Form **990-PF** Department of the Treasury Internal Revenue Service

Return of Private Foundation

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

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

▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

FOT	calendar year 2015 or tax year beginning		, and ending		
Nar	ne of foundation			A Employer identification	n number
<u></u>	ROSZ FAMILY FOUNDATION, I	INC.		20-4716839)
	nber and street (or P O box number if mail is not delivered to street		Room/suite	B Telephone number	
_	420 S. LAKEMONT AVENUE, S			407-232-59	930
	or town, state or province, country, and ZIP or foreign p	oostal code		C If exemption application is i	pending, check here
	RLANDO, FL 32814	1 1 1 1 1 1 1 1 1 1 1 1			b
6 (Check all that apply: Initial return Final return	X Amended return	ormer public charity	D 1. Foreign organization	s, check here
	Address change	Name change		Foreign organizations m check here and attach c	eeting the 85% test,
H C	theck type of organization: X Section 501(c)(3) ex			1	
Ϊ,	_	Other taxable private found	ation	If private foundation sta under section 507(b)(1	
I Fa		ing method: X Cash	Accrual	F If the foundation is in a	. ,
	· 1 r	ther (specify)		under section 507(b)(1	
•			basis)	```	
Pa	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements for charitable purposes
_	necessarily equal the amounts in column (a)	expenses per books	ıncome	ıncome	(cash basis only)
	1 Contributions, gifts, grants, etc., received	165,005.		N/A	<u> </u>
	2 Check Interest on sayings and temporary				COM A MEDICAL TO 1
	3 cash investments	66.	66.		STATEMENT 1
	4 Dividends and interest from securities		 _	ļ	
	5a Gross rents	 		 	
	b Net rental income or (loss)	815.	 		
ne	6a Net gain or (loss) from sale of assets not on line 10 Cross sales price for all assets on line 6a 815.				
Revenue	7 Capital gain net income (from Part IV, line 2)		815.		
Ä	8 Net short-term capital gain				
	9 Income modifications				
	Gross sales less returns and allowances				
	b Less Cost of goods sold				
	c Gross profit or (loss)				
	11 Other income	165 006	001		
	12 Total. Add lines 1 through 11	165,886.	881.	 	0.
	13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages	<u> </u>	 		
	14 Other employee salaries and wages 15 Pension plans, employee benefits		 		
e S	16a Legal fees				-
Expense	b Accounting fees STMT 2	1,8950	FIVFD1,195.	 	0.
ξ	c Other professional fees	(0)	77		
ve	17 Interest	8 MAR	h 6 2018		
rati	18 Taxes STMT 3	- 6.	6.		0
nist	19 Depreciation and depletion	000	EN LIE O		
ᆵ	20 Occupancy		FIA' A!		<u> </u>
and Administrative	21 Travel, conferences, and meetings		ļ	ļ	
	22 Printing and publications	- 221	221	 	0.
ting	23 Other expenses STMT 4	231.	231.	 	+ <u>'</u>
Operating	24 Total operating and administrative expenses. Add lines 13 through 23	1,432.	1,432.	Į.	0.
o	25 Contributions, gifts, grants paid	167,355.	1,132.	 	167,355
	26 Total expenses and disbursements.		 		
	Add lines 24 and 25	168,787.	1,432	.ļ	167,355
_	27 Subtract line 26 from line 12:				
	Excess of revenue over expenses and disbursements	<2,901.			
	b Net investment income (if negative, enter -0-)		0.		
	c Adjusted net income (if negative, enter -0-)			N/A	
5235	Ul F. B B. d. d. A. al				Farm 000 DE (2016

INC.

