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Form **990-PF**

AMENDED

EXHIBIT D-3

OMB No 1545 0052

2012/310

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

Department of the Treasury Internal Revenue Service

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

		ov 1 ,2012	and ending Oc	t 31 , 2013					
	foundation			A Employer identification number 31-1487811					
	ZA FAMILY FOUNDATION, INC. and street (or P.O box number if mail is not delivered to street.	B Telephone number (see the instructions)							
	E R BENDRIHEM-1905 N. CREEK		-	(917) 446-7525					
City or to	wn T PLEASANT		ZIP code 29466	C If exemption application is pending, check here ►					
	eck all that apply: Initial return	Initial Return of a form	nor public charity						
u 0110	Final return	Amended return	ner public charity	D 1 Foreign organizations, check here					
	Address change	Name change		2 Foreign organizations meeting the 85% test, check					
H Ç	heck type of organization. X Section 501	(c)(3) exempt private for		here and attach computation					
	Section 4947(a)(1) nonexempt charitable tr		private foundation	E If private foundation status was terminated under section 507(b)(1)(A), check here					
	' O U (-)	ounting method X C	ash						
► s	' '" '	Other (specify) column (d) must be on	cash basis 7	If the foundation is in a 60-month termination under section 507(b)(1)(B), check here					
Part	Analysis of Revenue and	(a) Revenue and	(b) Net investmen						
	Expenses (The total of amounts in	expenses per peoks	(b) Net livestine in	income for charitable					
	columns (b), (c), and (d) may not neces- sarily equal the amounts in column (a)	 	I:IIPY	purposes (cash basis only)					
	(see instructions))		0011	(333 333 31))					
	1 Contributions, gifts, grants, etc, received (att sch) 2 Ck if the foundn is not req to att Sch B								
S	3 Interest on savings and temporary								
	cash investments .								
	4 Dividends and interest from securities 5 a Gross rents	A, 111,542.	111,54	2.					
D	b Net rental income or (loss)								
	6 a Net gain/(loss) from sale of assets not on line 10	B , 30,778.	L-6a Stmt						
AUG S E A	b Gross sales price for all 8 ✓ 202,671.								
D Ė	7 Capital gain net income (from Part IV, line 2) .		B! 30,77	8. 0.000					
ij N ij U	Net short-term capital gain Income modifications Gross sales less		<u></u>	B3 26,819.					
ENUE ENUE	10 a Gross sales less returns and allowances RECEIVED	-							
	allowances REUL								
ก็	goods sold	<u> </u>							
	c Gross profit/(loss) (att sch) 11 Other income (2009) FORMAN EMENT								
	OGDEN								
	12 Total. Add lines 1 through 11	142,320.	142,32	0. 26,819.					
	Compensation of officers, directors, trustees, etc			TOWELL					
	14 Other employee salaries and wages 15 Pension plans, employee benefits			1 RECEIVED					
	16a Legal fees (attach schedule)			\.\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\					
A D M	b Accounting fees (attach sch) L-16b Stmt	C ₁ 11,240.	3,74	7.					
ï N	c Other prof fees (attach sch)			OGDEN, UT					
O Î	17 Interest			OGUEIN					
OPERAT	18 Taxes (attach schedule)(see instrs) Pederal taxes pail 19 Depreciation (attach	2,518.		<u> </u>					
A A	sch) and depletion		<u></u>						
N V	20 Occupancy	6							
_	21 Travel, conferences, and meetings22 Printing and publications .	1,785. 360.	59 12	5. 0.					
A E X P	23 Other expenses (attach schedule)			"					
Ë	Office expenses	F 795.	26	5.					
S	24 Total operating and administrative expenses. Add lines 13 through 23	16,698.	4,72	7					
5	25 Contributions, gifts, grants paid	6 86,210.	2,/2	'' 					
	26 Total expenses and disbursements.		· · · · · · · · · · · · · · · · · · ·						
	Add lines 24 and 25 27 Subtract line 26 from line 12:	102,908.	4,72	7.					
	a Excess of revenue over expenses								
	and disbursements	39,412.							
	b Net investment income (if negative, enter -0-)		137,59						
	C Adjusted net income (if negative, enter -0-) .		<u> </u>	26,819.					

