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

Schedule of Contributors

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to.Form 990, Form 990-EZ, or Form 990-PF.

Employer identification number

	HE LOIS AND ANDREW ZARO AMILY CHARITABLE TRUST	30-603 <u>5876</u>		
Organization type (check of		30-0033070		
Filers of:	Section:			
Form 990 or 990-EZ	501(c)() (enter number) organization			
	4947(a)(1) nonexempt charitable trust not treated as a private foundation			
	527 political organization			
Form 990-PF	X 501(c)(3) exempt private foundation			
	4947(a)(1) nonexempt charitable trust treated as a private foundation			
	501(c)(3) taxable private foundation			
General Rule)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru n filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in m slete Parts I and II			
Special Rules				
509(a)(1) and 170(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the reg b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.			
total contributions	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contri- of more than \$1,000 for use <i>exclusively</i> for religious, charitable, scientific, literary, or edi cruelty to children or animals. Complete Parts I, II, and III			
contributions for u If this box is check purpose Do not c	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributes exclusively for religious, charitable, etc., purposes, but these contributions did not to ked, enter here the total contributions that were received during the year for an exclusive omplete any of the parts unless the General Rule applies to this organization because in e, etc., contributions of \$5,000 or more during the year.	tal to more than \$1,000 ely religious, charitable, etc ,		
out it must answer "No" on	hat is not covered by the General Rule and/or the Special Rules does not file Schedule I Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on Part the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)	· ·		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Name of organization
THE LOIS AND ANDREW ZARO
FAMILY CHARITABLE TRUST

Employer identification number

30-6035876

Part I	Contributors (s	see instructions)	Use duplicate copies of Part I	if additional space is needed.
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ANDREW ZARO 521 FIFTH AVENUE, SUITE 1804 NEW YORK, NY 10175	\$ 209,450.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	LOIS ZARO 521 FIFTH AVENUE, SUITE 1804 NEW YORK, NY 10175	\$220,398.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Onncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)