Beginning of year

20-4716839

End of year

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OROSZ FAMILY FOUNDATION

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

3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If gain, also enter in Part I, line 8, column (c). If gain, also enter in Part I, line 8 Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income (For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.) If section 4940(d)(2) applies, leave this part blank. Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? If Yes, the foundation does not qualify under section 4940(e). Do not complete this part. 1 Enter the appropriate amount in each column for each year; see the instructions before making any entries. (a) (b) Base period years (a) (col. (b) divided by col. (c)) 2014 126, 485. 67, 892. 2014 126, 485. 67, 892. 2012 85, 939. 105, 817. 67, 572. 1.565982 2012 85, 939. 105, 817. 2011 17, 211. 251, 379. 068466 2010 137, 743. 329, 003. 418666 2 Total of line 1, column (d) 3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years 4 Enter the net value of noncharitable-use assets for 2015 from Part X, line 5 Multiply line 4 by line 3 5 M55, 876 6 Enter 1% of net investment income (1% of Part I, line 27b) 6 Enter 1% of net investment income (1% of Part I, line 27b)	Part IV Capital Ga	ins and Lo	osses for Tax on In	vestment	Income					
(e) Gross sales price (17) Depresention allowed (or allowable) (p) Cost or other basis (e) plus (1) mains (g) (1) Gain or (loss) (e) plus (1) mains (g) (1) Gain or (loss) (e) plus (1) mains (g) (1) Gain or (loss) (e) plus (1) mains (g) (1) Gain or (loss) (e) plus (1) mains (g) (1) Gain or (loss) (e) plus (1) mains (g) (1) Gain or (loss) (e) plus (1) mains (g) (1) Gain or (loss) (1) Gain or						I P-F	urchase l	(c) Date a (mo., d	acquired ay, yr.)	
(e) Gross sales price (f) Depreciation allowed (g) Cost or other basis plus expense of sale (e) plus (f) minus (g)	1a CAPITAL GAIL	N DISTR	IBUTIONS				P	01/0	1/14	12/11/15
(e) Gross sales price (f) Deprecation allowed (g) Cost or other basis (h) Earn or (loss) a 815. b 815. C 9	Է									
(e) Gross sales price (f) Deprecation allowed (g) Cost or other basis (h) Earn or (loss) a 815. 815. 815. Carplete only for assets showing gain in columns (h) and owned by the foundation on 1231/69 (l) F.M.V. as of 12/31/69 (l) Adjusted basis so of 12/31/69 (l) Adjusted basis over col. (l), A any core col. (l), A any core col. (l), I are collected by a so of 12/31/69 (l) Adjusted basis over col. (l), A any core col. (l), A any core col. (l), but not less than -0-) or collected by a so of 12/31/69 (l) Adjusted basis over col. (l), A any core col. (l), A any core col. (l), I are collected by a so of 12/31/69 (l) Adjusted basis over col. (l), A any core col. (l), A any core col. (l), I are collected by a so of 12/31/69 (l) Adjusted basis over col. (l), A any core col. (l), A any core col. (l), I are collected by a so of 12/31/69 (l) Adjusted by col. (l) are collected by a so of 12/31/69 (l) Adjusted by col. (l) are collected by a so of 12/31/69 (l) Adjusted by col. (l) are collected by a so of 12/31/69 (l) Adjusted by col. (l) are collected by a so of 12/31/69 (l) Adjusted by col. (l) are collected by a so of 12/31/69 (l) Adjusted by col. (l) are collected by a so of 12/31/69 (l) Adjusted by col. (l) are collected by a so of 12/31/69 (l) Adjusted by col. (l) are collected by a so of 12/31/69 (l) Adjusted by col. (l) are collected by a so of 12/31/69 (l) Adjusted by col. (l) are collected by a so of 12/31/69 (l) Adjusted by col. (l) are collected by a so of 12/31/69 (l) Adjusted by col. (l) are collected by a so of 12/31/69 (l) Adjusted by col. (l) are collected by a so of 12/31/69 (l) Adjusted by col. (l) are collected by a so of 12/31/69 (l) Adjusted by col. (l) are collected by	C							_		
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Figure 20 Figu				<u> </u>		<u> </u>				
b c Camplete only for assets showing gain in column (h) and owned by the foundation on 12/3 1/69 (I) F.M.V. as of 12/3 1/69 (I) Adjusted basis (V) Excess of cot. (i) cover cot. (j), if any (I) F.M.V. as of 12/3 1/69 (I) Adjusted basis (V) Excess of cot. (i) cover cot. (j), if any (I) F.M.V. as of 12/3 1/69 (I) Adjusted basis (V) Excess of cot. (i) cover cot. (j), if any (I) F.M.V. as of 12/3 1/69 (I) F.M.V. as of 12/3 1/6				, ,,,						(g)
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c d d d d d d d d d d d d d d d d d d d	a									815.
d e 2 Capital gain net income or (net capital loss) 3 (If gain, also enter in Part I, line 7) 1 (If (loss), enter -0- in Part I, line 7) 3 (Ast short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8 Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income (For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.) If section 4940(d)(2) applies, leave this part blank. Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? If the appropriate amount in each column for each year; see the instructions before making any entries. Calendar year (or tax year beginning in) Adjusted qualifying distributions 2014 126, 485. 2012 85, 939. 154, 896. 2012 85, 939. 154, 896. 2011 177, 211. 251, 379. 068466 2010 137, 743. 329, 003. 418663 2 Total of line 1, column (d) 3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years 4 Enter the net value of noncharitable-use assets for 2015 from Part X, line 5 Multiply line 4 by line 3 5 Enter 1% of net investment income (1% of Part I, line 27b) 7 Add lines 5 and 6 8 Enter qualifying distributions from Part XII, line 4 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate.	<u>b</u>									
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2 Capital gain net income or (net capital loss) If gain, also enter in Part I, line 7 If gain, also enter in Part I, line 8, column (c). If (loss), enter -0 - in Part I, line 8, column (c). If (loss), enter -0 - in Part I, line 8, column (c). If (loss), enter -0 - in Part I, line 8 Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income (For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.) If section 4940(d)(2) applies, leave this part blank. Was the foundation hable for the section 4942 tax on the distributable amount of any year in the base period? Yes X No If Yes, the foundation does not qualify under section 4940(e). Do not complete this part. I Enter the appropriate amount in each column for each year; see the instructions before making any entires. Calendar year (or tax year beginning in) Adjusted qualifying distributions Net value of noncharitable-use assets (col. (b) divided by col. (c)) 2013 105,817 2012 85,939 105,817 2011 17,211 251,379 068466 2010 137,743 329,003 418668 2 Total of line 1, column (d) 3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years 4 Enter the net value of noncharitable-use assets for 2015 from Part X, line 5 5 455,876 6 Enter 1% of net investment income (1% of Part I, line 27b) 7 Add lines 5 and 6 Enter qualifying distributions from Part XII, line 4 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate.	<u>d</u>									
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For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.							3		N/A	<u></u>
If section 4940(d)(2) applies, leave this part blank. Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? Yes	Part V Qualification	on Under S	Section 4940(e) for	Reduced	Tax on Net	t Inve	stment In	come		
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2014	Base periód year			tributions	Not value of no		bla usa secat	<u> </u>	Distril	bution ratio
2013		eginning in)				JIICHAHA			(col. (b) di	
2012 85,939. 154,896							67,89	4 •		
2011 17, 211 251, 379										
2 Total of line 1, column (d) 2 A · 470972 3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years 4 Enter the net value of noncharitable-use assets for 2015 from Part X, line 5 5 Multiply line 4 by line 3 6 Enter 1% of net investment income (1% of Part I, line 27b) 7 Add lines 5 and 6 8 Enter qualifying distributions from Part XII, line 4 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate.										
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5 Multiply line 4 by line 3 5 455,876 6 Enter 1% of net investment income (1% of Part I, line 27b) 6 0 7 Add lines 5 and 6 7 455,876 8 Enter qualifying distributions from Part XII, line 4 8 167,355 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate.	the foundation has been in	existence if less	s than 5 years					3	<u> </u>	.094194
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If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate.	7 Add lines 5 and 6							7		455,876
If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate.	8 Enter qualifying distribution	ns from Part XII	l. line 4					8		167,355
	If line 8 is equal to or great	er than line 7, c		e 1b, and comp	lete that part us	ng a 1%	tax rate.		1	

