



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



Form **990-PF**

Department of the Treasury  
Internal Revenue Service

**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.  
Information about Form 990-PF and its instructions is at [www.irs.gov/form990pf](http://www.irs.gov/form990pf).

OMB No 1545-0052

**2015**

**Open to Public Inspection**

**For calendar year 2015, or tax year beginning 01-01-2015, and ending 12-31-2015**

Name of foundation TZP CARES FOUNDATION		<b>A Employer identification number</b> 46-4210327
Number and street (or P O box number if mail is not delivered to street address) 7 TIMES SQUARE NO 4307	Room/suite	<b>B Telephone number (see instructions)</b> (212) 398-0300
City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10036		<b>C</b> If exemption application is pending, check here <input type="checkbox"/>
<b>G</b> Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> A amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		<b>D 1.</b> Foreign organizations, check here <input type="checkbox"/> <b>2.</b> Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
<b>H</b> Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		<b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
<b>I</b> Fair market value of all assets at end of year (from Part II, col. (c), line 16) <b>\$</b> 81,928	<b>J</b> Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis.)	<b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

<b>Part I Analysis of Revenue and Expenses</b> <i>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)</i>		Revenue and expenses per books <b>(a)</b>	Net investment income <b>(b)</b>	Adjusted net income <b>(c)</b>	Disbursements for charitable purposes <b>(d)</b> (cash basis only)
<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, etc., received (attach schedule) . . . . .	138,700			
	<b>2</b> Check <input type="checkbox"/> if the foundation is <b>not</b> required to attach Sch B . . . . .				
	<b>3</b> Interest on savings and temporary cash investments . . . . .				
	<b>4</b> Dividends and interest from securities . . . . .				
	<b>5a</b> Gross rents . . . . .				
	<b>b</b> Net rental income or (loss) _____				
	<b>6a</b> Net gain or (loss) from sale of assets not on line 10 _____				
	<b>b</b> Gross sales price for all assets on line 6a _____				
	<b>7</b> Capital gain net income (from Part IV, line 2) . . . . .		0		
	<b>8</b> Net short-term capital gain . . . . .				
	<b>9</b> Income modifications . . . . .				
	<b>10a</b> Gross sales less returns and allowances _____				
<b>b</b> Less Cost of goods sold . . . . .					
<b>c</b> Gross profit or (loss) (attach schedule) . . . . .					
<b>11</b> Other income (attach schedule) . . . . .					
<b>12 Total.</b> Add lines 1 through 11 . . . . .	138,700	0	0		
<b>Operating and Administrative Expenses</b>	<b>13</b> Compensation of officers, directors, trustees, etc . . . . .	0	0	0	0
	<b>14</b> Other employee salaries and wages . . . . .				
	<b>15</b> Pension plans, employee benefits . . . . .				
	<b>16a</b> Legal fees (attach schedule). . . . .				
	<b>b</b> Accounting fees (attach schedule). . . . .	3,500	0	0	3,500
	<b>c</b> Other professional fees (attach schedule) . . . . .				
	<b>17</b> Interest . . . . .				
	<b>18</b> Taxes (attach schedule) (see instructions) . . . . .				
	<b>19</b> Depreciation (attach schedule) and depletion . . . . .				
	<b>20</b> Occupancy . . . . .				
	<b>21</b> Travel, conferences, and meetings. . . . .				
	<b>22</b> Printing and publications . . . . .				
	<b>23</b> Other expenses (attach schedule). . . . .	1,250	0	0	1,287
	<b>24 Total operating and administrative expenses.</b> Add lines 13 through 23 . . . . .	4,750	0	0	4,787
	<b>25</b> Contributions, gifts, grants paid . . . . .	75,000			75,000
<b>26 Total expenses and disbursements.</b> Add lines 24 and 25 . . . . .	79,750	0	0	79,787	
<b>27</b> Subtract line 26 from line 12					
<b>a Excess of revenue over expenses and disbursements</b>	58,950				
<b>b Net investment income</b> (if negative, enter -0-)		0			
<b>c Adjusted net income</b> (if negative, enter -0-)			0		

Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)

