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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.

OMB No 1545-0052

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

	For	aler	dar year 2015 or tax yea	r beginning		, and e	nding		T Open to Fublic inspection	
	Nar	ne of	foundation					A Employer identificatio	n number	
	G	ΕT	ZEN FAMILY (CHARITIES, I	NC.			' '		
			WILLIAM E.					82-0540623	3	
	Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number									
	_1	42	1 WESTBROOK	DRIVE				941-922-85	81	
	City	or to	own, state or province, co	untry, and ZIP or foreign p	ostal code			C if exemption application is	pending, check here	
	_S	AR.	ASOTA, FL	34231]		
	G C	heck	all that apply:	Initial return	Initial return of a fo	rmer public c	harity	D 1. Foreign organization	s, check here	
				Final return	Amended return					
				Address change	Name change			2 Foreign organizations m check here and attach c	eeting the 85% test omputation	
	H_C	_		X Section 501(c)(3) ex				E If private foundation sta	atus was terminated	
	<u>_</u>		ction 4947(a)(1) nonexen		Other taxable private founda	tion		under section 507(b)(1)(A), check here	
	1 Fa	ır ma	rket value of all assets at		ng method: X Cash	Accr	ual	F If the foundation is in a	60-month termination	
			Part II, col (c), line 16)		her (specify)			under section 507(b)(1)(B), check here	
		\$			mn (d) must be on cash b	oasis)			T	
	Pa	ırt i	Analysis of Revenue ar (The total of amounts in colu	ımns (b), (c), and (d) may not	(a) Revenue and expenses per books	(b) Net in		(c) Adjusted net	(0) Disbursements for charitable purposes	
			necessarily equal the amour				JIIIE	income	(cash basis only)	
		1	Contributions, gifts, gran		135,000.			N/A		
		2	Interest on savings and temp cash investments	on is not required to attach Sch. B				<u> </u>		
		3			31,414.	2	1,414.		CMAMENM 1	
		4 5-2	Dividends and interest fro Gross rents	om securities	31,414.		1,414.		STATEMENT 1	
			Net rental income or (loss)							
			Net gain or (loss) from sale of	assets not on line 10	15,207.					
fe,	, a	Ь	Gross sales price for all assets on line 6a	40,445.						
5	Revenue	7	Capital gain net income (from	·		1	5,207.			
v. ve	Œ	8	Net short-term capital ga	un	-					
2 3 2016		9	Income modifications	1						
SCANNEL MAY		10a	Gross sales less returns and allowances		_					
\geq			Less Cost of goods sold							
بے			Gross profit or (loss)		2 672		0 670		C=1===================================	
Z			Other income	-h 11	2,673. 184,294.		<u>2,673.</u> 9,294.		STATEMENT 2	
Z		13	Total Add lines 1 throug Compensation of officers, dir	-	104,294.	**	9, <u>494</u> 0.	<u> </u>	0.	
Ö			Other employee salaries	·					<u> </u>	
Œ			Pension plans, employee	•						
	ses	16a	Legal fees					=======================================		
	ĕ	Ь	Accounting fees	STMT 3	1,050.		02.	ECENT 102	1,050.	
	Ë	С	Other professional fees				<u> </u>	2016	·\	
	ive		Interest				12/	17 2016 1º	1	
	trai	18	Taxes	STMT 4	2,344.		1,\263.		0.	
	inis	19	Depreciation and depletion	on			1 -	Z=N UL	<u> </u>	
	퉏		Occupancy						<u> </u>	
	٧	21	Travel, conferences, and	-						
	Operating and Administrative Expenses	22	Printing and publications	STMT 5	10,108.	<u>_</u>	0 047			
	ţį	23	Other expenses Total operating and adm		10,100.	<u></u>	0,047.		61.	
	era	24	expenses. Add lines 13		13,502.	1	1,310.		1,111.	
	Ö	25	Contributions, gifts, gran	-	71,650.		<u> </u>		71,650.	
		l	Total expenses and dist		, _ , _ ,	•			71,050.	
	_	L	Add lines 24 and 25		85,152.	1	1,310.		72,761.	
		27	Subtract line 26 from line	e 12:						
		a	Excess of revenue over exper	nses and disbursements	99,142.					
		Ь	Net investment income	(if negative, enter -0-)		3	7,984.			
		C	Adjusted net income of a	negative, enter -0-)	1			N/A	1	

LHA For Paperwork Reduction Act Notice, see instructions.

