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Department of the Treasury

Internal Revenue Service

DLN: 93491228016556

OMB No 1545-0052

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation ▶ Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990-PF and its instructions is at $\underline{www.irs.gov/form990pf}$.

Open to Public Inspection

For	cale	ndar year 2015, or tax y	year beginning 01-0)1-2015	, and endir	ıg 1	2-31-2015					
	ne of four HE LEAND	ndation PRO P RIZZUTO FOUNDATION			A Employ	er ide	entification numbe	er	_			
		WEISS RIFKIND WHARTON & GARR			30-606833	34			_			
		street (or P O box number if mail is	not delivered to street address)	Room/suite	B Telephon	BTelephone number (see instructions)						
12	85 AVEN	UE OF THE AMERICAS			(212) 373	(212) 373-3026						
		state or province, country, and ZIP on the state or province, country, and ZIP on the state of t	or foreign postal code		C If exem	C If exemption application is pending, check here ▶						
G C1	neck al	I that apply Tinitial return	Initial return of a fo	ormer public charity	D 1 Foro	D 1. Foreign organizations, check here						
		Final return Address chan	A mended return ge Name change	, ,	2. Fore	ign or	rganizations, check no rganizations meeting k here and attach co	the 85%	Γ			
		pe of organization 🔽 Section 1947(a)(1) nonexempt charita	ble trust Other taxable	e private foundation	unders		Indation status was t n 507(b)(1)(A), chec		Γ			
ofy	year <i>(fr</i>	et value of all assets at end rom Part II, col. (c), \$ 3,648,760	JAccounting method Other (specify) (Part I, column (d) must	<u> </u>	I L TI UIC I		ation is in a 60-montl n 507(b)(1)(B), chec		Γ			
Pa	rt I	Analysis of Revenue a (The total of amounts in columns necessarily equal the amounts in a instructions))	(b), (c), and (d) may not	Revenue and expenses per (a) books	Net investm (b) income	ent	Adjusted net (c) income	Disbursemen for charitable purposes (d) (cash basis or	le			
	1	Contributions, gifts, grants, e	etc , received (attach									
		schedule)		2,606,629								
	2	Check ► ┌ If the foundation	ıs not required to attach									
		Sch B										
	3	Interest on savings and temp	porary cash investments	49		49						
	4	Dividends and interest from s		2,252	2	2,252						
	5a	Gross rents										
	b	Net rental income or (loss)		52.000								
Revenue	6a	Net gain or (loss) from sale o		52,289								
	Ь_	Gross sales price for all asse				. 204						
_	7	Capital gain net income (fron			٠٥d 	4,294						
	8	Net short-term capital gain .										
	9	Income modifications	1									
	10a	Gross sales less returns and allowances										
	Ь	Less Cost of goods sold .										
	c	Gross profit or (loss) (attach	schedule)									
	11	Other income (attach schedu	ule)									
	12	Total.Add lines 1 through 11	. 	2,661,219	666	5,595						
	13	Compensation of officers, dir	ectors, trustees, etc	o		0			0			
	14	Other employee salaries and	lwages	47,317		0			0			
on do	15	Pension plans, employee ber	nefits									
Expense	16a	Legal fees (attach schedule)		88,722		0		71,2	298			
\$	Ь	Accounting fees (attach sch	edule)	24,000	12	2,000			0			
	c	Other professional fees (atta	ich schedule)	150,000		0		150,0	000			
Ž	17	Interest							_			
Administrative	18	Taxes (attach schedule) (see	e instructions)	12,387		0			0			
₫	19	Depreciation (attach schedu	le) and depletion									
틀	20	Occupancy							_			
4	21	Travel, conferences, and mee	etings	23,748		0		23,7	748			
and	22	Printing and publications							_			
	23	Other expenses (attach sche	edule)	57,080	42	2,767		3,4	473			
Operating	24	Total operating and administ	rative expenses.						_			
Ŧ		Add lines 13 through 23		403,254	54	1,767		248,5	519			
0	25	Contributions, gifts, grants p	aid	3,684,398				3,486,9	938			
	26	Total expenses and disburser 25	ments.Add lines 24 and	4,087,652	54	1,767		3,735,4	457			
	27	Subtract line 26 from line 12										
	a	Excess of revenue over expe		-1,426,433								
	b	Net investment income (If ne	• •		611	1,828						
	С	Adjusted net income(If negated	tive, enter -0-)									

Pa	rt II	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	Beginning of year		r year				
	_	Cash—non-interest-bearing	(a) Book Value 132,132	(b) Book Value 385,312	(c) Fair Market Value 385,312				
	1	-							
	2	Savings and temporary cash investments	4,801,737	3,203,446	3,203,446				
	3	Accounts receivable							
	_	Less allowance for doubtful accounts							
	4	Pledges receivable							
	_	Less allowance for doubtful accounts -							
	5	Grants receivable							
	6	Receivables due from officers, directors, trustees, and other							
		disqualified persons (attach schedule) (see instructions)							
	7	Other notes and loans receivable (attach schedule)							
		Less allowance for doubtful accounts 🟲							
2	8	Inventories for sale or use							
ssets	9	Prepaid expenses and deferred charges							
As	10a	Investments—U S and state government obligations (attach schedule)							
	b	Investments—corporate stock (attach schedule)							
	С	Investments—corporate bonds (attach schedule)							
	11	Investments—land, buildings, and equipment basis 🕨							
		Less accumulated depreciation (attach schedule) -							
	12	Investments—mortgage loans							
	13	Investments—other (attach schedule)							
	14	Land, buildings, and equipment basis 🕨							
		Less accumulated depreciation (attach schedule) 🟲							
	15	O ther assets (describe 🟲)							
	16	Total assets(to be completed by all filers—see the							
		ınstructions Also, see page 1, item I)	4,993,889	3,648,760	3,648,760				
	17	Accounts payable and accrued expenses							
	18	Grants payable							
ēS	19	Deferred revenue							
abilities	20	Loans from officers, directors, trustees, and other disqualified persons							
	21	Mortgages and other notes payable (attach schedule)							
J	22	Other liabilities (describe 🟲)	% 9	53,811					
	23	Total liabilities(add lines 17 through 22)	9	53,811					
		Foundations that follow SFAS 117, check here 🕨 🦵							
ě		and complete lines 24 through 26 and lines 30 and 31.							
Balance	24	Unrestricted							
33	25	Temporarily restricted							
<u> </u>	26	Permanently restricted							
Fund		Foundations that do not follow SFAS 117, check here 🕨 🔽							
or		and complete lines 27 through 31.							
	27	Capital stock, trust principal, or current funds	0	0					
Assets	28	Paid-in or capital surplus, or land, bldg , and equipment fund	0	0					
AS	29	Retained earnings, accumulated income, endowment, or other funds	4,993,880	3,594,949					
Net	30	Total net assets or fund balances(see instructions)	4,993,880	3,594,949					
_	31	Total liabilities and net assets/fund balances(see instructions)	4,993,889	3,648,760					
Pa	rt III								
1		Total net assets or fund balances at beginning of year—Part II, column	(a), line 30 (must a	aree					
-		with end-of-year figure reported on prior year's return)	, ,,	- I I	4,993,880				
2		Enter amount from Part I, line 27a		<u> </u>	-1,426,433				
3		Other increases not included in line 2 (itemize)		· · · · · · · · · · · · · · · · · · ·	27,502				
4		Add lines 1, 2, and 3			3,594,949				
5		Decreases not included in line 2 (itemize)		5	0				
6		Total net assets or fund balances at end of year (line 4 minus line 5)—		_	3,594,949				

