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SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

PROTAX

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 890 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Schedule A (Form 990 or 990-EZ) 2015

	4	20	1	5	1	

Mame or	the organization				(Fwbi	pyer identifica	pon number
KERE	N HATZADIK IN MEMORY					488437	
	Reason for Public Cha	rity Status (All or	ganizations must o	omplete this	part.) See i	struction	ns.
The or	ganization is not a private foundat	•	• • • • •		•	ì	
1	A church, convention of church)(A)(i).	Ì	
2	A school described in section		•	,,			
3	A hospital or a cooperative ho					I	
4	A medical research organization	on operated in conjunc	tion with a hospital desc	ribed in sectio	n 170(b)(1)(A)(II). Enter t	he hospital's
	name, city, and state:						
5	An organization operated for the 170(b)(1)(A)(iv). (Complete P	art II.)				it describe	d in section
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described						
7	├─ in section 170(b)(1)(A)(vI). ((Complete Part II.)		governmental	unit or from the	general p	ublic described .
8	A community trust described in					}	
·	X An organization that normally from activities related to its ex investment income and unrela June 30, 1975. See section 5	empt functions — subje ted business taxable ir 09(a)(2). (Complete Pa	ict to certain exceptions, icome (less section 511 art III.)	and (2) no mo tax) from busir	re than 33-1/39 esses acquired	d of the euro	nort from orace
10	An organization organized and					Į	
11	An organization organized and or more publicly supported organized that des	d operated exclusively to panizations described in scribes the type of supp	for the benefit of, to perf o section 509(a)(1) or a porting organization and	orm the function oction 509(a)(incomplete lines	ns of, or to can 2). See section 11e 11f and	out the p 509(a)(3).	urposes of one . Check the box in
a	Type I A cumporting organize	han anersted sunenis	ed or controlled by he a	uppeded erger	inction(a) hal	فيزاه بيطا ببالط	las elec or mesended
ь	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. 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 integrat organization(s) (see instruction	ed. A supporting organis). You must comple	nization operated in conr te Part IV, Sections A.	nection with, an D, and E.	d functionally is	tegrated v	vith, its supported
đ	Type III non-functionally inte functionally integrated. The on Instructions). You must comp	ganization generally m	ust satisty a distribution	connection wit requirement ar	h its supported d an attentiven	organization ess require	on(s) that is not ament (see
9	Check this box if the organization integrated, or Type III non-fund	ion received a written	determination from the II	RS that it is a T	ype Î, Type II,	type III fun	ctionally
	Enter the number of supported or						
g	Provide the following information:	about the supported or	ganization(s).			į	
	(I) Name of supported organization	(II) EIN	(a) Type of organization (described on linea 1-9 ebove (see instructions))	(tv) is the organization listed in your governing document?	(v) Amount a support (see i		(VI) Amount of other support (see instructions)
<u>.</u>				Yas No]	L	
(A)							,
(B)							
(C)							
(D)							
(E)					1		

