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Form

990-PF

Department of the Treasury
Internal Revenue Service

Return of Private Foundation

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

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

OMB No 1545-0052

2015

Open to Public Inspection

For calendar year 2015, or tax year beginning 01-01-2015, and ending 12-31-2015

Name of foundation HUIZENGA FAMILY FOUNDATION INC		A Employer identification number 65-0018158	
Number and street (or P O box number if mail is not delivered to street address) 450 EAST LAS OLAS BOULEVARD NO 1500		Room/suite	B Telephone number (see instructions) (954) 627-5000
City or town, state or province, country, and ZIP or foreign postal code FORT LAUDERDALE, FL 33301		C If exemption application is pending, check here ☐	
G Check all that apply ☐ Initial return ☐ Final return ☐ Address change		☐ Initial return of a former public charity ☐ Amended return ☐ Name change	
H Check type of organization ☒ Section 501(c)(3) exempt private foundation ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation		D 1. Foreign organizations, check here ☐ 2. Foreign organizations meeting the 85% test, check here and attach computation ☐ E If private foundation status was terminated under section 507(b)(1)(A), check here ☐ F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ☐	
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ 1,030,130		J Accounting method ☒ Cash ☐ Accrual ☐ Other (specify) _____ (Part I, column (d) must be on cash basis.)	

Part I Analysis of Revenue and Expenses <i>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))</i>			Revenue and expenses per books (a)	Net investment income (b)	Adjusted net income (c)	Disbursements for charitable purposes (d) (cash basis only)
Revenue	1	Contributions, gifts, grants, etc , received (attach schedule)	3,650,000			
	2	Check ☒ ☐ if the foundation is not required to attach Sch B				
	3	Interest on savings and temporary cash investments				
	4	Dividends and interest from securities	11,434	11,434		
	5a	Gross rents				
	b	Net rental income or (loss) _____				
	6a	Net gain or (loss) from sale of assets not on line 10				
	b	Gross sales price for all assets on line 6a _____				
	7	Capital gain net income (from Part IV, line 2) . . .		0		
	8	Net short-term capital gain				
	9	Income modifications				
	10a	Gross sales less returns and allowances				
	b	Less Cost of goods sold				
c	Gross profit or (loss) (attach schedule)					
11	Other income (attach schedule)					
12	Total. Add lines 1 through 11	3,661,434	11,434	0		
Operating and Administrative Expenses	13	Compensation of officers, directors, trustees, etc	0	0	0	0
	14	Other employee salaries and wages				
	15	Pension plans, employee benefits				
	16a	Legal fees (attach schedule).				
	b	Accounting fees (attach schedule).	2,996	0	0	2,996
	c	Other professional fees (attach schedule)				
	17	Interest				
	18	Taxes (attach schedule) (see instructions)				
	19	Depreciation (attach schedule) and depletion . . .				
	20	Occupancy				
	21	Travel, conferences, and meetings.				
	22	Printing and publications				
	23	Other expenses (attach schedule).	126	65	0	61
	24	Total operating and administrative expenses. Add lines 13 through 23	3,122	65	0	3,057
	25	Contributions, gifts, grants paid	2,708,576			2,708,576
	26	Total expenses and disbursements. Add lines 24 and 25	2,711,698	65	0	2,711,633
27	Subtract line 26 from line 12					
a	Excess of revenue over expenses and disbursements	949,736				
b	Net investment income (if negative, enter -0-)		11,369			
c	Adjusted net income (if negative, enter -0-) . . .			0		

