

## Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

2016

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

<b>A</b> For the 2016 calendar year, or tax year beginning <u>Oct 1</u> , 2016, and ending <u>Sep 30</u> , 2017			
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <u>THE RHYTHM FOUNDATION, INC.</u>		<b>D</b> Employer identification number <u>65-0102768</u>
	Doing business as		<b>E</b> Telephone number <u>(305) 672-5202</u>
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <u>407 LINCOLN ROAD #6E</u>		
	City or town, state or province, country, and ZIP or foreign postal code <u>MIAMI BEACH FL 33139</u>		<b>G</b> Gross receipts \$ <u>1,029,316.</u>
<b>F</b> Name and address of principal officer: <u>Bianca Moura 407 Lincoln Road #6E Miami Beach FL 33139</u>			
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>J</b> Website: <u>http://www.rhythmfoundation.com/</u>		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No,' attach a list. (see instructions)	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <u>1988</u> <b>M</b> State of legal domicile: <u>FL</u>	
<b>H(c)</b> Group exemption number ▶			

Part I Summary			
<b>Activities &amp; Governance</b>	1	Briefly describe the organization's mission or most significant activities: <u>Cultural Music Presentation</u>	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3	Number of voting members of the governing body (Part VI, line 1a) _____	3 15
	4	Number of independent voting members of the governing body (Part VI, line 1b) _____	4 17
	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a) _____	5 4
	6	Total number of volunteers (estimate if necessary) _____	6 11
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 _____	7a 0.
	b Net unrelated business taxable income from Form 990-T, line 34 _____	7b 0.	
<b>Revenue</b>	8	Contributions and grants (Part VIII, line 1h) _____	Prior Year
	9	Program service revenue (Part VIII, line 2g) _____	Current Year
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) _____	1,170,628.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) _____	1,027,756.
	12	Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12) _____	-
	12		0.
<b>Expenses</b>	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3) _____	1,170,628.
	14	Benefits paid to or for members (Part IX, column (A), line 4) _____	1,013,605.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) _____	0.
	16a	Professional fundraising fees (Part IX, column (A), line 11e) _____	0.
		b Total fundraising expenses (Part IX, column (D), line 25) ▶ _____	0.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) _____	175,104.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) _____	234,457.
	19	Revenue less expenses. Subtract line 18 from line 12 _____	0.
	19		1,031,518.
<b>Net Assets or Fund Balances</b>	20	Total assets (Part X, line 16) _____	1,206,622.
	21	Total liabilities (Part X, line 26) _____	1,068,604.
	22	Net assets or fund balances. Subtract line 21 from line 20 _____	-35,994.
	22		-54,999.
		Beginning of Current Year	End of Year
		136,811.	97,444.
		159,905.	175,537.
		-23,094.	-78,093.

### Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer	Date			
	<u>Bianca Moura</u> Type or print name and title	<u>VICE PRESIDENT</u>			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	<u>ROLANDO E. LEIVA, CPA</u>		<u>12/04/17</u>	<input type="checkbox"/>	<u>P00441886</u>
	Firm's name	Firm's address		Firm's EIN ▶	
	<u>ROLANDO E. LEIVA, C.P.A., P.A.</u>	<u>7400 S.W. 50th TERRACE, SUITE 302</u>		<u>65-0026320</u>	
	<u>MIAMI</u>	<u>FL 33155-4481</u>	Phone no.	<u>(305) 663-1511</u>	

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

Input box for Schedule O reference

1 Briefly describe the organization's mission:

Cultural Music Presentation

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No (X) Yes (X) No

If 'Yes,' describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No (X) Yes (X) No

If 'Yes,' describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4 a (Code: ) (Expenses \$ 814,565. including grants of \$ 0.) (Revenue \$ 0.) 2016-2017 SEASON SERIES TOTAL AUDIENCE 74,600

Table with 3 columns: Description, Expenses, Revenue. Row 1: 2016-2017 SEASON SERIES TOTAL AUDIENCE 74,600

4 b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

Table with 3 columns: Description, Expenses, Revenue. Row 1: (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4 c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

Table with 3 columns: Description, Expenses, Revenue. Row 1: (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4 d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

4 e Total program service expenses 814,565.

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A _____	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? _____	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I _____		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II _____		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III _____		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I _____		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II _____		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III _____		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV _____		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V _____		X
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI _____	X	
b Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII _____		X
c Did the organization report an amount for investments — program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII _____		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX _____	X	
e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X _____		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X _____		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII _____		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional _____		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E _____		X
14a Did the organization maintain an office, employees, or agents outside of the United States? _____		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV _____		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV _____		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV _____		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions) _____		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II _____		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III _____		X

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If 'Yes,' complete Schedule H</i> _____		X
<b>b</b> If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? _____		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II</i> _____		X
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III</i> _____		X
<b>23</b> Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i> _____		X
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25a</i> _____		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? _____		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? _____		
<b>d</b> Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? _____		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I</i> _____		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I</i> _____		X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If 'Yes,' complete Schedule L, Part II</i> _____		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III</i> _____		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i> _____		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i> _____		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV</i> _____		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M</i> _____	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i> _____		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I</i> _____		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II</i> _____		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I</i> _____		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1</i> _____		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? _____		X
<b>b</b> If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2</i> _____		X
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i> _____		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i> _____		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O _____	X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable <input type="text" value="0"/>		
1 b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable <input type="text" value="0"/>		
1 c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? <input type="checkbox"/>	X	
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return <input type="text" value="4"/>		
2 b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <input type="checkbox"/>	X	
<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year? <input type="checkbox"/>		X
3 b	If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O <input type="checkbox"/>		
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? <input type="checkbox"/>		X
4 b	If 'Yes,' enter the name of the foreign country: <input type="text"/> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? <input type="checkbox"/>		X
5 b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? <input type="checkbox"/>		X
5 c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? <input type="checkbox"/>		
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? <input type="checkbox"/>		X
6 b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? <input type="checkbox"/>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
7 a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? <input type="checkbox"/>		X
7 b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided? <input type="checkbox"/>		
7 c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? <input type="checkbox"/>		X
7 d	If 'Yes,' indicate the number of Forms 8282 filed during the year <input type="text"/>		
7 e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? <input type="checkbox"/>		X
7 f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? <input type="checkbox"/>		X
7 g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? <input type="checkbox"/>		
7 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? <input type="checkbox"/>		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? <input type="checkbox"/>		X
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
9 a	Did the sponsoring organization make any taxable distributions under section 4966? <input type="checkbox"/>		X
9 b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? <input type="checkbox"/>		X
<b>10 Section 501(c)(7) organizations.</b> Enter:			
10 a	Initiation fees and capital contributions included on Part VIII, line 12 <input type="text"/>		
10 b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities <input type="text"/>		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
11 a	Gross income from members or shareholders <input type="text"/>		
11 b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) <input type="text"/>		
12 a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? <input type="checkbox"/>		
12 b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year <input type="text"/>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
13 a	Is the organization licensed to issue qualified health plans in more than one state? <input type="checkbox"/>		
<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			
13 b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans <input type="text"/>		
13 c	Enter the amount of reserves on hand <input type="text"/>		
14 a	Did the organization receive any payments for indoor tanning services during the tax year? <input type="checkbox"/>		X
14 b	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O <input type="checkbox"/>		