<b>Part II Balance Sheets</b>		Beginning of year			End of year		
		(a) Book Value	(b) Book Value	(c) Fair Market Value	(a) Book Value	(b) Book Value	(c) Fair Market Value
<b>Assets</b>	<b>1</b>	Cash—non-interest-bearing . . . . .	28,240	81,578	81,578		
	<b>2</b>	Savings and temporary cash investments . . . . .					
	<b>3</b>	Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____					
	<b>4</b>	Pledges receivable ▶ _____ 350 Less allowance for doubtful accounts ▶ _____		350	350		
	<b>5</b>	Grants receivable . . . . .					
	<b>6</b>	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions). . . . .					
	<b>7</b>	Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____					
	<b>8</b>	Inventories for sale or use . . . . .					
	<b>9</b>	Prepaid expenses and deferred charges . . . . .					
	<b>10a</b>	Investments—U S and state government obligations (attach schedule)					
	<b>b</b>	Investments—corporate stock (attach schedule) . . . . .					
	<b>c</b>	Investments—corporate bonds (attach schedule) . . . . .					
	<b>11</b>	Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____					
	<b>12</b>	Investments—mortgage loans. . . . .					
	<b>13</b>	Investments—other (attach schedule) . . . . .					
	<b>14</b>	Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____					
<b>15</b>	Other assets (describe ▶ _____)						
<b>16</b>	<b>Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item I)	28,240	81,928	81,928			
<b>Liabilities</b>	<b>17</b>	Accounts payable and accrued expenses . . . . .	3,562	3,525			
	<b>18</b>	Grants payable . . . . .					
	<b>19</b>	Deferred revenue . . . . .					
	<b>20</b>	Loans from officers, directors, trustees, and other disqualified persons					
	<b>21</b>	Mortgages and other notes payable (attach schedule). . . . .					
	<b>22</b>	Other liabilities (describe ▶ _____)	5,680	455			
	<b>23</b>	<b>Total liabilities</b> (add lines 17 through 22) . . . . .	9,242	3,980			
<b>Net Assets or Fund Balances</b>	<b>Foundations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 24 through 26 and lines 30 and 31.</b>						
	<b>24</b>	Unrestricted . . . . .	18,998	77,948			
	<b>25</b>	Temporarily restricted . . . . .					
	<b>26</b>	Permanently restricted . . . . .					
	<b>Foundations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 27 through 31.</b>						
	<b>27</b>	Capital stock, trust principal, or current funds . . . . .					
	<b>28</b>	Paid-in or capital surplus, or land, bldg, and equipment fund					
<b>29</b>	Retained earnings, accumulated income, endowment, or other funds						
<b>30</b>	<b>Total net assets or fund balances</b> (see instructions) . . . . .	18,998	77,948				
<b>31</b>	<b>Total liabilities and net assets/fund balances</b> (see instructions) . . . . .	28,240	81,928				

**Part III Analysis of Changes in Net Assets or Fund Balances**

<b>1</b>	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) . . . . .	<b>1</b>	18,998
<b>2</b>	Enter amount from Part I, line 27a . . . . .	<b>2</b>	58,950
<b>3</b>	Other increases not included in line 2 (itemize) ▶ _____	<b>3</b>	0
<b>4</b>	Add lines 1, 2, and 3 . . . . .	<b>4</b>	77,948
<b>5</b>	Decreases not included in line 2 (itemize) ▶ _____	<b>5</b>	0
<b>6</b>	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 . . . . .	<b>6</b>	77,948

**Part IV Capital Gains and Losses for Tax on Investment Income**

List and describe the kind(s) of property sold (e.g., real estate, <b>(a)</b> 2-story brick warehouse, or common stock, 200 shs MLC Co.)	How acquired P—Purchase <b>(b)</b> D—Donation	Date acquired <b>(c)</b> (mo, day, yr)	Date sold <b>(d)</b> (mo, day, yr)
<b>1a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

<b>2</b> Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	<b>2</b>	
<b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)			
If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8	}	<b>3</b>	

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income )  
 If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?  Yes  No  
 If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

**1** Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2014	79,245	30,577	2.591654
2013	0	29,550	0.000000
2012			
2011			
2010			

<b>2</b> Total of line 1, column (d).		<b>2</b>	2.591654
<b>3</b> Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years		<b>3</b>	1.295827
<b>4</b> Enter the net value of noncharitable-use assets for 2015 from Part X, line 5.		<b>4</b>	36,917
<b>5</b> Multiply line 4 by line 3.		<b>5</b>	47,838
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b).		<b>6</b>	0
<b>7</b> Add lines 5 and 6.		<b>7</b>	47,838
<b>8</b> Enter qualifying distributions from Part XII, line 4.		<b>8</b>	79,787

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 Part VI instructions

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)

Table with 11 rows for excise tax calculation. Includes fields for exempt foundations, domestic foundations, tax under section 511, and credits/payments. Total tax due is 0.

Part VII-A Statements Regarding Activities

Table with 10 rows for activity statements. Includes questions about political influence, political expenditures, and reporting requirements. Most answers are 'No'.

**Part VII-A Statements Regarding Activities (continued)**

<b>11</b>	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).	<b>11</b>		<b>No</b>		
<b>12</b>	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)	<b>12</b>		<b>No</b>		
<b>13</b>	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address <b>▶</b> <u>HTTP://WWW.TZPGROUP.COM/ABOUT-TZP/TZP-CARES-3/</u>	<b>13</b>	<b>Yes</b>			
<b>14</b>	The books are in care of <b>▶</b> <u>THE FOUNDATION</u> Telephone no <b>▶</b> <u>(212) 398-0300</u> Located at <b>▶</b> <u>C/O TZP GROUP 7 TIMES SQUARE NEW YORK NY</u> ZIP+4 <b>▶</b> <u>10036</u>					
<b>15</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year <b>▶</b> <table border="1"><tr><td><b>15</b></td><td></td></tr></table>	<b>15</b>				
<b>15</b>						
<b>16</b>	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes", enter the name of the foreign country <b>▶</b>	<b>16</b>	<b>Yes</b>	<b>No</b>		