	n 990-PF (2015) OROSZ FAMILY FOUNDATION, INC.		4/16			age 4
Pa	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or	1948	- see	instru	ction	<u>15)</u>
1a	Exempt operating foundations described in section 4940(d)(2), check here 🕨 🔲 and enter "N/A" on line 1.	ı	}			
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)	ĺ)			_
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕒 🛄 and enter 1%	1	<u> </u>			<u>0.</u>
•	of Part I, line 27b	ì	1			
	: All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).	ì)			
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	— —			0.
3	Add lines 1 and 2	3	 			0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	14	├ ──			0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	├ ──			0.
	Credits/Payments:	l	1			
	a 2015 estimated tax payments and 2014 overpayment credited to 2015	4	1			
	Exempt foreign organizations - tax withheld at source	4	l			
	: Tax paid with application for extension of time to file (Form 8868)	4	ļ			
	Backup withholding erroneously withheld 6d	┨ .	į .			^
	Total credits and payments. Add lines 6a through 6d	_7_	 			0.
_	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8	├			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9				0.
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	├			
	Enter the amount of line 10 to be: Credited to 2016 estimated tax	11	Щ_			
	art VII-A Statements Regarding Activities				V 1	Na
18	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or interven	e in		1	Yes	
	any political campaign?			1a		X
D	Did it spend more than \$100 during the year (either directly) or indirectly) for political purposes (see instructions for the definition	•		1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials publish	ed or		1 1	-	1
	distributed by the foundation in connection with the activities				-	, 37
c Did the foundation file Form 1120-POL for this year?						<u> </u>
a	I Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:				}	
	(1) On the foundation. ► \$ 0 • (2) On foundation managers. ► \$ 0 •	<u>'</u>		} }	- 1	
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation					
•	managers. > \$ 0.			-	l	X .
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		
•	If "Yes," attach a detailed description of the activities			1 1		
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation,	or		١. ١	-	X
4.	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		$\frac{\Lambda}{X}$
	n Did the foundation have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a tax return on Form 990-T for this year?	N	I/A	4a 4b	-	
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	1,	17.55	5		X
J	If "Yes," attach the statement required by General Instruction T			- "		
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either;			1	1	
٠	By language in the governing instrument, or				j	
	 By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state. 	o low			' i	
	remain in the governing instrument?	C IAW		6	х	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part X	1/		17	X	
•	The the loan dation have at least φ0,000 in assets at any time during the year in Tes, Complete Fait II, Col. (c), and Fait λ	V		H		
88	Enter the states to which the foundation reports or with which it is registered (see instructions)					!
•	FL					
h	of the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)					· '
•	of each state as required by General Instruction G? If "No," attach explanation			8b	х	- '
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for ca	endar		<u> </u>		ļ,
•	year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes," complete Part XIV	Juli		9		х
10	Did any persons become substantial contributors during the tax year? It "yes " attach a schedule listing their names and addresses			10		$\frac{1}{x}$