Forn	n 99	GETZEN FAMILY CHARITIES (10-PF(2015) C/O WILLIAM E. GETZEN		82-	0540623 Page 2
Da		Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of	
	11 L	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	16,716.	16,873.	16,873.
	2	Savings and temporary cash investments	106,266.	47,080.	47,080.
1	3	Accounts receivable ▶			
- 1		Less: allowance for doubtful accounts ▶			
	4	Piedges receivable ►			
		Less; allowance for doubtful accounts ▶			
- 1	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable			
		Less: allowance for doubtful accounts ▶			
2	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
¥	10a	Investments - U.S. and state government obligations STMT 6	952,156.	1,087,110.	1,183,749.
	b	Investments - corporate stock			· · · · · · · · · · · · · · · · · · ·
	C	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment basis			· · · · · · · · · · · · · · · · · · ·
		Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other STMT 7	194,772.	217,989.	175,245.
	14	Land, buildings, and equipment; basis ▶	•		
		Less accumulated depreciation			
	15	Other assets (describe ►			
	16	Total assets (to be completed by all filers - see the			
		instructions Also, see page 1, item I)	1,269,910.	1,369,052.	1,422,947.
П	17	Accounts payable and accrued expenses			
	18	Grants payable			
ဖွ	19	Deferred revenue			
<u> </u>	20	Loans from officers, directors, trustees, and other disqualified persons			
Liabilities	21	Mortgages and other notes payable			
ت	22	Other liabilities (describe >)			
\bot	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			
		and complete lines 24 through 26 and lines 30 and 31			
Ses	24	Unrestricted			
曺	25	Temporarily restricted			
<u>B</u>	26	Permanently restricted			
ב		Foundations that do not follow SFAS 117, check here			
딘		and complete lines 27 through 31.			
S	27	Capital stock, trust principal, or current funds	0.	0.	
Set	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
Net Assets or Fund Balances	29	Retained earnings, accumulated income, endowment, or other funds	1,269,910.	1,369,052.	
₽ E	30	Total net assets or fund balances	1,269,910.	1,369,052.	
	31	Total liabilities and net assets/fund balances	1,269,910.	1,369,052.	
Pa	art	III Analysis of Changes in Net Assets or Fund Ba	alances		
		I net assets or fund balances at beginning of year - Part II, column (a), line 3	30		
		st agree with end-of-year figure reported on prior year's return)		1	1,269,910.
		r amount from Part I, line 27a		2	99,142.
		r increases not included in line 2 (itemize)		3	0.
4 /	\dd	lines 1, 2, and 3		4	1,369,052.

523511 11-24-15

1,369,052. Form **990-PF** (2015)

0.

5 Decreases not included in line 2 (itemize) ▶

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

Part IV Capital Gains a	ind Losses for Tax on In	vestment	Income						
(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.) (b) How acquired P - Purchase D - Donation					(c) Date : (mo., d		(d) Date sold (mo., day, yr.)		
1a SEE ATTACHED					F)	VARI	ous	12/31/15
b SEE ATTACHED		<u> </u>			E	>	VARI	ous	12/31/15
c CAPITAL GAINS I	DIVIDENDS			ļ					
<u>d</u>				ļ					<u> </u>
e				Ь,				-	<u> </u>
(or allowable) plus expense of sale (e)						ain or (loss s (f) minus	(g)		
a 22,836.			21,35					••.	1,477.
b 3,751.		_	3,87	9.					-128.
c 13,858.								-	13,858.
d									
Complete only for accets showing	g gain in column (h) and owned by	the foundation	on 19/21/60				0 (0		
Complete only for assets showing				\dashv				ol. (h) gaın ıot less tha	
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (ı) col. (ı), ıf any	İ		00%	Losses	(from col. ((h))
			(),,				-	.	1,477.
a b									-128.
C	·							_	13,858.
d						· · · · -·			15,050.
e									
	∫ If gain, also enter	ın Dart I. lina	7	7					
2 Capital gain net income or (net cap				<u> </u>	2				15,207.
3 Net short-term capital gain or (loss	•			1					
If gain, also enter in Part I, line 8, o		iu (0).		٦					
If (loss), enter -0- in Part I, line 8					3			N/A	L
Part V Qualification Ur	nder Section 4940(e) for	Reduced	Tax on Net	Inv	estm	ent Inc	ome		
(For optional use by domestic private	foundations subject to the section 4	4940(a) tax on	net investment in	ncome	e.)				
If section 4940(d)(2) applies, leave the	s nart hlank								
in section 4040(a)(2) applies, leave the	s part blank.								
Was the foundation liable for the secti			•	rıod?					Yes X No
If "Yes," the foundation does not qualit									
1 Enter the appropriate amount in ea	ach column for each year; see the ir	istructions bei	ore making any e						(d)
Base periód years	(b) Adjusted qualifying dis	tributions	Net value of no	(C) ncha		ea accate		Distril	bùtión ratio
Calendar year (or tax year beginnin 2014	9 111/		- Not value of the	1				(cor (b) an	vided by col. (c))
2013		6,501. 0,518.		<u>_</u>		9,7 <u>15</u> 1,535			.040951
2012		$\frac{0,518.}{3,657.}$				0.016		-	.042291
2011		5,855.				5,998			.047915
2010		3,039.				3,449			.040867
2010		3,033.			000	, <u> </u>	•		.040007
2 Total of line 1, column (d)							2		.214824
3 Average distribution ratio for the 5	-vear base period - divide the total of	on line 2 hv 5	or hy the number	of ve	ars		-		. 214024
the foundation has been in existen		o.,o E b , o,	or by the hamber	01 90	,u10		3		.042965
							-		.042505
4 Enter the net value of noncharitable	e-use assets for 2015 from Part X.	line 5					4		1,404,126.
	,								<u> </u>
5 Multiply line 4 by line 3							5		60,328.
6 Enter 1% of net investment incom-	e (1% of Part I, line 27b)						6		380.
7 Add lines 5 and 6							7		60,708.
8 Enter qualifying distributions from							8		72,761.
If line 8 is equal to or greater than See the Part VI instructions.	line 7, check the box in Part VI, line	1b, and comp	lete that part usin	ng a 1'	% tax ra	ite.			

GETZEN FAMILY CHARITIES, INC.

