) and government organizations listed in the line 1 table.       Image: Constraint of the section 501(c)(3) and government organizations listed in the line 1 table.       Image: Constraint of the section 501(c)(3) and government organizations listed in the line 1 table.       Image: Constraint of the section 501(c)(3) and government organizations listed in the line 1 table.       Image: Constraint of the section 501(c)(3) and government organizations listed in the line 1 table.       Image: Constraint of the section 501(c)(3) and government organizations listed in the line 1 table.       Image: Constraint of the section 501(c)(3) and government organizations listed in the line 1 table.       Image: Constraint of the section 501(c)(3) and government organizations listed in the line 1 table.       Image: Constraint of the section 501(c)(3) and government organizations listed in the line 1 table.       Image: Constraint of the section 501(c)(3) and government organizations listed in the line 1 table.       Image: Constraint of the section 501(c)(3) and government organizations listed in the line 1 table.       Image: Constraint of the section 501(c)(3) and government organizations listed in the line 1 table.       Image: Constraint of the section 501(c)(3) and government organizations listed in the line 1 table.       Image: Constraint of the section 501(c)(3) and government organizations listed in the line 1 table.       Image: Constraint of the section 501(c)(3) and government organizations listed in the line 1 table.       Image: Constraint of the section 501(c)(3) and government organizations listed in the line 1 table.       Image: C	885 2ND AVE 7TH F	LOOR			25,000					
3 Enter total number of other organizations listed in the line 1 table	JON LESTER NEVER	QUIT			10,000					
3 Enter total number of other organizations listed in the line 1 table										
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3 Enter total number of other organizations listed in the line 1 table										
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### Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed

(a)Type of grant or assistant	nce	<b>(b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	( <b>d)</b> A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) MEDICAL EXPS & SUPPORT		47	28,990			
Part IV Supplemental	Informat	tion. Provide the info	rmation required in P	art I, line 2, Part III,	column (b), and any other	additional information.
Return Reference Explan		on				
SCHEDULE I, PAGE 1, PART I, LINE 2	REVIEW	OF BILLS AND OTHER D	OCUMENTS SUPPORT	ING NEED		

Schedule I (Form 990) 2015

efile GRAPHIC pr	int - DO NOT PROCESS	As Filed Data -		DLN: 93493278008346		
SCHEDULE O	OMB No 1545-0047					
(Form 990 or 990-EZ)	Complete to prov	Supplemental Information to Form 990 or 990-EZ				
Department of the Treasury Internal Revenue Service	Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.			Open to Public Inspection		
Name of the organization	r identification number					

45-5636633

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4D	TO RAISE MONEY THROUGH FUNDRAISING EVENTS TO HELP FIGHT CANCER AND ASSIST FAMILIES AFFECTED BY CANCER
FORM 990, PAGE 6, PART VI, LINE 11B	COPY OF THE 990 IS PROVIDED TO ALL DIRECTORS AND OFFICERS AND REVIEWED BEFORE FILING
FORM 990, PAGE 6, PART VI, LINE 19	GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE GENERAL PUBLIC UPON REQUEST