Total						Į.	1

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

PROTAX

	edule A (Form 990 or 990-EZ) 2015			MEMORY OF RA		<u> 20-488437</u>	
	Support Schedule for (Complete only if you checked organization falls to qualify un	f the hox on line 5	. 7. or 8 of Part Lo	r if the organization	(b)(1)(A)(iv) ar falled to qualify un	nd 170(b)(1)(A)	
Sec	tion A. Public Support			<u>`</u>			
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership tees received. (Do not include any timusual grants.)						
2					`		
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3				1		
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	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(2) 2015	(f) Total
7	Amounts from line 4						
a	Gross income from interest, dMdends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital essets (Explain in Part VI)						
11	Total support, Add lines 7 through 10						
12	Gross receipts from related activition	es, etc. (see Instru	lctions)			12	
13	First five years. If the Form 990 is organization, check this box and st	for the organization here.	on's first, second,	third, fourth, or fifth	tax year as a sect	lon 501(c)(3)	· · · · · · · · · · ·
Sec	tion C. Computation of Pub	olic Support F	ercentage				
14	Public support percentage for 2015	i (line 6, column (f) divided by line 1	1, column (f))		14	%
15	Public support percentage from 20	14 Schedule A, Pa	art II, line 14	• • • • • • • • • •		15	%
16 a	33-1/3% support test — 2015. If the and stop here. The organization quality is the stop here.	he organization di ualifies as a public	d not check the bo cly supported orga	x on line 13, and ili nization	ne 14 is 33-1/3% o	r mare, check this t	box ► []
b	33-1/3% support test - 2014. If the and stop here. The organization q	ie organization dic ualifies as a public	d not check a box only supported orga	on line 13 or 16a, a nization	nd line 15 le 33-1/3	3% or more, check	this box
17 a	10%-facts-and-circumstances teror more, and if the organization me the organization meets the facts-are						
	10%-facts-and-circumstances ter or more, and if the organization me organization meets the facts-and-c	icometances, tea	t. The organization	st, check this box a I qualifies as a pub	nd stop here. Exp licly supported org	lain in Part VI how : angation	the · · · · · · · ▶ □
	Private foundation. If the organiza	ition did not check	a box on line 13,	16a, 16b, 17a, or 1	7b, check this box	and see instruction	ıs ▶ []
AAG				 _	Sch	edule A (Form 990	or 990-EZ) 2015

	dule A (Form 980 or 990-EZ) 2015		TZADIK IN M			20-488	4377	7 Page 3		
Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or If the organization failed to qualify under Part								ation falls		
	to qualify under the tests list	ed below, please c	omplete Part II.)		·					
	tion A. Public Support					 				
Calen 1	dar year (or fiscal year beginning in) > Gifts, grants, contributions and membership fees received (Do not include any 'unusual grants.')	(a) 2011 42, 150.	(b) 2012 39, 481.	(c) 2013 45, 585.	(d) 2014 64,416.	(e) 201		(f) Total 263,461.		
2	_ · ·	.2,2300		237303.	31,310.	12/		203/4021		
3	Gross receipts from activities that are not an unrelated trade or business under section 513.									
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf									
5	The value of services or facilities furnished by a governmental unit to the organization without charge	ı						,		
	Total. Add lines 1 through 5	42,150.	39,481.	45,585.	64,416.	71,	329.	263,461.		
t	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									
8	Add lines 7a and 7b							263,461.		
Sec	tion B. Total Support	Professional Association (Control Control Cont	and the state of the state of the state of	Professional professional profession of the contract of the co	e <u>ne de l'alli freque est l'apprenditation</u> est					
	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 201	5	(f) Total		
9	Amounts from line 6	42,150.	39,481.	45,585.	64,416.	71,1	329.	263,461.		
	Gross Income from Interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses									
,	acquired after June 30, 1975		~			+				
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	,								
12	Other Income. Do not Include gain or loss from the sale of capital assets (Explain in Part VI.)							,		
	Total support. (Add lines 9, 10c, 11, and 12.)				64,416.		329.	263,461.		
	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									
<u>Sec</u>				actions with			145	700 22 2		
							15	100.00 %		
	Public support percentage from 2014 Schedule A, Part III, line 15									
	Investment income percentage for 2015 (line 10c column (0 divided by line 13 column (0)									
17	ivestment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))									
18							18	0.00 %		
	 33-1/3% support tests — 2015. If is not more than 33-1/3%, check to 33-1/3% support tests — 2014. If 	his box and stop h	ere. The organizati	lon qualifies as a p	ublicly supported or	panization	٠	> X		
	line 18 is not more than 33-1/3%,	check this box and	stop here. The on	ganization qualMex	s as a publicly supp	orted orga	nizatio	n ▶		
20	Private foundation. If the organiz	ation did not check	a box on line 14,	19a, or 19b, check	this box and see in	stuctions.		[↑		
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Schedule A (Form 990 or 990-EZ) 2015 KEREN HATZADIK IN MEMORY OF RABBI

