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Form **990-PF**  
 Department of the Treasury  
 Internal Revenue Service

**Return of Private Foundation**  
**or Section 4947(a)(1) Trust Treated as Private Foundation**  
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 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 03-01-2015, and ending 02-29-2016**

Name of foundation ZICHRON SIMCHA DSASSOV		<b>A Employer identification number</b> 45-0673679
Number and street (or P O box number if mail is not delivered to street address) 86 ROUTE 59	Room/suite	<b>B Telephone number</b> (see instructions)
City or town, state or province, country, and ZIP or foreign postal code SPRING VALLEY, NY 10977		<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"/> 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>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here <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>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), 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> 0	<b>J</b> Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis)	

<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>1</b>	Contributions, gifts, grants, etc., received (attach schedule)	161,114			
<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)				
<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</b>	<b>Total.</b> Add lines 1 through 11	161,114	0		
<b>13</b>	Compensation of officers, directors, trustees, etc				
<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)				
<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)	858			
<b>24</b>	<b>Total operating and administrative expenses.</b> Add lines 13 through 23	858	0		0
<b>25</b>	Contributions, gifts, grants paid	162,517			162,517
<b>26</b>	<b>Total expenses and disbursements.</b> Add lines 24 and 25	163,375	0		162,517
<b>27</b>	Subtract line 26 from line 12				
<b>a</b>	<b>Excess of revenue over expenses and disbursements</b>	-2,261			
<b>b</b>	<b>Net investment income</b> (if negative, enter -0-)		0		
<b>c</b>	<b>Adjusted net income</b> (if negative, enter -0-)				

<b>Part II Balance Sheets</b> Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	1,901	1	
	<b>2</b> Savings and temporary cash investments . . . . .			
	<b>3</b> Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	<b>4</b> Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	<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) ▶ _____ 468 Less allowance for doubtful accounts ▶ _____	348	468	
	<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 ▶ _____)	1,777	1,620		
<b>16 Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item I)	4,026	2,089	0	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .			
	<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 ▶ _____)		323	
<b>23 Total liabilities</b> (add lines 17 through 22) . . . . .		323		
<b>Net Assets or Fund Balances</b>	<b>Foundations that follow SFAS 117, check here</b> ▶ <input type="checkbox"/> <b>and complete lines 24 through 26 and lines 30 and 31.</b>			
	<b>24</b> Unrestricted . . . . .			
	<b>25</b> Temporarily restricted . . . . .			
	<b>26</b> Permanently restricted . . . . .			
	<b>Foundations that do not follow SFAS 117, check here</b> ▶ <input checked="" 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	4,026	1,766		
<b>30 Total net assets or fund balances</b> (see instructions) . . . . .	4,026	1,766		
<b>31 Total liabilities and net assets/fund balances</b> (see instructions) . . . . .	4,026	2,089		

**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>	4,026
<b>2</b>	Enter amount from Part I, line 27a . . . . .	<b>2</b>	-2,261
<b>3</b>	Other increases not included in line 2 (itemize) ▶ _____	<b>3</b>	
<b>4</b>	Add lines 1, 2, and 3 . . . . .	<b>4</b>	1,765
<b>5</b>	Decreases not included in line 2 (itemize) ▶ _____	<b>5</b>	
<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>	1,765

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

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo, day, yr)	(d) Date sold (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			(i) 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	(l)
<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)	<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			
2013			
2012			
2011			
2010			

<b>2</b> Total of line 1, column (d).	<b>2</b>
<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>
<b>4</b> Enter the net value of noncharitable-use assets for 2015 from Part X, line 5.	<b>4</b>
<b>5</b> Multiply line 4 by line 3.	<b>5</b>
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b).	<b>6</b>
<b>7</b> Add lines 5 and 6.	<b>7</b>
<b>8</b> Enter qualifying distributions from Part XII, line 4.	<b>8</b>

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. Rows include: 1a Exempt operating foundations, b Domestic foundations, c All other domestic foundations, 2 Tax under section 511, 3 Add lines 1 and 2, 4 Subtitle A (income) tax, 5 Tax based on investment income, 6 Credits/Payments (6a-6d), 7 Total credits and payments, 8 Enter any penalty, 9 Tax due, 10 Overpayment, 11 Enter the amount of line 10 to be credited to 2015 estimated tax.