**Part 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.**

		<b>Yes</b>	<b>No</b>
<b>1a</b>	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? <input type="checkbox"/> <b>Yes</b> <input checked="" type="checkbox"/> <b>No</b>		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> <b>Yes</b> <input checked="" type="checkbox"/> <b>No</b>		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> <b>Yes</b> <input checked="" type="checkbox"/> <b>No</b>		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> <b>Yes</b> <input checked="" type="checkbox"/> <b>No</b>		
	(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)? <input type="checkbox"/> <b>Yes</b> <input checked="" type="checkbox"/> <b>No</b>		
	(6) Agree to pay money or property to a government official? ( <b>Exception.</b> Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). <input type="checkbox"/> <b>Yes</b> <input checked="" type="checkbox"/> <b>No</b>		
<b>b</b>	If any answer is "Yes" to 1a(1)–(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? <input type="checkbox"/> Organizations relying on a current notice regarding disaster assistance check here. <input type="checkbox"/>	<b>1b</b>	
<b>c</b>	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2015?	<b>1c</b>	<b>No</b>
<b>2</b>	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))		
<b>a</b>	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2015? <input type="checkbox"/> <b>Yes</b> <input checked="" type="checkbox"/> <b>No</b> If "Yes," list the years <b>▶</b> 20____, 20____, 20____, 20____		
<b>b</b>	Are there any years listed in 2a for which the foundation is <b>not</b> 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 <b>all</b> years listed, answer "No" and attach statement—see instructions).	<b>2b</b>	
<b>c</b>	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here <b>▶</b> 20____, 20____, 20____, 20____		
<b>3a</b>	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> <b>Yes</b> <input checked="" type="checkbox"/> <b>No</b>		
<b>b</b>	If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? ( <i>Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2015.</i> )	<b>3b</b>	
<b>4a</b>	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	<b>4a</b>	<b>No</b>
<b>b</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 2015?	<b>4b</b>	<b>No</b>

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (Continued)**

**5a** During the year did the foundation pay or incur any amount to

(1) Carry on propoganda, or otherwise attempt to influence legislation (section 4945(e))?  Yes  No

(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?  Yes  No

(3) Provide a grant to an individual for travel, study, or other similar purposes?  Yes  No

(4) Provide a grant to an organization other than a charitable, etc , organization described in section 4945(d)(4)(A)? (see instructions).  Yes  No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?  Yes  No

**b** If any answer is "Yes" to 5a(1)–(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?  Yes  No  
 Organizations relying on a current notice regarding disaster assistance check here.

**c** If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  Yes  No  
 If "Yes," attach the statement required by Regulations section 53.4945–5(d).

**6a** Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No

**b** Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No  
 If "Yes" to 6b, file Form 8870.

**7a** At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  Yes  No

**b** If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?  Yes  No

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**

**1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).**

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
SAMUEL L KATZ TZP CARES FOUNDATION 7 TIMES SQUARE NEW YORK, NY 10036	CHAIRMAN OF THE BOARD, DIR 0 50	0	0	0
SHEERA MICHAEL TZP CARES FOUNDATION 7 TIMES SQUARE NEW YORK, NY 10036	DIRECTOR, VP, SECRETARY 2 00	0	0	0
VLADIMIR GUTIN TZP CARES FOUNDATION 7 TIMES SQUARE NEW YORK, NY 10036	DIRECTOR, TREASURER 0 50	0	0	0

**2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."**

(a) Name and address of each employee paid more than \$50,000	Title, and average hours per week (b) devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
NONE				

**Total** number of other employees paid over \$50,000.  0

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**

**3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".**

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

**Total** number of others receiving over \$50,000 for professional services. . . . . 0

**Part IX-A Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
<b>1</b>	
<b>2</b>	
<b>3</b>	
<b>4</b>	

**Part IX-B Summary of Program-Related Investments (see instructions)**

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
<b>1</b>	
<b>2</b>	
All other program-related investments. See instructions	
<b>3</b>	

**Total.** Add lines 1 through 3. . . . . 0

**Part X Minimum Investment Return**

(All domestic foundations must complete this part. Foreign foundations, see instructions.)

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes		
<b>a</b>	Average monthly fair market value of securities. . . . .	<b>1a</b>	0
<b>b</b>	Average of monthly cash balances. . . . .	<b>1b</b>	37,479
<b>c</b>	Fair market value of all other assets (see instructions). . . . .	<b>1c</b>	0
<b>d</b>	<b>Total</b> (add lines 1a, b, and c). . . . .	<b>1d</b>	37,479
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation). . . . .	<b>1e</b>	0
<b>2</b>	Acquisition indebtedness applicable to line 1 assets. . . . .	<b>2</b>	0
<b>3</b>	Subtract line 2 from line 1d. . . . .	<b>3</b>	37,479
<b>4</b>	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions). . . . .	<b>4</b>	562
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3 Enter here and on Part V, line 4	<b>5</b>	36,917
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5. . . . .	<b>6</b>	1,846

**Part XI Distributable Amount**

(see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here  and do not complete this part.)