GETZEN FAMILI CHARITIES, INC	• •		00 0544	2622		
Form 990-PF (2015) C/O WILLIAM E. GETZEN Part VI Excise Tax Based on Investment Income (Section 4	1040(a) 4040(b)	1940(a) or 4	82-0540	<u> 1623</u>	otion	Page 4
		+940(e), 01 4	740 - 566	u	Clioi	13/
1a Exempt operating foundations described in section 4940(d)(2), check here		. ,]				
Date of ruling or determination letter: (attach copy of letter it					2	0 0
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here	and enter is	/o P	1		<u> </u>	80.
of Part I, line 27b	40/ 5 Dawl I line 40 -	-1 (6)				
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter		OI. (D). J				0.
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)						
3 Add lines 1 and 2	oly Others anter O \		3 4		٠,	80.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations on	ny. Others enter -0-)		5		3	80.
5 Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-			3			00.
6 Credits/Payments:	ا مو ا	640.				
a 2015 estimated tax payments and 2014 overpayment credited to 2015	6a	040.				
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		_		~	4.0
7 Total credits and payments. Add lines 6a through 6d	441		7		0	<u>40.</u>
8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is	з аттаспео		8			
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	.a		9		2	60.
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpa		. Refunded	10			0.
11 Enter the amount of line 10 to be: Credited to 2016 estimated tax ▶ Part VII-A Statements Regarding Activities	400	• Rejunded		· · · · · · · · ·		<u> </u>
1a During the tax year, did the foundation attempt to influence any national, state, or local	legislation or did it party	unate or intervene	ın	T	Yes	No
any political campaign?	registation of the n partit	ipate of intervene	111	1a	. 00	X
b Did it spend more than \$100 during the year (either directly or indirectly) for political pi	urnoege /egg instruction	s for the definition	2	1b		X
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activitie				'		
distributed by the foundation in connection with the activities	s and copies of any fr	iateriais publisire	u oi			
c Did the foundation file Form 1120-POL for this year?				10		х
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed durin	a the year:			1c		
(1) On the foundation. \blacktriangleright \$ (2) On foundation mana		0.				
e Enter the reimbursement (if any) paid by the foundation during the year for political exp						
managers. \blacktriangleright \$0 .	Jenulure lax imposed of	i iodiidation				
2 Has the foundation engaged in any activities that have not previously been reported to	the IRS2			2		х
If "Yes," attach a detailed description of the activities						
3 Has the foundation made any changes, not previously reported to the IRS, in its govern	ning instrument, articles	of incorporation of	r			
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the ch		or moorporation, a	•	3		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the				4a		X
b If "Yes," has it filed a tax return on Form 990-T for this year?	- 3		N/A	4b		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the	vear?		•	5		X
If "Yes," attach the statement required by General Instruction T	,					
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfi	ied either:					
By language in the governing instrument, or						
By state legislation that effectively amends the governing instrument so that no mani-	datory directions that co	nflict with the state	law			
remain in the governing instrument?	•			6	X	
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	X	
	•					
8a Enter the states to which the foundation reports or with which it is registered (see instr	uctions)					
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 G2 If "No," attach explanation		- •		8b	Х	
9 Is the foundation claiming status as a private operating foundation within the meaning	of section 4942(j)(3) or	4942(j)(5) for cale	ndar			
year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Ye		*** *		9		<u>X</u>
10 Did any persons become substantial contributors during the tax year? If "yes" attach a schedule listing their names and addresses						x

Form **990-PF** (2015)

Pa	t VII-A Statements Regarding Activities (continued)							
			Yes	No				
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of							
	section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		_X_				
12	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)							
13	3 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?							
	Website address ► N/A							
14	The books are in care of ► WILLIAM E. GETZEN Telephone no ►941-							
		<u>34231</u>						
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	<u>r</u>	I/A	NI.				
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No				
	securities, or other financial account in a foreign country?	16		<u>X</u>				
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the							
Pa	foreign country ► 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				
12	During the year did the foundation (either directly or indirectly):		163	140				
14	(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)	'	3					
	a disqualified person?	,						
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?							
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?							
	(5) Transfer any income or assets to a disqualified person (or make any of either available							
	for the benefit or use of a disqualified person)?	ا ه						
	(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.)	o						
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)? N/A	. 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?	1c		<u> </u>				
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?	ا د						
	If "Yes," list the years 🛌 , , , , ,							
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.) N/A	. <u>2</u> b	ļ .					
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.							
_	<u> </u>							
3 a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time							
	during the year?	י						
D	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,							
An	Form 4720, to determine if the foundation had excess business holdings in 2015) N/A Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?			<u>v</u>				
	Did the foundation invest during the year any amount in a mainer that would jeopardize its charitable purpose that Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	_ 4a		<u>X</u>				
J	had not been removed from jeopardy before the first day of the tax year beginning in 2015?	4b		х				
-	property and the most any or more designating in 2010.	Form 99	0-PF					
				(2010)				

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

3 Five highest-paid independent contractors for professional services. If none, enter "NONE		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE	<u> </u>	
	==	
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 number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	nation such as the	Expenses
NI/A	,	
1 <u>N/A</u>		
2		
3		
4		
Part IX-B Summary of Program-Related Investments		*
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and	d 2.	Amount
1 N/A		
2		
All other program-related investments. See instructions.		
3		
		0.