Part VII-A Statements Regarding Activities

Table with 10 rows for activity statements. Rows include: 1a Did the foundation attempt to influence any national, state, or local legislation, b Did it spend more than \$100 during the year for political purposes, c Did the foundation file Form 1120-POL, 2 Has the foundation engaged in any activities that have not previously been reported to the IRS, 3 Has the foundation made any changes, not previously reported to the IRS, 4a-4b Unrelated business gross income and tax return filing, 5 Was there a liquidation, termination, dissolution, or substantial contraction, 6 Are the requirements of section 508(e) satisfied, 7 Did the foundation have at least \$5,000 in assets, 8a-8b States reported to and furnished to, 9 Is the foundation claiming status as a private operating foundation, 10 Did any persons become substantial contributors.

**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 ▶ N/A	<b>13</b>	<b>Yes</b>	
<b>14</b> The books are in care of ▶ SCHMUEL HOROWITZ Telephone no ▶ (845) 356-7773 Located at ▶ 86 ROUTE 59 SPRING VALLEY NY ZIP+4 ▶ 10977			
<b>15</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here . . . . . ▶ <input type="checkbox"/>	<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>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) <b>(1)</b> Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>(2)</b> Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>(3)</b> Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>(4)</b> Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>(5)</b> 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"/> Yes <input checked="" type="checkbox"/> No <b>(6)</b> 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"/> Yes <input checked="" type="checkbox"/> No			
<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"/>	<b>1b</b>		<b>No</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? . . . . . <input type="checkbox"/>	<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"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ▶ 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 ). . . . . <input type="checkbox"/>	<b>2b</b>		<b>No</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 ▶ 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"/> Yes <input checked="" type="checkbox"/> No <b>b</b> If "Yes," did it have excess business holdings in 2015 as a result of <b>(1)</b> any purchase by the foundation or disqualified persons after May 26, 1969, <b>(2)</b> 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 <b>(3)</b> 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> ). . . . . <input type="checkbox"/>	<b>3b</b>		<b>No</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 propaganda, 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
SCHMUEL HOROWITZ 86 ROUTE 59 SPRING VALLEY, NY 10977	Trustee 3 00	0		
RACHEL HOROWITZ 86 ROUTE 59 SPRING VALLEY, NY 10977	Trustee 0 00	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	Contributions to employee benefit plans and deferred compensation (d)	Expense account, (e) other allowances
NONE				

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

**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. . . . . **▶**

**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 . . . . . **▶**

**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>	3,160
<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>	3,160
<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>	
<b>3</b>	Subtract line 2 from line 1d. . . . .	<b>3</b>	3,160
<b>4</b>	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions). . . . .	<b>4</b>	47
<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>	3,113
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5. . . . .	<b>6</b>	156

**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>	156
<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>	
<b>3</b>	Distributable amount before adjustments Subtract line 2c from line 1. . . . .	<b>3</b>	156
<b>4</b>	Recoveries of amounts treated as qualifying distributions. . . . .	<b>4</b>	
<b>5</b>	Add lines 3 and 4. . . . .	<b>5</b>	156
<b>6</b>	Deduction from distributable amount (see instructions). . . . .	<b>6</b>	
<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>	156

**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>	162,517
<b>b</b>	Program-related investments—total from Part IX-B. . . . .	<b>1b</b>	
<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>	162,517
<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>	
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4. . . . .	<b>6</b>	162,517