<b>1</b>	Minimum investment return from Part X, line 6. . . . .	<b>1</b>	1,846
<b>2a</b>	Tax on investment income for 2015 from Part VI, line 5. . . . .	<b>2a</b>	
<b>b</b>	Income tax for 2015 (This does not include the tax from Part VI ). . . . .	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b. . . . .	<b>2c</b>	0
<b>3</b>	Distributable amount before adjustments Subtract line 2c from line 1. . . . .	<b>3</b>	1,846
<b>4</b>	Recoveries of amounts treated as qualifying distributions. . . . .	<b>4</b>	0
<b>5</b>	Add lines 3 and 4. . . . .	<b>5</b>	1,846
<b>6</b>	Deduction from distributable amount (see instructions). . . . .	<b>6</b>	0
<b>7</b>	<b>Distributable amount</b> as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1. . . . .	<b>7</b>	1,846

**Part XII Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
<b>a</b>	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26. . . . .	<b>1a</b>	79,787
<b>b</b>	Program-related investments—total from Part IX-B. . . . .	<b>1b</b>	0
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes. . . . .	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the		
<b>a</b>	Suitability test (prior IRS approval required). . . . .	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule). . . . .	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	<b>4</b>	79,787
<b>5</b>	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions). . . . .	<b>5</b>	0
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4. . . . .	<b>6</b>	79,787

**Note:** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

**Part XIII Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
<b>1</b> Distributable amount for 2015 from Part XI, line 7				1,846
<b>2</b> Undistributed income, if any, as of the end of 2015				
<b>a</b> Enter amount for 2014 only. . . . .			1,529	
<b>b</b> Total for prior years 20___, 20___, 20___		0		
<b>3</b> Excess distributions carryover, if any, to 2015				
<b>a</b> From 2010. . . . .				
<b>b</b> From 2011. . . . .				
<b>c</b> From 2012. . . . .				
<b>d</b> From 2013. . . . .				
<b>e</b> From 2014. . . . .	76,238			
<b>f Total</b> of lines 3a through e. . . . .	76,238			
<b>4</b> Qualifying distributions for 2015 from Part XII, line 4 ▶ \$ <u>79,787</u>				
<b>a</b> Applied to 2014, but not more than line 2a			1,529	
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .		0		
<b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .	0			
<b>d</b> Applied to 2015 distributable amount. . . . .				1,846
<b>e</b> Remaining amount distributed out of corpus	76,412			
<b>5</b> Excess distributions carryover applied to 2015 <i>(If an amount appears in column (d), the same amount must be shown in column (a).)</i>	0			0
<b>6 Enter the net total of each column as indicated below:</b>				
<b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5	152,650			
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b . . . . .		0		
<b>c</b> 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. . . . .		0		
<b>d</b> Subtract line 6c from line 6b Taxable amount—see instructions . . . . .		0		
<b>e</b> Undistributed income for 2014 Subtract line 4a from line 2a Taxable amount—see instructions . . . . .			0	
<b>f</b> Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2015 . . . . .				0
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions). . . . .	0			
<b>8</b> Excess distributions carryover from 2010 not applied on line 5 or line 7 (see instructions). . . . .	0			
<b>9 Excess distributions carryover to 2016.</b> Subtract lines 7 and 8 from line 6a . . . . .	152,650			
<b>10</b> Analysis of line 9				
<b>a</b> Excess from 2011. . . . .				
<b>b</b> Excess from 2012. . . . .				
<b>c</b> Excess from 2013. . . . .				
<b>d</b> Excess from 2014. . . . .	76,238			
<b>e</b> Excess from 2015. . . . .	76,412			

**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9)

**1a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2015, enter the date of the ruling. . . . ▶

**b** Check box to indicate whether the organization is a private operating foundation described in section  4942(j)(3) or  4942(j)(5)

**2a** Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .

	Tax year	Prior 3 years			<b>(e) Total</b>
	<b>(a) 2015</b>	<b>(b) 2014</b>	<b>(c) 2013</b>	<b>(d) 2012</b>	
<b>b</b> 85% of line 2a . . . . .					
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed . . . . .					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c . . . . .					
<b>3</b> Complete 3a, b, or c for the alternative test relied upon					
<b>a</b> "Assets" alternative test—enter					
<b>(1)</b> Value of all assets . . . . .					
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</b> "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . . . .					
<b>c</b> "Support" alternative test—enter					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . .					
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . . .					
<b>(3)</b> Largest amount of support from an exempt organization					
<b>(4)</b> Gross investment income					

**Part XV Supplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see instructions.)**

**1 Information Regarding Foundation Managers:**

**a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2) )

VLADIMIR GUTIN

**b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

---

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here  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 email 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

**Part XV** **Supplementary Information**(continued)

**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i> See Additional Data Table				
<b>Total . . . . .</b>				<b>75,000</b>
<b>b</b> <i>Approved for future payment</i>				
<b>Total . . . . .</b>				<b>0</b>