Part IV Capital Gains and Losses for Tax on Investment Income

		e kınd(s) of property sold (e g , re ouse, or common stock, 200 shs		How acquired P—Purchase (b) D—Donation	(0)	ate acquired mo , day, yr)	Date sold (d) (mo , day, yr)
1a CITY NA	TIONALBAN	К		D			2015-02-12
b							
С							
d							
					1		
(e) Gross sal	es price	Depreciation allowed (f) (or allowable)		t or other basis expense of sale			n or (loss) (f) minus (g)
a	2,054	,976		1,390,68	2		664,294
b							
С							
d							
<u>е</u>							
Complete only	for assets sho	owing gain in column (h) and owne	d by the foundation	n on 12/31/69		Gains (Col	(h) gain minus
(i) FMV as o		Adjusted basis	Exc	cess of col (ı)		ol (k), bùt no	ot less than -0-) or (from col (h))
		(j) as of 12/31/69	(K) ove	rcol (j), ıfany	(1)	Lusses	· · · · · · · · · · · · · · · · · · ·
a							664,294
b							
С							
d							
e						_	
2 Capital g	aın net ıncome		If gain, also enter If (loss), enter -0-		2		664,294
3 Net short	-term capital	gaın or (loss) as defined in sectioi	ns 1222(5) and (6)			
If gain, a in Part I,		rt I , line 8 , column (c) (see instru	ctions) If (loss), e	nter -0 -	. 3		
Part V Qual	ification Un	der Section 4940(e) for R	educed Tax or	Net Investme	nt Ir	ncome	
	y domestic priv	vate foundations subject to the se					
Was the foundation	liable for the s	section 4942 tax on the distribute qualify under section 4940(e)			erıod?		┌ Yes ┌ No
1 Enter the appr	opriate amoun	t ın each column for each year, se	ee instructions befo	ore making any en	ries		
(a) Base period years year (or tax year be		(b) Adjusted qualifying distributions	(c) Net value of noncha	ritable-use assets		(d) Distribution (col (b) divided	n ratio
2014		1,540,305		337,507			4 563772
2013		100,200		198,698			0 504283
2012		650,750		166,601			3 906039
2011		1,749,974		662,893			2 639904
2010		0		19,123			0 000000
2 Totalof li	ne 1, column (d)			2		11 613998
		tio for the 5-year base period—div e foundation has been in existence			3		2 322800
		oncharitable-use assets for 2015			4		5,880,527
5 Multiply	line 4 by line 3			[5		13,659,288
6 Enter 1%	of net investr	ment income (1% of Part I, line 2)	7b) .		6		6,118
				<u> </u>	7		13,665,406