Part II		Balance Sheets	Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	Beginning of year	End of year	
				(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1	Cash—non-interest-bearing				
	2	Savings and temporary cash investments	78,770	285,432	285,432	
	3	Accounts receivable ▶ <u>400</u>				
		Less allowance for doubtful accounts ▶ _____	1,200	400	400	
	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 ▶ _____				
	8	Inventories for sale or use				
	9	Prepaid expenses and deferred charges				
	10a	Investments—U S and state government obligations (attach schedule)				
	b	Investments—corporate stock (attach schedule)				
	c	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)	0	743,874	744,298		
14	Land, buildings, and equipment basis ▶ _____					
	Less accumulated depreciation (attach schedule) ▶ _____					
15	Other assets (describe ▶ _____)					
16	Total assets(to be completed by all filers—see the instructions Also, see page 1, item I)	79,970	1,029,706	1,030,130		
Liabilities	17	Accounts payable and accrued expenses				
	18	Grants payable				
	19	Deferred revenue				
	20	Loans from officers, directors, trustees, and other disqualified persons				
	21	Mortgages and other notes payable (attach schedule).				
	22	Other liabilities (describe ▶ _____)				
	23	Total liabilities(add lines 17 through 22)	0	0		
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ ☐ and complete lines 24 through 26 and lines 30 and 31.					
	24	Unrestricted				
	25	Temporarily restricted				
	26	Permanently restricted				
	Foundations that do not follow SFAS 117, check here ▶ ☒ and complete lines 27 through 31.					
	27	Capital stock, trust principal, or current funds	0	0		
	28	Paid-in or capital surplus, or land, bldg , and equipment fund	0	0		
	29	Retained earnings, accumulated income, endowment, or other funds	79,970	1,029,706		
	30	Total net assets or fund balances(see instructions)	79,970	1,029,706		
31	Total liabilities and net assets/fund balances(see instructions)	79,970	1,029,706			

Part III				Analysis of Changes in Net Assets or Fund Balances	
1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year’s return)	1	79,970		
2	Enter amount from Part I, line 27a	2	949,736		
3	Other increases not included in line 2 (itemize) ▶ _____	3	0		
4	Add lines 1, 2, and 3	4	1,029,706		
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)—Part II, column (b), line 30	6	1,029,706		

Part IV

Capital Gains and Losses for Tax on Investment Income

List and describe the kind(s) of property sold (e g , real estate, (a) 2-story brick warehouse, or common stock, 200 shs MLC Co)		How acquired P—Purchase (b) D—Donation	Date acquired (c) (mo , day, yr)	Date sold (d) (mo , day, yr)
1a				
b				
c				
d				
e				
(e) Gross sales price	Depreciation allowed (f) (or allowable)	Cost or other basis (g) plus expense of sale	Gain or (loss) (h) (e) plus (f) minus (g)	
a				
b				
c				
d				
e				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			Gains (Col (h) gain minus col (k), but not less than -0-) or (l) Losses (from col (h))	
(i) F M V as of 12/31/69	Adjusted basis (j) as of 12/31/69	Excess of col (i) (k) over col (j), if any		
a				
b				
c				
d				
e				
2	Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }		2
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) (see instructions) If (loss), enter -0- in Part I, line 8	{ }		3

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? ☐ Yes ☒ No
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 instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2014	2,624,442	149,244	17 584908
2013	1,798,410	250,819	7 170151
2012	7,981,391	2,439,026	3 272368
2011	10,543,312	2,409,327	4 376040
2010	9,686,639	5,753,549	1 683594
2	Total of line 1, column (d).		2 34 087061
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		3 6 817412
4	Enter the net value of noncharitable-use assets for 2015 from Part X, line 5.		4 530,071
5	Multiply line 4 by line 3.		5 3,613,712
6	Enter 1% of net investment income (1% of Part I, line 27b).		6 114
7	Add lines 5 and 6.		7 3,613,826
8	Enter qualifying distributions from Part XII, line 4.		8 2,711,633
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			

Part VI

Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)

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 _____
(attach copy of letter if necessary—see instructions)

b

Domestic foundations that meet the section 4940(e) requirements in Part V, check here ☐ and enter 1% of Part I, line 27b

c

All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)

2

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

227

4

Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)

4

0

5

Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-

5

227

6

Credits/Payments

a

2015 estimated tax payments and 2014 overpayment credited to 2015

6a

1,881

b

Exempt foreign organizations—tax withheld at source.

6b

c

Tax paid with application for extension of time to file (Form 8868).

6c

d

Backup withholding erroneously withheld.

6d

7

Total credits and payments. Add lines 6a through 6d.

7

1,881

8

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

10

Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid.

10

1,654

11

Enter the amount of line 10 to be Credited to 2015 estimated tax ☐ 1,654 Refunded ☐

11

0

Part VII-A

Statements Regarding Activities

1a

During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?

1a

No

b

Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)?
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.

1b

No

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) imposed during the year
(1) On the foundation ☐ \$ _____ 0 (2) On foundation managers ☐ \$ _____ 0

e

Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ☐ \$ _____ 0

2

Has the foundation engaged in any activities that have not previously been reported to the IRS?
If "Yes," attach a detailed description of the activities.

2

No

3

Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes.

3

No

4a

Did the foundation have unrelated business gross income of \$1,000 or more during the 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 during the year?
If "Yes," attach the statement required by General Instruction T.