rm 990-PF (2015) C/O WILLIAM E. GETZEN	82	-0540623	Page 8
Part X Minimum Investment Return (All domestic foundations must complete this part. F	Foreign foundations	s, see instructions.)	-
Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:			
Average monthly fair market value of securities	1a	1,274	,682.
Average of monthly cash balances	1b		,907.
Fair market value of all other assets	1c		,920.
Total (add lines 1a, b, and c)	1d	1,425	
Reduction claimed for blockage or other factors reported on lines 1a and			
1c (attach detailed explanation)	0.		
Acquisition indebtedness applicable to line 1 assets	2		0.
Subtract line 2 from line 1d	3	1,425	,509.
Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	21	,383.
Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,404	
Minimum investment return Enter 5% of line 5	6		,206.
Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating for foreign organizations check here and do not complete this part.)	oundations and certain	1	
Minimum investment return from Part X, line 6	1	70	,206.
Tax on investment income for 2015 from Part VI, line 5	380.		
Income tax for 2015. (This does not include the tax from Part VI.)			
Add lines 2a and 2b	2c		380.
Distributable amount before adjustments. Subtract line 2c from line 1	3	69	,826.
Recoveries of amounts treated as qualifying distributions	4		0.
Add lines 3 and 4	5	69	,826.
			
Deduction from distributable amount (see instructions)	6		U.

Qualifying Distributions (see instructions)

4940(e) reduction of tax in those years.

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
8	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	72,761.
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:		
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	72,761.
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	5	380.
6	Adjusted qualifying distributions Subtract line 5 from line 4	6	72,381.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the four	idation qualifies for the	section

Form **990-PF** (2015)

Part XIII Undistributed Income (see instructions)

1. Distributable amount for 2015 from Part XI, Inter 2 2. Undeshoulded rocken, if any, as after end of 2015 a Einer amount for 2014 only 5. Total for prior years 3. Excess distributions carryover, if any, to 2015: a From 2010 6. From 2010 6. From 2011 6. From 2013 6. From 2014 6. From 2013 6. From 2014 6. From 2015 6. From 2014		(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
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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) 8 Excess distributions carryover from 2010 not applied on line 5 or line 7 9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a 10 Analysis of line 9: a Excess from 2011 b Excess from 2012 c Excess from 2013 d Excess from 2014					65 423
corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) 8 Excess distributions carryover from 2010 not applied on line 5 or line 7 9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a 10 Analysis of line 9: a Excess from 2011 b Excess from 2012 c Excess from 2013 d Excess from 2014					03,423.
section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) 8 Excess distributions carryover from 2010 not applied on line 5 or line 7 9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a 10 Analysis of line 9: a Excess from 2011 b Excess from 2012 c Excess from 2013 d Excess from 2014					
may be required - see instructions) 8 Excess distributions carryover from 2010 not applied on line 5 or line 7 9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a 10 Analysis of line 9: a Excess from 2011 b Excess from 2012 c Excess from 2013 d Excess from 2014					
8 Excess distributions carryover from 2010 not applied on line 5 or line 7 9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a 10 Analysis of line 9: a Excess from 2011 b Excess from 2012 c Excess from 2013 d Excess from 2014		n			
not applied on line 5 or line 7 9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a 10 Analysis of line 9: a Excess from 2011 b Excess from 2012 c Excess from 2013 d Excess from 2014	· · · · · · · · · · · · · · · · · · ·				· · · · · · · · · · · · · · · · · · ·
9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a 10 Analysis of line 9: a Excess from 2011 b Excess from 2012 c Excess from 2013 d Excess from 2014	· •	n			
Subtract lines 7 and 8 from line 6a 10 Analysis of line 9: a Excess from 2011 b Excess from 2012 c Excess from 2013 d Excess from 2014	· · · · · · · · · · · · · · · · · · ·				
10 Analysis of line 9: a Excess from 2011 b Excess from 2012 c Excess from 2013 d Excess from 2014	- 1	n			
a Excess from 2011 b Excess from 2012 c Excess from 2013 d Excess from 2014					
b Excess from 2012 c Excess from 2013 d Excess from 2014	ı				
c Excess from 2013 d Excess from 2014	·		,		
d Excess from 2014	- · · · · · · · · · · · · · · · · · · ·				
e Excess from 2015	e Excess from 2015				

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

c Any submission deadlines:

C/O WILLIAM E. GETZEN

82-0540623 Page 11

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Purpose of grant or show any relationship to Amount status of contribution any foundation manager Name and address (home or business) recipient or substantial contributor a Paid during the year ALL FAITHS FOOD BANK NONE ÞС GENERAL FOOD 8171 BLAIKIE CT SARASOTA, FL 34240 2,000. GENERAL FUND AMERICAN CANCER SOCIETY NONE PC 2970 UNIVERSITY PKY #104 SARASOTA, FL 34243 1,000. AMERICAN RED CROSS NONE ₽C GENERAL FUND 2001 CANTU COURT SARASOTA, FL 34232 2,000, BLUE RIDGE FREE DENTAL CLINIC NONE PC GENERAL FUND 130 US HIGHWAY 64E, #12 1,000. CASHIERS, NC 28717 BOY SCOUTS SW FLORIDA COUNCIL NONE PC GENERAL FUND 1801 BOY SCOUT DR FORT MYERS, FL 33907 3.050. SEE CONTINUATION SHEET(S) **▶** 3a Total 71 650. b Approved for future payment NONE Total **▶** 3b