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See

the Part VI instructions

3,735,457

	990-PF (2015) t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4	4940(a)	or 4049 soc	. pag	19 of	the inct	ructio		age 4			
			UI 4540—Sec	։ payւ	5 10 UI	the mst	Tuctio	113)				
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1											
	Date of ruling or determination letter			}								
b	Domestic foundations that meet the section 4940(e) requirements in Part V	/, check			1			17	2,237			
	here ▶ ┌ and enter 1% of Part I, line 27b			. /								
C	All other domestic foundations enter 2% of line 27b Exempt foreign organiz Part I, line 12, col (b)	zations e	enter 4% of									
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable for enter -0-)	undation	s only Other	s	2				0			
3	Add lines 1 and 2				3			1:	2,237			
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable for enter -0-)	undatıon	s only Other	rs	4				0			
5	5 Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0											
6 Credits/Payments												
а	2015 estimated tax payments and 2014 overpayment credited to 2015	6a										
b	Exempt foreign organizations—tax withheld at source	6b										
С	Tax paid with application for extension of time to file (Form 8868)	6c	10	,000								
d	Backup withholding erroneously withheld	6d										
7	Total credits and payments Add lines 6a through 6d				7			10	0,000			
8	Enter any $\mbox{\it penalty}$ for underpayment of estimated tax. Check here $\mbox{\it \scalebox{\it penalty}}$ if Form	2220 is	attached 🕏	7	8				150			
9	Tax due.If the total of lines 5 and 8 is more than line 7, enter amount owed				9				2,387			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount	ınt overp	oaid	•	10							
11	Enter the amount of line 10 to be Credited to 2015 estimated tax		Refunded	<u> </u>	11							
Par	t VII-A Statements Regarding Activities											
1a	During the tax year, did the foundation attempt to influence any national, state	te, or loc	al legislation	ordi	d			Yes	No			
-	it participate or intervene in any political campaign?			٠.	• •		1a	\vdash	No			
b	Did it spend more than \$100 during the year (either directly or indirectly) for	politica	l purposes (s	eeln	structi	ons						
	for definition)?					•	1b		No			
	If the answer is "Yes" to 1a or 1b , attach a detailed description of the activities published or distributed by the foundation in connection with the activities.	es anu co	pies oi ally ili	acena	15							
c	Did the foundation file Form 1120-POL for this year?						1c		No			
d	Enter the amount (if any) of tax on political expenditures (section 4955) imp			•		•	10					
-	(1) On the foundation \Rightarrow \$ 0 (2) On foundation managers			0								
e	Enter the reimbursement (if any) paid by the foundation during the year for po				osed							
	on foundation managers 🕨 \$0		•									
2	Has the foundation engaged in any activities that have not previously been re	eported 1	to the IRS?				2		No			
	If "Yes," attach a detailed description of the activities.											
3	Has the foundation made any changes, not previously reported to the IRS, in	ıts gove	rning instrun	nent,	articles	5						
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a con	nformed o	copy of the ch	anges			3		No			
4a	Did the foundation have unrelated business gross income of \$1,000 or more	during t	he year?				4a		No			
b	If "Yes," has it filed a tax return on Form 990-T for this year?						4b					
5	Was there a liquidation, termination, dissolution, or substantial contraction \boldsymbol{d}	uring the	e year?				5		No			
	If "Yes," attach the statement required by General Instruction T.											
6	Are the requirements of section $508(e)$ (relating to sections 4941 through 4	945) sa	tisfied either									
	By language in the governing instrument, or											
	By state legislation that effectively amends the governing instrument so to the state legislation that effectively amends the governing instrument so to the state legislation that effectively amends the governing instrument so to the state legislation that effectively amends the governing instrument so to the state legislation that effectively amends the governing instrument so to the state legislation that effectively amends the governing instrument so to the state legislation that effectively amends the governing instrument so to the state legislation that effectively amends the governing instrument so the state legislation that effectively amends the governing instrument so the state legislation that effectively amends the state legislation											
	that conflict with the state law remain in the governing instrument?						6	Yes	<u> </u>			
7	Did the foundation have at least \$5,000 in assets at any time during the yea and Part XV.	r? <i>If "Yes</i>	s," complete Po	art II, ••	. col. (c _.), 	7	Yes				
8a	Enter the states to which the foundation reports or with which it is registered See Additional Data Table	(see ins	tructions)									
ь	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 9	990-PF	to the Attorn	ey								
	General (or designate) of each state as required by General Instruction G? In						8b		No			
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3)												
	or 4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 ((see inst	ructions for F	art X	IV)۶							
	If "Yes," complete Part XIV						9		No			
10	Did any persons become substantial contributors during the tax year? If "Yes	s," attach	a schedule li	stıng	their n	ames						
	and addresses. 🕏						10	Yes				

Pai	t VII-A Statements Regarding Activities (continued)			
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		No
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	igsquare	No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	<u> </u>
	Website address ►N/A			
14	The books are in care of ►TRUSTEETelephone no ►(212	<u>) 373-</u>	-3026	
	Located at ► 1285 AVENUE OF THE AMERICAS NEW YORK NY ZIP+4 ► 10019			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here		▶ □	-
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over		Yes	No
	a bank, securities, or other financial account in a foreign country?	16		No
	See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial			
	Accounts (FBAR) If "Yes", enter the name of the foreign country 🟲			
Pai	t 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? Yes V No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	if 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 before the first day of the tax year beginning in 2015?	1 c		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
_	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
а	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 before 2015?			
	If "Yes," list the years > 20			
ь	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
	(relating to incorrect 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)	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			
	▶ 20, 20, 20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at			
	any time during the year?			
Ь	If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation			
	or disqualified persons after 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.).	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			
-	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?	4b		No

Pa	Statements Rega	rdıı	ng Activities for	Wh	ich Form 4720	May	Be Required	(Coi	ntii	nue	<i>d)</i>		
5a	During the year did the foundation	п рау	or incurany amoun	t to									
	(1) Carry on propaganda, or other	rwise	attempt to influenc	e leg	ıslatıon (section 49	45(e))?	Yes	~	No			
	(2) Influence the outcome of any	spec	ific public election (see	section 4955), or to	carı	ry						
	on, directly or indirectly, any							Yes	굣	No			
	(3) Provide a grant to an individu		<u> </u>					Yes					
	(4) Provide a grant to an organiza					scrib			•				
	in section 4945(d)(4)(A)? (se							Yes	$\overline{}$	No			
	(5) Provide for any purpose other					-	,		'				
	educational purposes, or for t						Г	Yes	굣	No			
ь	If any answer is "Yes" to 5a(1)-(-	·				,		•				
	Regulations section 53 4945 or i										5b Y	'es	
	Organizations relying on a curren									•	36	C3	
_	If the answer is "Yes" to question							• •	,				
С								V	_	N.			
	tax because it maintained expend					•		res	,	NO			
_	If "Yes," attach the statement requ												
6a	Did the foundation, during the year	•							_				
_	a personal benefit contract?						•	Yes	•				
Ь	Did the foundation, during the yea	ır, pa	y premiums, directly	yorı	ndirectly, on a perso	onali	penefit contract?.	•		•	6b		No
	If "Yes" to 6b, file Form 8870.						_		_				
7a	At any time during the tax year, v		•		·		·	Yes					
ь	If yes, did the foundation receive			•							7b		
Pa	Information About	t Of	ficers, Directors	s, Tı	rustees, Founda	itioi	n Managers, H	ighl	y F	aid	Emplo	yee	s,
	and Contractors List all officers, directors, trustees	s fo	Indation managers	nd t	hair compansation (soo i	netructions)						
	List all officers, directors, trustees	<u>, 100</u>	inuation managers a	l luc	nen compensation ((d)		Т				
	(a) Nama and adduces		Title, and average	(c)	Compensation(If		Contributions to			Е	xpense	acco	unt,
	(a) Name and address	(b)	hours per week devoted to position		not paid, enter -0-)		mployee benefit pl			(e) (other all	owand	ces
CARL	L REISNER	1			•	and	deferred compens		_				
	PAUL WEISSRIFKIND WHARTON	┫	ISTEE n		0				0				0
GAR													
	5 AVENUE OF THE AMERICAS												
	/YORK,NY 10019												
2	Compensation of five highest-paid	emp	oloyees (other than	thos	e included on line 1–	-see				er "1	IONE."		
	(a)		Title, and aver				Contribution employee be			_	xpense	3660	unt
Nar	me and address of each employee p	aıd	hours per wee		(c) Compensatio	n	plans and de		- 1		other all		
	more than \$50,000		(b) devoted to pos	tion			(d) compensat	ion					
CHR	ISTINE COLLLINS		BOOKKEEPER			0			0				0
	BARRY PLACE		5 0 0										
STA	MFORD,CT 06902								4				
									\top				
									\dagger				
Tota	I number of other employees paid o	ver	<u>. </u>)	-	+				
	2. 2. 2		-,						- 1				0