5

No

6

Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either
• By language in the governing instrument, or
• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?

6

Yes

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 XV.

7

Yes

8a

Enter the states to which the foundation reports or with which it is registered (see instructions)
☐ FL _____

b

If 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

Yes

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 instructions for Part XIV)?
If "Yes," complete Part XIV.

9

No

10

Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses. ☐

10

Yes

Part 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		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address NONE	13	Yes	
14	The books are in care of CRIS V BRANDEN Telephone no (954) 627-5000 Located at 450 E LAS OLAS BLVD 1500 FORT LAUDERDALE FL ZIP+4 33301			
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.	15		
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? 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	16	Yes	No

Part 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?	☐ Yes ☒ No		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	☐ Yes ☒ No		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	☐ Yes ☒ No		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	☐ Yes ☒ No		
	(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)?	☐ Yes ☒ No		
	(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).	☐ Yes ☒ No		
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)? Organizations relying on a current notice regarding disaster assistance check here.	1b		
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?	1c		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))			
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 before 2015? If "Yes," list the years 20____, 20____, 20____, 20____			
b	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____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time 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 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

Part VII-B

Statements Regarding Activities for Which Form 4720 May Be Required (Continued)

5a

During the year did the foundation pay or incur any amount to

(1)

Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?

☐ Yes

☒ No

(2)

Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?

☐ Yes

☒ No

(3)

Provide a grant to an individual for travel, study, or other similar purposes?

☐ Yes

☒ No

(4)

Provide a grant to an organization other than a charitable, etc , organization described in section 4945(d)(4)(A)? (see instructions).

☐ Yes

☒ No

(5)

Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

☐ Yes

☒ No

b

If any answer is "Yes" to 5a(1)–(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?

5b

Organizations relying on a current notice regarding disaster assistance check here.

☐

c

If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?

☐ Yes

☐ No

If "Yes," attach the statement required by Regulations section 53.4945–5(d).

6a

Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

☐ Yes

☒ No

b

Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

6b

No

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?

☐ Yes

☒ No

b

If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?

7b

Part VIII

Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1

List all officers, directors, trustees, foundation managers and their compensation (see instructions).

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
See Additional Data Table				

2

Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	Title, and average hours per week (b) devoted to position	(c) Compensation	Contributions to employee benefit plans and deferred compensation (d)	Expense account, (e) other allowances
NONE				

Total

number of other employees paid over \$50,000.

0

Part VIII

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services.	0
--	---

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1	
2	
3	
4	

Part IX-B Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments See instructions	
3	

[illegible]

Part X

Minimum Investment Return

(All domestic foundations must complete this part. Foreign foundations,see instructions.)

1	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	341,216
b	Average of monthly cash balances.	1b	196,927
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	538,143
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	0
2	Acquisition indebtedness applicable to line 1 assets.	2	0
3	Subtract line 2 from line 1d.	3	538,143
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	8,072
5	Net value of noncharitable-use assets.Subtract line 4 from line 3 Enter here and on Part V, line 4	5	530,071
6	Minimum investment return.Enter 5% of line 5.	6	26,504

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.)

1	Minimum investment return from Part X, line 6.	1	26,504
2a	Tax on investment income for 2015 from Part VI, line 5.	2a	227
b	Income tax for 2015 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	227
3	Distributable amount before adjustments Subtract line 2c from line 1.	3	26,277
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	26,277
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	26,277

Part XII

Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
a	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26.	1a	2,711,633
b	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		
a	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	2,711,633
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	2,711,633

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 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, line 7				26,277
2 Undistributed income, if any, as of the end of 2015				
a Enter amount for 2014 only.			0	
b Total for prior years 20__, 20__, 20__		0		
3 Excess distributions carryover, if any, to 2015				
a From 2010.	9,398,962			
b From 2011.	10,634,760			
c From 2012.	7,916,048			
d From 2013.	1,785,869			
e From 2014.	2,616,980			
f Total of lines 3a through e.	32,352,619			
4 Qualifying distributions for 2015 from Part XII, line 4	\$ 2,711,633			
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 (Election required—see instructions).	0			
d Applied to 2015 distributable amount.				26,277
e Remaining amount distributed out of corpus	2,685,356			
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:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	35,037,975			
b Prior years' undistributed income Subtract line 4b from line 2b.		0		
c Enter the amount of prior years' 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 4a from line 2a Taxable amount—see instructions.			0	
f Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2015.				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 (see instructions).	9,398,962			
9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a.	25,639,013			
10 Analysis of line 9				
a Excess from 2011.	10,634,760			
b Excess from 2012.	7,916,048			
c Excess from 2013.	1,785,869			
d Excess from 2014.	2,616,980			
e Excess from 2015.	2,685,356			