C/O WILLIAM E. GETZEN

	Unrelated b	usiness income		section 512, 513, or 514	(e)
ter gross amounts unless otherwise indicated.	(a) Business	(b)	(C) Exclu- sion	(d)	Related or exempt
Program service revenue:	code	Amount	code	Amount	function income
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
Membership dues and assessments					
Interest on savings and temporary cash					
investments					
Dividends and interest from securities			14	31,414.	
Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
Net rental income or (loss) from personal				ļ	
property					
Other investment income			14	2,673.	
Gain or (loss) from sales of assets other				1	
than inventory			18	15,207.	
Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory					
Other revenue:					
a					
b					· · · · · · · · · · · · · · · · · · ·
C					
d	_			-	
e				40.004	
Subtotal. Add columns (b), (d), and (e)	<u> </u>).	49,294.	49,29
				13	49,43
Total. Add line 12, columns (b), (d), and (e)	- 1				
Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations		<u> </u>			
Total. Add line 12, columns (b), (d), and (e) se worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie		plishment of	Exempt Pu	ırposes	
Total. Add line 12, columns (b), (d), and (e) le worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activitie	es to the Accon				elishment of
Total. Add line 12, columns (b), (d), and (e) le worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activitie	es to the Accom	olumn (e) of Part XV	I-A contributed		lishment of
Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activitie ne No. Explain below how each activity for which	es to the Accom	olumn (e) of Part XV	I-A contributed		olishment of
Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activitie ne No. Explain below how each activity for which	es to the Accom	olumn (e) of Part XV	I-A contributed		olishment of
Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activitie ne No. Explain below how each activity for which	es to the Accom	olumn (e) of Part XV	I-A contributed		elishment of
Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activitie ne No. Explain below how each activity for which	es to the Accom	olumn (e) of Part XV	I-A contributed		olishment of
Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activitie ne No. Explain below how each activity for which	es to the Accom	olumn (e) of Part XV	I-A contributed		elishment of
Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activitie ne No. Explain below how each activity for which	es to the Accom	olumn (e) of Part XV	I-A contributed		olishment of
Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activitie ne No. Explain below how each activity for which	es to the Accom	olumn (e) of Part XV	I-A contributed		elishment of
Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activitie ne No. Explain below how each activity for which	es to the Accom	olumn (e) of Part XV	I-A contributed		olishment of
Total. Add line 12, columns (b), (d), and (e) se worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activities ne No. Explain below how each activity for which	es to the Accom	olumn (e) of Part XV	I-A contributed		elishment of
Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activitie ne No. Explain below how each activity for which	es to the Accom	olumn (e) of Part XV	I-A contributed		elishment of
Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activitie ne No. Explain below how each activity for which	es to the Accom	olumn (e) of Part XV	I-A contributed		elishment of
Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activitie ne No. Explain below how each activity for which	es to the Accom	olumn (e) of Part XV	I-A contributed		plishment of
Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activitie ne No. Explain below how each activity for which	es to the Accom	olumn (e) of Part XV	I-A contributed		plishment of

	 ` 	ILLIAM E				<u>82-05</u>		Page 13
Part	XVII Information Re Exempt Organ		insfers To a	and Transactions	and Relations	hips With Nonch	naritable	
1 Di	the organization directly or indi	rectly engage in ar	ny of the followin	g with any other organizat	ion described in secti	on 501(c) of	Y	es No
	Code (other than section 501(c		·=	· · · · · ·				
a Tra	insfers from the reporting found	ation to a nonchar	itable exempt or	ganization of:				Ì
(1)	Cash						1a(1)	X
(2)	Other assets						1a(2)	X
b Ot	ner transactions:							
(1)	Sales of assets to a noncharita	ble exempt organi	zation				1b(1)	X
(2) Purchases of assets from a noncharitable exempt organization (3) Rental of facilities, equipment, or other assets								X
(3) Rental of facilities, equipment, or other assets								X
(4) Reimbursement arrangements								X
(5)	Loans or loan guarantees						1b(5)	X
(6)	Performance of services or me	embership or fundi	raising solicitatio	ins			1b(6)	X
	aring of facilities, equipment, ma						1c	X
	he answer to any of the above is		_	• •		_		5,
	services given by the reporting f			ed less than fair market val	lue in any transaction	or sharing arrangemen	t, show in	
	umn (d) the value of the goods,							
(a) Line i	(b) Amount involved	(c) Name		e exempt organization	(d) Description	of transfers, transactions, a	nd sharing arran	gements
		ļ	N/A					
			· - - · · ·	· · · · · · · · · · · · · · · · · · ·				
				 				
	 	 						
	 							