Part VIII Information About Officers, Directors, Trusto and Contractors (continued)		
3 Five highest-paid independent contractors for professional services (
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
IONE		
		- 1
otal number of others receiving over \$50,000 for professional services.		0
Part IX-A Summary of Direct Charitable Activities		
st the foundation's four largest direct charitable activities during the tax year. Include rele		r of Expenses
rganizations and other beneficiaries served, conferences convened, research papers prod	uced, etc	Expenses
1		
2		
3		
Part IX-B Summary of Program-Related Investments ((coo instructions)	
Describe the two largest program-related investments made by the foundation during	•	A mount
1	, ,	/////odite
2		
All other program-related investments See instructions		
3		
otal. Add lines 1 through 3		•

Part X Minimum Investment Return

Pa	(All domestic foundations must complete this part. Foreign foundations, see instruction	s.)	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc ,		
	purposes		
а	Average monthly fair market value of securities	1a	4,582,584
b	Average of monthly cash balances	1b	1,387,494
c	Fair market value of all other assets (see instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	5,970,078
e	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	5,970,078
4	Cash deemed held for charitable activities Enter 1 $1/2\%$ of line 3 (for greater amount, see		
	instructions)	4	89,551
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	5,880,527
6	Minimum investment return. Enter 5% of line 5	6	294,026
Pai	t XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and cer check here ► □ and do not complete this part.)	rtaın f	oreign organizations
1	Mınımum ınvestment return from Part X, line 6	1	294,026
2a	Tax on investment income for 2015 from Part VI, line 5 2a 12,237		
b	Income tax for 2015 (This does not include the tax from Part VI) 2b		
С	Add lines 2a and 2b	2c	12,237
3	Distributable amount before adjustments Subtract line 2c from line 1	3	281,789
4	Recoveries of amounts treated as qualifying distributions	4	0
5	Add lines 3 and 4	5	281,789
6	Deduction from distributable amount (see instructions)	6	0
7	Distributable amountas adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7	281,789
	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	3,735,457
	Program-related investments—total from Part IX-B	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc ,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	3,735,457
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income Enter 1% of Part I, line 27b (see instructions)	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	3,735,457
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating wheth the section 4940(e) reduction of tax in those years	er the	foundation qualifies for

P	art XIIII Undistributed	Income (see instr	uctions)			
			(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1	Distributable amount for 2015	from Part XI, line 7				281,789
	Undistributed income, if any, a					
	Enter amount for 2014 only.				0	
		, 20 <u> </u> , 20 <u> </u>		0		
	Excess distributions carryove					
	From 2010					
	From 2011	1,606,881				
c	From 2012	642,420				
d	From 2013	90,265				
е	From 2014	1,436,108				
f	Total of lines 3a through e		3,775,674			
4	Qualifying distributions for 201	L5 from Part				
	XII, line 4 🕨 \$	3,735,457				
а	Applied to 2014, but not more	than line 2a			0	
b	Applied to undistributed incom			0		
	(Election required—see instruc	tions)	-			
C	Treated as distributions out of required—see instructions).		120,000			
d	Applied to 2015 distributable	amount				281,789
е	Remaining amount distributed	out of corpus	3,333,668			
5	Excess distributions carryove	r applied to 2015	0			0
	(If an amount appears in column same amount must be shown					
6	Enter the net total of each co	` / /				
	indicated below:					
а	Corpus Add lines 3f, 4c, and 4	e Subtract line 5	7,229,342			
b	Prior years' undistributed incor	ne Subtract		0		
	line 4b from line 2b			0		
C	Enter the amount of prior years					
	income for which a notice of de been issued, or on which the se	•				
	tax has been previously asses	, ,		0		
d	Subtract line 6c from line 6b 1					
	—see instructions			0		
е	Undistributed income for 2014					
	4a from line 2a Taxable amou	nt—see			n	
£	Undistributed income for 2016	Cubtract				
Т	lines 4d and 5 from line 1. This					
	be distributed in 2015					0
7	Amounts treated as distributio					
	corpus to satisfy requirements					
	section 170(b)(1)(F) or 4942(120,000			
	be required - see instructions)		,			
8	Excess distributions carryove applied on line 5 or line 7 (see		0			
9	Excess distributions carryover	· · · · · · · · · · · · · · · · · · ·				
,	Subtract lines 7 and 8 from line		7,109,342			
10	Analysis of line 9					
	Excess from 2011	1,486,881				
b	Excess from 2012	642,420				
c	Excess from 2013	90,265				
d	Excess from 2014	1,436,108				
е	Excess from 2015	3,453,668				