Form **990-PF** (2015)

_			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		Х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?	••		
	If "Yes," attach statement (see instructions)	12		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
•	Website address ► N/A			
14	The books are in care of ► STEPHEN OROSZ Telephone no. ► 407-20	6-9	302	
	Located at ▶ 2420 S. LAKEMONT AVENUE, SUITE 450, ORLANDO, FL ZIP+4 ▶32			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		_	T
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
	foreign country -			
Pa	ort VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			,
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	ıf the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days.)			
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		
	Organizations relying on a current notice regarding disaster assistance check here			
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected		_	الد
	before the first day of the tax year beginning in 2015?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			ı
	defined in section 4942(j)(3) or 4942(j)(5)):			
a	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			i
	before 2015?	- 1		
	If "Yes," list the years , , , , , , , , , , , , , , , , , , ,	1		
b				
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
	statement - see instructions.) N/A	2b		
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			ŀ
	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
3a				
	during the year?			
b	If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or disqualified persons after	Ì		
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,	-		
	Form 4720, to determine if the foundation had excess business holdings in 2015) N/A	3b		<u> </u>
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
D	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			<u>.</u> .,
	had not been removed from jeopardy before the first day of the tax year beginning in 2015?	4b		X

orm 990-PF (2015) OROSZ FAMILY FOUNDATION			<u> 20-47168</u>	39	Page 6
Part VII-B Statements Regarding Activities for Which	Form 4720 May Be F	Required (contin	ued)		
5a During the year did the foundation pay or incur any amount to:					T
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	on 4945(e))?	Y6	s X No		1
(2) Influence the outcome of any specific public election (see section 4955);	or to carry on, directly or indire	ectly,	ŧ	ł	ł
any voter registration drive?			s X No		}
- (3) Provide a grant to an individual for travel, study, or other similar purpose	s?		s X No		,
(4) Provide a grant to an organization other than a charitable, etc., organization					1
4945(d)(4)(A)? (see instructions)	on acsonoca in scotton		es X No		[
(5) Provide for any purpose other than religious, charitable, scientific, literary	or aducational nurnaces or f		.5 (22) 110	İ	1
	, or educational purposes, or r		es X No	- 1	1
the prevention of cruelty to children or animals?			S A NO	- 1	l
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify ur		n Regulations	N/A	5b	Į
section 53.4945 or in a current notice regarding disaster assistance (see instr				L	+
Organizations relying on a current notice regarding disaster assistance check					
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption				1	-
expenditure responsibility for the grant?	N	I/A Ye	s No	i	1
If "Yes," attach the statement required by Regulations section 53 494	15-5(d)		ì	1	-
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on			1	-
a personal benefit contract?		Ye	es 🗶 No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a	personal benefit contract?			3b	X
If "Yes" to 6b, file Form 8870			[
7a At any time during the tax year, was the foundation a party to a prohibited tax	shelter transaction?	Ye	es 🗶 No 📗		
b If "Yes," did the foundation receive any proceeds or have any net income attrib	outable to the transaction?		N/A	7b	
Part VIII Information About Officers, Directors, Trus	tees, Foundation Ma	nagers, Highly	/		
Paid Employees, and Contractors					
List all officers, directors, trustees, foundation managers and their					
A Nilama and adduses	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans	(e) E	expense ant, other
(a) Name and address	to position	enter -0-)	employee benefit plans and deferred compensation	allo	wances
VILLIAM S. OROSZ, JR.	PRESIDENT, VP,	SECRETAR			
2420 S. LAKEMONT AVENUE, SUITE 450	1	[
ORLANDO, FL 32814	0.50	0.	0.		0.
JODY L. OROSZ	DIRECTOR				
2420 S. LAKEMONT AVENUE, SUITE 450	1				
ORLANDO, FL 32814	0.50	0.	0.		0.
STEPHEN W. OROSZ	DIRECTOR				
2420 S. LAKEMONT AVENUE, SUITE 450	7]			
ORLANDO, FL 32814	0.50	0.	0.		0.
,	 	 			
	1				
	4	1			
2 Compensation of five highest-paid employees (other than those in	cluded on line 1). If none.	enter "NONE."			
	(b) Title, and average		(d) Contributions to	(e)	Expense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	employee benefit plans and deferred compensation	accor	unt, other wances
NONE	uovotou to position	 	compensation		
1012	╡				
	 	 	 		