**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
ALTERNATIVE HOUSE ABUSED & HOMELESS CHILDREN PO BOX 694 DUNN LORING,VA 22027	NONE	PC	THE INITIATIVE HELPS HOMELESS FAIRFAX COUNTY HIGH SCHOOL STUDENTS WHO DO NOT HAVE THE SUPPORT OF A PARENT OR GUARDIAN ASSISTANCE WITH RENT, BASIC NEEDS SUCH AS FOOD AND CLOTHING, EDUCATIONAL SUPPORTS, HELP WITH EMPLOYMENT AND COUNSELING ARE ALL PROVIDED	1,000
CONGREGATION ADAT REYIM 6500 WESTBURY OAKS CT SPRINGFIELD,VA 22152	NONE	PC	JEWISH CONGREGATION ACTIVELY INVOLVED IN SOCIAL ACTION PROJECTS IN COMMUNITY	3,000
FEED MY STARVING CHILDREN 18732 LAKE DR E CHANHASSEN,MN 55317	NONE	PC	FEED MY STARVING CHILDREN (FMSC) IS A CHRISTIAN NON-PROFIT ORGANIZATION SENDING MEALS SPECIALLY FORMULATED FOR MALNOURISHED CHILDREN, HAND-PACKED BY MN VOLUNTEERS, TO PARTNERS AROUND THE WORLD WHERE THEY'RE USED TO OPERATE ORPHANAGES, SCHOOLS, CLINICS AND FEEDING PROGRAMS TO BREAK THE CYCLE OF POVERTY	2,500
FRIENDSHIP CIRCLE 9950 LONE TREE PARKWAY LONE TREE,CO 801248947	NONE	PC	A NON-PROFIT ORGANIZATION DEDICATED TO MAKING A DRAMATIC DIFFERENCE IN THE LIVES OF CHILDREN & YOUNG ADULTS WITH SPECIAL NEEDS, AND THEIR FAMILIES, THROUGH ONE-TO-ONE PEER MENTORING AND SOCIAL-RECREATIONAL PROGRAMS	3,000
INJURED POLICE OFFICERS FUND 9330 W LAKE MEAD BLVD STE 130 LAS VEGAS,NV 89134	NONE	PC	THE MISSION OF THE INJURED POLICE OFFICERS FUND IS TO HELP REDUCE THE FINANCIAL BURDEN SUFFERED BY POLICE OFFICERS AND THEIR FAMILIES IN THE EVENT OF A LINE OF DUTY INJURY OR DEATH BY PROVIDING MONETARY ASSISTANCE TO THESE OFFICERS AND THEIR FAMILIES	3,000
JEWISH FAMILY SERVICE OF COLORADO INC 3201 SOUTH TAMARAC DRIVE DENVER,CO 80231	NONE	PC	MISSION TO STRENGTHEN THE COMMUNITY BY PROVIDING VITAL SERVICES TO PEOPLE IN NEED, INCLUDING HELPING SENIORS LIVE INDEPENDENTLY AT HOME, PROVIDING QUALITY MENTAL HEALTH COUNSELING, TRAINING AND JOB PLACEMENT FOR THOSE WITH DEVELOPMENTAL DISABILITIES AND OTHER BARRIERS TO EMPLOYMENT, AND PROVIDES FOOD AND FINANCIAL AID TO PEOPLE IN CRISIS	2,000
NATIONAL SPORT CENTER FOR DISABLED INC 1801 MILE HIGH STADIUM CIRCLE 1500 DENVER,CO 80204	NONE	PC	WORLD-RECOGNIZED THERAPEUTIC RECREATION ORGANIZATION, PROVIDING LEADERSHIP AND EXPERTISE IN ADAPTIVE SPORTS OFFERS A VARIETY OF YEAR-ROUND SPORTS AND RECREATIONAL ADVENTURES	1,000
SADDLE UP FOUNDATION 39850 SWIFT CREEK CIRCLE ELIZABETH,CO 80107	NONE	PC	A PREMIER FACILITY THAT PROVIDES INCLUSIVE AND INTEGRATED THERAPEUTIC ACTIVITIES AND EDUCATIONAL PROGRAMS FOR INDIVIDUALS WITH OR WITHOUT SPECIAL NEEDS AS WELL AS THEIR FAMILIES AND CAREGIVERS	1,000
SPECIAL OLYMPICS OF COLORADO 384 INVERNESS PARKWAY SUITE 100 ENGLEWOOD,CO 80112	NONE	PC	MISSION IS TO IMPROVE THE LIVES OF PEOPLE WITH INTELLECTUAL DISABILITIES THROUGH QUALITY SPORTS TRAINING AND COMPETITION ONE OF 50 US STATE CHAPTERS SANCTIONED BY SPECIAL OLYMPICS OF NORTH AMERICA & SPECIAL OLYMPICS INTERNATIONAL	3,000
UNIFIED PREVENTION COALITION OF FAIRFAX COUNTY 2970-B CHAIN BRIDGE ROAD OAKTON,VA 22124	NONE	PC	WORKS TO COLLABORATIVELY PREVENT AND/OR REDUCE SUBSTANCE ABUSE IN YOUTH, YOUNG ADULTS, AND THEIR COMMUNITIES	3,000
PREP FOR PREP 328 WEST 71ST STREET NEW YORK,NY 10023	NONE	PC	PREP FOR PREP IDENTIFIES NEW YORK CITY'S MOST PROMISING STUDENTS OF COLOR AND PREPARES THEM FOR PLACEMENT AT INDEPENDENT SCHOOLS IN THE CITY & THROUGHOUT THE NORTHEAST, ALSO OFFERS SUPPORT AND OPPORTUNITIES TO ENSURE THE ACADEMIC ACCOMPLISHMENT AND PERSONAL GROWTH	500
BRIDGEPORT HOSPITAL FOUNDATION BURN UNIT 267 GRANT STREET BRIDGEPORT,CT 06610	NONE	PC	RESIDENTS OF FAIRFIELD COUNTY WHO ARE BURN VICTIMS	1,000
CANCER CARE 275 7TH AVENUE NEW YORK,NY 10017	NONE	PC	COUNSELING AND SUPPORT FOR FAMILIES ACROSS THE COUNTRY AFFECTED BY CANCER	1,000
SPARK 101A CLAY STREET 188 SAN FRANCISCO,CA 94111	NONE	PC	A PHILANTHROPIC NETWORK OF YOUNG PROFESSIONALS WHO INVEST TO IMPROVE THE LIVES OF WOMEN AROUND THE WORLD THROUGH INITIATIVES SUCH AS CROWD-SOURCED GRANTS, PRO BONO PROFESSIONAL SERVICES AND CONNECTIONS FOR INVESTMENT IN GRASSROOTS WOMEN'S ORGANIZATIONS	500
CREATIVE ART WORKS 520 8TH AVENUE 201A NEW YORK,NY 10018	NONE	PC	CREATIVE ART WORKS'S MISSION IS TO IMPROVE THE LIVES OF UNDER-RESOURCED NEW YORK CITY YOUTH THROUGH THE ARTS, SERVING THOUSANDS OF YOUNG PEOPLE EACH YEAR, THROUGH IN-SCHOOL AND OUT-OF-SCHOOL-TIME CLASSES, COMMUNITY ART-MAKING EVENTS, AND YOUTH EMPLOYMENT CREATING LARGE-SCALE PUBLIC ART, TEACHING VALUABLE TECHNICAL AND DEVELOPMENTAL SKILLS WHILE CREATING PROFOUND CONNECTIONS BETWEEN YOUTH, ARTS, AND COMMUNITIES	1,000
<b>Total . . . . .</b>				<b>75,000</b>