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	Supporting Organizations (Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 1 Sections A, D, and E, If you checked 11d of Part I, complete Sections A and D, and	1 c of Part I, o	complete	
Secti	on A. All Supporting Organizations			
- 1	Are all of the organization's supported organizations listed by name in the organization's governing documents' if 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, the designation. If nistoric and continuing relationship, explain) Nescripe	Ye	s No
	Did the organization have any supported organization that does not have an IRS determination of status under 509(a)(1) or (2)? If Yes, explain in Part VI how the organization determined that the supported organization we described in section 509(a)(1) or (2)	section	2	
é	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If Yes, answer (b) · • • • • • • • • • • • • • • • • • • •	3a	
	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)? If 'Yes,' describe in Part VI when and how the organimade the determination	zation 	3b	
c i	Old the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If Yes,' explain in Part VI what controls the organization put in place to ensure such use		3¢	
4a \	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' of you checked 11a or 11b in Part I, enswer (b) and (c) below	nd .	48	
•	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supporganization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being consupervised by or in connection with its supported organizations	orted introlled	4b	
5	Did the organization support any foreign supported organization that does not have an IRS determination unde sections 501(c)(3) and 509(a)(1) or (2)? If 'Ves,' explain in Part VI what controls the organization used to ensur all support to the foreign supported organization was used exclusively for section 170(c)(2)(8) purposes	e <i>that</i> 	4c	
6	Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' ensw and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the sup 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 a amendment to the organizing document)	pòrfed	5a	
b 1	Type I or Type II only. Was any added or substituted supported organization part of a class already designate organization's organizing document?	d in the	5b	
c s	Substitutions only. Was the substitution the result of an event beyond the organization's control?		5c	
2	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 bor more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or the filling organization's supported organizations? If Yes,' provide detail in Part VI	yone mare of	6	
(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 egard to a substantial contributor? If Yes,' complete Part I of Schedule L (Form 990 or 990-EZ)		7	
8 E	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 77 h	Yes,'	8	
8	Nas the organization controlled directly or indirectly at any time during the tax year by one or more disqualified as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or Yes,' provide detail in Part VI	persons (2))?	9a	
b 0	Old one or more disquallfied persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI		9b	
ε	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit fro assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI		9¢	
C	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)?	(regarding f Yes, '	10a	

10b

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	Supporting Organizations (continued)		
			Yes No
	Has the organization accepted a gift or contribution from any of the following persons?		
	a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, governing body of a supported organization?	the	11a
	b A family member of a person described in (a) above?		11b
	c A 35% controlled entity of a person described in (a) or (b) above? If Yes' to a, b, or c, provide detail in Part VI		110
Se	ction B. Type I Supporting Organizations	<u></u> _	
			Yes No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' desired Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities or trustees were allocated among the supported organization, describe how the powers to appoint end/or remodirectors or trustees were allocated among the supported organizations and what conditions or restrictions, if all applied to such powers during the tax year.	nbe in vities. ve	1
2	Did the organization operate for the benefit of any supported organization other than the supported organization that operated, supervised, or controlled the supporting organization? If Yes, explain in Part VI how providing a benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	(6) Joh	2
Se	ction C. Type II Supporting Organizations		
			Yes No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management supporting organization was vested in the same persons that controlled or managed the supported organization	of the	1
Se	ction D. All Type III Supporting Organizations		
		_	Yes No
1	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 year, (ii) a copy of the Form 980 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?	ах	1
2	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? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		2
3	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 a all times during the tax year? If Yes, describe in Part VI the role the organization's supported organizations plain this regard		3
Se	ction E. Type III Functionally-Integrated Supporting Organizations		
7	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (s	:e matructions): 	
	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 e	ntity (see instructio	ns)
2	Activities Test. Answer (a) and (b) below.	_	Yes No
	a 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? If 'Yes,' then in Part VI identify those su organizations and explain how these activities directly furthered their exempt purposes, how the organization responsive to those supported organizations, and how the organization determined that these activities constitutions aubstantially all of its activities	pported was	28
	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? If Yes, explain in Part VI the reason the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	f ns for	2b
3	Parent of Supported Organizations. Answer (e) and (b) below.	,	
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees each of the supported organizations? Provide details in Part VI	of 	3a
	b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of eac supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regerd	h of its	3b