Part XIV

b Check box to indicate whether the organization is a private operating foundation described in section 170(c)(2)(B)(i) or 170(c)(2)(B)(ii): ☐ 170(c)(2)(B)(i) or ☐ 170(c)(2)(B)(ii)

Part XV **Supplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see instructions.)**

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))

See Additional Data Table

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

Check here ☒ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a The name, address, and telephone number or email address of the person to whom applications should be addressed

b The form in which applications should be submitted and information and materials they should include

c Any submission deadlines

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

Part XV

Supplementary Information(continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	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
Name and address (home or business)				
a Paid during the year See Additional Data Table				
Total			3a	2,708,576
b Approved for future payment FRIENDS OF BIRCH STATE PARK 3109 EAST SUNRISE BLVD FORT LAUDERDALE, FL 33304	NONE	PC	EDUCATION	4,000
NOVA SOUTHEASTERN UNIVERSITY 3301 COLLEGE AVE FORT LAUDERDALE, FL 33314	NONE	PC	EDUCATION	800,000
Total			3b	804,000

Enter gross amounts unless otherwise indicated

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Form **990-PF** (2015)

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.

	Yes	No
1a(1)		No
1a(2)		No
1b(1)		No
1b(2)		No
1b(3)		No
1b(4)		No
1b(5)		No
1b(6)		No
1c		No

[illegible]

b If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Title

May the IRS discuss this return with the preparer shown below
(see instr)? ☒ Yes ☐ No

Phone no (954) 333-0001

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation(If not paid, enter -0-)	Contributions to employee benefit plans and deferred compensation (d)	Expense account, (e) other allowances
H WAYNE HUIZENGA JR	PRESIDENT/DIRECTOR 1 00	0	0	0
450 E LAS OLAS BLVD SUITE 1500 FT LAUDERDALE,FL 33301				
MARTHA J HUIZENGA	V PRESIDENT/DIRECTOR 0 25	0	0	0
1575 PONCE DE LEON DRIVE FT LAUDERDALE,FL 33316				
CRIS V BRANDEN	TREASURER/DIRECTOR 0 50	0	0	0
450 E LAS OLAS BLVD SUITE 1500 FT LAUDERDALE,FL 33301				
H WAYNE HUIZENGA	DIRECTOR 0 25	0	0	0
1575 PONCE DE LEON DRIVE FT LAUDERDALE,FL 33316				
HARRIS W HUDSON	DIRECTOR 0 00	0	0	0
450 E LAS OLAS BLVD SUITE 1500 FT LAUDERDALE,FL 33301				

Form 990PF Part XV Line 1a - List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000).