								
						<u> </u>		
						· · · · · · · · · · · · · · · · · · ·		
		-				· · · · · · · · · · · · · · · · · · ·		
				· · · · · · · · · · · · · · · · · · ·				
	_	-		· · · · · · · · · · · · · · · · · · ·	 			
								
	the foundation directly or indirectly or some section 501(c) of the Code (othe	•	•	•	nizations described		Yes	X No
	Yes,* complete the following sch							
	(a) Name of org	ganization		(b) Type of organization		(c) Description of relation	inship	
	N/A					·		
								<u> </u>
			·					
	T.,				1	 		
0:	Under penalties of perjury, I declare and belief/it is true, correct, and cor						May the IRS disc return with the p	cuss this
Sign Here	Mari 5	h. In		1 5/11			shown below (se	e instr)?
11010		As De		9/10/16	DIRECT	OR	X Yes	L No
	Signature of officer or trustee		Dearbrasia a	Date	Title	Check If PTI	AI	
	Print/Type preparer's na	ame	Preparer's s	igilature	Date	Check if PTI self- employed	IV	
Paid	TITE T	VXTTP	1	LAM. CD	5/9/24	· · ·	001000	Λ 4
Prep	arer JULIE L. E		BARBERI	0/& 00.	1-1-00	Firm's EIN ► 59 -	<u>001067</u>	
Use	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	KEKING,	SAL DEKT	0 (& go.		FIGHT SEIN P 39-	T/3333	1
-	Firm's address ▶ P .	O. BOX 4	19348					
	SARASOTA, FL 34230-6348 Phone no. 941-365-4617							

523622 11-24-15

13

08440503 759428 14674

Form **990-PF** (2015)

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

Department of the Treasury 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.lrs.gov/form990.

OMB No 1545-0047

Name of the organization

GETZEN FAMILY CHARITIES, INC.

Employer identification number

C/O WILLIAM E. GETZEN 82-0540623

Organization type (check one)							
Filers of	:	Section:					
Form 990	O or 990-EZ	501(c)() (enter number) organization					
		4947(a)(1) nonexempt charitable trust not treated as a private foundation					
		527 political organization					
Form 990).PF	X 501(c)(3) exempt private foundation					
		4947(a)(1) nonexempt charitable trust treated as a private foundation					
		501(c)(3) taxable private foundation					
	nly a section 501(c)(covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions.					
		filing Form 990, 990·EZ, or 990·PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special	Rules						
	sections 509(a)(1) a any one contributor	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 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 r, 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, line 1. Complete Parts I and II					
	year, total contribut	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the tions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for ruelty to children or animals. Complete Parts I, II, and III					
	year, contributions is checked, enter h purpose Do not co	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., emplete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year.					
but it mi	ıst answer "No" on	nat is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990 EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)					

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

Name of organization

GETZEN FAMILY CHARITIES, INC.

Employer identification number

C/O W	ILLIAM E. GETZEN	82	<u>2-0540623</u>
Part I	Contributors (see instructions) Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	WILLIAM E. AND RUTH E. GETZEN 1421 WESTBROOK DRIVE SARASOTA, FL 34231	\$ <u>135,000</u> .	Person X Payroll
(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.)

(b)

Name, address, and ZIP + 4

			Person Payroll Noncash (Complete Part II for noncash contributions)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Occash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person

523452 10-26-15

(a)

No.

Payroll
Noncash
(Complete Part II for noncash contributions)

(d)

Type of contribution

(c)

Total contributions

Name of organization

GETZEN FAMILY CHARITIES, INC.

C/O WILLIAM E. GETZEN

Employer identification number

82-0540623

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		. - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		- - - \$	

	FAMILY CHARITIES, INC.			Employer identification number
/O WIL Part III	Exclusively religious, charitable, etc., contri the year from any one contributor. Complete of completing Part III, enter the total of exclusively religious.	olumns (a) through (e) and the follow charitable, etc., contributions of \$1,000 or	ving line entry. For or	ganizations
a) No.	Use duplicate copies of Part III if additiona	I space is needed	····	
a) No. from Part I	(b) Purpose of gift	(c) Use of gift		d) Description of how gift is held
	Transferee's name, address, an	(e) Transfer of gif		o of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift		d) Description of how gıft is held
_	Transferee's name, address, an	(e) Transfer of gif		o of transferor to transferee
-				
Part I	(b) Purpose of gift	(c) Use of gift		d) Description of how gift is held
_				
		(e) Transfer of gif	<u> </u>	
-	Transferee's name, address, an	d ZIP + 4	Relationship	o of transferor to transferee
n) No. From Part I	(b) Purpose of gift	(c) Use of gift	(0	d) Description of how gift is held
_				
	Transferee's name, address, an	(e) Transfer of gif d ZIP + 4		o of transferor to transferee
-				
-			· · · · -	

C/O WILLIAM E. GETZEN

Part XV Supplementary Information	1			
3 Grants and Contributions Paid During the Y	ear (Continuation)			
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	Contribution	
CASHIERS-HIGHLANDS HUMANE SOCIETY	NONE	PC	GENERAL FUND	
P.O. BOX 638	NONE		SENERAL FOND	
CASHIERS, NC 28717		<u>.</u>		500.
CHURCH OF THE PALMS	NONE	PC	CAPITAL CAMPAIGN, FOOD	
3224 BEE RIDGE RD			PANTRY	
SARASOTA, FL 34239				11,000.
COMMUNITY FOUNDATION OF SARASOTA	NONE	PC PC	SEASON SHARING	
COUNTY				
2635 FRUITVILLE RD				
SARASOTA, FL 34237				5,000,
FORTY CARROTS FAMILY CENTER	NONE	PC	GENERAL FUND	
1500 SOUTH TUTTLE AVE SARASOTA, FL 34239				3,400.
ommoota, 11 Jazza				
GIRL SCOUT OF GULFCOAST FLORIDA, INC. 4780 CATTLEMEN RD	NONE	PC	GENERAL FUND	
SARASOTA, FL 34233				4,000.
HIGHLANDS BOLIVIAN MISSION	NONE	PC	GENERAL FUND	
171 HOSPITAL DRIVE, SUITE 700	NONE		GENERAL FUND	
HIGHLANDS, NC 28741				250,
HIGHLANDS CASHIERS LAND TRUST	NONE	PC	GENERAL FUND	
348 S 5TH ST, #211				
HIGHLANDS, NC 28741		<u></u>		1,000,
HIGHLANDS UNITED METHODIST CHURCH	NONE	PC	CAPITAL FUND, FOOD	
P.O. BOX 1959			PANTRY	
HIGHLANDS NC 28741			-	6,000.
HIGHLANDS-CASHIERS HOSPITAL	NONE	so I	GENERAL FUND	
FOUNDATION				
PO BOX 190 HIGHLANDS NC 28741				E 200
HIGHDANDS, NC 20/41				5,200,
HUMANE SOCIETY OF SARASOTA COUNTY	NONE	PC	GENERAL FUND	
2331 15TH ST E SARASOTA, FL 34237				500.
Total from continuation sheets				62,600.