**Part VI Governance, Management, and Disclosure** For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1 a</b>	Enter the number of voting members of the governing body at the end of the tax year _____ If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
<b>1 b</b>	Enter the number of voting members included in line 1a, above, who are independent _____		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? _____	X	
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? _____		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? _____		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? _____		X
<b>6</b>	Did the organization have members or stockholders? _____		X
<b>7 a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? _____		X
<b>7 b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? _____		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8 a</b>	The governing body? _____	X	
<b>8 b</b>	Each committee with authority to act on behalf of the governing body? _____	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O _____		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10 a</b>	Did the organization have local chapters, branches, or affiliates? _____		X
<b>10 b</b>	If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? _____		
<b>11 a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? _____	X	
<b>12 a</b>	Did the organization have a written conflict of interest policy? If 'No,' go to line 13 _____	X	
<b>12 b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? _____	X	
<b>12 c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done _____		X
<b>13</b>	Did the organization have a written whistleblower policy? _____		X
<b>14</b>	Did the organization have a written document retention and destruction policy? _____		X
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>15 a</b>	The organization's CEO, Executive Director, or top management official _____	X	
<b>15 b</b>	Other officers or key employees of the organization _____ If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).		X
<b>16 a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? _____		X
<b>16 b</b>	If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? _____		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed ▶ Florida
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: ▶  
 BIANCA MOURA    407 LINCOLN ROAD #6E MIAMI BEACH, FL 33139    (305) 672-5202

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1 a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Laura Quinlan Employee	40.00				X		24,167.	0.	0.	
(2) Eugenio M. DeSouza Employee	40.00				X		51,249.	0.	0.	
(3) James Quinlan Chairman	0.00	X					0.	0.	0.	
(4) Pedro Menocal Legal Affairs	0.00	X					0.	0.	0.	
(5) Robert Glick Treasurer	0.00	X					0.	0.	0.	
(6) Bianca Beatriz De Moura Vice President	0.00	X					45,833.	0.	0.	
(7) Asa Sealy Director	0.00	X					0.	0.	0.	
(8) Katherine Sanoja Secretary	0.00	X					0.	0.	0.	
(9) Geane Brito Director	0.00	X					0.	0.	0.	
(10) Jorge R. Gutierrez Director	0.00	X					0.	0.	0.	
(11) Robert Plessett Director	0.00	X					0.	0.	0.	
(12) Dr. Rigoberto Rodriguez Director	0.00	X					0.	0.	0.	
(13) Dara Schoenwald Director	0.00	X					0.	0.	0.	
(14) ILAN SEGAL Director	0.00	X					0.	0.	0.	

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(15) Dean Taha Director	0.00	X					0.	0.	0.
(16) Benton Galgay Employee	0.00				X		53,500.	0.	0.
(17) Karla Arguello Employee	0.00				X		40,000.	0.	0.
(18)									
(19)									
(20)									
(21)									
(22)									
(23)									
(24)									
(25)									

**1 b Sub-total** \_\_\_\_\_ 214,749. 0. 0.  
**c Total from continuation sheets to Part VII, Section A** \_\_\_\_\_  
**d Total (add lines 1b and 1c)** \_\_\_\_\_ 214,749. 0. 0.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If 'Yes,' complete Schedule J for such individual</i> _____		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If 'Yes,' complete Schedule J for such individual</i> _____		X
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If 'Yes,' complete Schedule J for such person</i> _____		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶



**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns _____	<b>1 a</b>			
	<b>b</b> Membership dues _____	<b>1 b</b>			
	<b>c</b> Fundraising events _____	<b>1 c</b>			
	<b>d</b> Related organizations _____	<b>1 d</b>			
	<b>e</b> Government grants (contributions) _____	<b>1 e</b>			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above _____	<b>1 f</b> 1,027,756.			
	<b>g</b> Noncash contributions included in lines 1a-1f: \$	107,250.			
	<b>h Total.</b> Add lines 1a-1f _____ ▶	1,027,756.			
<b>Program Service Revenue</b>	<b>2 a</b> _____	<b>Business Code</b>			
	<b>b</b> _____				
	<b>c</b> _____				
	<b>d</b> _____				
	<b>e</b> _____				
	<b>f</b> All other program service revenue _____				
	<b>g Total.</b> Add lines 2a-2f _____ ▶				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest and other similar amounts) _____ ▶				
	<b>4</b> Income from investment of tax-exempt bond proceeds _____ ▶				
	<b>5</b> Royalties _____ ▶				
	<b>6 a</b> Gross rents _____	(i) Real	(ii) Personal		
	<b>b</b> Less: rental expenses _____				
	<b>c</b> Rental income or (loss) _____				
	<b>d</b> Net rental income or (loss) _____ ▶				
	<b>7 a</b> Gross amount from sales of assets other than inventory _____	(i) Securities	(ii) Other		
	<b>b</b> Less: cost or other basis and sales expenses _____				
	<b>c</b> Gain or (loss) _____				
	<b>d</b> Net gain or (loss) _____ ▶				
	<b>8 a</b> Gross income from fundraising events (not including – \$ _____ of contributions reported on line 1c). See Part IV, line 18 _____	<b>a</b>			
	<b>b</b> Less: direct expenses _____	<b>b</b>			
	<b>c</b> Net income or (loss) from fundraising events _____ ▶				
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 _____	<b>a</b>			
<b>b</b> Less: direct expenses _____	<b>b</b>				
<b>c</b> Net income or (loss) from gaming activities _____ ▶					
<b>10 a</b> Gross sales of inventory, less returns and allowances _____	<b>a</b>				
<b>b</b> Less: cost of goods sold _____	<b>b</b>				
<b>c</b> Net income or (loss) from sales of inventory _____ ▶					
Miscellaneous Revenue	<b>Business Code</b>				
<b>11 a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> All other revenue _____					
<b>e Total.</b> Add lines 11a-11d _____ ▶					
<b>12 Total revenue.</b> See instructions _____ ▶	1,013,605.	-14,151.	0.	0.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 _____	0.	0.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22 _____	0.	0.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 _____	0.	0.		
4 Benefits paid to or for members _____	0.	0.		
5 Compensation of current officers, directors, trustees, and key employees _____	214,747.	0.	214,747.	0.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) _____	0.	0.	0.	0.
7 Other salaries and wages _____	0.	0.	0.	0.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) _____	0.	0.	0.	0.
9 Other employee benefits _____	0.	0.	0.	0.
10 Payroll taxes _____	19,710.	0.	19,710.	0.
11 Fees for services (non-employees):				
a Management _____	0.	0.	0.	0.
b Legal _____	0.	0.	0.	0.
c Accounting _____	0.	0.	0.	0.
d Lobbying _____	0.	0.	0.	0.
e Professional fundraising services. See Part IV, line 17 _____	0.			0.
f Investment management fees _____	0.	0.	0.	0.
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) _____	0.	0.	0.	0.
12 Advertising and promotion _____	102,782.	102,782.	0.	0.
13 Office expenses _____	19,582.	0.	19,582.	0.
14 Information technology _____	0.	0.	0.	0.
15 Royalties _____	0.	0.	0.	0.
16 Occupancy _____	162,284.	162,284.	0.	0.
17 Travel _____	68,497.	68,497.	0.	0.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials _____	0.	0.	0.	0.
19 Conferences, conventions, and meetings _____	0.	0.	0.	0.
20 Interest _____	0.	0.	0.	0.
21 Payments to affiliates _____	0.	0.	0.	0.
22 Depreciation, depletion, and amortization _____	8,742.	8,742.	0.	0.
23 Insurance _____	21,089.	21,089.	0.	0.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) _____				
a Bank Charges _____	857.	857.	0.	0.
b Dues and Subscriptions _____	3,053.	3,053.	0.	0.
c Equipment Rental _____	73,985.	73,985.	0.	0.
d Licenses and Permits _____	5,324.	5,324.	0.	0.
e All other expenses _____	367,952.	367,952.	0.	0.
25 Total functional expenses. Add lines 1 through 24e _____	1,068,604.	814,565.	254,039.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) _____				

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash — non-interest-bearing _____	26,247.	1	23,496.
	2 Savings and temporary cash investments _____		2	
	3 Pledges and grants receivable, net _____		3	
	4 Accounts receivable, net _____	42,314.	4	36,577.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L _____		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L _____		6	
	7 Notes and loans receivable, net _____		7	
	8 Inventories for sale or use _____		8	4,539.
	9 Prepaid expenses and deferred charges _____		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D _____	10a 28,045.		
	b Less: accumulated depreciation _____	10b 19,364.	31,678.	10c 8,681.
	11 Investments — publicly traded securities _____		11	
	12 Investments — other securities. See Part IV, line 11 _____		12	
	13 Investments — program-related. See Part IV, line 11 _____		13	
	14 Intangible assets _____		14	
	15 Other assets. See Part IV, line 11 _____	36,572.	15	24,151.
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) _____	136,811.	16	97,444.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses _____	159,905.	17	175,537.
	18 Grants payable _____		18	
	19 Deferred revenue _____		19	
	20 Tax-exempt bond liabilities _____		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D _____		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L _____		22	
	23 Secured mortgages and notes payable to unrelated third parties _____		23	
	24 Unsecured notes and loans payable to unrelated third parties _____		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D _____		25	
	26 <b>Total liabilities.</b> Add lines 17 through 25 _____	159,905.	26	175,537.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets _____	-23,094.	27	-78,093.
	28 Temporarily restricted net assets _____		28	
	29 Permanently restricted net assets _____		29	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	30 Capital stock or trust principal, or current funds _____		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund _____		31	
	32 Retained earnings, endowment, accumulated income, or other funds _____		32	
33 <b>Total net assets or fund balances</b> _____	-23,094.	33	-78,093.	
34 <b>Total liabilities and net assets/fund balances</b> _____	136,811.	34	97,444.	

BAA

Form 990 (2016)

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,013,605.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,068,604.
3	Revenue less expenses. Subtract line 2 from line 1	3	-54,999.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-23,094.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-78,093.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.		
2 a Were the organization's financial statements compiled or reviewed by an independent accountant?	X	
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
2 b Were the organization's financial statements audited by an independent accountant?		X
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
2 c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
3 a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3 b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

BAA

Form 990 (2016)

Client

**SCHEDULE A**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

Open to Public Inspection

Name of the organization

THE RHYTHM FOUNDATION, INC.

Employer identification number

65-0102768

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations \_\_\_\_\_
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.') _____	1,013,088.	911,548.	867,903.	1,170,628.	1,027,756.	4,990,923.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf _____	0.	0.	0.	0.	0.	0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge _____	0.	0.	0.	0.	0.	0.
4 <b>Total.</b> Add lines 1 through 3 _____	1,013,088.	911,548.	867,903.	1,170,628.	1,027,756.	4,990,923.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) _____						
6 <b>Public support.</b> Subtract line 5 from line 4 _____						4,990,923.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4 _____	1,013,088.	911,548.	867,903.	1,170,628.	1,027,756.	4,990,923.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources _____	0.	0.	0.	0.	0.	0.
9 Net income from unrelated business activities, whether or not the business is regularly carried on _____	0.	0.	0.	0.	0.	0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) _____						
11 <b>Total support.</b> Add lines 7 through 10 _____						4,990,923.
12 Gross receipts from related activities, etc. (see instructions) _____					12	
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> _____ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) _____	<b>14</b>	100.00 %
15 Public support percentage from 2015 Schedule A, Part II, line 14 _____	<b>15</b>	100.00 %
16a <b>33-1/3% support test—2016.</b> If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization _____ <input checked="" type="checkbox"/>		
b <b>33-1/3% support test—2015.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization _____ <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test—2016.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization _____ <input type="checkbox"/>		
b <b>10%-facts-and-circumstances test—2015.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization _____ <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions _____ <input type="checkbox"/>		