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
GIVING FOR LIVING 251 53RD STREET BROOKLYN,NY 11220	NONE	PC	TEACHING VALUABLE TECHNICAL AND DEVELOPMENTAL SKILLS WHILE CREATING PROFOUND CONNECTIONS BETWEEN YOUTH, ARTS, AND COMMUNITIES	500
PACE UNIVERSITY 1 PACE PLAZA NEWYORK,NY 10038	NONE	PC	SCHOLARSHIPS FOR DISADVANTAGED STUDENTS	3,000
NEVADA MILITARY SUPPORT ALLIANCE 985 DAMONTE RANCH PARKWAY SUITE 310 RENO,NV 89521	NONE	PC	THE MISSION OF THE NEVADA MILITARY SUPPORT ALLIANCE IS TO ORGANIZE AND PROMOTE THE RECOGNITION AND SUPPORT OF NEVADA'S MEN AND WOMEN OF OUR ARMED FORCES, VETERANS AND THEIR FAMILIES	3,000
NAVY SEAL FOUNDATION 1619 D STREET VIRGINIA BEACH,VA 23459	NONE	PC	PROVIDES A COMPREHENSIVE SET OF PROGRAMS SPECIFICALLY DESIGNED TO REDUCE THE STRESSORS ASSOCIATED WITH THE TREMENDOUS AMOUNT OF UNCERTAINTY AND PRESSURE THAT COMES WITH LIFE IN NAVAL SPECIAL WARFARE (NSW)	3,000
CARING HEALTH CENTER 1049 MAIN STREET SPRINGFIELD,MA 01103	NONE	PC	CARING HEALTH CENTER WAS CREATED BY THE COMMUNITY, FOR THE COMMUNITY TO PROVIDE THE HIGHEST LEVEL OF HEALTH CARE TO THE UNDERSERVED AND TO THOSE CHALLENGED BY INCOME, LANGUAGE, AND CULTURAL BARRIERS	2,500
THE GRAY HOUSE 22 SHELDON STREET SPRINGFIELD,MA 01107	NONE	PC	MISSION IS TO HELP ITS NEIGHBORS FACING HARDSHIPS TO MEET THEIR IMMEDIATE AND TRANSITIONAL NEEDS BY PROVIDING FOOD, CLOTHING AND EDUCATIONAL SERVICES IN A SAFE, POSITIVE ENVIRONMENT IN THE NORTH END OF SPRINGFIELD	2,500
COMMON HOPE 1400 ENERGY PARK DRIVE 23 ST PAUL,MN 55108	NONE	PC	COMMON HOPE PROMOTES HOPE AND OPPORTUNITY IN GUATEMALA, PARTNERING WITH CHILDREN, FAMILIES, AND COMMUNITIES WHO WANT TO PARTICIPATE IN A PROCESS OF DEVELOPMENT TO IMPROVE THEIR LIVES THROUGH EDUCATION, HEALTH CARE, AND HOUSING	2,500
SHARING AND CARING HANDS 525 NORTH 7TH STREET MINNEAPOLIS,MN 55405	NONE	PC	SHARING AND CARING HANDS IS A SAFETY-NET ORGANIZATION TO HELP THOSE WHO COULD NOT OBTAIN HELP FROM THE WELFARE SYSTEM WE EXIST AS A VEHICLE FOR VOLUNTEERS TO COMMIT THEIR TIME AND RESOURCES TO MAKE A DIFFERENCE IN THE LIVES OF THE PEOPLE OF THE COMMUNITY	2,500
FOLDS OF HONOR 5800 NORTH PATRIOT DRIVE OWASSO,OK 74055	NONE	PC	PROVIDES ANNUAL EDUCATIONAL SCHOLARSHIPS TO THE MILITARY FAMILIES OF THOSE WHO HAVE BEEN KILLED OR DISABLED WHILE IN ACTIVE DUTY	2,500
ISLAND HARVEST 199 SECOND STREET MINEOLA,NY 11501	NONE	PC	ISLAND HARVEST IS THE LARGEST HUNGER RELIEF ORGANIZATION ON LONG ISLAND	3,000
GIVE KIDS THE WORLD 210 SOUTH BASS ROAD KISSIMMEE,FL 34746	NONE	PC	GIVE KIDS THE WORLD VILLAGE IS A 74-ACRE RESORT THAT EXISTS ONLY FOR THE FULFILLMENT OF WISHES GRANTED TO CHILDREN (AGE 3-18) WITH LIFE-THREATENING ILLNESSES WHO HAVE BEEN GRANTED A WISH THROUGH A PARTNERING WISH-GRANTING ORGANIZATION (EX MAKE A WISH OF ILLINOIS & A SPECIAL WISH OF CHICAGO)	3,000
FRIENDS OF CARBONE CANCER CENTER INC 600 HIGHLAND AVENUE K4/658 MADISON,WI 537926164	NONE	PC	THE UNIVERSITY OF WISCONSIN CARBONE CANCER CENTER IS RECOGNIZED THROUGHOUT THE MIDWEST AND THE NATION AS ONE OF THE LEADING INNOVATORS IN CANCER RESEARCH, QUALITY PATIENT CARE AND ACTIVE COMMUNITY INVOLVEMENT UW CARBONE CANCER CENTER IS THE ONLY COMPREHENSIVE CANCER CENTER, AS DESIGNATED BY THE NATIONAL CANCER INSTITUTE, IN WISCONSIN	3,000
THE PIGGYBACK FOUNDATION PO BOX 436 NORWALK,OH 44857	NONE	PC	THE PIGGYBACK FOUNDATION HELPS FAMILIES MAINTAIN A SENSE OF NORMALCY DURING TIMES OF SERIOUS ILLNESS BY PROVIDING ASSISTANCE TO MEET THE EMOTIONAL, PHYSICAL AND EDUCATIONAL NEEDS OF THE CHILDREN	3,000
LEUKEMIA AND LYMPHOMA SOCIETY 1324 MOTOR PARKWAY SUITE 102 HAPPAUGE,NY 11749	NONE	PC	LEUKEMIA AND LYMPHOMA SOCIETY IS THE WORLD'S LARGEST VOLUNTARY HEALTH ORGANIZATION DEDICATED TO BLOOD CANCER ITS MISSION IS TO HELP IMPROVE AND CURE LIFE OF PATIENTS AND THEIR FAMILIES	1,750
LONG ISLAND CRISIS CENTER 2740 MARTIN AVENUE 2 BELLMORE,NY 11710	NONE	PC	LONG ISLAND CRISIS CENTER PROVIDES 24/7, FREE, HIGH QUALITY, CONFIDENTIAL AND NON-JUDGMENTAL SUICIDE PREVENTION AND CRISIS INTERVENTION TO SUPPORT AND EMPOWER LONG ISLANDERS AT CRITICAL TIMES IN THEIR LIVES	1,750
<b>Total . . . . .</b>			<b>3a</b>	75,000

