

### See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Return of Private Foundation
or Section 4947(a)(1) Trust Treated as Private Foundation
Do not enter Social Security numbers on this form as it may be made public.

OMB No 1545-0052

ln	temal I	Revenue Service	► Inf	formation ab	out For	m 990-	PF and		te instructions			/forms	990pf. 🔍		
F		alendar year 2013	or ta	x year begi	inning			0	7/01, <b>2013</b>	, and end					30, <b>20</b> 14
_	Name of foundation							Emp	loyer identif	ication numb	er				
_	BARRY L. AND JAN R. ZUBROW FOUNDATION								13-	-353202	6				
	Numl	ber and street (or P O	box nun	nber if mail is n	ot delivere	d to stre	et addre	ess)		Room/su	ite E	Tele	phone numb	er (see instru	ctions)
	C/C	BCRS ASSOC	TATES	S, LLC	ı								(21	2) 440	-0800
	77	WATER STREET	r, 91	TH FLOOR	1										
_	City o	or town, state or provin	ce, cour	ntry, and ZIP or	foreign po	stal cod	le		-			-			
	-				• .						0	lf exe	emption applications, check here	ation is	
	NEW	YORK, NY 1	0005									pendi	ing, check here		
ى <u>د</u>		eck all that apply:		Initial retu		Т	Loui	iol roturn	of a former p	whlie obs	rity				
1	Cili	eck all that apply.	ļ	1					•	JUDIIC CITA	111LY   C		- •	tions, check her	
ļ				Final retur		-	$\dashv$	nended re						itions meeting there and attach	
G H		<del></del>	بـــــــــــــــــــــــــــــــــــــ	Address c				me chang					mputation .		▶∟_
, H	$\neg$	eck type of organi						•			E	If priv	ate foundatio	n status was ter	minated
Ţ		Section 4947(a)(1) i	_						rivate founda			unde	r section 507(b	)(1)(A), check h	iere . 🕨 🖳
- 1		r market value o			1—	_	•	od:LX C	ash Acc	rual	F	If the	foundation is	in a 60-month (	termination
		d of year <i>(from Par</i>				-	specify			- <b>-</b>		unde	r section 507(b	)(1)(B), check h	ere . <b>&gt;</b>
_	16)	<b>▶</b> \$ 4,	658,	697.	(Part I,	colun	nn (d) i	nust be oi	n cash basis.)						
	art	Analysis of Rev				(a)	) Rever	ue and	(b) Not inv	actmont	/0)	Adme	tod not		oursements
		total of amounts in may not necessar	columi	ns (D), (C), ar al the amount	nd (d) ts in		expense	es per	(b) Net inve		(6)	Incor	ted net me	1	haritable poses
_		column (a) (see in	structio	ns))			bool						N/A		pasis only)
_	1	Contributions, gifts, gran	s, etc , re	ecerved (attach so	hedule)		1,6	05,030	ł		( - <sub>*</sub> &	1.1	A ( (s)		
	2	Check ▶ if th	e founda	ation is <b>not</b> req B	uired to	£ .		٧		, " 🔆	148. × \$\$	· \\ *	1 K	, ,	
	3	Interest on savings a						172		172.				ATCH	1
	4	Dividends and inte	-	=			1	50,596	. 15	0,596.				ATCH	2 ,,
	5 a	Gross rents													1
	ь						, '<'-,<->>	£	1 Same is a	(1.1 X		2 1		7 3.4 4	* , , «, , , ,
a		Net gain or (loss) fro					, ,,	2,507	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<del>7</del> 7			<	3	7, 87 (
Revenue	Ь	Gross sales price for a			921.				1 1 7 7	· , /	-		PE	PENZE	<u>ה</u>
Š	7	assets on line 6a Capital gain net in		from Part IV	line 2\			<del></del>		2,507.	<u> </u>	7			
ĕ	8	Net short-term car				46 44 1	*	2	* *		<del></del>	67			7 9
	9	Income modification	-			· · · · · · · · · · · · · · · · · · ·	<del>(</del> 4., 1)	\$ ' * ' · ·		2, ~ \ "		3	MAX	8 20	
		Gross sales less return				* W	<u> </u>	3	24.7		7 3	سان		1	(y)
	١.	and allowances • • Less Cost of goods se		RECE	VEU	ان	<u> </u>	<del></del>	n (1 4 ) (		* *				
	i .	-				13	1	8 × × ×	13 2 34-5			4	<del>- OGI</del>	DEN. (	<b>ガン</b> 十
		Gross profit or (los Other income (atta		- A CAN mor	8 20it	13		-3,363.		3,363.					
	t .	Total. Add lines 1	cn scno	ednie v krici	¥ 3° .	<u>نو ا</u>		54,942.		9,912.			(	<del>                                     </del>	· · · · · · · · · · · · · · · · · · ·
-	12		70-1		- 1 1 1	_	1	71, 712,		<i><b>3</b>, 312.</i>				<u> </u>	
	13	Compensation of office	ers, dire	ಕ್ಷೂ ಬ್ರಾಟಾಕ್	Léte , C	<u> </u>	<u>l</u>		<del> </del>		<del>                                     </del>				
ses	1	Other employee sa			· · · ·						<b> </b>				
		Pension plans, em							ļ		<del> </del>			<del></del>	
×	16a	Legal fees (attach s	schedul	<sup>le)</sup> <sub></sub> .				10,300.		5,150.				ļ	5,150
e H	Ь			· • •				10,300.	· · · - · · · · · · · · · · · · · · · ·	3,130.					
₹	C	Other professional			le)										
ir a	17	Interest			<u>.</u> .			7 000							
nis	18	Taxes (attach schedul						7,000.							
Operating and Administrative	19	Depreciation (attack	h sche	edule) and de	pletion.				ļ			_		, 3,	
Ad	20	Occupancy									L				
Б	21	Travel, conference													
8	22	Printing and public	ations												
Ę	23	Other expenses (at						6,033.	<u> </u>	5,026.					1,00
ra	24	Total operating ar	d adm	inistrative ex	penses.										
þe		Add lines 13 throu					2	23,333.	1	0,176.					6,15
J	25	Contributions, gifts					33	30,235.							330,23
	26	Total expenses and disb			i i			3,568.	1	0,176.			- (	<del>                                     </del>	336,39
_	27	Subtract line 26 fro			20					-			· · · · · · · ·	<del>                                     </del>	
		Excess of revenue over			ente		1,40	01,374.							
		Net investment in			1			_, _ , _ •	13	9,736.				<del> </del>	
		Adjusted net incom		=			<del></del>			,	<del></del>			<del> </del>	
		Autoring Hermicol	(1) (1)	Lucive, Cile	u-j l				r					1	

JSA For Paperwork Reduction Act Notice, see instructions.