H WAYNE HUIZENGA JR
MARTHA J HUIZENGA
H WAYNE HUIZENGA

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	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
Name and address (home or business)				
a Paid during the year				
ACCELERATED BRAIN CANCER CURE 1717 RHODE ISLAND AVE NW 700 WASHINGTON,DC 20036	NONE	PC	RESEARCH, EDUCATION, AND PATIENT SERVICES	1,000
BABSON COLLEGE 231 FOREST STREET BABSON PARK,MA 02457	NONE	PC	EDUCATION	2,000
BONNET HOUSE ALLIANCE 900 N BIRCH ROAD FORT LAUDERDALE,FL 33304	NONE	PC	EDUCATION	280
BOYS & GIRLS CLUBS OF BROWARD COUNTY 877 NW 61 STREET FORT LAUDERDALE,FL 33309	NONE	PC	EDUCATION	5,000
BRANCHES INC 11500 NW 12TH AVE MIAMI,FL 33168	NONE	PC	EDUCATION	1,000
BROWARD PERFORMING ARTS FOUNDATION 201 SW 5TH AVENUE FORT LAUDERDALE,FL 33312	NONE	PC	EDUCATION	7,200
BROWARD PERFORMING ARTS FOUNDATION 201 SW 5TH AVENUE FORT LAUDERDALE,FL 33312	NONE	PC	EDUCATION	21,750
CHILDREN'S MUSEUM OF THE TREASURE COAST (THE) PO BOX 2147 STUART,FL 34995	NONE	PC	EDUCATION	2,000
COAST GUARD FOUNDATION 394 TAUGWONK ROAD STONINGTON,CT 06378	NONE	PC	LEADERSHIP & EDUCATION	1,000
CYSTIC FIBROSIS FOUNDATION 700 S DIXIE HWY SUITE 100 WEST PALM BEACH,FL 33401	NONE	PC	RESEARCH, EDUCATION, AND PATIENT SERVICES	500
EXPONENT PHILANTHROPY 1720 N STREET NW WASHINGTON,DC 20036	NONE	PC	RESEARCH, EDUCATION, AND PATIENT SERVICES	750
FEEDING SOUTH FLORIDA 2501 SW 32 TERRACE HOLLYWOOD,FL 33023	NONE	PC	FINANCIAL ASSISTANCE	100
FIRST BAPTIST CHURCH OF FORT LAUDERDALE 301 EAST BROWARD BLVD FORT LAUDERDALE,FL 33301	NONE	PC	FINANCIAL ASSISTANCE	10,000
FORT LAUDERDALE HISTORICAL SOCIETY 219 SW 2 AVE FORT LAUDERDALE,FL 33301	NONE	PC	EDUCATION	75,000
FORT LAUDERDALE HISTORICAL SOCIETY 219 SW 2 AVE FORT LAUDERDALE,FL 33301	NONE	PC	EDUCATION	2,500
Total  3a				2,708,576

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	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
Name and address (home or business)				
a Paid during the year				
FRIENDS OF BIRCH STATE PARK 3109 EAST SUNRISE BOULEVARD FORT LAUDERDALE,FL 33304	NONE	PC	EDUCATION	2,000
FRIENDS OF BIRCH STATE PARK 3109 EAST SUNRISE BOULEVARD FORT LAUDERDALE,FL 33304	NONE	PC	EDUCATION	5,000
FRIENDS OF NORTH BEACH ELEMENTARY 4100 PRAIRIE AVENUE MIAMI BEACH,FL 33140	NONE	PC	EDUCATION	500
HOLY CROSS HOSPITAL 4725 N FEDERAL HIGHWAY FORT LAUDERDALE,FL 33308	NONE	PC	RESEARCH, EDUCATION, AND PATIENT SERVICES	1,400
HOLY CROSS HOSPITAL 4725 N FEDERAL HIGHWAY FORT LAUDERDALE,FL 33308	NONE	PC	RESEARCH, EDUCATION, AND PATIENT SERVICES	2,500
HOLY CROSS HOSPITAL 4725 N FEDERAL HIGHWAY FORT LAUDERDALE,FL 33308	NONE	PC	RESEARCH, EDUCATION, AND PATIENT SERVICES	2,000
HUMANE SOCIETY OF BROWARD COUNTY 2070 GRIFFIN ROAD FORT LAUDERDALE,FL 33312	NONE	PC	EDUCATION AND ANIMAL SERVICES	1,000
HUMANE SOCIETY OF BROWARD COUNTY 2070 GRIFFIN ROAD FORT LAUDERDALE,FL 33312	NONE	PC	EDUCATION AND ANIMAL SERVICES	18,537
HUMANE SOCIETY OF BROWARD COUNTY 2070 GRIFFIN ROAD FORT LAUDERDALE,FL 33312	NONE	PC	EDUCATION AND ANIMAL SERVICES	2,200
HUMANE SOCIETY OF BROWARD COUNTY 2070 GRIFFIN ROAD FORT LAUDERDALE,FL 33312	NONE	PC	EDUCATION AND ANIMAL SERVICES	1,000
HUMANE SOCIETY OF BROWARD COUNTY 2070 GRIFFIN ROAD FORT LAUDERDALE,FL 33312	NONE	PC	EDUCATION AND ANIMAL SERVICES	25,160
INTERNATIONAL MECHANICAL DIAGNOSIS THERAPY RESEARCH (IMDTRF) PO BOX 98116 RALEIGH,NC 27624	NONE	PC	RESEARCH, EDUCATION, AND PATIENT SERVICES	1,000
JACK & JILL CHILDREN'S CENTER 1315 W BROWARD BLVD FORT LAUDERDALE,FL 33312	NONE	PC	EDUCATION	500
MIAMI COUNTRY DAY 601 NE 107TH STREET MIAMI,FL 33161	NONE	PC	EDUCATION	10,000
MIAMI RESCUE MISSION 2020 NW 1ST STREET MIAMI,FL 33127	NONE	PC	LEADERSHIP & EDUCATION	1,000
Total			3a	2,708,576