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
<b>a</b> <i>Paid during the year</i>				
FRIENDS OF KAREN 21 PERRY STREET PORT JEFFERSON, NY 11777	NONE	PC	FRIENDS OF KAREN'S PROVIDES EMOTIONAL, FINANCIAL AND ADVOCACY SUPPORT FOR CHILDREN WITH A LIFE-THREATENING ILLNESS AND THEIR FAMILIES, IN ORDER TO HELP KEEP THEM STRONG, FUNCTIONING AND ABLE TO COPE	1,750
LUSTGARTEN FOUNDATION 1111 STEWART AVENUE BETHPAGE, NY 11714	NONE	PC	IDENTIFIES AND FUNDS SIGNIFICANT RESEARCH THAT HELP LEAD TO EARLY DIAGNOSIS, IMPROVED AND EFFECTIVE THERAPY AND ULTIMATELY A CURE FOR PANCREATIC CANCER	1,750
BOYS AND GIRLS FAMILY CENTER 100 ACORN STREET SPRINGFIELD, MA 01109	NONE	PC	ENABLES ALL YOUNG PEOPLE, ESPECIALLY THOSE WHO NEED THEM MOST, TO REACH THEIR FULL POTENTIAL AS PRODUCTIVE, RESPONSIBLE AND CARING CITIZENS	2,500
DISTINCTIVELY COLLEGE BOUND (DISTINCTIVE SCHOOLS) 910 WEST VAN BUREN STREET SUITE 315 CHICAGO, IL 60607	NONE	PC	DCB SUPPORTS DISTINCTIVE SCHOOLS (HIGH-PERFORMING CHARTER SCHOOLS IN URBAN COMMUNITIES) STUDENTS IN ACHIEVING THEIR HIGHER EDUCATION GOALS BY PROVIDING THEM WITH OPPORTUNITIES TO PARTICIPATE IN LONG-TERM EXTRACURRICULAR PROGRAMS CATERED TO THEIR INTERESTS AND TALENTS-- WITH A FOCUS ON COLLEGE PREPARATION AND READINESS	2,500
THE MELISSA MAROTTOLI HOGAN FOUNDATION 6 PARTRIDGE LANE BRANFORD, CT 06405	NONE	PC	FOUNDED BY THE FAMILY OF MELISSA MAROTTOLI HOGAN TO HONOR HER LIFE, THE MMH FOUNDATION SEEKS TO SUPPORT GROUND-BREAKING LUNG CANCER RESEARCH, TO PROMOTE LUNG CANCER AWARENESS, AND TO PROVIDE ASSISTANCE TO LUNG CANCER AFFLICTED FAMILIES	1,500
CALIFORNIA YMCA YOUTH AND GOVERNMENT 2555 3RD STREET SUITE 215 SACRAMENTO, CA 95818	NONE	PC	PROVIDES LEARNING EXPERIENCES IN GOVERNMENT FOR MIDDLE AND HIGH SCHOOL YOUTH, TO ENSURE THAT LEADERSHIP, DEMOCRACY, AND THE YMCA CORE VALUES OF HONESTY, ARE LEARNED BY EACH GENERATION	1,000
<b>Total . . . . .</b>				<b>75,000</b>