	Private Operating Foundat	•			19)	
1a	If the foundation has received a ruling or determ					
	foundation, and the ruling is effective for 2015,					
	Check box to indicate whether the organization		ting foundation de		1 4942(j)(3) or	4942(j)(5)
2a	Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years		(e) Total
	investment return from Part X for each	(a) 2015	(b) 2014	(c) 2013	(d) 2012	
	year listed					
b 8	35% of line 2a					
c	Qualifying distributions from Part XII,					
	line 4 for each year listed					
d	Amounts included in line 2c not used					
	directly for active conduct of 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					
а	"Assets" alternative test—enter					
	(1) Value of all assets		1			
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test— enter 2/3		1			
-	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					
	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 $4942(j)(3)(B)(iii)$					
	(3) Largest amount of support					
	from an exempt organization					
	(4) Gross investment income					
Pa	rt XV Supplementary Information (C			e organizatio	n had \$5,000 o	r more in
	assets at any time during the	<u>year—see ins</u>	tructions.)			
L a	Information Regarding Foundation Managers: List any managers of the foundation who have co	ontributed more th	nan 2% of the tota	ıl contributions rec	eived by the found	lation
	before the close of any tax year (but only if they					ideloli
b	List any managers of the foundation who own 10				large portion of th	е
	ownership of a partnership or other entity) of wh	ich the loundation	inas a 10% or gre	eaterinterest		
	Total Control Control Control City	Cabalanak	:t- B			
2	Information Regarding Contribution, Grant, Gift					
	Check here ► ✓ If the foundation only makes counsolicited requests for funds. If the foundation					
	other conditions, complete items 2a, b, c, and d		its, etc. (see ilisti)	actions) to marvia	dais of organizatio	iis uiidei
а	The name, address, and telephone number or e	mail address of th	e nerson to whom	annlications shou	ld he addressed	
u	The name, address, and telephone number of el	man address of th	e person to whom	applications shou	ia be addressed	
b	The form in which applications should be submi	tted and informat	ion and materials t	they should includ	e	
C	Any submission deadlines					
_	A					
d	Any restrictions or limitations on awards, such factors	as by geographic	aı areas, charitabl	e neias, kinds of ii	nstitutions, or othe	Γ

Part XV Supplementary Information(continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to status of Amount contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year See Additional Data Table 3,486,938 **b** Approved for future payment

Form 990-PF (2015) Part XVI-A Analysis of Income-Produc	ing Activitie	s			Page 12
Enter gross amounts unless otherwise indicated	Unrelated bu	ısıness income	Excluded by section	n 512, 513, or 514	(e) Related or exempt
1 Program service revenue	(a) Business code	(b) A mount	(c) Exclusion code	(d) A mount	function income (See instructions)
a b					
c					
d e					
f					
 g Fees and contracts from government agencies 2 Membership dues and assessments 3 Interest on savings and temporary cash investments			14	400	
4 Dividends and interest from securities			14 14	2,252	
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					
7 Other investment income8 Gain or (loss) from sales of assets other than					
inventory			18	52,289	
9 Net income or (loss) from special events10 Gross profit or (loss) from sales of inventory					
11 Other revenue a					
b с					
d					
e 12 Subtotal Add columns (b), (d), and (e)		0		54,590	0
13 Total. Add line 12, columns (b), (d), and (e)				13	54,590
(See worksheet in line 13 instructions to verify Part XVI-B Relationship of Activities to		plishment of E	xempt Purpos	es	
Explain below how each activity for wh the accomplishment of the foundation's instructions)	ıch ıncome ıs re	ported ın column (e) of Part XVI-A c	ontributed importa	

Par	t XVI		Information Re Noncharitable					sactior	ns and I	Relationships	With			
		organ	zation directly or ii c) of the Code (other	ndırectly (engage	ın any of t	the following wi						Yes	No
	ganıza	-				()()	,		,	J .				
a Tr	- ansfer	s fron	n the reporting four	ndation to	a nonc	harıtable (exempt organiz	ation of						
(1	.) Cas	sh										1a(1)		No
(2	.) Oth	eras	sets									1a(2)		No
-	ther tr											, ,		
			assets to a noncha	ritable ex	empt or	rganizatioi	n					1b(1)		No
			s of assets from a									1b(2)		No
			facilities, equipme									$\overline{}$		No
			ement arrangemer									1b(4)		No
			loan guarantees.									1b(5)		No
			ce of services or m									1b(5)		No
												1c		No
	_		ilities, equipment, i to any of the above	_										140
	any tr	ansac	other assets, or se tion or sharing arr) Amount involved	angement	, show	ın column		of the goo	ods, other		es receive	ed		nts
								1						
								-						
								-						
								<u> </u>						
								-						
								-						
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de	scribe	ed in s	cion directly or indicection 501(c) of the plete the following of the plete the following of the plete the following of the plete the pl	ne Code (d schedule		an sectioi		rın secti			otion of relati		es 🔽	Νο
Sign Hero	the inf	e best	enalties of perjury, of my knowledge a ion of which prepar	and belief,	ıt ıs tru	ie, correct		e Declar			n taxpaye	r) is bas he IRS di	sed on	all
	 	Sıgn	ature of officer or t	rustee			Date	- •	Title		below	he prepa nstr)? ✓		
			nt/Type preparer's NICHAEL LAMOTT		Prepa	rer's Sıgn	ature	Date		Check if self- employed ►	PTIN	000412	212	
Use	oare	r WIS	n's name ► SS & COMPANY LL	_P						Firm's EIN ► 2	1 2-173234	9		
Only	/	Firm's address 354 EISENHOWER PARKWAY LIVINGSTON, NJ 07039								Phone no (973	994-940	00		