3E1410 1 000 11898G 526W 4/29/2015 4:20:28 PM V 13-7.15

Page 2

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year		Attached schedules and amounts in the Ralance Sheets description column should be for end-of-year	Beginning of year	End	of year		
_	ai t ii	amounts only (See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value		
	1	Cash - non-interest-bearing	27,612.				
	2	Savings and temporary cash investments	257,815.	135,039			
	3	Accounts receivable ▶		* *	<u>                                     </u>		
		Less. allowance for doubtful accounts ▶					
-	4	Pledges receivable		,	\$ .		
l		Less: allowance for doubtful accounts ▶					
ı		Grants receivable					
	6	Receivables due from officers, directors, trustees, and other					
		disqualified persons (attach schedule) (see instructions)			<u> </u>		
		Other notes and loans receivable (attach schedule)		\$ -	4 1 8 4 4		
١		Less allowance for doubtful accounts ▶					
2		Inventories for sale or use					
ssets	9	Prepaid expenses and deferred charges					
ď		investments - U S and state government obligations (attach schedule)					
1		Investments - corporate stock (attach schedule) ATCH 7	163,017.	585,856	. 3,319,966		
		Investments - corporate bonds (attach schedule)	· · · ·				
	11	Investments - land, buildings, and equipment basis	<u> </u>				
		Less accumulated depreciation (attach schedule)			<u> </u>		
	12	Investments - mortgage loans	_				
	13 14	Investments - other (attach schedule) Land, buildings, and		<u> </u>			
	17	equipment basis	~ · · · · · · · · · · · · · · · · · · ·	materialisme som som som som bleven millikrisken som strate.	المستحدث ووسسس		
		equipment basis Less accumulated depreciation (attach schedule)	0.150.000	2 222 142	1 170 100		
- 1	15	Other assets (describe   ATCH 8 )		2,078,143	. 1,178,420		
		Total assets (to be completed by all filers - see the		0 004 310	4 650 603		
4		instructions. Also, see page 1, item I)	2,601,666.	2,824,310	4,658,697		
	17	Accounts payable and accrued expenses					
		Grants payable					
es		Deferred revenue					
≣		Loans from officers, directors, trustees, and other disqualified persons		<del> </del>			
힐		Mortgages and other notes payable (attach schedule)					
	22	Other liabilities (describe )					
			_		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		
4		Total liabilities (add lines 17 through 22)	0				
		Foundations that follow SFAS 117, check here . ▶					
န္တ		and complete lines 24 through 26 and lines 30 and 31.					
ances	24	Unrestricted					
扊		Temporarily restricted					
<u>0</u>		Permanently restricted					
Ĭ		Foundations that do not follow SFAS 117, $\dots$ $\blacktriangleright$ $oxedsymbol{oxtime}$					
ᅴ		check here and complete lines 27 through 31.					
2	27 28 29	Capital stock, trust principal, or current funds	2,601,666.	2,824,310			
ŝ	28	Paid-in or capital surplus, or land, bldg, and equipment fund					
B	29	Retained earnings, accumulated income, endowment, or other funds		· · · · · · · · · · · · · · · · · · ·	J. 5 ×		
Net A	30	Total net assets or fund balances (see instructions)	2,601,666.	2,824,310			
	31	Total liabilities and net assets/fund balances (see			^ *		
		instructions)	2,601,666.	2,824,310			
_		Analysis of Changes in Net Assets or Fund I					
1		I net assets or fund balances at beginning of year - Part					
		of-year figure reported on prior year's return)			2,601,666		
2		r amount from Part I, line 27a			1,401,374.		
3	Othe	er increases not included in line 2 (itemize)		1 4			
4	Add	lines 1, 2, and 3 reases not included in line 2 (itemize) ► ATCH 9		4	4,003,040.		
5	Deci	reases not included in line 2 (itemize) ►ATCH 9		5	1,178,730.		
6	Tota	I net assets or fund balances at end of year (line 4 minus	line 5) - Part II, column (I	o), line 30 6	2,824,310.		

Page 3

	and Losses for Tax on Inve		7. 75.5.6				
(a) List an	(b) How acquired P - Purchase	(d) Date sold (mo, day, yr)					
OPP DADE IN COUR	rick warehouse; or common stock, 200	sis MLC Co.)	D - Donation	acquired (mo., day, yr)	(110, day, y. )		
14	DOLE						
<u>b</u>			ļ				
<u>C</u>		<del> </del>	ļ				
_d		<del></del>					
<u>e</u>		<u></u>					
(e) Gross sales price	(f) Deprectation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) mini			
а							
<u>b</u>		-					
<u>c</u>							
d							
е							
Complete only for assets	showing gain in column (h) and owne	d by the foundation on 12/31/69	(1)	Gains (Col (h) g	ain minus		
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any		(k), but not less t Losses (from co	than -0-) or		
a			<del></del>				
b			†				
<u></u>			<u> </u>				
d					<del></del>		
e							
		gain, also enter in Part I, line 7	$\vdash$				
2 Capital gain net income or	(net capital loss)	(loss), enter -0- in Part I, line 7	2		2,507.		
3 Net short-term capital gair	•		-		2,307.		
	or (loss) as defined in sections 12						
	t I, line 8, column (c) (see insti				0		
			3		0		
		duced Tax on Net Investment In estion 4940(a) tax on net investi					
	the section 4942 tax on the distrib	outable amount of any year in the b	ase period	i?	Yes X No		
	not qualify under section 4940(e).						
	ount in each column for each year	; see the instructions before making	any entri		<del></del>		
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets		(d) Distribution ra (col (b) divided by			
2012	865,105.	1,498,748.			0.577218		
2011	285,939.	1,797,087.			0.159112		
2010	1,885,294.	2,921,048.			0.645417		
2009	761,550.	3,927,816.			0.193886		
2008	721,526.	4,686,511.			0.153958		
2 Total of line 1, column (d)			2		1.729591		
	for the 5-year base period - divide	the total on line 2 by 5, or by the	+-+-		-		
	dation has been in existence if less		3		0.345918		
4 Enter the net value of nor	charitable-use assets for 2013 fro	m Part X, line 5	4	3,	681,412.		
5 Multiply line 4 by line 3		• • • • • • • • • • • • • • • • • • • •	5	1,	273,467.		
•	nt income (1% of Part I, line 27b)		6	1 200			
	7	<del>.</del>	274,864.				
7 Add lines 5 and 6	7 Add lines 5 and 6						
8 Enter qualifying distribution If line 8 is equal to or gree Part VI instructions.	If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the						
i ait viilistiuctions.							

Par	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	nstruct	tions)				
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1 )			į			
	Date of ruling or determination letter (attach copy of letter if necessary - see instructions)						
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check		2 <b>,</b> 795	•			
	here and enter 1% of Part I, line 27b						
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of			اـ			
	Part I, line 12, col. (b).						
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 2		2,795	_			
3	Add lines 1 and 2			0			
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 4		2,795	_			
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0		2,155	÷			
6	Credits/Payments 2013 estimated tax payments and 2012 overpayment credited to 2013  6a 6,195.	* ~ ~ /	* **	`			
a	2013 estimated tax payments and 2012 overpayment credited to 2013	ž	3	1			
b	Tax paid with application for extension of time to file (Form 8868) 6c 2,000.	} *3	g e = 44,65%				
d	Backup withholding erroneously withheld 6d 6d	· **	Č.	3			
7	Total credits and payments. Add lines 6a through 6d	~~ <del>^</del>	8,195				
8	Enter any penalty for underpayment of estimated tax. Check here If Form 2220 is attached			_			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			_			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		5,400				
11	Enter the amount of line 10 to be: Credited to 2014 estimated tax ▶ 5,400 . Refunded ▶ 11			_			
Par	t VII-A Statements Regarding Activities						
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate	У	res No	ı			
	or intervene in any political campaign?	1a	X				
ь	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the						
	definition)?	1b	X	-			
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or		NA P	*			
	distributed by the foundation in connection with the activities	ندانــ	- <u>-</u>				
	c Did the foundation file Form 1120-POL for this year?						
đ	d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:						
_	(1) On the foundation \$ (2) On foundation managers. \$	`^,   `					
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers > \$			1			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2	X	-2:			
_	If "Yes," attach a detailed description of the activities.			_			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation,		3.	:			
	or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3	X				
4 a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	Х	Ξ			
	If "Yes," has it filed a tax return on Form 990-T for this year?	4b	N/	A			
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5	X				
	If "Yes," attach the statement required by General Instruction T.						
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:	•	1	~			
	By language in the governing instrument, or			٠			
			<del></del>				
	with the state law remain in the governing instrument?	<del>- °</del>	X	_			
_	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7	<del>^</del>	_			
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)  NY,	<b>%</b> :	<u>.</u>				
<b>A</b> .							
D	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)		<u>x</u> -				
9	of each state as required by General Instruction G <sup>2</sup> If "No," attach explanation	8b	<del></del>	_			
3	4942(j)(5) for calendar year 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? If "Yes," complete						
	Part XIV	9	x				
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and			-			
	addresses	10	x				