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	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
Name and address (home or business)				
a Paid during the year				
MOFFITT CANCER CENTER FOUNDATION 12902 MAGNOLIA DR UTC-FOUND TAMPA,FL 33612	NONE	PC	RESEARCH, EDUCATION, AND PATIENT SERVICES	1,050
MUSEUM OF DISCOVERY & SCIENCE 401 SW SECOND STREET FORT LAUDERDALE,FL 33312	NONE	PC	EDUCATION	2,000
NOVA SOUTHEASTERN UNIVERSITY 3100 SW 9 AVENUE FORT LAUDERDALE,FL 33315	NONE	PC	EDUCATION	250,000
NOVA SOUTHEASTERN UNIVERSITY 3100 SW 9 AVENUE FORT LAUDERDALE,FL 33315	NONE	PC	EDUCATION	200,000
PANTRY OF BROWARD INC (THE) 610 NW 3 AVENUE FORT LAUDERDALE,FL 33311	NONE	PC	FINANCIAL ASSISTANCE	500
PANTRY OF BROWARD INC (THE) 610 NW 3RD AVENUE FORT LAUDERDALE,FL 33311	NONE	PC	FINANCIAL ASSISTANCE	3,500
PANTRY OF BROWARD INC (THE) 610 NW 3RD AVENUE FORT LAUDERDALE,FL 33311	NONE	PC	FINANCIAL ASSISTANCE	3,000
PAWS FOR PURPLE HEARTS 5860 LABATH AVENUE SUITE A ROHNERT PARK,CA 94928	NONE	PC	EDUCATION AND ANIMAL SERVICES	150
ROYAL DAMES OF CANCER RESEARCH INC 6278 N FEDERAL HIGHWAY 378 FORT LAUDERDALE,FL 33308	NONE	PC	RESEARCH, EDUCATION, AND PATIENT SERVICES	5,000
SACRED HEART PARISH SCHOLARSHIP FUND 1739 FERRY AVENUE CAMDEN,NJ 08105	NONE	PC	EDUCATION	5,000
SAINT JOHN'S UMC 4760 PINE TREE DRIVE MIAMI BEACH,FL 33140	NONE	PC	FINANCIAL ASSISTANCE	3,000
SAINT JOHN'S UMC 4760 PINE TREE DRIVE MIAMI BEACH,FL 33140	NONE	PC	FINANCIAL ASSISTANCE	3,000
SAINT JOHN'S UMC 4760 PINE TREE DRIVE MIAMI,FL 33140	NONE	PC	FINANCIAL ASSISTANCE	3,000
SAINT JOHN'S UMC 4760 PINE TREE DRIVE MIAMI BEACH,FL 33140	NONE	PC	FINANCIAL ASSISTANCE	3,000
SAINT JOHN'S UMC 4760 PINE TREE DRIVE MIAMI BEACH,FL 33140	NONE	PC	FINANCIAL ASSISTANCE	3,000
Total			3a	2,708,576