**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				156
<b>2</b> Undistributed income, if any, as of the end of 2015				
<b>a</b> Enter amount for 2014 only. . . . .				
<b>b</b> Total for prior years 20___, 20___, 20___				
<b>3</b> Excess distributions carryover, if any, to 2015				
<b>a</b> From 2010. . . . .				
<b>b</b> From 2011. . . . .		122,535		
<b>c</b> From 2012. . . . .		143,674		
<b>d</b> From 2013. . . . .		165,379		
<b>e</b> From 2014. . . . .		186,391		
<b>f</b> Total of lines 3a through e. . . . .	617,979			
<b>4</b> Qualifying distributions for 2015 from Part XII, line 4 ► \$ <u>162,517</u>				
<b>a</b> Applied to 2014, but not more than line 2a				
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .				
<b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .	0			
<b>d</b> Applied to 2015 distributable amount. . . . .				156
<b>e</b> Remaining amount distributed out of corpus	162,361			
<b>5</b> Excess distributions carryover applied to 2015 (If an amount appears in column (d), the same amount must be shown in column (a) )				
<b>6</b> Enter the net total of each column as indicated below:				
<b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5	780,340			
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b. . . . .				
<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. . . . .				
<b>d</b> Subtract line 6c from line 6b Taxable amount—see instructions. . . . .				
<b>e</b> Undistributed income for 2014 Subtract line 4a from line 2a Taxable amount—see instructions. . . . .				
<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). . . . .				
<b>8</b> Excess distributions carryover from 2010 not applied on line 5 or line 7 (see instructions). . . . .				
<b>9</b> Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a. . . . .	780,340			
<b>10</b> Analysis of line 9				
<b>a</b> Excess from 2011. . . . .		122,535		
<b>b</b> Excess from 2012. . . . .		143,674		
<b>c</b> Excess from 2013. . . . .		165,379		
<b>d</b> Excess from 2014. . . . .		186,391		
<b>e</b> Excess from 2015. . . . .		162,361		

**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			(e) Total
(a) 2015	(b) 2014	(c) 2013	(d) 2012	
<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) )

See Additional Data Table

**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)				
<p><b>a</b> <i>Paid during the year</i> See Additional Data Table</p>				
<p><b>Total</b> . . . . .</p>			<b>▶ 3a</b>	162,517
<p><b>b</b> <i>Approved for future payment</i></p>				
<p><b>Total</b> . . . . .</p>			<b>▶ 3b</b>	





**Form 990PF Part XV Line 1a - 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).**

SCHMUEL HOROWITZ

RACHEL HOROWITZ

**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>				
AHAVAS CHESED 4 RIBIER COURT MONSEY,NY 10952	None	Exempt	General Contribution	610
AHAVAS YISROEL 1470 EAST 19TH STREET BROOKLYN,NY 11230	None	Exempt	General Contribution	400
BNEI YECHIEL 8 TRUMAN AVENUE SPRING VALLEY,NY 10977	None	Exempt	General Contribution	360
BONEI OLAM 1755 46TH STREET BROOKLYN,NY 11204	None	Exempt	General Contribution	4,420
CHEVRAH OSAI TZDOKOH VCHESD DSATMA 44 ADAR COURT MONSEY,NY 10952	None	Exempt	General Contribution	961
CONG AHAVAS YISROEL 4 MORRIS ROAD SPRING VALLEY,NY 10977	None	Exempt	General Contribution	250
CONG DIVREI EMUNA INC PO BOX 826 MONSEY,NY 10952	None	Exempt	General Contribution	500
CONG SHAARI CHESD INC 92 SADDLE RIVER ROAD MONSEY,NY 10952	None	Exempt	General Contribution	500
Cong Beth Hamedrosh of Melitz Lizen 653 BEDFORD AVENUE BROOKLYN,NY 11211	None	Exempt	General Contribution	2,000
CONG BINATH YESOSCHER 12 MAPLE TERRACE MONSEY,NY 10952	None	Exempt	General Contribution	1,000
CONGREGATION AHAVAS TZDOKAH VCHESD 1347 42ND STREET BROOKLYN,NY 11219	None	Exempt	General Contribution	250
CONGREGATION KHAL AVREICHIM 31 DOVER TERRACE MONSEY,NY 10952	None	Exempt	General Contribution	2,084
CONGREGATION MACHZIKEI HADAS OF BEL 3 NORTH COLE AVE SPRING VALLEY,NY 10977	None	Exempt	General Contribution	100
GEMACH ZICHRON MOSHE SHMIEL DVEIN 26 CARLTON ROAD MONSEY,NY 10952	None	Exempt	General Contribution	250
KEREN YAD VEIZER 51 BLAUVELT ROAD MONSEY,NY 10952	None	Exempt	General Contribution	500
<b>Total . . . . . ▶ 3a</b>				162,517