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.') _____						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose _____						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 _____						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf _____						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge _____						
<b>6 Total.</b> Add lines 1 through 5 _____						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons _____						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year _____						
<b>c</b> Add lines 7a and 7b _____						
<b>8 Public support.</b> (Subtract line 7c from line 6.) _____						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>9</b> Amounts from line 6 _____						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources _____						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 _____						
<b>c</b> Add lines 10a and 10b _____						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on _____						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) _____						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) _____						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** \_\_\_\_\_

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) _____	<b>15</b>	%
<b>16</b> Public support percentage from 2015 Schedule A, Part III, line 15 _____	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) _____	<b>17</b>	%
<b>18</b> Investment income percentage from 2015 Schedule A, Part III, line 17 _____	<b>18</b>	%

**19a 33-1/3% support tests—2016.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization \_\_\_\_\_

**b 33-1/3% support tests—2015.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization \_\_\_\_\_

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions \_\_\_\_\_

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If 'Yes,' answer (b) and (c) below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If 'Yes,' describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ('foreign supported organization')? <i>If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If 'Yes,' provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If 'Yes,' provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If 'Yes,' provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If 'Yes,' provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If 'Yes,' answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		



**Part IV Supporting Organizations (continued)**

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	<b>11a</b>	
<b>b</b> A family member of a person described in (a) above?	<b>11b</b>	
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If 'Yes' to a, b, or c, provide detail in Part VI.</i>	<b>11c</b>	

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	<b>1</b>	
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>	<b>2</b>	

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>	<b>1</b>	

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	<b>1</b>	
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	<b>2</b>	
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard.</i>	<b>3</b>	

**Section E. Type III Functionally Integrated Supporting Organizations**

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
  - a** The organization satisfied the Activities Test. Complete **line 2** below.
  - b** The organization is the parent of each of its supported organizations. Complete **line 3** below.
  - c** The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions).

**2** Activities Test. **Answer (a) and (b) below.**

	Yes	No
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	<b>2a</b>	
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>	<b>2b</b>	
<b>3</b> Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	<b>3a</b>	
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If 'Yes,' describe in Part VI the role played by the organization in this regard.</i>	<b>3b</b>	

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A – Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4).	8	

<b>Section B – Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1 a	
b	Average monthly cash balances	1 b	
c	Fair market value of other non-exempt-use assets	1 c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1 d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C – Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

BAA

Schedule A (Form 990 or 990-EZ) 2016

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

Section D – Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required – explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013 _____			
d From 2014 _____			
e From 2015 _____			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$ _____			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 <b>Excess distributions carryover to 2017.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b Excess from 2013 _____			
c Excess from 2014 _____			
d Excess from 2015 _____			
e Excess from 2016 _____			

BAA

Schedule A (Form 990 or 990-EZ) 2016

**Part VI Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.  
(See instructions.)

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Client Copy

**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, 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No. 1545-0047

**2016**

Name of the organization

THE RHYTHM FOUNDATION, INC.

Employer identification number

65-0102768

**Organization type** (check one):

**Filers of:**

Form 990 or 990-EZ

**Section:**

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

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 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 33-1/3% 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. Don't 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 isn't covered by the General Rule and/or the Special Rules doesn't 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 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

BAA 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) (2016)**

Name of organization THE RHYTHM FOUNDATION, INC.	Employer identification number 65-0102768
-----------------------------------------------------	----------------------------------------------

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	BAPTIST HEALTH 8900 NORTH KENDALL DRIVE MIAMI FL 33176	\$ 12,500.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	BROWN-FORMAN 850 DIXIE HWY LOUISVILLE KY 40210	\$ 8,420.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	DEFY LLC 8325 NE 2ND AVE MIAMI FL 33138	\$ 20,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	ALFA ROMEO & FIAT NORTH MIAMI 13110 BISCAYNE BLVD MIAMI FL 33181	\$ 8,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	LENNAR HOMES 730 NW 107 AVENUE MIAMI FL 33172	\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	BRASSERIE NATIONALE S.A. BOULEVARD TOUSSANT LOUVERTURE PORT-AU-PRINCE, HA	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b> THE RHYTHM FOUNDATION, INC.	<b>Employer identification number</b> 65-0102768
------------------------------------------------------------	-----------------------------------------------------

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	REJUV CHIP 2000 SOUTH ANDREWS AVE FORT LAUDERDALE FL 33316	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	BIBO INTERNATIONAL LLC P.O. BOX 492 NEWPORT RI 02840	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	URBAN RESOURCE P.O. BOX 415700 MIAMI BEACH FL 33141	\$ 11,125.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	WATERSIDE HOTEL 855 COLLINS AVE MIAMI BEACH FL 33139	\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
—		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
—		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2016

Department of the Treasury Internal Revenue Service

Complete if the organization answered 'Yes' on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization

Employer identification number

THE RHYTHM FOUNDATION, INC.

65-0102768

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 6.

Table with 3 columns: Question number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds and grantee information.

Part II Conservation Easements.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 7.

Table with 3 columns: Question number, Description, and Held at the End of the Tax Year. Includes questions 1-9 regarding conservation easements and monitoring.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 8.

Table with 3 columns: Question number, Description, and Amount. Includes questions 1a-1b regarding art and historical treasures collections.



**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1 a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If 'Yes,' explain the arrangement in Part XIII and complete the following table:

- c Beginning balance \_\_\_\_\_
- d Additions during the year \_\_\_\_\_
- e Distributions during the year \_\_\_\_\_
- f Ending balance \_\_\_\_\_

	Amount
1 c	
1 d	
1 e	
1 f	

2 a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance _____					
b Contributions _____					
c Net investment earnings, gains, and losses _____					
d Grants or scholarships _____					
e Other expenditures for facilities and programs _____					
f Administrative expenses _____					
g End of year balance _____					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ▶ \_\_\_\_\_ %
  - b Permanent endowment ▶ \_\_\_\_\_ %
  - c Temporarily restricted endowment ▶ \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.

3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations \_\_\_\_\_
- (ii) related organizations \_\_\_\_\_

	Yes	No
3a(i)		
3a(ii)		
3b		

b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land _____				
b Buildings _____				
c Leasehold improvements _____				
d Equipment _____		28,045.	19,364.	8,681.
e Other _____				

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) \_\_\_\_\_ ▶ 8,681.