Pa	rt VII-A Statements Regarding Activities (continued)							
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the							
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X				
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified							
	person had advisory privileges? If "Yes," attach statement (see instructions)	12		Х				
13		1	X					
	N/A							
14	Website address ► 1778  The books are in care of ► BCRS ASSOCIATES, LLC Telephone no ► 212-440  Located at ►77 WATER STREET, 9TH FLOOR NEW YORK, NY ZIP+4 ► 10005	-080	5ō					
	Located at ▶77 WATER STREET, 9TH FLOOR NEW YORK, NY ZIP+4 ▶ 10005							
15			>	TT				
	and enter the amount of tax-exempt interest received or accrued during the year							
16								
	over a bank, securities, or other financial account in a foreign country?	16		Х				
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1 If "Yes," enter the name of							
	the foreign country							
Pa	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required							
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No				
1 a	During the year did the foundation (either directly or indirectly)	, ,	. ·					
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No	1 3	×	-				
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a		13					
	disqualified person? Yes X No	31,7	13					
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No	- (%						
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No	1., 3:	\ ``\					
	(5) Transfer any income or assets to a disqualified person (or make any of either available for							
	the benefit or use of a disqualified person)?	- 💲 🖫		1				
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the	. 5	<b>'</b>					
	foundation agreed to make a grant to or to employ the official for a period after			* ;				
	termination of government service, if terminating within 90 days.)		, ,	1				
Ŀ	of any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations		1.					
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		N/A				
	Organizations relying on a current notice regarding disaster assistance check here		,					
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that							
	were not corrected before the first day of the tax year beginning in 2013?	1 c		N/A				
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private	1 77	Ž.	,2				
	operating foundation defined in section 4942(j)(3) or 4942(j)(5)).	ļ'	4	1				
а	At the end of tax year 2013, did the foundation have any undistributed income (lines 6d and		,	ا ق				
	6e, Part XIII) for tax year(s) beginning before 2013?	-	3m	~ ]				
	If "Yes," list the years ▶,		€ <b>&gt;</b>	250				
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)	*	-	`				
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to							
	all years listed, answer "No" and attach statement - see instructions )	2b		N/A				
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here	#	6.9					
	<b>&gt;</b>	1	^					
3 a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise	`	4.	^				
	at any time during the year?		:	*				
b	olf "Yes," did it have excess business holdings in 2013 as a result of (1) any purchase by the foundation or		ĺ					
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the							
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of		۸.	١,				
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the							
	foundation had excess business holdings in 2013 )	3b	L	N/A				
4 a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	L	X				
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its							
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2013?	4b	L	Х				

Pai	t VII-B Statements Regarding Activities for	or Which Form 4	720 May Be Requ	ired (contin	nued)			<u> </u>
5a	During the year did the foundation pay or incur any amou	nt to.				70		
	(1) Carry on propaganda, or otherwise attempt to influer	nce legislation (section	1 4945(e))?	. Yes	X No	"		
	(2) Influence the outcome of any specific public ele	ction (see section	4955), or to carry or	n, <u> </u>				
	directly or indirectly, any voter registration drive?			. Yes	X No			
	(3) Provide a grant to an individual for travel, study, or otl				X No	۶,	% ·	
	(4) Provide a grant to an organization other than a	charitable, etc., org	ganization described i	n				į .
	section 509(a)(1), (2), or (3), or section 4940(d)(2)? (5	see instructions)		. Yes	X No	,,,	">	`^
	(5) Provide for any purpose other than religious, ch					2 ·	200	
	purposes, or for the prevention of cruelty to children of				X No	100 7	5 W	
b	If any answer is "Yes" to 5a(1)-(5), did any of the				scribed in		-8,5	•
	Regulations section 53 4945 or in a current notice regard	ing disaster assistani	ce (see instructions)?			5b		N/A
	Organizations relying on a current notice regarding disaster assistance check here							*
С								.*
	because it maintained expenditure responsibility for the gr	rant?	N/A	. Yes	No	( )	1	
	If "Yes," attach the statement required by Regulations section					ş, .	33.33	150
6a	Did the foundation, during the year, receive any fund	ls, directly or indire	ctly, to pay premium	s		2 202		
	on a personal benefit contract?	•	• • • •	Yes	X No			1
b	Did the foundation, during the year, pay premiums, direct			• —		6b	-4-4-:	X
	If "Yes" to 6b, file Form 8870.	,,,				- 324	15(%)	18 Y
7a	At any time during the tax year, was the foundation a pa	rty to a prohibited tax	shelter transaction?	Yes	No			
b								
Par	Information About Officers, Directors	, Trustees, Foun	dation Managers,	Highly Pai	d Emplo			
<del>_</del>	and Contractors					<u> </u>		
<u> </u>	List all officers, directors, trustees, foundation n	(b) Title, and average	(c) Compensation	(d) Contribut		(e) Expens		
	(a) Name and address	hours per week devoted to position	(if not paid, enter -0-)	employee bene and deterred cor		other all		
		•	•		·			
ATC	H 10		0	•	þ			0
		•						
2	Compensation of five highest-paid employees "NONE."	(other than thos	e included on line	1 - see i	nstructio	ns). If no	one,	enter
		(b) Title, and average		(d) Contribut		(e) Expens	e accoi	unt
(a)	Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	plans and de	eferred	other all	owance	ss.
		·		compensa	AUOH			
	NONE							0
								<u> </u>
			- · · ·					
<b>-</b>								
<del>-</del>								
		]						
Tate	number of other employees said over 050 000		<u>_</u>					
ıota	number of other employees paid over \$50,000 .	<del> </del>	· · · · · · · · · · · · · · · · · · ·	<u> </u>	▶	- 000		
						Form 990	1-PF	(2013)

Page 8

Part	Х	Minimum Investment Return (All domestic foundations must complete this part. Foreignee instructions.)	gn foundations,	
1	Fair	market value of assets not used (or held for use) directly in carrying out charitable, etc.,	3	
		ooses:		
а	Ave	rage monthly fair market value of securities	1a	2,396,429.
b	Ave	rage of monthly cash balances	1b	232,593.
C	rair	market value of all other assets (see instructions)	1c	1,108,452.
d	Tota	al (add lines 1a, b, and c)	1d	3,737,474.
е	Hec	duction claimed for blockage or other factors reported on lines 1a and	· 7	
	1c (	attach detailed explanation)1e		
2	Acq	uisition indebtedness applicable to line 1 assets	2	
3	CILL	stract line O from line 1d	3	3,737,474.
4		h deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see		
	inst	ructions) value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	4	56,062.
5		• •	5	3,681,412.
_ 6	Min	imum investment return. Enter 5% of line 5	6	184,071.
Pari	ΧI	<b>Distributable Amount</b> (see instructions) (Section 4942(j)(3) and (j)(5) private operating foun and certain foreign organizations check here ▶  and do not complete this part.)	dations	
1	Min	imum investment return from Part X, line 6	1	184,071.
2a	Tax	on investment income for 2013 from Part VI, line 5 2a 2,795.		
b	Inco	ome tax for 2013. (This does not include the tax from Part VI.) 2b		
		l lines 2a and 2b	2c	2,795.
3	Dist	ributable amount before adjustments. Subtract line 2c from line 1	3	181,276.
4	Rec	coveries of amounts treated as qualifying distributions	4	
5	Add	l lines 3 and 4	5	181,276.
6			6	
7	Dist	fuction from distributable amount (see instructions)  tributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
		1	7	181,276.
Pari		Qualifying Distributions (see instructions)	<u> </u>	
1	Am	nounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	li de la companya de	
·		penses, contributions, gifts, etc total from Part I, column (d), line 26	1a	336,392.
b			1b	
2	Am	ogram-related investments - total from Part IX-B nounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,	1.5	
-			2	
3	Am	rposes  nounts set aside for specific charitable projects that satisfy the:	<u>م</u> این دهر ر	
а			3a	
b		itability test (prior IRS approval required). sh distribution test (attach the required schedule).	3b	·
4	Ou	alifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	336,392.
5		undations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		330,332.
•		ter 1% of Part I, line 27b (see instructions)	5	n
6	Δ.d	justed qualifying distributions. Subtract line 5 from line 4	6	336,392.
5	No.	te. The amount on line 6 will be used in Part V, column (b), in subsequent years when c		
	INO	qualifies for the section 4940(e) reduction of tax in those years.	alculating whethe	ii trie loundatior