	┥		[
	 	 	 	<u> </u>	
	┥	İ	1		
	+	 	 		
		1			
	 		 		
	-]		
February of other ampleyees and over \$50,000				L	0
Fotal number of other employees paid over \$50,000			F==	000 5	
			Form	aan-F	PF (2015)

Form 990-PF (2015) OROSZ FAMILY FOUNDATION, INC.		<u> 1716839 </u>	Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	on Managers, Highly		
3 Five highest-paid independent contractors for professional services. If none, enter "I	NONE."		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Com	pensation
. NONE			
			
			 0
Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities			
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistica	il information such as the	F	
number of organizations and other beneficiaries served, conferences convened, research papers produc	ed, etc.	Expenses	s
1 N/A			
2			
3			
4			
Part IX-B Summary of Program-Related Investments			
Describe the two largest program-related investments made by the foundation during the tax year on line	es 1 and 2.	Amount	
1 N/A			
<u> </u>			
2			
			
All other program-related investments. See instructions.			
3			
	i		

Total. Add lines 1 through 3

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: a Average monthly fair market value of securities 1a b Average of monthly cash balances 500.783. 1b 16,799 1c c Fair market value of all other assets d Total (add lines 1a, b, and c) 1d 517,582 e Reduction claimed for blockage or other factors reported on lines 1a and 0. 1e | 1c (attach detailed explanation) Acquisition indebtedness applicable to line 1 assets 3 517 .582. Subtract line 2 from line 1d Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) .764. 509,818. Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 25,491. Minimum investment return. Enter 5% of line 5 Part XI | Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here
and do not complete this part.) 25,491. Minimum investment return from Part X, line 6 Tax on investment income for 2015 from Part VI, line 5 Income tax for 2015. (This does not include the tax from Part VI.) Add lines 2a and 2b Distributable amount before adjustments. Subtract line 2c from line 1 3 Recoveries of amounts treated as qualifying distributions 4 5 25,491 Add lines 3 and 4 Deduction from distributable amount (see instructions) 6 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 25,491 Part XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: 167,355. a Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 1a b Program-related investments - total from Part IX-B 1b Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes 2 Amounts set aside for specific charitable projects that satisfy the: a Suitability test (prior IRS approval required) 3а **b** Cash distribution test (attach the required schedule) 3b 4 167,355. Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b 5 Adjusted qualifying distributions. Subtract line 5 from line 4

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

Form **990-PF** (2015)

4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1. Distributable amount for 2015 from Part XI,		- tour prior to 2011		
line 7				25,491.
2 Undistributed income, if any, as of the end of 2015			_	_
a Enter amount for 2014 only			0.	
ь Total for prior years:		0		
3 Excess distributions carryover, if any, to 2015:		0.		<u> </u>
a From 2010 121,719.				
b From 2011 4,849.				
cFrom 2012 78,316.				
dFrom 2013 102,704.				
eFrom 2014 123,120.				
f Total of lines 3a through e	430,708.			
4 Qualifying distributions for 2015 from				-
Part XII, line 4: ▶\$ 167,355.				
a Applied to 2014, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				1
(Election required - see instructions)	0.			
d Applied to 2015 distributable amount	141 064			25,491.
e Remaining amount distributed out of corpus	141,864.			0.
5 Excess distributions carryover applied to 2015 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				,
8 Corpus Add lines 3f, 4c, and 4e Subtract line 5	572,572.			,
b Prior years' undistributed income. Subtract			. <u> </u>	
line 4b from line 2b		0.		}
c Enter the amount of prior years'				ļ
undistributed income for which a notice of deficiency has been issued, or on which				
the section 4942(a) tax has been previously				
assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2014. Subtract line			0	'
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2015. Subtract lines 4d and 5 from line 1. This amount must				
be distributed in 2016				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2010				
not applied on line 5 or line 7	121,719.			
9 Excess distributions carryover to 2016.				
Subtract lines 7 and 8 from line 6a	450,853.	 		
10 Analysis of line 9:				
a Excess from 2011 4,849.				
b Excess from 2012 78,316.				
c Excess from 2013 102,704. dExcess from 2014 123,120.				
444 064				
e Excess from 2015 141,864.			L	<u> </u>