**Part VII Investments – Other Securities.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives _____		
(2) Closely-held equity interests _____		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
(I) _____		
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 12.) —▶		

**Part VIII Investments – Program Related.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) _____		
(2) _____		
(3) _____		
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
(10) _____		
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 13.) —▶		

**Part IX Other Assets.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) Pre-Paid Expenses	24,151.
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
(10) _____	
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 15.) —▶	24,151.

**Part X Other Liabilities.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
(10) _____	
(11) _____	
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 25.) —▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements _____			<b>1</b>	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
	a Net unrealized gains (losses) on investments _____	<b>2 a</b>			
	b Donated services and use of facilities _____	<b>2 b</b>			
	c Recoveries of prior year grants _____	<b>2 c</b>			
	d Other (Describe in Part XIII.) _____	<b>2 d</b>			
	e Add lines <b>2 a</b> through <b>2 d</b> _____			<b>2 e</b>	
3	Subtract line <b>2 e</b> from line <b>1</b> _____			<b>3</b>	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
	a Investment expenses not included on Form 990, Part VIII, line 7b _____	<b>4 a</b>			
	b Other (Describe in Part XIII.) _____	<b>4 b</b>			
	c Add lines <b>4 a</b> and <b>4 b</b> _____			<b>4 c</b>	
5	Total revenue. Add lines <b>3</b> and <b>4 c</b> . (This must equal Form 990, Part I, line 12.) _____			<b>5</b>	

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements _____			<b>1</b>	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
	a Donated services and use of facilities _____	<b>2 a</b>			
	b Prior year adjustments _____	<b>2 b</b>			
	c Other losses _____	<b>2 c</b>			
	d Other (Describe in Part XIII.) _____	<b>2 d</b>			
	e Add lines <b>2 a</b> through <b>2 d</b> _____			<b>2 e</b>	
3	Subtract line <b>2 e</b> from line <b>1</b> _____			<b>3</b>	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
	a Investment expenses not included on Form 990, Part VIII, line 7b _____	<b>4 a</b>			
	b Other (Describe in Part XIII.) _____	<b>4 b</b>			
	c Add lines <b>4 a</b> and <b>4 b</b> _____			<b>4 c</b>	
5	Total expenses. Add lines <b>3</b> and <b>4 c</b> . (This must equal Form 990, Part I, line 18.) _____			<b>5</b>	

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2016**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

Employer identification number

THE RHYTHM FOUNDATION, INC.

65-0102768

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art _____				
2 Art — Historical treasures _____				
3 Art — Fractional interests _____				
4 Books and publications _____				
5 Clothing and household goods _____				
6 Cars and other vehicles _____				
7 Boats and planes _____				
8 Intellectual property _____				
9 Securities — Publicly traded _____				
10 Securities — Closely held stock _____				
11 Securities — Partnership, LLC, or trust interests _____				
12 Securities — Miscellaneous _____				
13 Qualified conservation contribution — Historic structures _____				
14 Qualified conservation contribution — Other _____				
15 Real estate — Residential _____				
16 Real estate — Commercial _____				
17 Real estate — Other _____				
18 Collectibles _____				
19 Food inventory _____				
20 Drugs and medical supplies _____				
21 Taxidermy _____				
22 Historical artifacts _____				
23 Scientific specimens _____				
24 Archeological artifacts _____				
25 Other ▶ (MARKETING & ADVERTISING) _____	X	2	50,000.	
26 Other ▶ (SPACE RENTAL) _____	X	2	35,000.	
27 Other ▶ (TRAVEL) _____	X	1	20,750.	
28 Other ▶ (CONCESSIONS) _____	X	1	1,500.	

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement \_\_\_\_\_

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? \_\_\_\_\_

b If 'Yes,' describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? \_\_\_\_\_

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? \_\_\_\_\_

b If 'Yes,' describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30 a		X
31		X
32 a		X

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) (2016)

**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

---

Client Copy

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is  
at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

Employer identification number

THE RHYTHM FOUNDATION, INC.

65-0102768

Pt VI, Line 11b The Organization furnishes its 990 to the Board of Directors via email  
pdf attachment and via hard copy.

Pt VI, Line 15a The BOD has a standing personnel committee.

Pt VI, Line 2 Key Employee Laura Quinlan is married to Chairman James Quinlan

Client Copy

Form **4562**

### Depreciation and Amortization (Including Information on Listed Property)

OMB No. 1545-0172

**2016**

Department of the Treasury  
Internal Revenue Service (99)

Information about Form 4562 and its separate instructions is at [www.irs.gov/form4562](http://www.irs.gov/form4562).

Attachment  
Sequence No. **179**

Name(s) shown on return

THE RHYTHM FOUNDATION, INC.

Identifying number  
65-0102768

Business or activity to which this form relates

Form 990 / Form 990EZ

#### Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions) _____	1	
2	Total cost of section 179 property placed in service (see instructions) _____	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions) _____	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- _____	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions _____	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29 _____	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 _____	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8 _____	9	
10	Carryover of disallowed deduction from line 13 of your 2015 Form 4562 _____	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs) _____	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 _____	12	
13	Carryover of disallowed deduction to 2017. Add lines 9 and 10, less line 12 _____	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

#### Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) _____	14	
15	Property subject to section 168(f)(1) election _____	15	
16	Other depreciation (including ACRS) _____	16	

#### Part III MACRS Depreciation (Don't include listed property.) (See instructions.)

##### Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2016 _____	17	3,351.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

##### Section B - Assets Placed in Service During 2016 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19 a 3-year property _____						
b 5-year property _____		1,456.	5.0 yrs	HY	200 DB	291.
c 7-year property _____						
d 10-year property _____						
e 15-year property _____						
f 20-year property _____						
g 25-year property _____			25 yrs		S/L	
h Residential rental property _____			27.5 yrs	MM	S/L	
i Nonresidential real property _____			39 yrs	MM	S/L	

##### Section C - Assets Placed in Service During 2016 Tax Year Using the Alternative Depreciation System

20 a Class life _____					S/L	
b 12-year _____			12 yrs		S/L	
c 40-year _____			40 yrs	MM	S/L	

#### Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28 _____	21	5,100.
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions _____	22	8,742.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs _____	23	

BAA For Paperwork Reduction Act Notice, see separate instructions.

