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SONNENBERG

PAGE 01/04

33-0589889

Schedule B

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

Department of the Tressury Internal Revenue Service

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

Name of the organization		Employer Identification number		
BISZANTZ CHARITABLE FOUNDATION			33-0589889	
Organization type (check on	2):			
Filers of:	Section:			
Form 990 or 990-EZ	501(c)() (enter n	number) organization		
	4947(a)(1) nonexempt c	charitable trust not treated as a private found	dation	
	527 political organization	o n		
Form 990-PF	X 501(c)(3) exempt private	501(c)(3) exempt private foundation		
	4947(a)(1) nonexempt c	chantable trust treated as a private foundatio	งก	
	501(c)(3) taxable private	e foundation		
Check if your organization is	overed by the General Rule or a	a Special Rule.		
Note. Only a section 501(c)(7 instructions.	, (8), or (10) organization can ch	heck boxes for both the General Rule and a	Special Rule. See	
General Rule				
X For an organization fi or more (in money or contributor's total con	property) from any one contribut	PF that received, during the year, contribution tor. Complete Parts I and II. See Instructions	ns totaling \$5,000 ifor determining a	
Special Rules				
regulations under sec 13, 16a, or 16b, and t	tions 509(a)(1) and 170(b)(1)(A)(hat received from any one contri	ng Form 990 or 990-EZ that met the 331/3 % (Vv), that checked Schedule A (Form 990 or abutor, during the year, total contributions of VIII, line 1h, or (li) Form 990-EZ, line 1. Com	990-EZ), Part II, line the greater of (1)	
contributor, during the	year, total contributions of more), or (10) filing Form 990 or 990-EZ that rece e than \$1,000 exclusively for religious, chant i of cruelty to children or animals. Complete i	able, scientific,	
contributor, during the contributions totaled in during the year for an General Rule applies	year, contributions exclusively for nore than \$1,000. If this box is chexclusively religious, charitable, to this organization because it re), or (10) filing Form 990 or 990-EZ that rece for religious, charitable, etc., purposes, but n checked, enter here the total contributions the , etc., purpose. Do not complete any of the p received nonexclusively religious, charitable,	no such at were received parts unless the , etc., contributions	
Caution. An organization that 990-EZ, or 990-PF), but it mu	is not covered by the General Rest answer "No" on Part IV. line 2.	Rule and/or the Special Rules does not file So t, of its Form 990; or check the box on line H	chedule B (Form 990, of its Form 990-EZ or on its	

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

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

04/07/2013 00:07

Name of or BISZANTZ	genization CHARITABLE FOUNDATION	Employer Identification number 33-0589889			
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	GARY & FRANCES B BISZANTZ CO-TTEES 119 N ACACIA AVE SOLANA BEACH CA 92075 Foreign State or Province. Foreign Country:	\$30,000	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		
	Foreign State or Province: Foreign Country	\$	Person Payroll Oncash Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
	Foreign State or Province: Foreign Country:	\$	Person Payroli Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Typs of contribution		
	Foreign State or Province: Foreign Country	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
	Foreign State or Province: Foreign Country.	\$	Person Payroll Noncash (Complete Pert II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
	Foreign Country:	\$ <u>.</u>	Person Payroll Noncash (Complete Part II for noncash contributions.)		

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

04/07/2013 00:07

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Name of organization Employer Identification number BISZANTZ CHARITABLE FOUNDATION 33-0589889 Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) No. (c) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) (a) No. (c) (b) from FMV (or estimate) Description of noncash property given Date received Part I (see Instructions) (a) No. (c) (p) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) (a) No. (c) (b)
Description of noncash property given (d) from FMV (or estimate) Date received Part I (see instructions)

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

33-0589889

Employer identification number Name of organization BISZANTZ CHARITABLE FOUNDATION 33-0589889 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) Use duplicate copies of Part III if additional space is needed. (a) No. (d) Description of how gift is held from (b) Purpose of gift (c) Use of gift Part ! (a) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee For. Prov. Country (a) No. from (c) Use of gift (d) Description of how gift is held (b) Purpose of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee Country (a) No. from (c) Use of gift (d) Description of how gift is held (b) Purpose of gift Part I (a) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee For, Prov. Country (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee Country

BISZANTZ CHARITABLE FOUNDATION 119 N ACACIA AVE SOLANA BEACH CA 92075



017113

DECLARATION

Under penalties of perjury, I declare that I have examined the return identified in this letter, including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I understand that this declaration will become a permanent part of that return.

Signature of Officer of Trustee	Jun 25, 2016
Signature of Off Ocer or Trustee	Date
turstee	
Title	