## TY 2015 Accounting Fees Schedule

**Name:** TZP CARES FOUNDATION

**EIN:** 46-4210327

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	3,500	0	0	3,500

## TY 2015 Other Expenses Schedule

**Name:** TZP CARES FOUNDATION

**EIN:** 46-4210327

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FILING FEES	180	0	0	217
INSURANCE	1,020	0	0	1,020
BUSINESS REGISTRATION FEES	50	0	0	50

## TY 2015 Other Liabilities Schedule

**Name:** TZP CARES FOUNDATION

**EIN:** 46-4210327

Description	Beginning of Year - Book Value	End of Year - Book Value
DUE TO TZP MANAGEMENT ASSOCIATES, LLC	5,680	455

**TY 2015 Substantial Contributors  
Schedule**

**Name:** TZP CARES FOUNDATION

**EIN:** 46-4210327

Name	Address
TZP MANAGEMENT ASSOCIATES LLC	7 TIMES SQUARE NEWYORK, NY 10036
VLADIMIR GUTIN	440 WEST END AVENUE APT 7B NEWYORK, NY 10024
MARC ROWAN	927 FIFTH AVENUE NEWYORK, NY 10021
DAN GALPERN	66 LEONARD STREET APT 9B NEWYORK, NY 10013
ROWAN FAMILY FOUNDATION	927 FIFTH AVENUE NEWYORK, NY 10021

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

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

OMB No 1545-0047

**2015**

**Name of the organization**

TZP CARES FOUNDATION

**Employer identification number**

46-4210327

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, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. . . . ▶ \$ \_\_\_\_\_

**Caution.** An organization that 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 990PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

<b>Name of organization</b> TZP CARES FOUNDATION	<b>Employer identification number</b> 46-4210327
---	---

<b>Part I Contributors</b> (see instructions) Use duplicate copies of Part I if additional space is needed			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	VLADIMIR GUTIN	\$ 15,000	Person <input checked="" type="checkbox"/>
	440 WEST END AVENUE APT 7B		Payroll <input type="checkbox"/>
	NEW YORK, NY 10024		Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions )</small>
2	TZP MANAGEMENT ASSOCIATES LLC	\$ 26,000	Person <input checked="" type="checkbox"/>
	7 TIMES SQUARE SUITE 4307		Payroll <input type="checkbox"/>
	NEW YORK, NY 10036		Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions )</small>
3	MARC ROWAN	\$ 50,000	Person <input checked="" type="checkbox"/>
	927 5TH AVENUE 6		Payroll <input type="checkbox"/>
	NEW YORK, NY 10021		Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions )</small>
4	DAN GALPERN	\$ 10,000	Person <input checked="" type="checkbox"/>
	66 LEONARD STREET APT 9B		Payroll <input type="checkbox"/>
	NEW YORK, NY 10013		Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions )</small>
5	ROWAN FAMILY FOUNDATION	\$ 20,000	Person <input checked="" type="checkbox"/>
	927 5TH AVENUE		Payroll <input type="checkbox"/>
	NEW YORK, NY 100212650		Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions )</small>
		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions )</small>

Name of organization  
TZP CARES FOUNDATION

Employer identification number  
46-4210327

**Part II** Noncash Property  
(see instructions) Use duplicate copies of Part II if additional space is needed

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____ _____	_____ _____ _____	_____ \$	_____
_____ _____	_____ _____ _____	_____ \$	_____
_____ _____	_____ _____ _____	_____ \$	_____
_____ _____	_____ _____ _____	_____ \$	_____
_____ _____	_____ _____ _____	_____ \$	_____
_____ _____	_____ _____ _____	_____ \$	_____

**Name of organization**  
TZP CARES FOUNDATION

**Employer identification number**  
46-4210327

**Part III** *Exclusively* religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* 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 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, and ZIP 4	Relationship of transferor to transferee
_____	_____
_____	_____
--	_____

(a) No. 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, and ZIP 4	Relationship of transferor to transferee
_____	_____
_____	_____
--	_____

(a) No. 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, and ZIP 4	Relationship of transferor to transferee
_____	_____
_____	_____
--	_____

(a) No. 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, and ZIP 4	Relationship of transferor to transferee
_____	_____
_____	_____
--	_____