	AMILY FOUND			20-47	16839 Page 10
Part XIV Private Operating For	oundations (see ins	tructions and Part V	I-A, question 9)	N/A	
1 a If the foundation has received a ruling or					
foundation, and the ruling is effective for	2015, enter the date of the	ne ruling	▶	···	
b Check box to indicate whether the found	ation is a private operatin	g foundation described	ın section	4942(j)(3) or49)42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2015	(b) 2014	(c) 2013	(d) 2012	(e) Total
investment return from Part X for					
- each year listed			j		
b 85% of line 2a					
c Qualifying distributions from Part XII,			1		
line 4 for each year listed]		Ì	1	
d Amounts included in line 2c not					
used directly for active conduct of				Ì	
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c			}		
3 Complete 3a, b, or c for the					
alternative test relied upon: a "Assets" alternative test - enter:			1	1	
(1) Value of all assets					
` '					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter					
2/3 of minimum investment return					
shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:			 		
(1) Total support other than gross				ļ	
investment income (interest,					
dividends, rents, payments on					
securities loans (section					
512(a)(5)), or royalties)			 		
(2) Support from general public and 5 or more exempt					
organizations as provided in					
section 4942(j)(3)(B)(iii)			}		<u> </u>
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income		la Albia mant amb	if the formulation		
Part XV Supplementary Info at any time during t			if the foundation	n nad \$5,000 or m	ore in assets
					
Information Regarding Foundation a List any managers of the foundation who	-	han 00/ af the tatal sam	turbustions recovered by the	ha faundation hafara tha ala	as of any tay
year (but only if they have contributed m			tributions received by ti	ne roungation before the cio	se or any tax
SEE STATEMENT 6	ιονο απανι φοροσομί (σοσ σα	(4)(2).			
	100/		/		
b List any managers of the foundation who other entity) of which the foundation has			(or an equally large por	nion of the ownership of a p	artnership or
NONE	ou 1070 of grouter interes	•			
2 Information Regarding Contributi			-		
Check here if the foundation o the foundation makes gifts, grants, etc. (s not accept unsolicited requ	
					u u.
a The name, address, and telephone numl		ne person to whom app	lications should be addi	ressea:	
STEVEN OROSZ, 407-20		ODI MINO	TT 20014		
2420 LAKEMONT AVENUE					
b The form in which applications should b	e submitted and informat	ion and materials they s	should include:		
GRANT PROPOSALS					
c Any submission deadlines:					

N/A d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

THE BOARD OF DIRECTORS WILL REQUIRE A LETTER AND/OR REPORT FROM A RECIPIENT ORGANIZATION DETAILING HOW THE CONTRIBUTION FROM THE FOUNDATION WAS USED.

3 Grants and Contributions Paid During the Ye		Payment		
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year	or cossavidar conditator			
			}	
•				
ANNUCIATION CATHOLIC CHURCH		501(C)(3)	TO BENEFIT THE	
PO BOX 915887		101(0)(0)	ORGANIZATION	
LONGWOOD, FL 32791		<u></u>		1,000
	•			
	}			
EASTER SEALS FLORIDA, INC.		501(C)(3)	TO BENEFIT THE	
520 N. SEMORAN BLVD., SUITE 280			ORGANIZATION	
ORLANDO, FL 32807		}		1,000
	}			
DR. PHILLIPS CENTER FOR THE		501(C)(3)	TO BENEFIT THE	
PERFORMING ARTS	{		ORGANIZATION	
455 S. ORANGE AVENUE, SUITE 700				
ORLANDO, FL 32801	 	 	 	50,000
FLORIDA HOSPITAL FOUNDATION		501(C)(3)	TO BENEFIT THE	
550 EAST ROLLINS STREET, 6TH FLOOR			ORGANIZATION	E0 000
ORLANDO, FL 32803	 	 	+	50,000
MEMUADISM SCHOOL		501/01/31	MO DENERIM MUE	
METHODIST SCHOOL 125 NORTH INTERLACHEN AVENUE		501(C)(3)	TO BENEFIT THE ORGANIZATION	
WINTER PARK, FL 32789				350
Total SEE CON	TINUATION SHEE	ET(S)	▶ 3a	167,355
b Approved for future payment				
NONE				
	ĺ			
		 		