FDIZ0812 01/24/17

Form 4562 (2016)

**Part V Listed Property** (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A – Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)**

**24 a** Do you have evidence to support the business/investment use claimed?  Yes  No **24b** If 'Yes,' is the evidence written?  Yes  No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
<b>25</b> Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) _____							<b>25</b>	
<b>26</b> Property used more than 50% in a qualified business use:								
FORZA MOTORS VEHICLE	09/22/16	100.00	21,906.	21,906.	5.00	200 DB-MQ	5,100.	
<b>27</b> Property used 50% or less in a qualified business use:								
<b>28</b> Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 _____							<b>28</b>	5,100.
<b>29</b> Add amounts in column (i), line 26. Enter here and on line 7, page 1 _____							<b>29</b>	

**Section B – Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>30</b> Total business/investment miles driven during the year (don't include commuting miles) _____												
<b>31</b> Total commuting miles driven during the year _____												
<b>32</b> Total other personal (noncommuting) miles driven _____												
<b>33</b> Total miles driven during the year. Add lines 30 through 32 _____												
<b>34</b> Was the vehicle available for personal use during off-duty hours? _____												
<b>35</b> Was the vehicle used primarily by a more than 5% owner or related person? _____												
<b>36</b> Is another vehicle available for personal use? _____												

**Section C – Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons (see instructions).

	Yes	No
<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? _____		
<b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners _____		
<b>39</b> Do you treat all use of vehicles by employees as personal use? _____		
<b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? _____		
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.) _____		

**Note:** If your answer to 37, 38, 39, 40, or 41 is 'Yes,' don't complete Section B for the covered vehicles.

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
<b>42</b> Amortization of costs that begins during your 2016 tax year (see instructions):					
<b>43</b> Amortization of costs that began before your 2016 tax year _____					
<b>44 Total.</b> Add amounts in column (f). See the instructions for where to report _____					<b>44</b>



990-EZ, 990, 990-T and 990-PF  
Information Worksheet

2016

Part I – Identifying Information

Employer Identification Number – 65-0102768

Name \_\_\_\_\_ THE RHYTHM FOUNDATION, INC.

Doing Business As \_\_\_\_\_

Address \_\_\_\_\_ 407 LINCOLN ROAD #6E Room/Suite – \_\_\_\_\_

City \_\_\_\_\_ MIAMI BEACH State \_\_\_\_\_ FL ZIP Code \_\_\_\_\_ 33139

Province/State \_\_\_\_\_ Foreign Postal Code \_\_\_\_\_

Foreign Code \_\_\_\_\_ Foreign Country \_\_\_\_\_

Telephone Number \_\_\_\_\_ (305) 672-5202 Extension \_\_\_\_\_

Fax \_\_\_\_\_ (305) 672-5202 E-Mail Address – bianca@rhythmfoundation.com

Eligible for hurricane tax relief legislation benefits, check here

Part II – Type of Return

- |                                                          |                                                                                                         |
|----------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Form 990-EZ <b>only</b>         | <input type="checkbox"/> Form 990-EZ <b>with</b> Form 990-T                                             |
| <input checked="" type="checkbox"/> Form 990 <b>only</b> | <input type="checkbox"/> Form 990 <b>with</b> Form 990-T                                                |
| <input type="checkbox"/> Form 990-PF <b>only</b>         | <input type="checkbox"/> Form 990-PF <b>with</b> Form 990-T                                             |
| <input type="checkbox"/> Form 990-T <b>only</b>          | <input type="checkbox"/> Form 990-N (gross receipts \$50,000 or less) <b>for Electronic Filing only</b> |

**QuickBooks Import Users & 990 to 990-EZ Data Transfer Option:** Check if you're filing the EZ & want 990 imported data copied to the EZ **OR** for those not importing from QuickBooks who transferred from prior year 990 and now qualify to file the EZ this year, check this box to transfer 990 data to the EZ.

**IMPORTANT**

Before transferring data from Form 990 to Form 990-EZ, refer to "How to transfer data from filing Form 990 to 990-EZ" listed above in the Most Common Support Questions or Tax Help for this line.

Part III – Type of Organization

- |                                                                                                |                                             |
|------------------------------------------------------------------------------------------------|---------------------------------------------|
| <input checked="" type="checkbox"/> 501(c) Corporation/Association _____ 3 (subsection number) | <input type="checkbox"/> 220(e) Trust       |
| <input type="checkbox"/> 501(c) Trust _____ (subsection number)                                | <input type="checkbox"/> 408A Trust         |
| <input type="checkbox"/> 4947(a)(1) Trust                                                      | <input type="checkbox"/> 529(a) Corporation |
| <input type="checkbox"/> 408(e) Trust                                                          | <input type="checkbox"/> 529(a) Trust       |
| <input type="checkbox"/> 401(a) Trust                                                          | <input type="checkbox"/> 530(a) Trust       |
| <input type="checkbox"/> Other _____ (describe) Corporation/Association                        | <input type="checkbox"/> 527 Organization   |
| Or Trust _____                                                                                 | <input type="checkbox"/> 501(c) Association |

Part IV – Tax Year and Filing Information

- Calendar year
- Fiscal year – Ending month \_\_\_\_\_ 9
- Short year – Beginning date \_\_\_\_\_ Ending date \_\_\_\_\_

Check this box if the organization is enrolled in the Electronic Federal Tax Payment System (EFTPS)

**Part V – 2016 Estimated Taxes Paid**

Check this box if the organization is a private foundation

Form 990-T      Form 990-PF

Amount of 2015 overpayment credited to 2016 estimated tax \_\_\_\_\_

Payment Quarters	Due Date	Form 990-T		Form 990-PF	
		Date Paid	Amount Paid	Date Paid	Amount Paid
1st Quarter Payment	01/17/17				
2nd Quarter Payment	03/15/17				
3rd Quarter Payment	06/15/17				
4th Quarter Payment	09/15/17				
Additional Payment 1					
Additional Payment 2					
Additional Payment 3					
Additional Payment 4					

**Part VI - Taxpayer Signature Information**

Officer's Name \_\_\_\_\_ Bianca \_\_\_\_\_ Moura  
 Officer's Title \_\_\_\_\_ VICE PRESIDENT \_\_\_\_\_

**Part VII – Electronic Filing Information**

**IMPORTANT:** Do **not** use the Miscellaneous Statement or Additional Information if filing Form 990 or Form 990-EZ. These statements will **not** be transmitted with the return. Use Schedule O or the applicable Supplemental Information for the appropriate Schedule.