2012) FRAZZA FAMILY FOUNDATION, INC. 31-1487811

Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

										- 1	Yes	No
	escrit	e organization directloed in section 501(c) to political organiz	of the Code (oth	gage in any of t er than section	he following w 501(c)(3) orga	ith any othe anizations)	er organization or in section 52	7,		^		· · · ·
	•	₄ Transfers from the reporting foundation to a noncharitable exempt organization of										
	(1) Cash									1 a (1)		X
,	(2) Otl	her assets								1 a (2)		X
	b Other t	ransactions							j	İ		
	(1) Sa	les of assets to a no	oncharitable exem	ipt organization						1 b (1)		<u> </u>
	(2) Pu	rchases of assets fr	om a noncharitabl	le exempt orgai	nization		•			1 b (2)		<u> </u>
	(3) Re	ntal of facilities, equ	upment, or other a	assets			•		_	1 b (3)		<u>x</u>
	(4) Re	imbursement arrang	gements	•	•		•		_	1 b (4)		<u> </u>
	• •	ans or loan guarante								1 b (5)		<u>x</u>
	· ·	rformance of service	•	-						1 b (6)		<u>x</u>
	c Sharin	g of facilities, equipi	ment, mailing lists	s, other assets,	or paid emplo	yees			, <u>L</u>	1 c		<u> </u>
	the acc	enswer to any of the ods, other assets, or insaction or sharing	services diven hi	v the reporting (foundation If t	he foundat the goods,	on received less other assets, or	s than fair m services rec	arket valu eived.	e in		
(a)	Line no	(b) Amount involved	(c) Name of	noncharitable exen	npt organization	(d)	Description of tran	sfers, transactio	ns, and shar	ing arran	gement	S
						_						
					-							
							··					
							····					
												
					<u> </u>		· · · · · · · · · · · · · · · · · · ·					
				····								
2	describ	foundation directly oped in section 501(c)) of the Code (oth	ed with, or relater than section	ted to, one or 501(c)(3)) or	more tax-e in section 5	xempt organizat 27?	ions 		Yes	x	No
b If 'Yes,' complete the following schedule (a) Name of organization				(b) Type of organization			(c) Description of relationship					
-	·····	-y . 10.11.5 51 61 garnze		(-, .)p.						, ' -		
												
							-			-		
			-									
		·										
	Unde	r penalties of perjury, I dect, and complete Declarat	clare that I have examin	ned this return, inclu	ding accompanyin	g schedules ar	d statements, and to	the best of my k	nowledge an	id belief, i	t is true	
٠.		ct, and complete Declarat	ion of preparer (other tr	nan taxpayer) is bas	ed on all informati	on of which pr	eparer has any know	ieuge	-	May the I		
	gn				1					this retur preparer	n with th	ne (
не	re	analusa of officer or together			Date		RESIDENT			(see insti	uctions	2
	2.10	Print/Type preparer's		Preparer's		<u> </u>	Date		1 1 2 1 Pi	IN L	Yes	No
_		'' ' '		, reparers	grasure			Check	□"			
Paid Preparer		E. Rocky B			<u> </u>			self-employ		00643	8/0	
		_	Firm's name ROCKLAINE FINANCIAL SERVICES, LLC Firm's EIN 02						02-052	544 5		
Us	se Only	Firm's address	1905 N. Cr			00.00	166	Phone se	/0171	116	7 5 2 5	
_			Mt. Pleasa	nt	"	SC 29	466	Phone no	(917)			
ВА	A								ir.	orm 99 (J-PF (ZU12)