Form 990-PF (2013)

	orm 990-PF (2013) Page <b>9</b>									
Pa	rt XIII Undistributed Income (see instri	uctions)								
1	Distributable amount for 2013 from Part XI,	(a) Corpus	(b) Years prior to 2012	(c) 2012	( <b>d)</b> 2013					
	line 7	1 M 2 M + .	111111111111111111111111111111111111111		181,276.					
2 a	Undistributed income, if any, as of the end of 2013 Enter amount for 2012 only			NONE						
	Total for prior years 20,20,20	1380 c305	NONE	2 56.5 * 86 50 50.0	A COLUMN					
3	Excess distributions carryover, if any, to 2013	73.81.11.11								
а	From 2008 492,388.		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\							
ь	From 2009   565, 991.	1 0								
c	From 2010   1,740,434.	1 * 50.250.200		3 8						
d	From 2011 199,545.									
е	From 2011 199,545. From 2012 799,778.									
f	Total of lines 3a through e	3,804,196.			», °,					
4	Qualifying distributions for 2013 from Part XII,		<b>( )</b>	3 16 x 11 <b>3</b> 4 1	% · / · · · · · · · · · · · · · · · · ·					
	line 4: ▶ \$336,392.									
а	Applied to 2012, but not more than line 2a			1						
ь	Applied to undistributed income of prior years (Election required - see instructions)									
С	Treated as distributions out of corpus (Election required - see instructions)									
d	Applied to 2013 distributable amount	- / // // /	* 6 \ Y ( )	4 ,4 , 5	181,276.					
	Remaining amount distributed out of corpus	155,116.			* >					
5	Excess distributions carryover applied to 2013			~\$. · · ·						
	(If an amount appears in column (d), the same amount must be shown in column (a))				, , ,					
6	Enter the net total of each column as indicated below:		( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )							
а	Corpus Add lines 3f, 4c, and 4e. Subtract line 5	3,959,312.	<b>&gt;</b> •							
b	Prior years' undistributed income. Subtract line 4b from line 2b									
С	Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed			***************************************						
	Subtract line 6c from line 6b Taxable amount - see instructions	***								
е	Undistributed income for 2012. Subtract line 4a from line 2a Taxable amount - see			NONE						
_	instructions		445	HONE HOLE	x.4 ms .m.: ::my-c.,4,460 }					
f	Undistributed income for 2013 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2014				NONE					
7	Amounts treated as distributions out of corpus	````								
	to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions)									
8	Excess distributions carryover from 2008 not applied on line 5 or line 7 (see instructions)	492,388.								
9	Excess distributions carryover to 2014.			4 4						
	Subtract lines 7 and 8 from line 6a	3,466,924.		7 <b>17 %</b> 4 3 3 7						
10	Analysis of line 9									
а	Excess from 2009 565, 991.									
	Excess from 2010 1,746,494.	, ·		` ` ` · ·						
	Excess from 2011 199, 545.			* *>-						
	Excess from 2012			, , ),						
е	Excess from 2013 155, 116.			, , , , , , , , , , , , , , , , , , ,						

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

- a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed:
- b The form in which applications should be submitted and information and materials they should include:
- c Any submission deadlines:
- d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

JSA 3F1490 1 00

Page 11

Form 990-PF (2013)  Part XV , Supplementary Information (	aantinuad\			Page 11
Part XV Supplementary Information (	ng the Veer or Appr	oved for l	Euturo Doumont	
3 Grants and Contributions Paid Duri Recipient Name and address (home or business)	If recipient is an individual,	Foundation	ruture Payment	
Name and address (home or husiness)	show any relationship to any foundation manager	status of	Purpose of grant or contribution	Amount
Paid during the year	or substantial contributor	recipient		
a Paid during the year SEE LIST ATTACHED				330 335
SEE BIST ATTACHED				330,235.
			1	
			1	
		•		
			1	
				]
	:			
		1		
	İ			
			-	
Total				330,235.
b Approved for future payment				
			]	
:				
:				
		]		
Total			▶ 3b	

Page 12

Part XV	-A Analysis of Income-Produ					_ <u></u>
Enter gross	s amounts unless otherwise indicated	Unrel (a)	ated business income (b)	Excluded by	y section 512, 513, or 514 (d)	(e) Related or exempt function income
1 Program	n service revenue	Business code	Amount	Exclusion code	Amount	(See instructions)
a						
_						
c						
d						
e						· <u> </u>
f						
	and contracts from government agencies					
2 Membe	rship dues and assessments					
	on savings and temporary cash investments			14	172.	
	ds and interest from securities	· ·	V 62 % V 2 4 2 8	14	150,596.	
	tal income or (loss) from real estate		Safety Carlotte			
	t-financed property	ļ				
	debt-financed property	<u> </u>				
	al income or (loss) from personal property .					
	nvestment income			1.0	2 507	
	(loss) from sales of assets other than inventory			18	2,507.	
	ome or (loss) from special events	<u> </u>				
•	profit or (loss) from sales of inventory					
11 Other re	ATCH 12			ļ	-3,363.	
					-5,505.	· <del>-</del>
c						
	<del></del>					
6	il. Add columns (b), (d), and (e)	Tri Cas		N2 ( 1 ( 1 ( 1 ( 1 ( 1 ( 1 ( 1 ( 1 ( 1 (	149,912.	
	add line 12, columns (b), (d), and (e)					149,912.
Line No. ▼	-B Relationship of Activities  Explain below how each activit accomplishment of the foundation	y for which	n income is reported in	n column (e	e) of Part XVI-A contribu	
<del></del>						
N/A						
					<del></del>	
	· · · · · · · · · · · · · · · · · · ·					<del>-</del>
						<u> </u>
	<u> </u>					
	· · · · · · · · · · · · · · · · · · ·				<del></del>	
	-			-		
						<del></del>
		· ,				
		<del> </del>				
	<del></del>					

Part XVI	<u>, , , , , , , , , , , , , , , , , , , </u>	legarding Ti	ransfers To and Transa			ionships	13-353 With Non			age 13 B
in se orgar	ction 501(c) of the Co nizations?	ode (other thar	y engage in any of the follown section 501(c)(3) organizated a noncharitable exempt organizated.	ions) or in	section 52			***	Yes	No
(1) C (2) O	ash				. <b></b> .			1a(1) 1a(2)		X
(1) S (2) P (3) R	urchases of assets fr ental of facilities, equ	om a noncharit ipment, or othe	empt organization	 				1b(1) 1b(2) 1b(3) 1b(4)		X X X
(5) Lo (6) P c Shari d If the	pans or loan guarante erformance of service ng of facilities, equipr answer to any of the	es	ship or fundraising solicitations ists, other assets, or paid emp 'es," complete the following	loyees schedule	Column (	(b) should		1b(5) 1b(6) 1c	fair m	X X X
value	in any transaction o	r sharing arrar	vices given by the reporting ngement, show in column (d	) the valu	e of the go	ods, other	assets, or s	ervice	s rec	eived
(a) Line no	(b) Amount involved	(c) Name of N/A	noncharitable exempt organization	(d) D	escription of t	ransfers, trans	sactions, and sha	nng arra	ngeme	nts
	-									
					-					
			ffiliated with, or related to, other than section 501(c)(3))			empt organ	nzations	Ye	es X	No
b If "Yes," complete the following schedule  (a) Name of organization		wing schedule			(c) Description of relation					
<del></del>		<del></del>			-		<u> </u>			

Preparer's signature

Form **990-PF** (2013)

with the preparer shown below

(see instructions)? X Yes

if PTIN

Firm's EIN ▶ 13-4078147

Phone no

self-employed P01366942

212-440-0800

Here

Paid

Preparer

Use Only

Signature of officer or trustee

JOSEPH

Firm's name

Print/Type preparer's name

BULGER

NEW YORK,

▶ BCRS ASSOCIATES,

▶ 77 WATER STREET, 9TH FLOOR

NY

TRUSTEE

10005

Date

5/6

### Schedule B

(Form 990, 990-EZ, or 990-PF)
Department of the Treasury

Name of the organization

### **Schedule of Contributors**

OMB No 1545-0047

2013

Department of the Treasury
Internal Revenue Service
Information about Schedule B (Fo

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

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/torm990.