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	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
Name and address (home or business)				
a Paid during the year				
SAINT JOHN'S UMC 4760 PINE TREE DRIVE MIAMI BEACH,FL 33140	NONE	PC	FINANCIAL ASSISTANCE	2,000
SALVATION ARMY (THE) PO BOX 120158 FORT LAUDERDALE,FL 33312	NONE	PC	FINANCIAL ASSISTANCE	499
START OFF SMART 4 SOUTH KROME AVENUE HOMESTEAD,FL 33030	NONE	PC	LEADERSHIP & EDUCATION	800
SW EAGLES BOOSTER CLUB 8855 SW 50TH TERRACE MIAMI,FL 33165	NONE	PC	EDUCATION	500
THE ARTS OF SAINT JOHN'S 4760 PINE TREE DRIVE MIAMI BEACH,FL 33140	NONE	PC	FINANCIAL ASSISTANCE	1,000
THE SMART RIDE (DAVID CAPORINI) 1314 E LAS OLAS BLVD STE 302 FORT LAUDERDALE,FL 33301	NONE	PC	LEADERSHIP & EDUCATION	500
THE SMART RIDE (SPONSOR ED PASCOE) 1314 E LAS OLAS BLVD STE 302 FORT LAUDERDALE,FL 33301	NONE	PC	LEADERSHIP & EDUCATION	500
UNITED SERVICE ORGANIZATION PO BOX 96869 WASHINGTON,DC 20077	NONE	PC	EDUCATION, FINANCIAL ASSISTANCE, AND PATIENT SERVICES	1,000
UNIVERSITY OF MIAMI HEALTH SYSTEM PO BOX 016960 R-100 MIAMI,FL 33136	NONE	PC	RESEARCH, EDUCATION, AND PATIENT SERVICES	500
UNIVERSITY OF MIAMI SYLVESTER COMPREHENSIVE CANCER PO BOX 016960 M-867 MIAMI,FL 33101	NONE	PC	RESEARCH, EDUCATION, AND PATIENT SERVICES	1,000
WOMEN IN DISTRESS OF BROWARD COUNTY INC PO BOX 50187 LIGHTHOUSE POINT,FL 33307	NONE	PC	RESEARCH, EDUCATION, AND PATIENT SERVICES	5,000
WOMEN IN DISTRESS OF BROWARD COUNTY INC PO BOX 50187 LIGHTHOUSE POINT,FL 33074	NONE	PC	RESEARCH, EDUCATION, AND PATIENT SERVICES	5,000
WOUNDED WARRIOR PROJECT PO BOX 758541 TOPEKA,KS 66675	NONE	PC	EDUCATION, FINANCIAL ASSISTANCE, AND PATIENT SERVICES	200
WPBT2 PO BOX 610002 MIAMI,FL 33261	NONE	PC	LEADERSHIP & EDUCATION	1,000
NATIONAL CHRISTIAN FOUNDATION SOUTH FLORIDA 5110 N FEDERAL HWY FORT LAUDERDALE,FL 33308	NONE	PC	EDUCATION	2,000,000
Total				2,708,576

TY 2015 Accounting Fees Schedule

Name: HUIZENGA FAMILY FOUNDATION INC

EIN: 65-0018158

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING & TAX RETURNS	2,996	0	0	2,996

TY 2015 Investments - Other Schedule

Name: HUIZENGA FAMILY FOUNDATION INC

EIN: 65-0018158

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
WELLS FARGO SECURITIES	AT COST	743,874	744,298

TY 2015 Other Expenses Schedule

Name: HUIZENGA FAMILY FOUNDATION INC

EIN: 65-0018158

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
STATE FILING FEE	61	0	0	61
INVESTMENT MANAGEMENT FEES	65	65	0	0

TY 2015 Substantial Contributors
Schedule

Name: HUIZENGA FAMILY FOUNDATION INC

EIN: 65-0018158

Name	Address
H WAYNE HUIZENGA	450 E LAS OLAS BLVD 1500 FORT LAUDERDALE,FL 33301

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	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.	OMB No 1545-0047 2015
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Name of the organization HUIZENGA FAMILY FOUNDATION INC	Employer identification number 65-0018158
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Organization type (check one)

Filers of: Form 990 or 990-EZ Form 990-PF	Section: ☐ 501(c)() (enter number) organization ☐ 4947(a)(1) nonexempt charitable trust not treated as a private foundation ☐ 527 political organization ☒ 501(c)(3) exempt private foundation ☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation ☐ 501(c)(3) taxable private foundation
--	---

Check if your organization is covered by the **General Rule** or a **Special Rule**.
Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions

General Rule

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor Complete Parts I and II See instructions for determining a contributor's total contributions

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II
- ☐ 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
- ☐ 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 ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file 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 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)

Name of organization HUIZENGA FAMILY FOUNDATION INC	Employer identification number 65-0018158
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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	H WAYNE HUIZENGA	\$ 3,650,000	Person ☒
	450 E LAS OLAS BLVD 1500		Payroll ☐
	FORT LAUDERDALE, FL 33301		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)
(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
65-0018158

Part II **Noncash Property**
(see instructions) Use duplicate copies of Part II if additional space is needed

[illegible]

Name of organization HUIZENGA FAMILY FOUNDATION INC	Employer identification number 65-0018158
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Part III	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 <i>exclusively</i> 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.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 ZIP 4	Relationship 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 ZIP 4	Relationship 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 ZIP 4	Relationship 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 ZIP 4	Relationship of transferor to transferee	
-	_____	_____	
	_____	_____	
	---	_____	
	_____	_____	