Enter the states to which the foundation reports or with which it is registered

AL,AR,AK,CA,CO,CT,DC,FL,GA,HI,IL,KS,KY,ME,MD,MA,MN,MS,NV,NH,NJ,NM,NY,NC,ND,OH,OK,OR,PA,RI,SC,TN,VA,WA,WV,WI

Form 990PF Part XV Line 3 - Gra	If recipient is an individual, show any relationship to		Purpose of grant or contribution	A mount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	Contribution	
a Paid during the year AMYLYX PHARMACEUTICALS INC NGIN WORKPLACE 210 BROADWAY 201	NONE	NC	IND-ENABLEMENT GRANT	300,000
CAMBRIDGE, MA 02139 BROWN UNIVERSITY BOX 1911 164 ANGELL STREET PROVIDENCE, RI 02912	NONE	SECTION 170(B)(1)(A)	RESEARCH GRANT TO ADVANCE THE DEVELOPMENT OF TECHNOLOGY AND SOLUTIONS TO IMPROVE THE CLINICAL UNDERSTANDING AND KNOWLEDGE OF AMYOTROPHIC LATERAL SCLEROSIS	578,163
CEDARS SINAI MEDICAL CENTER 6500 WILSHIRE BLVD SUITE 1150 LOS ANGELES,CA 90048	NONE	NC	RESEARCH GRANT TO ADVANCE THE DEVELOPMENT OF TECHNOLOGY AND SOLUTIONS TO IMPROVE THE CLINICAL UNDERSTANDING AND KNOWLEDGE OF AMYOTROPHIC LATERAL SCLEROSIS	1,434,007
EMORY ALS CENTER 101 WOODRUFF CIRCLE SUITE 6000 ATLANTA,GA 30322	NONE	SECTION 170(B)(1)(A)	RESEARCH GRANT TO ADVANCE THE DEVELOPMENT OF TECHNOLOGY AND SOLUTIONS TO IMPROVE THE CLINICAL UNDERSTANDING AND KNOWLEDGE OF AMYOTROPHIC LATERAL SCLEROSIS	22,540
GE GLOBAL RESEARCH 1 RESEARCH CIRCLE NISKAYUNA,NY 12309	NONE	NC	RESEARCH GRANT TO ADVANCE THE DEVELOPMENT OF TECHNOLOGY AND SOLUTIONS TO IMPROVE THE CLINICAL UNDERSTANDING AND KNOWLEDGE OF AMYOTROPHIC LATERAL SCLEROSIS	83,296
MASSACHUSETTS GENERAL HOSPITAL - KATHARINE NICHOLSON- MAP ALS 125 NASHUA STREET SUITE 540 BOSTON,MA 12114	NONE	SECTION 170(B)(1)(A)	RESEARCH GRANT TO ADVANCE THE DEVELOPMENT OF TECHNOLOGY AND SOLUTIONS TO IMPROVE THE CLINICAL UNDERSTANDING AND KNOWLEDGE OF AMYOTROPHIC LATERAL SCLEROSIS	32,725
MASSACHUSETTS GENERAL HOSPITAL BANK OF AMERICA PO BOX 414876 BOSTON,MA 02114	NONE	SECTION 170(B)(1)(A)	RESEARCH GRANT TO ADVANCE THE DEVELOPMENT OF TECHNOLOGY AND SOLUTIONS TO IMPROVE THE CLINICAL UNDERSTANDING AND KNOWLEDGE OF AMYOTROPHIC LATERAL SCLEROSIS	166,760
METHODIST HOSPITAL RESEARCH INSTITUTE 6670 BERTNER R2-216 HOUSTON,TX 77030	NONE	SECTION 170(B)(1)(A)	RESEARCH GRANT TO ADVANCE THE DEVELOPMENT OF TECHNOLOGY AND SOLUTIONS TO IMPROVE THE CLINICAL UNDERSTANDING AND KNOWLEDGE OF AMYOTROPHIC LATERAL SCLEROSIS	152,493
NANTZ FRIENDSNANTZ NATIONAL ALZHEIMERS C/O HOUSTON METHODIST 6565 FANNIN ST HOUSTON,TX 77030	NONE	PC	CONTRIBUTION FOR MEDICAL RESEARCH	15,000
THE GENERAL HOSPITAL CORPORATION - MASSACHUSETTS GENERAL HOSPITAL 125 NASHUA STREET SUITE 540 BOSTON,MA 02114	NONE	SECTION 170(B)(1)(A)	RESEARCH GRANT TO ADVANCE THE DEVELOPMENT OF TECHNOLOGY AND SOLUTIONS TO IMPROVE THE CLINICAL UNDERSTANDING AND KNOWLEDGE OF AMYOTROPHIC LATERAL SCLEROSIS	484,965
THE NORTHEAST ALS CONSORTIUM PO BOC 5356 SANTA MONICA,CA 90409	NONE	PC	SPONSORSHIP FOR ALS CONFERENCE	25,000
THE OHIO STATE UNIVERSITY 1960 KENNY ROAD COLUMBUS,OH 43210	NONE	SECTION 170(B)(1)(A)	RESEARCH GRANT TO ADVANCE THE DEVELOPMENT OF TECHNOLOGY AND SOLUTIONS TO IMPROVE THE CLINICAL UNDERSTANDING AND KNOWLEDGE OF AMYOTROPHIC LATERAL SCLEROSIS	22,540
UNIVERSITY OF MASS MEDICAL SCHOOL 55 LAKE AVE NORTH WORCESTER, MA 01655	NONE	SECTION 170(B)(1)(A)	RESEARCH GRANT TO ADVANCE THE DEVELOPMENT OF TECHNOLOGY AND SOLUTIONS TO IMPROVE THE CLINICAL UNDERSTANDING AND KNOWLEDGE OF AMYOTROPHIC LATERAL SCLEROSIS	146,909
WASHINGTON UNIVERSITY 115 BIOTECH BLDG BOX 8111 660 S EUCLID ST LOUIS, MO 63110	NONE	SECTION 170(B)(1)(A)	RESEARCH GRANT TO ADVANCE THE DEVELOPMENT OF TECHNOLOGY AND SOLUTIONS TO IMPROVE THE CLINICAL UNDERSTANDING AND KNOWLEDGE OF AMYOTROPHIC LATERAL SCLEROSIS	22,540

3,486,938

TY 2015 Accounting Fees Schedule

Name: THE LEANDRO P RIZZUTO FOUNDATION

C/O PAUL WEISS RIFKIND WHARTON & GARR

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	24,000	12,000		0

TY 2015 Distribution from Corpus Election

Name: THE LEANDRO P RIZZUTO FOUNDATION

C/O PAUL WEISS RIFKIND WHARTON & GARR

EIN: 30-6068334

Election: PURSUANT TO IRC SECTION 4942(H)(2) AND REG. 53.4942(A)-3(D)