Employer identification number

BARRY L. AND JAN R. ZUBROW FOUNDATION 13-3532026 Organization type (check one): 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 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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization 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) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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) (2013)

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization BARRY L. AND JAN R. ZUBROW FOUNDATION

Employer Identification number

			13-3332026
Part I	Contributors (see instructions). Use duplicate copies of Pa	art I if additional space is nee	ded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	BARRY L. & JAN ROCK ZUBROW  C/O BCRS ASSOC, LLC; 77 WATER ST-9TH FL  NEW YORK, NY 10005	\$1,605,030.	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<b>-</b> -		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroli Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<b></b>		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

**Employer identification number** 

13-3532026

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is nee	eded.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	10,000 SHS JOHNSON & JOHNSON CMN	\$909,150.	_12/17/2013
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	12,000 SHS JPMORGAN CHASE CMN	\$695,880.	12/30/2013
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	<b></b>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

**Employer identification number** 

13-3532026

	that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry.  For organizations completing Part III, enter the total of <i>exclusively</i> religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$  Use duplicate copies of Part III if additional space is needed.				
(a) No. from		<u> </u>			
from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held	
		(e) Trans	fer of gift		
	Transferee's name, address, a	nd ZIP + 4	Relatio	nship of transferor to transferee	
(a) No.		<u> </u>	<u> </u>		
`from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held	
		(e) Transfer of gift			
	Transferee's name, address, a	nd ZIP + 4	Relatio	nship of transferor to transferee	
(a) No.		T	<u> </u>		
`from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held	
				<del>-</del>	
<b>-</b>					
(e) Transfer of gift					
	Transferee's name, address, a	nd ZIP + 4	Relatio	nship of transferor to transferee	
(a) No. from		<u> </u>	<u>L</u>		
from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held	
	(e) Transfer of gift				
	Transferee's name, address, ar	nd ZIP + 4	Relatio	nship of transferor to transferee	
	l		L		

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations

THE BARRY L. AND JAN R. ZUBROW FOUNDATION

13-3532026

### SUPPLEMENTARY STATEMENTS

PART: XV

LINE: 2

SUPPLEMENTAL INFORMATION

THE ORGANIZATION'S PRIMARY ACTIVITY IS TO SUPPORT, BY CONTRIBUTIONS, OTHER ORGANIZATIONS QUALIFYING FOR EXEMPTION UNDER SECTION 501(c)(3) OF THE INTERNAL REVENUE CODE. THE TRUSTEES CHOOSE THESE ORGANIZATIONS BASED UPON THEIR KNOWLEDGE OF THE ORGANIZATIONS' ACTIVITIES. NO CONTRIBUTIONS, GRANTS, GIFTS, LOANS OR SCHOLARSHIPS ARE MADE TO INDIVIDUALS THE ORGANIZATION DOES NOT PRESENTLY RECEIVE APPLICATIONS OR CONDUCT PROGRAMS FOR DONATIONS IN ITS ACTIVITIES.

# - INTEREST ON TEMPORARY CASH INVESTMENTS FORM 990PF, PART I

ADJUSTED NET INCOME		
NET INVESTMENT INCOME	157. 15.	172.
REVENUE AND EXPENSES PER BOOKS	157.	172.
		TOTAL
DESCRIPTION	INTEREST ON CREDIT BALANCE INTEREST ON CHECKING	

ťΩ
r_1
щ
$\vdash$
⊢
$\overline{\mathbf{H}}$
-
쁘
$\Box$
$\mathbf{c}$
Ē
S
01
$\mathbf{z}$
O
FR
بعا
₽
Š
r-1
XES
_
ᇤ
NTE
~
$\vdash$
$\sim$
$\boldsymbol{\mu}$
Z
AND
AND
(i)
$\Box$
$\sim$
53
뽀
$\Box$
$\mathbf{H}$
$\sim$
H
H
I
- DI
ı
ı H
ART I -
ı H
', PART I -
E, PART I -
F, PART I -
E, PART I -
F, PART I -
90PF, PART I -
F, PART I -
90PF, PART I -
1 990PF, PART I -
1 990PF, PART I -
1 990PF, PART I -
1 990PF, PART I -
M 990PF, PART I -

ADJUSTED NET INCOME		
NET INVESTMENT INCOME	150,560.	150,596.
REVENUE AND EXPENSES PER BOOKS	150,560.	150,596.
DESCRIPTION	DIVIDENDS INTEREST THRU NEW NIB PARTNERS LP	TOTAL

FORM 990PF, PART I - OTHER INCOME

DESCRIPTION SEC. 988 LOSS THRU NEW NIB PARTNERS LP PFIC INCOME THRU NEW NIB PARTNERS LP ORDINARY INCOME

EXPENSES INVESTMENT
PER BOOKS

4.

3.

-3,370.

-3,37

REVENUE

4. 3. -3,370.

ADJUSTED NET INCOME

-3,363.

TOTALS

ATTACHMENT 3 PAGE 21

П
FEES
ACCOUNTING
PART 1
990PF,
FORM

CHARITABLE PURPOSES	5,150.	5,150.
ADJUSTED NET INCOME		
NET INVESTMENT INCOME	5,150.	5,150.
REVENUE AND EXPENSES PER BOOKS	10,300.	10,300.
		TOTALS
DESCRIPTION	BCRS ACCOUNTING FEES	

ATTACHMENT 5 PAGE 23

- TAXES PART I FORM 990PF,

REVENUE

AND EXPENSES PER BOOKS

INVESTMENT INCOME

NET

DESCRIPTION

FEDERAL TAX PAID: -BAL DUE W/ EXT FYE 6/30/2013

7,000.

ADJUSTED NET INCOME

CHARITABLE PURPOSES

TOTALS

7,000.

1

### ATTACHMENT 6

FORM 990PF, PART I - OTHER EXPENSES

CHARITABLE	PURPOSES 617.	140.	1,007.
ADJUSTED NET	INCOME		
NET INVESTMENT	INCOME	4,439.	5,026.
REVENUE AND EXPENSES	PER BOOKS 617.	4,439. 140. 250. 587.	6,033.
	DESCRIPTION BANK CHARGES	GMT FEES NOTICE FEE TE FILING FEE RU NEW NIB PTRS LP	TOTALS

14089001

STOCK
CORPORATE
∥ ب
井
PART
990PF,
FORM 9

ENDING <u>EMV</u>	9,227. 3,310,739. NONE	3,319,966.
ENDING BOOK VALUE	9,556. 576,300. NONE	585,856.
BEGINNING BOOK VALUE	9,556. 150,000. 3,461.	163,017.
DESCRIPTION	SEE LONG POSITION I ATTACHED SEE LONG POSITION II ATTACHED EUROS	TOTALS

ASSETS	
- OTHER	
- II	
PART	
990PF,	
FORM	

ENDING	22,600. 12,500. 9,802. 695,068. 87,500. 350,950.
ENDING BOOK VALUE	22,600. 304,500. 592,338. 290,517. 200,221. 667,967.
BEGINNING BOOK VALUE	22,600. 304,500. 674,247. 292,471. 200,221. 659,183.
DESCRIPTION	SK LIMITED PARTNERSHIP ALESCO PREFERRED FUNDING VI DUNE CAPITAL INTERNATIONAL LTD GENERATION IM GLOBAL EQUITY FD EMPORIA PREFERRED FUNDING I NEW NIB PARTNERS, LP

13-3532026

ATTACHMENT 9

### FORM 990PF, PART III - OTHER DECREASES IN NET WORTH OR FUND BALANCES

DESCRIPTION

AMOUNT

EXCESS OF FAIR MARKET VALUE OVER DONORS COST BASIS OF SECURITIES GIFTED TO THE FOUNDATION.

1,178,730.

TOTAL

1,178,730.