C/O WILLIAM E. GETZEN

Part XV Supplementary Information				
3 Grants and Contributions Paid During the				
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (nome of dusiness)	or substantial contributor	recipient		
JACK AND JILL FOUNDATION 1930 17TH STREET NW	NONE	₽C	GENERAL FUND	
WASHINGTON, DC 20009			CENTRE AL BINID	4 000
			GENERAL FUND	4,000,
LABRADOR RETRIEVER RESCUE OF FLORIDA	NONE	PC	GENERAL FUND	
481 E HILLSBORO BLVD				
DEERFIELD BCH, FL 33441				500,
LIBRARY FOUNDATION FOR SARASOTA	NONE	PC	GENERAL FUND	
COUNTY, INC.				
13801 TAMIAMI TR, S-D				
NORTH PORT, FL 34287				2,500,
PINES OF SARASOTA FOUNDATION	NONE	PC	GENERAL FUND	
1501 N ORANGE AVE				1 000
SARASOTA, FL 34236				1,000,
RESURRECTION HOUSE 507 KUMQUAT COURT	NONE	PC	GENERAL FUND	
SARASOTA, FL 34236				2,000,
				,
SALVATION ARMY	NONE	PC	GENERAL FUND	
P.O. BOX 2792				
SARASOTA, FL 34230				2,000,
SAMARITAN COUNSELING CENTER	NONE	PC	GENERAL FUND	
3224 BEE RIDGE RD		;		
SARASOTA, FL 34239		-		1,000,
SARASOTA MEMORIAL HEALTHCARE	NONE	PC	GENERAL FUND	
FOUNDATION				
1700 S TAMIAMI TRAIL SARASOTA, FL 34239				3,000
SALASOTA, FE 34237				3,000,
CADACOMA MIDDIE COMODI	MONE	P.C.	CENEDAL DINO	
SARASOTA MIDDLE SCHOOL 4826 ASHTON RD	NONE	PC	GENERAL FUND	
SARASOTA, FL 34233				200,
SARASOTA POLYTECHNICAL HIGH	NONE	PC	GENERAL FUND	
4650 S BENEVA RD				
SARASOTA, FL 34231				2,800,
Total from continuation sheets				L,

C/O WILLIAM E. GETZEN

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient show any relationship to Foundation Purpose of grant or Amount any foundation manager status of contribution Name and address (home or business) or substantial contributor recipient NONE MOFFITT CANCER CENTER РC GENERAL FUND 12902 USF MAGNOLIA DRIVE TAMPA FL 33612 1,000. UNIVERSITY OF IL LAW SCHOOL FUND NONE PC GENERAL FUND 504 E PENNSYLVANIA AVE CHAMPAIGN, IL 61801 1,000. WOUNDED WARRIORS PROJECT NONE PC GENERAL FUND P.O. BOX 758517 1,000. TOPEKA KS 66675 GENERAL FUND NATE'S HONOR ANIMAL RESCUE NONE PC GENERAL FUND 8437 COOPER CREEK BLVD BRADENTON, FL 34201 3,000. ARGUS FOUNDATION NONE PC GENERAL FUND 2033 MAIN STREET #405 SARASOTA, FL 34237 500, NONE US CROQUET ASSOCIATION PC GENERAL FUND 700 FLORIDA MANGO RD WEST PALM BEACH, FL 33406 250, Total from continuation sheets

FORM 990-PF D	IVIDENDS	AND INTE	REST	FROM SECT	JRITIES S	STATEMENT 1
	GROSS AMOUNT	CAPITA GAINS DIVIDEN		(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	
NORTHERN TRUST	45,272.	13,8	58.	31,414	4. 31,414.	
TO PART I, LINE 4	45,272.	13,8	58.	31,41	31,414	
FORM 990-PF		OTHER	INCO	ME	S	STATEMENT 2
DESCRIPTION			RE	(A) VENUE BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
INCREASE IN CSV OF LIF	'E INSURA	NCE		2,673.	2,673.	***
TOTAL TO FORM 990-PF,	PART I,	LINE 11 =		2,673.	2,673.	
FORM 990-PF		ACCOUNT	ING	FEES	S	STATEMENT
DESCRIPTION		(A) EXPENSES PER BOOKS		(B) T INVEST- NT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLI PURPOSES
ACCOUNTANT FEES	 -	1,050		0 .	•	1,050
TO FORM 990-PF, PG 1,	LN 16B	1,050	•	0	•	1,050
FORM 990-PF		ТА	XES		5	STATEMENT 4
DESCRIPTION		(A) EXPENSES PER BOOKS		(B) T INVEST- NT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLI PURPOSES
FOREIGN TAX EXCISE		1,263 1,081		1,263		. 0
TO FORM 990-PF, PG 1,	LN 18	2,344		1,263	•	0 .