**QuickZoom** to the Electronic Filing Information Worksheet \_\_\_\_\_ ▶ \_\_\_\_\_

**Electronic Filing:**

- File the federal return electronically
- File the state(s) electronically

\* Select the state or states to file electronically. (Multiple states can be entered)

State(s) *

File Form 114 Report of Foreign Bank and Financial Accounts (FBAR) electronically

**Practitioner PIN program:**

- Sign this return electronically using the Practitioner PIN
- ERO entered PIN

Officer's PIN (enter any 5 numbers) \_\_\_\_\_ 02768

Date PIN entered \_\_\_\_\_

**Electronic Filing of Extensions:**

Check this box to file **Form 8868** (application for extension of time to file return) electronically

**Electronic Filing of Amended Return:**

- Check this box to file **amended return** electronically
  - Check this box to file the state and/or city amended return(s) electronically
- \* Select the state and/or city amended return(s) to file electronically.

State(s) *

File Amended Form 114 Report of Foreign Bank and Financial Accounts (FBAR) electronically

**Part VIII – Electronic Funds Withdrawal Information (Form 990PF filers only)**

- |                          |                          |                                                                                        |
|--------------------------|--------------------------|----------------------------------------------------------------------------------------|
| <b>Yes</b>               | <b>No</b>                |                                                                                        |
| <input type="checkbox"/> | <input type="checkbox"/> | Use <b>electronic funds withdrawal</b> of <b>federal balance due</b> (EF only)?        |
| <input type="checkbox"/> | <input type="checkbox"/> | Use <b>electronic funds withdrawal</b> of <b>Form 8868 balance due</b> (EF only)?      |
| <input type="checkbox"/> | <input type="checkbox"/> | Use <b>electronic funds withdrawal</b> of <b>amended return balance due</b> (EF only)? |

**Bank Information**

Check to confirm transferred account information (which appears in green) is correct

Name of Financial Institution (optional) \_\_\_\_\_

Check the appropriate box  Checking  Savings

Routing number \_\_\_\_\_

Account number \_\_\_\_\_

**Payment Information**

Enter the payment date to withdraw tax payment \_\_\_\_\_

Balance due amount from this return \_\_\_\_\_

Enter an amount to withdraw tax payment \_\_\_\_\_

If partial payment is made, the remaining balance due \_\_\_\_\_

Payment date for amended returns \_\_\_\_\_

Balance due amount for amended returns \_\_\_\_\_

**Part IX – Information for Client Letter**

	Form 990-EZ or Form 990	Form 990-PF	Form 990-T
Extended Due Date _____	08/15/18		

Letter Salutation \_\_\_\_\_

**Part X – Return Preparer**

Enter preparer code from Firm/Preparer Info (See Help)   1  

**QuickZoom** to Firm/Preparer Info \_\_\_\_\_ ▶ \_\_\_\_\_

---

**QuickZoom** to Form 990-EZ, Pages 1 through 4 \_\_\_\_\_ ▶ \_\_\_\_\_

**QuickZoom** to Form 990, Page 1 \_\_\_\_\_ ▶ \_\_\_\_\_

**QuickZoom** to Form 990-PF, Page 1 \_\_\_\_\_ ▶ \_\_\_\_\_

**QuickZoom** to Form 990-T, Page 1 \_\_\_\_\_ ▶ \_\_\_\_\_

**QuickZoom** to Form 990-N, e-PostCard \_\_\_\_\_ ▶ \_\_\_\_\_

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**QuickZoom** to Client Status \_\_\_\_\_ ▶ \_\_\_\_\_

Form 4562

Depreciation and Amortization Report

2016

THE RHYTHM FOUNDATION, INC.  
Form 990 - / Form 990EZ

Tax Year 2016  
▶ Keep for your records

65-0102768

Asset Description	Code	Date in Service	Cost (net of land)	Land	Business Use %	Section 179	Special Depreciation Allowance	Depreciable Basis	Life	Method/Convention	Prior Depreciation	Current Depreciation
DEPRECIATION												
LAPTOP		12/27/16	1,456		100.00			1,456	5.00	200DB/HY		291
SUBTOTAL CURRENT YEAR			1,456	0		0	0	1,456			0	291
COMPUTER		10/28/03	1,499		100.00			1,499	5.00	200DB/HY	1,499	0
COMPUTER		07/06/05	1,149		100.00			1,149	5.00	200DB/HY	1,149	0
COMPUTER & PROJECTOR		01/06/07	1,175		100.00			1,175	5.00	200DB/HY	1,175	0
LAPTOP		03/01/07	1,999		100.00			1,999	5.00	200DB/HY	1,999	0
COMPUTER		07/23/07	1,035		100.00			1,035	5.00	200DB/HY	1,035	0
APPLE COMPUTER		11/17/08	1,234		100.00			1,234	5.00	200DB/HY	1,234	0
COMPUTER		05/19/10	1,399		100.00			1,399	5.00	200DB/HY	1,399	0
VIDEO EQUIPMENT		02/10/15	14,219		100.00			14,219	7.00	200DB/HY	5,513	2,487
2 COMPUTERS		01/12/16	2,880		100.00			2,880	5.00	200DB/MQ	720	864
FORZA MOTORS VEHICLE	SA	09/22/16	21,906		100.00			21,906	5.00	200DB/MQ	1,095	5,100
SUBTOTAL PRIOR YEAR			48,495	0		0	0	48,495			16,818	8,451
TOTALS			49,951	0		0	0	49,951			16,818	8,742

Code: S = Sold, A = Auto, L = Listed, C = COGS

**Form 4562**

**Alternative Minimum Tax Depreciation Report**

**2016**

THE RHYTHM FOUNDATION, INC.  
Form 990 - / Form 990EZ

Tax Year 2016  
► Keep for your records

65-0102768

Asset Description	Code	Date in Service	Cost (net of land)	Land	Business Use %	Section 179	Special Depreciation Allowance	Depreciable Basis	Life	Method/ Convention	Prior Depreciation	Current Depreciation	Adjustment/ Preference
DEPRECIATION													
LAPTOP		12/27/16	1,456		100.00			1,456	5.00	150DB/HY		218	73.
SUBTOTAL CURRENT YEAR			1,456	0		0	0	1,456			0	218	73.
COMPUTER		10/28/03	1,499		100.00			1,499	5.00	150DB/HY		0	0.
COMPUTER		07/06/05	1,149		100.00			1,149	5.00	150DB/HY		0	0.
COMPUTER & PROJECTOR		01/06/07	1,175		100.00			1,175	5.00	150DB/HY		0	0.
LAPTOP		03/01/07	1,999		100.00			1,999	5.00	150DB/HY		0	0.
COMPUTER		07/23/07	1,035		100.00			1,035	5.00	150DB/HY		0	0.
APPLE COMPUTER		11/17/08	1,234		100.00			1,234	5.00	150DB/HY		0	0.
COMPUTER		05/19/10	1,399		100.00			1,399	5.00	150DB/HY		0	0.
VIDEO EQUIPMENT		02/10/15	14,219		100.00			14,219	7.00	150DB/HY	4,244	2,137	350.
2 COMPUTERS		01/12/16	2,880		100.00			2,880	5.00	150DB/MQ	540	702	162.
FORZA MOTORS VEHICLE	SA	09/22/16	21,906		100.00			21,906	5.00	150DB/MQ	821	3,954	1,146.
SUBTOTAL PRIOR YEAR			48,495	0		0	0	48,495			5,605	6,793	1,658.
TOTALS			49,951	0		0	0	49,951			5,605	7,011	1,731.