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
BARRY L. ZUBROW C/O BCRS ASSOCIATES, LLC 77 WATER STREET, 9TH FLOOR NEW YORK, NY 10005	TRUSTEE/PART-TIME	0	0	0
JAN ROCK ZUBROW C/O BCRS ASSOCIATES, LLC 77 WATER STREET, 9TH FLOOR NEW YORK, NY 10005	TRUSTEE/PART-TIME	0	0	0
RICHARD M. HAYDEN C/O BCRS ASSOCIATES, LLC 77 WATER STREET, 9TH FLOOR NEW YORK, NY 10005	TRUSTEE/PART-TIME	0	0	0
	GRAND TOTALS	0	0	0

### FORM 990PF, PART XV - INFORMATION REGARDING FOUNDATION MANAGERS

BARRY L. ZUBROW; C/O BCRS ASSOCIATES, LLC 77 WATER STREET, 9TH FLOOR, NEW YORK, NY 10005

FORM 990-PF, PART XVI-A - ANALYSIS OF OTHER REVENUE

				ATTACHMENT 12	12
DESCRIPTION	BUSINESS	AMOUNT	CODE	AMOUNT	RELATED OR EXEMPT FUNCTION INCOME
SEC 988 LOSS THRU NEW NIB PARTNERS LP PFIC INCOME THRU NEW NIB PARTNERS LP ORDINARY INCOME			01 01	4. 3. -3,370.	
TOTALS			1 11	-3,363.	

### SCHEDULE D (Form 1041).

Department of the Treasury Internal Revenue Service

### **Capital Gains and Losses**

► Attach to Form 1041, Form 5227, or Form 990-T.

▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9 and 10. ▶ Information about Schedule D and its separate instructions is at www.irs.gov/form1041.

**2013** 

OMB No 1545-0092

Name of estate or trust Employer identification number BARRY L. AND JAN R. ZUBROW FOUNDATION 13-3532026 Note: Form 5227 filers need to complete only Parts I and II. Short-Term Capital Gains and Losses - Assets Held One Year or Less See instructions for how to figure the amounts to enter on (g) Adjustments (h) Gain or (loss) Subtract column (e) the lines below. to gain or loss from Form(s) 8949, Part I, from column (d) and combine the result with Proceeds This form may be easier to complete if you round off cents (sales price) (or other basis) line 2, column (g) column (g) to whole dollars. 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b 1b Totals for all transactions reported on Form(s) 8949 3,686 3,461. 225. Totals for all transactions reported on Form(s) 8949 Totals for all transactions reported on Form(s) 8949 4 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts . . . . . . . . . 5 Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2012 Capital Loss 6 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). Enter here and on 225. Long-Term Capital Gains and Losses - Assets Held More Than One Year See instructions for how to figure the amounts to enter on (h) Gain or (loss) (g) Adjustments to gain or loss from Subtract column (e) from column (d) and the lines below. Proceeds Form(s) 8949, Part II, line 2, column (g) combine the result with column (g) This form may be easier to complete if you round off cents (or other basis) (sales price) to whole dollars. 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b 8b Totals for all transactions reported on Form(s) 8949 4,235. 1,953. 2,282. Totals for all transactions reported on Form(s) 8949 Totals for all transactions reported on Form(s) 8949 Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824 . . . . . . . . . 11 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts....... 12 13 Long-term capital loss carryover Enter the amount, if any, from line 14 of the 2012 Capital Loss 15 Net long-term capital gain or (loss). Combine lines 8a through 15 in column (h). Enter here and on 2,282.

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D (Form 1041) 2013

Sched	dule D (Form 1041) 2013				Page 2
Par	t III Summary of Parts I and II		(1) Beneficiaries'	(2) Estate's	(2) Total
	Caution: Read the instructions before completing this pa	art	(see instr.)	or trust's	(3) Total
17	Net short-term gain or (loss)	17			225.
18	Net long-term gain or (loss):				
а	Total for year	18a			2,282.
	Unrecaptured section 1250 gain (see line 18 of the wrksht.)	18b			
	28% rate gain	18c			
		19			2,507.
Note	e: If line 19, column (3), is a net gain, enter the gain on Form 1041, line 4 , go to Part V, and <b>do no</b> t complete Part IV. If line 19, column (3), is a n	or Fo	orm 990-T, Part I, line	4a) If lines 18a and 1	9, column (2), are ne
neces	sary	161 103	s, complete rait iv an	u the Capital Loss Co	eryover worksneet, a
Par	t IV Capital Loss Limitation				
20	Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, F	art I, I	ine 4c, if a trust), the <b>sr</b>	maller of:	
a Note	The loss on line 19, column (3) or b \$3,000		1 lan 22 (or Form 00	<u>20 (</u>	annolote the Comite
Loss	: If the loss on line 19, column (3), is more than \$3,000, or if Form 1041, Carryover Worksheet in the instructions to figure your capital loss carryover	page	i, line 22 (or Form 99	U-1, IINe 34), IS a IOSS	, complete the <b>Capit</b> a
Par					
Form	1041 filers. Complete this part only if both lines 18a and 19 in col	umn (	2) are gains, or an a	mount is entered in	Part I or Part II and
there	e is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is mor	e thai	n zero.		
	ion: Skip this part and complete the Schedule D Tax Worksheet in the	ınstrud	ctions if:		
	ther line 18b, col. (2) or line 18c, col. (2) is more than zero, or				
	oth Form 1041, line 2b(1), and Form 4952, line 4g are more than zero.			danda ana inalisalad	in income in <b>D</b>
	n <b>990-T trusts.</b> Complete this part <b>only</b> if both lines 18a and 19 a orm 990-T, <b>and</b> Form 990-T, line 34, is more than zero. Skip this part				
	her line 18b, col. (2) or line 18c, col. (2) is more than zero.	and c	omplete the Scheut	HE D TAX WOLKSHEE	et in the instructions
	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 3				
21 22	Enter the smaller of line 18a or 19 in column (2)	94)	. 21		
22	', ',			• • •	
23	but not less than zero		· . ·		
23	from Form 1041, line 2b(2) (or enter the qualified		* ^ *		
	dividends included in income in Part I of Form 990-T) 23				
24	Add lines 22 and 23			* 4 5	
<b>2</b> 5	If the estate or trust is filing Form 4952, enter the			2.3%	
	amount from line 4g; otherwise, enter -0 > 25		34.7		
26	Subtract line 25 from line 24. If zero or less, enter -0-		. 26		
<b>2</b> 7	Subtract line 26 from line 21. If zero or less, enter -0-		·		
 28	Enter the smaller of the amount on line 21 or \$2,450		•		
29	Enter the smaller of the amount on line 27 or line 28				
30	Subtract line 29 from line 28. If zero or less, enter -0 This amount is			▶ 30	
31	Enter the smaller of line 21 or line 26			**	
32	Subtract line 30 from line 26.		00	<del></del>	
33	Enter the smaller of line 21 or \$11,950				
34	Add lines 27 and 30				
35	Subtract line 34 from line 33. If zero or less, enter -0-		35		
36	Enter the smaller of line 32 or line 35				
37	Multiply line 36 by 15%			▶ 37	
38	Enter the amount from line 31				-
39	Add lines 30 and 36				
40	Subtract line 39 from line 38. If zero or less, enter -0-		40		
41	Multiply line 40 by 20%			▶ 41	
42	Figure the tax on the amount on line 27 Use the 2013 Tax Rate Schedule for B		1 1		
	and Trusts (see the Schedule G instructions in the instructions for Form 1041)		. 42		
43	Add lines 37, 41, and 42		. 43		
44	Figure the tax on the amount on line 21 Use the 2013 Tax Rate Schedule for E				
	and Trusts (see the Schedule G instructions in the instructions for Form 1041)		l l		
45	Tax on all taxable income. Enter the smaller of line 43 or line 44 h	nere a	ind on Form 1041,		
	G, line 1a (or Form 990-T, line 36)				

### Form 8949

### Sales and Other Dispositions of Capital Assets

▶ Information about Form 8949 and its separate instructions is at www.lrs.gov/form8949.

▶File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

OMB No 1545-0074

Department of the Treasury Internal Revenue Service Name(s) shown on return

BARRY L. AND JAN R. ZUBROW FOUNDATION

Social security number or taxpayer identification number

13-3532026

Most brokers issue their own substitute statement instead of using Form 1099-B. They also may provide basis information (usually your cost) to you on the statement even if it is not reported to the IRS. Before you check Box A, B, or C below, determine whether you received any statement(s) and, if so, the transactions for which basis was reported to the IRS. Brokers are required to report basis to the IRS for most stock you bought in 2011 or later.

Short-Term. Transactions involving capital assets you held one year or less are short-term. For long-term Part I transactions, see page 2.