	dule A (Form 990 or 990-EZ) 2015 KEREN HATZADIK IN MEMORY OF RABI	20-4884377 Pa				
3319	Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	<u>nizat</u>	ions			
1	Check here if the organization satisfied the integral Part Test as a qualifying trust on N other Type III non-functionally integrated supporting organizations must complete Sect	loveml A enoit	per 20, 1970. & through E	ee instru	uctions. All	
Sect	ion A - Adjusted Net Income	ea:	(B) Current (optional)	rear		
1	Net short-term capital gain	1	_		.l	
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	6	-			
	Production of income (see instructions)	7		<u></u>		
-7		В			 	
	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	10			(B) Current	
Sec	tion B — MinImum Asset Amount		(A) Prior	Year	(a) Current (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	16				
C	Fair market value of other non-exempt-use assets	1 c				
d	Total (add lines 1a, 1b, and 1c)	1 d				
e	Discount claimed for blockage or other factors (explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt-use essets	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	Minimum Asset Amount (add line 7 to line 8)	8				
Sec	tion C - Distributable Amount				Current Ye	er
1	Adjusted net Income for prior year (from Section A, Ilne 8, Column A)	1				
2	Enter 85% of line 1	2				
3	Minimum asset amount for prior year (from Section B, Ilne 8, Column A)	3				
_4	Enter greater of line 2 or line 3	4				
5_	Income tax imposed in prior year	5			4	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6				
7	Check here if the current year is the organization's first as a non-functionally-integrated (see instructions).	d Type	e III supporting	organiza	tion	
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(0.2.72	Type III Non-Functionally Integrated 509(a)(3) Su	pporting Organiza	tions (contin	ued)		
Sect	ion D – Distributions				Current Y	rear
1	Amounts paid to supported organizations to accomplish exempt purpose	es <u></u>	<u></u>			
2	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity	ons,				
3	Administrative expenses paid to accomplish exempt purposes of suppor					
	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			<u></u>		
7	Total annual distributions. Add lines 1 through 6					
8	Distributions to attentive supported organizations to which the organization In Part VI). See instructions.	ion la responsive (provi	de detalls			
9	Distributable amount for 2015 from Section C, line 6		. <u> </u>			
10	Line 8 amount divided by Line 9 amount	<u></u>				
Sec	tion E — Distribution Allocations (see instructions)	(1) Excess Distributions	(ii) Underdistri Pre-20		(iii) Distributi Amount fo	able or 2015
1	Distributable amount for 2015 from Section C, line 6					Operation (graph and
2	Underdistributions, if any, for years prior to 2015 (reasonable cause required — see instructions)					
3	Excess distributions carryover, if any, to 2015:					
a				_		
b				:		
c	The state of the s					÷
_	From 2013					
e	From 2014					
f	Total of lines 3s through e					
9	Applied to underdistributions of prior years			re-ty-disease		
h	Applied to 2015 dietributable amount		======================================			
	Carryover from 2010 not applied (see instructions)					
<u>i</u>	Remainder. Subtract lines 3g, 3h, and 3ı from 3f					
4	Distributions for 2015 from Section D, line 7.					
a	Applied to underdistributions of prior years					
	Applled to 2015 distributeble amount					
c	Remainder, Subtract lines 4a and 4b from 4					
5,	Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)					
6	Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (If amount greater than zero, see instructions)					
7	Excess distributions carryover to 2016. Add lines 3 and 4c					
8	Breakdown of line 7:					
8			77. S.			
b						
c	Excess from 2013					
d	Excess from 2014					
-	Excess from 2015					

BAA

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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.) KEREN HATZADIK IN MEMORY OF RABBI