Code: S = Sold, A = Auto, L = Listed, C = COGS, P = Passive

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ  
**Form 990, Page 10, Line 24e All Other Expenses (continued)**

Description	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Administrative Personnel Development	4,500.	4,500.	0.	0.
AUTO EXPENSE	6,750.	6,750.	0.	0.
DOCUMENTATION	4,470.	4,470.	0.	0.
EQUIPMENT RENTAL	381.	381.	0.	0.
MAINTENANCE	9,433.	9,433.	0.	0.
OUTSIDE ARTIST FEES	220,199.	220,199.	0.	0.
OUTSIDE OTHER FEES	16,144.	16,144.	0.	0.
PRODUCTION PERSONNEL & COST	33,991.	33,991.	0.	0.
SECURITY	20,438.	20,438.	0.	0.
SUBCONTRACTED WORK	29,743.	29,743.	0.	0.
TICKET PRINTING	6,790.	6,790.	0.	0.
UTILITIES	2,571.	2,571.	0.	0.
COST OF CONCESSIONS	4,815.	4,815.	0.	0.
COST OF MERCHANDISE	7,727.	7,727.	0.	0.

Client Copy

Form 990 p 7: Part VII Compensation of Officers etc.

**Smart Worksheet for Officers, Directors, Trustees, Key Employees and Highest Compensated Employees**

**Note:** Enter all the information below for Part VII, Section A. The first 14 entries will be placed on the appropriate lines on page 7. , The next 10 entries will be placed on the appropriate lines on page 8 If more than 25 items are entered, the remainder will be placed on continuation sheets for Part VII.

(A) Name and Title	Ck if B u s i n e s s s	(B) Avg hrs/wk (list hrs for related orgs below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) C1 - Indiv trustee or dir C2 - Institutional trustee C3 - Officer C4 - Key employee C5 - Highest compensated employee C6 - Former						(D) Reportable compn from the organi- zation (W-2/ 1099-MISC)	(E)	(F) Est amt of oth compn from org and related orgs
			C1	C2	C3	C4	C5	C6			
			Reportable compn from related orgs (W-2/1099-MISC)								
(1) <u>Laura Quinlan</u> Employee	<input type="checkbox"/>	40.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	24,167.	0.	0.
(2) <u>Eugenio M. DeSouza</u> Employee	<input type="checkbox"/>	40.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	51,249.	0.	0.
(3) <u>James Quinlan</u> Chairman	<input type="checkbox"/>	0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0.	0.	0.
(4) <u>Pedro Menocal</u> Legal Affairs	<input type="checkbox"/>	0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0.	0.	0.
(5) <u>Robert Glick</u> Treasurer	<input type="checkbox"/>	0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0.	0.	0.
(6) <u>Bianca Beatriz De Moura</u> Vice President	<input type="checkbox"/>	0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	45,833.	0.	0.
(7) <u>Asa Sealy</u> Director	<input type="checkbox"/>	0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0.	0.	0.
(8) <u>Katherine Sanoja</u> Secretary	<input type="checkbox"/>	0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0.	0.	0.
(9) <u>Geane Brito</u> Director	<input type="checkbox"/>	0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0.	0.	0.
(10) <u>See COMPSW</u>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

Form 990 p 10: Part IX Statement of Functional Expenses

**Line 22 - Depreciation, Depletion, and Amortization Smart Worksheet**

To enter assets, **QuickZoom** to Asset Entry Worksheet \_\_\_\_\_ →  
 To view a calculated report of all depreciation information for Form 990,  
**QuickZoom** to the Depreciation/Amortization Report \_\_\_\_\_ →  
**QuickZoom** to Form 4562 for Form 990 \_\_\_\_\_ →

The following items carry to line 22 below:

Description	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>A</b> Depreciation _____	8,742.	8,742.	0.	0.
<b>B</b> Depletion _____				
<b>C</b> Amortization _____				

Sch. B, page 2 (Copy 1): Contributors

**General Information Smart Worksheet**

**A** Description for this copy of Schedule B, Part I \_\_\_\_\_ Copy 1 \_\_\_\_\_

Sch. B, page 2 (Copy 2): Contributors

**General Information Smart Worksheet**

**A** Description for this copy of Schedule B, Part I \_\_\_\_\_ Copy 2 \_\_\_\_\_

Client



**COMPSW**

(A) Name and Title	Ck if B u s i n e s s	(B) Avg hrs/wk (list hrs for related orgs below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) C1 - Indiv trustee or dir C2 - Institutional trustee C3 - Officer C4 - Key employee C5 - Highest compensated employee C6 - Former						(D) Reportable compn from the organi- zation (W-2/ 1099-MISC)	(E)	(F) Est amt of oth compn from org and related orgs
			C1	C2	C3	C4	C5	C6			
(1) <u>Jorge R. Gutierrez</u> Director	<input type="checkbox"/>	0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0.	0.	0.
(1) <u>Robert Plessett</u> Director	<input type="checkbox"/>	0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0.	0.	0.
(1) <u>Dr. Rigoberto Rodriguez</u> Director	<input type="checkbox"/>	0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0.	0.	0.
(1) <u>Dara Schoenwald</u> Director	<input type="checkbox"/>	0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0.	0.	0.
(1) <u>ILAN SEGAL</u> Director	<input type="checkbox"/>	0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0.	0.	0.
(1) <u>Dean Taha</u> Director	<input type="checkbox"/>	0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0.	0.	0.
(1) <u>Benton Galgay</u> Employee	<input type="checkbox"/>	0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	53,500.	0.	0.
(1) <u>Karla Arguello</u> Employee	<input type="checkbox"/>	0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	40,000.	0.	0.

Client