Note. You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the total directly on Schedule D, line 1a; you are not required to report these transactions on Form 8949 (see instructions).

(B) Short-term transactions r				reported to the IF	<u> </u>	ny, to gain or loss.	
(a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis. See the	If you enter an a enter a cod	mount in column (g), e in column (f) rate instructions.	(h) Gain or (loss). Subtract column (e
(Example 100 sh' XYZ Ćo )	(Mo , day, yr )	disposed (Mo , day, yr )	(sales price) (see instructions)	Note below and see Column (e) in the separate instructions	(f) Code(s) from Instructions	(g) Amount of adjustment	from column (d) an combine the result with column (g)
EURO SALES	VAR	VAR	3,644.	3,461.			183
STCG THRU NEW NIB PARTNERS LP	VAR	VAR	42.				42
		_					
		<u> </u>					
	_						
Totals. Add the amounts in colu act negative amounts) Enter ea your Schedule D, line 1b (if Box Box B above is checked), or line	ach total here and A above is check	d include on ed), line 2 (if	3.686	3.461			225

Note. If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

Attachment Sequence No 12A

Page 2

Name(s) shown on return (Name and SSN or taxpayer identification no not required if shown on other side.)

Social security number or taxpayer identification number

BARRY L. AND JAN R. ZUBROW FOUNDATION

13-3532026

Most brokers issue their own substitute statement instead of using Form 1099-B. They also may provide basis information (usually your cost) to you on the statement even if it is not reported to the IRS. Before you check Box D, E, or F below, determine whether you received any statement(s) and, if so, the transactions for which basis was reported to the IRS. Brokers are required to report basis to the IRS for most stock you bought in 2011 or later.

Part II Long-Term. Transactions involving capital assets you held more than one year are long term. For short-term transactions, see page 1.

**Note.** You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the total directly on Schedule D, line 8a; you are not required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
- (E) Long-term transactions reported on Form(s) 1099-B showing basis was not reported to the IRS

(F) Long-term transactions not reported to you on Form 1099-B

1  Description of property (Example 100 sh XYZ Co)	(b) Date acquired (Mo , day, yr )	(c) Date sold or disposed	(d) Proceeds (sales price)	(e) Cost or other basis See the Note below and	If you enter an a enter a coo	any, to gain or loss. Imount in column (g), de in column (f) rate instructions.	(h) Gain or (loss). Subtract column (e) from column (d) and
	( , eag, j. )	(Mo , day, yr )	(see instructions)	see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g)
18.22 SHS GENERATION I GLOBAL EQUITY FUND	12/28/2007	10/01/2013	4,207.	1,953			2,254
LTCG THRU NEW NIB PARTNERS LP			28.				28
							_
				_			
							<del></del>
						<u></u>	
2 Totals. Add the amounts in colu	mns (d), (e), (	(g), and (h)					
(subtract negative amounts). Er include on your Schedule D, line checked), line 9 (if Box E above (if Box F above is checked) ▶	8b (if Box D	above is	4,235.	1,953.			2,282.

Note. If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

### THE BARRY L. AND JAN R. ZUBROW FOUNDATION CHARITABLE CONTRIBUTIONS FYE 6/30/2014

EIN: 13-3532026

Date	Name	City, State	Amount
7/11/2013	UJA - Federation	New York, NY	\$5,000.00
7/12/2013	United States Holocaust Memorial Museum	New York, NY	\$2,500.00
7/15/2013	University of Chicago-Graduate School of Business	Chicago, IL	\$1,500.00
7/15/2013	University of Chicago-The Law School	Chicago, IL	\$2,500.00
7/18/2013	Far Hills-Bedminster FirstAid Squad, Inc.	Far Hills, NJ	\$500.00
8/7/2013	The Winston School	Short Hills, NJ	\$5,000.00
8/9/2013	Nantucket Hospital	Nantucket, MA	\$2,500.00
8/28/2013	Nantucket Golf Club Foundation	Nantucket, MA	\$5,000.00
8/30/2013	Temple Her Shalom	Warren, NJ	\$2,290.00
9/4/2013	Berklee College of Music	Boston, MA	\$12,000.00
9/20/2013	Cornell University	Ithaca, NY	\$6,600.00
10/31/2013	Morristown Beard School	Morristown, NJ	\$87,500.00
11/7/2013	Temple Her Shalom	Warren, NJ	\$3,600.00
11/13/2013	Women for Women International	New York, NY	\$50,000.00
11/15/2013	Pottersville Volunteer Fire Company	Pottersville, NJ	\$250.00
11/18/2013	Weill Cornell Medical College	New York, NY	\$2,500.00
11/28/2013	Far Hills-Bedminster FirstAid Squad, Inc.	Far Hills, NJ	\$5,000.00
2/12/2014	Network for Good	Washington, DC	\$515.00
3/4/2014	Greenwood Househome	Ewing, NJ	\$250.00
3/11/2014	Women for Women International	New York, NY	\$25,000.00
3/19/2014	Metropolitan Opera	New York, NY	\$5,000.00
5/6/2014	Teach for America - New York	New York, NY	\$1,250.00
5/27/2014	Congregation Shirat HaYum	Nantucket, MA	\$730.00
5/30/2014	Berklee College of Music	Boston, MA	\$16,666.00
5/30/2014	Berklee College of Music	Boston, MA	\$21,334.00
6/11/2014	Seeds of Peace	New York, NY	\$25,000.00
6/20/2014	Friends Central School	Wynnewood, PA	\$250,00
6/27/2014	Cornell University	Ithaca, NY	\$30,000.00
6/30/2014	Haverford College	Haverford, PA	\$10,000.00
	TOTAL CONTRIBUTIONS PAID *		\$330,235.00

<sup>\*</sup> ALL CONTRIBUTIONS WERE MADE TO THE GENERAL PURPOSE FUND OF PUBLIC CHARITABLE ORGANIZATIONS THAT WERE CLASSIFIED UNDER SECTION 501(c)(3) OF THE INTERNAL REVENUE CODE.



# ZUBROW BARRY L & JAN R FDN Holdings

Period Ended June 30, 2014

CASH, DEPOSITS & MONEY MARKET FUNDS								L
			Market Value /		Adjusted Cost /	Unrealized	Yield to Maturity /	Estimated
	Quantity	Market Price	Market Price Accrued Income	Unit Cost	Unit Cost Original Cost	Gain (Loss)	Gain (Loss) Current Yield Annual Income	Annual Income
CASH								
EURO	6,738.00	1.3694	9,227 02 1 4182	1 4182	9,555 85	(328.83)		
					Adjusted Cost /6	Unrealized		Estimated
			Market Value		Original Cost	Gain (Loss)		Annual Income
TOTAL PORTFOLIO	» * · · ·	,	9,227.02		9,555.85	(328.83)		

89,351.20	3,310,738.90	0.00	2,734,438.90	576,300.00		3,310,738.90		Total common stock
19,200 00	691,440 00	00 0	265,140.00	426,300.00	57 620	691,440 00	12,000 00	JPMORGAN CHASE & CO COM 46625H100
70,000 00	2,615,500 00	00 0	2,615,500 00	00 0	104 620	2,615,500.00	25,000 00	JOHNSON & JOHNSON COM USD1 478160104
151 20	3,798 90	00 0	(146,201.10)	150,000.00	2 010	3,798 90	1,890 00	INSTITUTIONAL FINL MKTS INC COM 45779L107
								Common stock
								Equities
Page 4 of 10 Estimated annual income	Market value including accruals	Accrued income/expense	Unrealized gain/loss	Cost	Market price	Market value	Shares/PAR value	Asset Detail Description Asset ID
er 2689777 L'HOLDING	Account number 26	count Name ZUBRO	A.C.					Portfolio Statemen 30 JUN 2014

BARRY L. AND JAN R. ZUBROW FOUNDATION

13-3532026

FORM 990-PF - PART IV
CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

· C	APITAL GA	INS AND LO	SSES FOI	R TAX ON	INVEST	ΛE	ENT INCOM	<u>                                      </u>
Kınd of	Property	INS AND LO	Desc	ription	ĺ	ב ב	Date acquired	Date sold
Gross sale price less expenses of sale	Depreciation allowed/ allowable	Cost or other basis	FMV as of 12/31/69	Adj basis as of 12/31/69	Excess of FMV over adj basis		Gain or (loss)	
3,644.		EURO SALES 3,461.					183.	
4,207.		18.22 SHS G	ENERATION I	M GLOBAL EÇ	QUITY FU		12/28/2007 2,254.	10/01/2013
42.		STCG THRU N	EW NIB PART	NERS LP			42.	
28.		LTCG THRU N	EW NIB PART	NERS LP			28.	
TOTAL GAIN(I	oss)		•••••	• • • • • • • • • • • • • • • • • • • •			2,507.	
							:	
	i							
						1		

(Rev. January 2014)

Department of the Treasury

### Application for Extension of Time To File an **Exempt Organization Return**

▶ File a separate application for each return.