(2), THE FOUNDATION HEREBY ELECTS TO TREAT CURRENT YEAR QUALIFYING DISTRIBUTIONS IN EXCESS OF THE IMMEDIATELY PRECEDING TAX YEAR'S UNDISTRIBUTED INCOME AS BEING MADE

OUT OF CORPUS.TAX YEAR: 12/31/2015AMOUNT: \$120,000

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2015 Expenditure Responsibility Statement

Name: THE LEANDRO P RIZZUTO FOUNDATION

C/O PAUL WEISS RIFKIND WHARTON & GARR

Grantee's Name	Grantee's Address	Grant Date	Grant Amount	Grant Purpose	Amount Expended By Grantee	Any Diversion By Grantee?	Dates of Reports By Grantee	Date of Verification	Results of Verification
GENERAL ELECTRIC GLOBAL RESEARCH	PNC BANK C/O GENERAL ELECTRIC CO LOCKBOX 645044 PITTSBURGH, PA 15219	2014-10-01	621,431	RESEARCH GRANT TO ADVANCE THE DEVELOPMENT OF TECHNOLOGY AND SOLUTIONS TO IMPROVE THE CLINICAL UNDERSTANDING AND KNOWLEDGE OF AMYOTROPHIC LATERAL SCLEROSIS PAYMENTS ARE MADE AT THE BEGINNING OF EACH MILESTONE ANNUALLY, GE AGREES TO PROVIDE THE CHARITIES WITH FULL AND COMPLETE FINANCIAL REPORTS AND A STATEMENT THAT IT HAS COMPLIED WITH THE TERMS OF THE STATEMENT OF WORK TOTAL GRANT AMOUNT \$621,431 MRI BRAIN \$268,644PET BRAIN \$110,604MULTIOMYX TO ALS IPSC \$187,440NOVEL IMPAGING ANIMAL \$54,743	280,756	NONE	2015, 2016	2016-08-01	
AMYLYX PHARMACEUTICALS INC	169 MONSIGNOR OBRIEN HWY 403 CAMBRIDGE, MA 02141	2015-05-20	300,000	IND-ENABLING STUDIES TO BRING THERAPEUTIC DIRECTLY TO PATIENTS	300,000	NONE	2015	2015-11-01	

TY 2015 Legal Fees Schedule

Name: THE LEANDRO P RIZZUTO FOUNDATION

C/O PAUL WEISS RIFKIND WHARTON & GARR

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL FEES	88,722	0		71,298

DLN: 93491228016556

TY 2015 Other Expenses Schedule

Name: THE LEANDRO P RIZZUTO FOUNDATION

C/O PAUL WEISS RIFKIND WHARTON & GARR

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
BUSINESS REGISTRATION FEES	10,287	0		0
ALS TRADEMARK FEES	2,050	0		2,050
BANK FEES	42,767	42,767		0
PAYPAL FEES	1,423	0		1,423
OFFICE EXPENSES	553	0		0



TY 2015 Other Increases Schedule

Name: THE LEANDRO P RIZZUTO FOUNDATION

C/O PAUL WEISS RIFKIND WHARTON & GARR

Description	Amount
CASH TO ACCRUAL ADJUSTMENT	27,502

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491228016556

TY 2015 Other Liabilities Schedule

Name: THE LEANDRO P RIZZUTO FOUNDATION

C/O PAUL WEISS RIFKIND WHARTON & GARR

Description	Beginning of Year - Book Value	End of Year - Book Value
OTHER LIABILITIES	9	53,811

TY 2015 Other Professional Fees Schedule

Name: THE LEANDRO P RIZZUTO FOUNDATION

C/O PAUL WEISS RIFKIND WHARTON & GARR

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
CONSULTING FEES	150,000	0		150,000

TY 2015 Substantial Contributors Schedule

Name: THE LEANDRO P RIZZUTO FOUNDATION

C/O PAUL WEISS RIFKIND WHARTON & GARR

Name	Address
LEONARDO P RIZZUTO	75 RAPID CREEK RD SHERIDAN,WY 82801
LPR 2012 DISCRETIONARY TRUST	75 RAPID CREEK RD SHERIDAN,WY 82801
NFL FOUNDATION	345 PARK AVE NEW YORK, NY 10065
THE KAHN FAMILY CHARTIABLE FOUNDATION DTE 122005	21 PIERCE ROAD WELLESLEY,MA 02481

TY 2015 Taxes Schedule

Name: THE LEANDRO P RIZZUTO FOUNDATION

C/O PAUL WEISS RIFKIND WHARTON & GARR

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXCISE TAX	12,387	0		0

efile GRAPHIC print - DO NOT PROCESS

THE LEANDRO P RIZZUTO FOUNDATION

As Filed Data -

DLN: 93491228016556

_N. 93491226010330

OMB No 1545-0047

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

2015

Employer identification number

C/O P	AUL WEISS RIFKINL	WHARION & GARR	30-6068334					
Organ	ization type (check	one)						
Filers	of:	Section:						
Form 990 or 990-EZ		□ 501(c)() (enter number) organization	501(c)() (enter number) organization					
		☐ 4947(a)(1) nonexempt charitable trust not treated as a private foundation	ı					
Form 9	990-PF	501(c)(3) exempt private foundation						
		□ 501(c)(3) taxable private foundation						
Genei	ral Rule For an organization other property) fro	(7), (8), or (10) organization can check boxes for both the General Rule and a Sp in filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions im any one contributor. Complete Parts I and II. See instructions for determining a	totaling \$5,000 or more (in money or					
Speci	al Rules							
Γ	under sections 509(a received from any or	described in section $501(c)(3)$ filing Form 990 or 990-EZ that met the $33^1 n\%$ supply a)(1) and $170(b)(1)(A)(v)$, that checked Schedule A (Form 990 or 990-EZ), Partine contributor, during the year, total contributions of the greater of (1) \$5,000 or a) Form 990-EZ, line 1 Complete Parts I and II	II, line 13, 16a, or 16b, and that					
Γ	during the year, total	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that receive contributions of more than \$1,000 exclusively for religious, charitable, scientific cruelty to children or animals. Complete Parts I, II, and III	_					
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 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								