	į	1		
	1	1		
	1			
	ĺ	1		
	1			
	1			
	Ì	1		
		<u> </u>		
Total			▶ 3b	0

Part XVI-A Analysis of Income-Producing Activit

Enter gross amounts unless otherwise indicated.	Unrelat	ed business income		ded by section 512, 513, or 514	(e)
1 Program service revenue:	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
a		 	-	 	
h			 		
· c			├	 	
d					
e			 		
1			├		
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments			14	66.	
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property	L				
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory			18	815.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:		-			
a	<u> </u>				
b					
c					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)		0.	L	881.	
13 Total. Add line 12, columns (b), (d), and (e)				13	881.
(See worksheet in line 13 instructions to verify calculations.)					<u> </u>
Part XVI-B Relationship of Activities to	the Acc	omplishment of Ex	emp	t Purposes	
Line No. Explain below how each activity for which incom	e is reported	in column (e) of Part XVI-A	contrib	outed importantly to the accord	onlishment of
the foundation's exempt purposes (other than b			COMUNE	outed importantly to the debon	ipiioimione oi
					
					
		 			
					
					-
		~			
					

Form 990-PF (2015) OROSZ FAMILY FOUNDATION, INC. 20-4716839 Page 13 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations** Yes No Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting foundation to a noncharitable exempt organization of: (1) Cash 1a(1) (2) Other assets 1a(2) b - Other transactions: (1) Sales of assets to a noncharitable exempt organization 1b(1) (2) Purchases of assets from a noncharitable exempt organization 1b(2) (3) Rental of facilities, equipment, or other assets 1b(3) X (4) Reimbursement arrangements 1b(4) (5) Loans or loan guarantees 1b(5) X (6) Performance of services or membership or fundraising solicitations 1b(6) c Sharing of facilities, equipment, mailing lists, other assets, or paid employees X d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described X No __ Yes in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship Under penalties of perjury, I declare that I have examine accompanying schedules and statements, and to the best of my knowledge May the IRS discuss this return with the preparer shown below (see instr.)? Sign Here PRESIDENT Signature of officer or trustee Date Title Print/Type preparer's name Date Check [self- employed Paid GEORGE K. MCNEMAR P01775038 **Preparer** Firm's name > BKHM, P.A. Firm's EIN $\triangleright 59 - 3023516$ **Use Only**

SUITE 600

FL 32789

Phone no. 407-998-9000

Firm's address ▶ 1560 ORÁNGE AVENUE,

WINTER PARK,

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No 1545-0047

2015

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Employer identification number

	OROSZ FAMILY FOUNDATION, INC.	20-4716839				
Organization type (chec	ok one)					
Filers of:	Section:					
Form 990 or 990-EZ	501(c)() (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	X 501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
	on is covered by the General Rule or a Special Rule. 1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special R	tule. See instructions				
General Rule						
	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totalinally one contributor. Complete Parts I and II. See instructions for determining a contributo					
Special Rules						
sections 509(a) any one contrib	ation described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% suppor (1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a outor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amou- EZ, line 1. Complete Parts I and II.	a, or 16b, and that received from				
year, total cont	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III					
year, contributi is checked, ent purpose. Do no	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year					
but it must answer "No"	on that is not covered by the General Rule and/or the Special Rules does not file Schedule on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its lineet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	·				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization

Employer identification number

OROSZ FAMILY FOUNDATION, INC.

20-4716839

Part i	Contributors (see instructions) Use duplicate copies of Part I if additional space is needed.						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
1	WJO FAMILY INVESTMENTS, LLC 2420 S. LAKEMONT AVENUE, SUITE 450 ORLANDO, FL 32814	\$ <u>164,005.</u>	Person X Payroll				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
2	WILLIAM OROSZ 2420 S. LAKEMONT AVENUE, SUITE 450 ORLANDO, FL 32814	\$1,000.	Person X Payroll Noncash (Complete Part II for noncash contributions)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)				

Employer identification number

OROSZ FAMILY FOUNDATION, INC.