FORM 990-PF	OTHER EXPENSES				STATEMENT		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(C) ADJUSTED NET INCOM			
CORPORATE ORGANIZATION FEE INVESTMENT FEES PREMIUM ON LIFE INSURANCE	61. 7,047.	·	0. 047.			1.	
HELD BY CHARITY	3,000.		000.			0.	
TO FORM 990-PF, PG 1, LN 23	10,108.	10,	047.		6	1.	
FORM 990-PF U.S. AND	STATE/CITY G	OVERNMENT	OBL	IGATIONS	STATEMENT	6	
DESCRIPTION	U.S GOV'		вос	OK VALUE	FAIR MARKET VALUE		
MFB NORTHERN FDS LARGE CAP VI NORTHERN MID CAP NORTHERN SMALL CAP NORTHERN INTL DEVELOPED NORTHERN INTL EMERGING	ALUE FD X X X X X X			408,197. 66,491. 42,201. 436,481. 133,740.	535,92 76,22 52,91 405,42 113,25	8. 7. 2.	
TOTAL U.S. GOVERNMENT OBLIGA	TIONS		:	1,087,110.	1,183,74	9.	
TOTAL STATE AND MUNICIPAL GO	VERNMENT OBL	IGATIONS					
TOTAL TO FORM 990-PF, PART I	I, LINE 10A			1,087,110.	1,183,74	9.	
FORM 990-PF	OTHER INV	ESTMENTS			STATEMENT	7	
DESCRIPTION		LUATION ETHOD	вос	OK VALUE	FAIR MARKET VALUE		
MFO CREDIT SUISSE COMMODITY LIFE INSURANCE POLICIES (CSV		COST		125,069. 92,920.	82,32 92,92		
TOTAL TO FORM 990-PF, PART I	I, LINE 13			217,989.	175,24	5.	

	- LIST OF OFFICERS, DES AND FOUNDATION MANA		STATI	EMENT 8
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	
WILLIAM E. GETZEN 1421 WESTBROOK DRIVE SARASOTA, FL 34231	DIRECTOR 2.00	0.	0.	0.
RUTH E. GETZEN 1421 WESTBROOK DRIVE SARASOTA, FL 34231	DIRECTOR 1.00	0.	0.	0.
LINDA R. GETZEN 1421 WESTBROOK DRIVE SARASOTA, FL 34231	DIRECTOR 1.00	0.	0.	0.
SANDRA L. ALGER 1421 WESTBROOK DRIVE SARASOTA, FL 34231	DIRECTOR 1.00	0.	0.	0.
JAMES W. GETZEN 1421 WESTBROOK DRIVE SARASOTA, FL 34231	DIRECTOR 1.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, E	PAGE 6, PART VIII	0.	0.	0.

GETZEN FAMILY CHARITIES, INC 82-0540623



Account Statement

December 1, 2015 - December 31, 2015

Account Number 23-77952
GETZEN FAMILY CHARITIES INC

Portfolio Summary

	Market Value	Change from Prior Period	Cost	Unrealized Gain/Loss	Estimated Annual Income	Yield	% of Assets
Equity Securities							
Large Cap	\$ 535 923 40	\$ 28 531 75	\$ 408 197 23	\$ 127 726 17	\$ 10 545 55	2 0%	40 8%
Mid Cap	76 22B 27	(\$ 4 433 20)	66 490 92	9 737.35	1 095.87	1 4%	5 8%
Small Cap	52 916 92	(\$ 3 234 50)	42,201 27	10 715 65	612.02	1 2%	4 0%
International Developed	405 422 26	(5 2 248 49)	436 481 00	(31 058 74)	12 323 17	30%	30 9%
International Emerging	113 258 69	(\$ 4 914 49)	133 740 31	{ 20 481 62}	2 730 27	2 4%	8 6%
Total Equity Securities	\$ 1 183,749 54	5 13,701 07	\$ 1,087 110 73	\$ 96 638.81	\$ 27 306 88	2.3%	90 1%
Commodifies							
Commodities	B2 325 00	(\$ 8 732 00)	125 068 65	(42 743 65)	3 703 70	4 5%	6 3%
Total Commodities	\$ 82,325 00	(\$ 8 732 00)	\$ 125 068 65	(\$ 42,743 65)	\$ 3 703 70	4 5%	6 3%
Cash and Short Term Investments			<u> </u>				
Cash	47 079 69	27 661 00	47 078 77	0.00	7 26	0.0%	3 6%
Total Cash and Short Term Investments	\$ 47 079 69	\$ 27,661 00	\$ 47 078 77	\$000	5 7 26	0 0%	3 6%
Total Portfolio	\$ 1 313 154.23	\$ 32 630 07	\$ 1 259,258 15	\$ 53 895 16	\$ 31 017 84	2.4%	100 0%