990-EZ, or 990-PF)

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990,

Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990,

990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its

Name of organization **Employer identification number** THE LEANDRO P RIZZUTO FOUNDATION C/O PAUL WEISS RIFKIND WHARTON & GARR 30-6068334 Part I Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed (d) (b) (c) (a) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution See Additional Data Table Person **Payroll** Noncash \$ (Complete Part II for noncash contribution) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contribution) (a) (b) (c) (d) **Total contributions** Name, address, and ZIP + 4 Type of contribution No. Person **Payroll** \$ Noncash (Complete Part II for noncash contribution) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person **Payroll** Noncash \$ (Complete Part II for noncash contribution) (b) (c) (d) (a) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** Person Payroll Noncash \$ (Complete Part II for noncash contribution) (d) (a) (b) (c) **Total contributions** Name, address, and ZIP + 4 Type of contribution No. Person **Payroll** Noncash \$ (Complete Part II for noncash contribution)

Employer identification number Name of organization THE LEANDRO P RIZZUTO FOUNDATION C/O PAUL WEISS RIFKIND WHARTON & GARR 30-6068334 Noncash Property Part II (see instructions) Use duplicate copies of Part II if additional space is needed (c) (a) (b) (d) FMV (or estimate) Description of noncash property given No.from Part I Date received (see instructions) \$ 2,002,687 2015-02-12 VARIOUS PUBLICLY TRADED SECURITIES (c) (d) (a) (b) FMV (or estimate) No.from Part I Description of noncash property given Date received (see instructions) (c) (d) (a) (b) FMV (or estimate) No.from Part I Description of noncash property given Date received (see instructions) (c) (a) (d) FMV (or estimate) No.from Part I Description of noncash property given Date received (see instructions) (c) (d) (a) (b) FMV (or estimate) Description of noncash property given No.from Part I Date received (see instructions) (c) (d) (a) (b) FMV (or estimate) No.from Part I Description of noncash property given Date received (see instructions)

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Page 4

ame of organization HE LEANDRO P RIZZUTO FOUNDATION			Employer identification number		
	KIND WHARTON & GARR	30	30-6068334		
total more line entry. of \$1,000 o	than \$1,000 for the year from any or	ne contributor. Complete colum I, enter the total of <i>exclusively</i> in nation once. See instructions.)	d in section 501(c)(7), (8), or (10) that ans (a) through (e) and the following religious, charitable, etc., contributions **Santable**		
(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	Transferee's name, address, and	(e) Transfer of gift ZIP4 R	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		
· -	Transferee's name, address, and	(e) Transfer of gift ZIP4 R	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, and	, , , ,	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		
	Transferee's name, address, and	(e) Transfer of gift ZIP4 R	elationship of transferor to transferee		
-					

Software ID: Software Version:

EIN: 30-6068334

Name: THE LEANDRO P RIZZUTO FOUNDATION

C/O PAUL WEISS RIFKIND WHARTON & GARR

Form 990 Schedule B, 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	THE KAHN FAMILY CHARTIABLE FOUNDATION DTE 122005		Person 🔽
			Payroll 🗀
	21 PIERCE ROAD	\$ 100,000	Noncash
	WELLESLEY, MA 0 2 4 8 1		(Complete Part II for
			noncash contribution)
2	LPR 2012 DISCRETIONARY TRUST		Person 🔽
_	T		Payroll 🔽
	75 RAPID CREEK ROAD	\$ 2,002,687	Noncash
	SHERIDAN, WY 82801		(Complete Part II for noncash contribution)
			Person V
3	LEANDRO P RIZZUTO		Payroll
	75 RAPID CREEK ROAD	\$ 53,467	Noncash
	SHERIDAN, WY 82801		
			(Complete Part II for noncash contribution)
4			Person 🔽
	BRANDON CREED		Payroll 🗀
	3416 IONE DRIVE	\$ 5,000	Noncash
	LOS ANGELES, CA 90068		
			(Complete Part II for noncash contribution)
5			Person 🔽
	COURTENEY COX		Payroll
	C/O SHEPHARD MCILWEE TINGLOF 9200 S	\$ 10,000	Noncash
	LOS ANGELES, CA 90069		
			(Complete Part II for noncash contribution)
6	NFL FOUNDATION		Person 🔽
<u> </u>			Payroll
	ATTN ANNA ISAACSON 345 PARK AVE	\$ 250,000	Noncash
	NEW YORK, NY 10065		(Complete Part II for
	1		noncash contribution)

Form 990 Schedule B, 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
7	THOMAS AND JULIE GENTILE 178 HILLSPOINT ROAD WESTPORT, CT 06880	\$ 10,000	Person F F Payroll F Noncash
			(Complete Part II for noncash contribution) Person
8	BRYAN SMITH 702 SW 8TH STREET	\$ 20,000	Payroll
	BENTONVILLE, AR72716	\$ 20,000	Noncash (Complete Part II for noncash contribution)
9	HARVEY WEINSTEIN C/O CINTRIN COOPERMAN 529 FIFTH AVE	\$ 10,000	Person F Payroll F Noncash
	NEW YORK, NY 10017		(Complete Part II for noncash contribution)
10	DONALD KASUN		Person
	PALM BEACH, FL33480	\$ 5,000	Noncash (Complete Part II for
11	WAD PRODUCTIONS INC		Person Payroll
	BURBANK, CA 91505	\$ 10,000	Noncash
12	THE DREMAN FOUNDATION		(Complete Part II for noncash contribution) Person
	1515 N FLAGLER DRIVE SUITE 920	\$ 20,000	Payroll - Noncash
	WEST PALM BEACH, FL33401		(Complete Part II for noncash contribution)

Form 990 Schedule B, 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
3	DENIS RIZZUTO 229 BYRAM SHORE ROAD GREENWICH, CT 06830	\$ 100,000	Person F Payroll Noncash
			(Complete Part II for noncash contribution)