20-4716839

Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
		 \$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
		\$		
(a) No. from Part i	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
		*		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
523453 10-26		Schedule B /Farm	990, 990-EZ, or 990-PF) (2015	

Name of org	ganization			Employer identification number					
OROSZ	FAMILY FOUNDATION, INC			20-4716839					
Part III	Exclusively religious, charitable, etc., cont the year from any one contributor. Complete completing Part III, enter the total of exclusively religious	ributions to organizations descr columns (a) through (e) and the	following line	on 501(c)(7), (8), or (10) that total more than \$1,000 for entry. For organizations					
	Use duplicate copies of Part III if addition			(case distino once)					
(a) No. .from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held					
-		(e) Transfer o	of gift						
	Transferee's name, address, an	nd ZIP + 4	Re	elationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held					
	(e) Transfer of gift								
-	Transferee's name, address, at	nd ZIP + 4	Re	elationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held					
		(e) Transfer o	of gift						
	Transferee's name, address, a	nd ZIP + 4	Re	elationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held					
	<u>.</u>								
	(e) Transfer of gift								
ļ	Transferee's name, address, a	nd ZIP + 4	R	elationship of transferor to transferee					

OROSZ FAMILY FOUNDATION, INC.

Part XV Supplementary Information 3 Grants and Contributions Paid During the You	ear (Continuation)				
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or contribution	A=	
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	status of recipient	contribution	Amount	
•					
ORNING STAR CHARITIES	}	501(C)(3)	TO BENEFIT THE		
330 LEIGH AVENUE			ORGANIZATION		
DRLANDO, FL 32804	 			1,00	
ORLANDO PHILHARMONIC ORCHESTRA		501(C)(3)	TO BENEFIT THE		
425 NORTH BUMBY AVENUE	1	501(0)(3)	ORGANIZATION		
ORLANDO, FL 32803				14,00	
CATHOLIC LEADERSHIP INSTITUTE		501(C)(3)	TO BENEFIT THE		
440 EAST SWEDESFORD ROAD, SUITE 3040			ORGANIZATION	50.50	
WAYNE, PA 19087		 	 	50,00	
	1	ł			
	}				
	 		 	<u> </u>	
	}				
				 	
	 	 		 	
				1	
Total from continuation sheets		<u> </u>		65,00	

Orosz Family Foundation - 2015 Form 990-PF General Explanation Attachment Statement

The 2015 990-PF for Orosz Family Foundation has been amended to correct for inclusion of \$50,000 in contributions made to the Catholic Leadership Institute on Part I, Line 25 and Part XV, Line 3, which was inadvertently omitted from the originally filed return. Additionally, Schedule B has been prepared to report contributions received by the Orosz Family Foundation from WJO Family Investments and Bill Orosz, in the amount of \$164,005 and \$1,000 respectively. \$544 in unrealized gain has been properly reclassfied from other investment income on Part I, Line 11 to Part III, Line 3. Finally, total cash per Balance Sheet at 12/31/2015 on Part II, Line 1 has been corrected from \$565,037 to \$515,037, after taking into account the \$50,000 contribution. Retained earnings at 12/31/2015 on Part III, Line 6 was similarly corrected from \$565,037 to \$515,037. The above changes resulted in the excess distribution carryover to 2016 increasing from \$400,853 to \$450,853.

FORM 990-PF INTEREST ON SAVI	INGS AND	TEM	PORARY	CASH	INVI	ESTMENTS	STATEMENT	1
SOURCE	(A) REVENUE PER BOOKS		(B) NET INVESTMENT INCOME		(C) ADJUSTED NET INCOME			
MERILL LYNCH - INTEREST			66.		66.			
TOTAL TO PART I, LINE 3			66.			66.		
FORM 990-PF	ACCC	UNTI	NG FEES	3			STATEMENT	2
DESCRIPTION	(A) EXPENS PER BC	ES	NET IN	WEST-	-	(C) ADJUSTED NET INCOM		
ACCOUNTING FEES	1,	195.	1,195.		 5•			0.
TO FORM 990-PF, PG 1, LN 16B	1,	195.		1,195	 5 • =- ==			0.
FORM 990-PF		TAX	ES		 -		STATEMENT	3
DESCRIPTION	(A) EXPENS PER BO	ES		WEST-	-	(C) ADJUSTED NET INCOM		
TAXES		6.	6.				0.	
TO FORM 990-PF, PG 1, LN 18		6.		(— — 5 • — —			0.
FORM 990-PF	OTH	IER E	XPENSES	5			STATEMENT	4
DESCRIPTION		SES			_	(C) ADJUSTED NET INCOM		
CORPORATE FILING FEE OFFICE SUPPLIES BANK FEES		61. 20. 150.		6: 20 150				0. 0. 0.

FORM 990-PF OTHER	INVESTMENTS		STATEMENT	5
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKE	T
EQUITIES	COST	0.		0.
TOTAL TO FORM 990-PF, PART II, LINE 1	.3	0.		0.
FORM 990-PF PART XV LIST OF FOUND	- LINE 1A ATION MANAGE	RS	STATEMENT	6

NAME OF MANAGER

WILLIAM S. OROSZ, JR. JODY L. OROSZ