OMB No. 1545-1709

Interna	! Revenue	Service Information about Form 88	es and its i	nstructions is at www	irs.gov/torm8868.			
• If y	ou are	iling for an Automatic 3-Month Extension,	complete	only Part I and chec	k this box			<b>▶</b> 🛛
• If y	ou are 1	illing for an Additional (Not Automatic) 3-Me	onth Exter	nsion, complete onl	y Part II (on page 2 d	of this	form)	
Do n	ot com	plete Part II unless you have already been o	granted an	automatic 3-month	extension on a previo	ously	filed F	orm 8868.
a cor 8868 Retur	poratio to req n for	iling (e-file). You can electronically file Form in required to file Form 990-T), or an addition uest an extension of time to file any of the forms fransfers Associated With Certain Persona for more details on the electronic filing of the	al (not auto forms listed I Benefit C	omatic) 3-month extend in Part II or Part II Contracts, which me	ension of time. You own with the exception of ust be sent to the	can e of Fo IRS i	lectron rm 887 n pape	nically file Form 70, Information er format (see
Par	t i	Automatic 3-Month Extension of Time	. Only sul	bmit original (no co	pples needed).			
A co	rporation	on required to file Form 990-T and reques	sting an a			nis bo	x and	complete
	•	porations (including 1120-C filers), partnersh			ise Form 7004 to rec	TUAST	 an evi	_
		e tax returns.	ips, riciviic	os, and trasts mast t	130 1 01111 1 004 10 100	40031	un ext	chision of anno
					Enter filer's identifyli	na nu	nber. s	see Instructions
Tuna		Name of exempt organization or other filer, see in	structions.		Employer identification			
Type print	or	BARRY L. & JAN R. ZUBROW FOUNI			13-3532026		•	•
		Number, street, and room or suite no. If a P.O. bo		uctions	Social security number	r (SSN	1)	
File by due da		C/O BCRS ASSOCIATES, LLC; 77 W	VATER ST	- 9TH FL	•	•	•	
filing yo		City, town or post office, state, and ZIP code For			s.			
Instruct		NEW YORK, NY 10005						
Enter	the Re	turn code for the return that this application is	s for (file a	separate application	for each return) .	•		04
Appl Is Fo	ication or		Return Code	Application Is For				Return Code
Form	990 o	Form 990-EZ	01	Form 990-T (corpo	ration)			07
Form	990-B	L	02	Form 1041-A				08
Form	4720	individual)	03	Form 4720 (other th	nan individual)			09
Form	1990-P	F	04	Form 5227				10
		(sec. 401(a) or 408(a) trust)	05	Form 6069				11
Form	990-T	(trust other than above)	06	Form 8870				12
Tele • if the • if thi for the	phone e organ s is for whole with the I require until for the	are in the care of ► BCRS ASSOCIATES,  No. ► 212-440-0811  Ization does not have an office or place of but a Group Return, enter the organization's four group, check this box ► If it names and EINs of all members the extension and automatic 3-month (6 months for a conference of FEBRUARY 16 , 20 15 , to file the exemple organization's return for the calendar year 20 or	Fausiness in too digit Grounds for part on is for part on reportion re	ip Exemption Numbing of the group, check equired to file Form !	er (GEN) this box	▶ [ ime	. If and	this is attach
2	► ⊠ t	ax year beginning JULY 1 ax year entered in line 1 is for less than 12 m	, 20 j	13 , and ending	JUNE 30		, 2	20 14 .
~		ax year entered in line 1 is for less than 12 m inge in accounting period	onins, che	CA (Babuil, LI IIIIIIII	iermii — Liugi ierni	111		
3a		application is for Forms 990-BL, 990-PF, 990	-T. 4720 d	or 6069, enter the ter	ntative tax, less any			
	nonref	undable credits. See instructions.				3a	\$	8,195.00
b		application is for Forms 990-PF, 990-T, 4 ted tax payments made. Include any prior ye				3b	\$	6,195.00

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using

EFTPS (Electronic Federal Tax Payment System). See instructions.

6,195.00

2,000.00

Form 8868 (	(Rev 1-2014)						Page 2
• If you ar	re filing for an Additional (Not Automatic) 3-Mo	onth Exter	nsion, complete on	y Part II and check t	his bo	x	<b>&gt;</b> 🛛
Note. On	lly complete Part II if you have already been grar	nted an aut	tomatic 3-month ext	ension on a previous			
• If you ar	re filing for an Automatic 3-Month Extension, e	complete (	only Part I (on page	1).	•		
Part II	Additional (Not Automatic) 3-Month E	xtension	of Time. Only file	the original (no cor	oies n	eeded).	
		******		Enter filer's identifyi			instructions
Type or	Name of exempt organization or other filer, see in	structions.		Employer identificatio			
print	BARRY L. & JAN R. ZUBROW FOUNDATI			13-3532026			
•	Number, street, and room or suite no. If a P.O. bo		uctions	Social security number	r (SSN	·	<del></del>
File by the due date for		•			. (00.1	,	
filing your	City, town or post office, state, and ZIP code. For			l			
return. See	1 ' '	i a ioreigii a	daless, see instruction				
instructions.	NEW YORK, NY 10005					<del></del>	
	Return code for the return that this application i	s for (file a	separate application	n for each return) .			04
Applicat	tion	Return	Application				Return
Is For		Code	Is For				Code
Form 990	0 or Form 990-EZ	01	که در	\$   \$ 1 J. \$ \$ \( \dag{\dag{\dag{\dag}}  \dag{\dag{\dag{\dag{\dag{\dag{\dag{	(N. S. 17)	\$/\	.V.B.02.
Form 990		02	Form 1041-A				08
	20 (individual)	03	Form 4720 (other t	han individual)			09
Form 990		04	Form 5227	nan marridaan			10
	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069	<del></del>			11
		06		······			12
Form 990-T (trust other than above)  O6 Form 8870  STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed						12	
for the who ist with the state of the state	for a Group Return, enter the organization's founded group, check this box	t is for part is for. until g J nonths, che	MAY 15 ULY 1 , 20 13 eck reason:  Initia	, 20 15 , and ending I return ☐ Final retu	JUNE	and att	, 20 <u>14</u> .
8a if th	his application is for Forms 990-BL, 990-PF, 990	D-T 4720	or 6069, enter the te	entative tax less any			
	nrefundable credits. See instructions.	, 1, <del>7</del> /20,	o, good, driter the te	muuto iux, 1000 dily	1 1	\$	8 105 AA
		1700 ^	1060 orter con	indoble and the and	Od Kara	Ψ	8,195.00
esti	his application is for Forms 990-PF, 990-T, a imated tax payments made. Include any prior ount paid previously with Form 8868.				8b	\$	8,195.00
c Bal	lance due. Subtract line 8b from line 8a. Include yo ectronic Federal Tax Payment System). See instructi		with this form, if requ	lired, by using EFTPS	8c		0.00
<del></del> -	Signature and Verificat		be completed fo	r Part II only.	<u> </u>	······································	
•	alties of perjury, I declare that I have examined this and belief, it is true, correct, and complete, and that I	•			nts, ar	nd to the	best of my
ionatura b	$\mathcal{O}_{\mathcal{I}}$	Tida s	CDA	•	ata E. A	2/12/20	\1E
lignature ►	AL.	Title ►	CPA	D:		2/13/20	
					Fo	m <b>0008</b>	(Rev. 1-2014)