**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>				
KUPATH EZRAH PO BOX 3 MONSEY,NY 10952	None	Exempt	General Contribution	500
MESIVTA BAIS YOCHONAN SHRAGA 22 WEST MAPLE AVENUE MONSEY,NY 10952	None	Exempt	General Contribution	500
ROFEH CHOLIM CANCER SOCIETY 762 BEDFORD AVENUE BROOKLYN,NY 11205	None	Exempt	General Contribution	100
SMACH ZEVLIN OF NY INC 18 STONEHOUSE DRIVE SPRING VALLEY,NY 10977	None	Exempt	General Contribution	1,080
TOLDOS AVROHOM YITZCHOK 1276 46TH STREET BROOKLYN,NY 11219	None	Exempt	General Contribution	20,335
TOV VCHESD FOUNDATION INC PO BOX 855 MONSEY,NY 10952	None	Exempt	General Contribution	461
YESHIVA MESIVTA MEOR YITZCHOK MONSE 65 DYKSTRAS WAY MONSEY,NY 10952	None	Exempt	General Contribution	2,250
YESHIVA BETH DAVID 22 WEST MAPLE AVENUE MONSEY,NY 10952	None	Exempt	General Contribution	5,000
YESHIVA INSTITUTE DIVREI SHMUEL INC 2 PHYLISS TERRACE MONSEY,NY 10952	None	Exempt	General Contribution	450
ZICHRON MENACHEM INC 10 MAPLE TERRACE MONSEY,NY 10952	None	Exempt	General Contribution	1,840
ZICHRON YONASON INC 17 HAMMOND STREET MONSEY,NY 10952	None	Exempt	General Contribution	360
AHAVAS CHAVEIRIM GEMILAS CHESD INC 4 RIBIER COURT MONSEY,NY 10952	None	Exempt	GENERAL CONTRIBUTION	272
AMERICAN FRIENDS OF SUNDERLAND KOLL 34 NINTH STREET LAKEWOOD,NJ 08701	None	Exempt	GENERAL CONTRIBUTION	180
BINYAN YERUSHALAYIM 1274 49TH STREET BROOKLYN,NY 11219	None	Exempt	GENERAL CONTRIBUTION	180
CHAI LIFELINE 151 WEST 30TH STREET NEWYORK,NY 10001	None	Exempt	GENERAL CONTRIBUTION	180
<b>Total . . . . .</b>			<b>▶ 3a</b>	162,517

**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>				
CHOFETZ CHAIM KALLAH FUND 18 MOUNTAIN AVENUE MONSEY,NY 10952	None	Exempt	GENERAL CONTRIBUTION	172
CONGREGATION KHAL YEREIM 52 CARLTON ROAD MONSEY,NY 10952	None	Exempt	GENERAL CONTRIBUTION	1,200
CONGREGATION ZICHRON ELCHONON 20 WESTSIDE AVENUE SPRING VALLEY,NY 10977	None	Exempt	GENERAL CONTRIBUTION	500
CONGREGATION ZICHRON YAKOV DMELITZ 263 CLASSON AVE SUITE 4F BROOKLYN,NY 11205	None	Exempt	GENERAL CONTRIBUTION	2,360
CONGREGATION BETH ARON DKARLIN STOL 52 MAIN STREET MONSEY,NY 10952	None	Exempt	GENERAL CONTRIBUTION	1,000
CONGREGATION OHR MOSHE 1 MONSEY BLVD MONSEY,NY 10952	None	Exempt	GENERAL CONTRIBUTION	72
HACHNOSAS ORCHIM OF MONSEY 2 DR FRANK ROAD MONSEY,NY 10952	None	Exempt	GENERAL CONTRIBUTION	360
HATZOLOH 19 GROVE STREET MONSEY,NY 10952	None	Exempt	GENERAL CONTRIBUTION	360
GEMILAS CHASUDIM KEREN ELUZER INC 177 LEE AVE BROOKLYN,NY 11211	None	Exempt	GENERAL CONTRIBUTION	250
YESHIVATH VIZNITZ D'KHAL TORATH CHA PO BOX 446 MONSEY,NY 10952	None	Exempt	GENERAL CONTRIBUTION	3,000
CONGREGATION CHASDEI BOBOV OF MONSE 18 JILL LANE MONSEY,NY 10952	None	Exempt	GENERAL CONTRIBUTION	100
KOLLEL METZUYONIM OF ROCKLAND COUNT 16 JEFFREY PLACE MONSEY,NY 10952	None	Exempt	GENERAL CONTRIBUTION	180
KOLLOL OR YECHIEL 17 KASSUTO ST JERUSALEM,BAYIT VEGAN JERUSALEM IS	None	Exempt	GENERAL CONTRIBUTION	180
KOLLEL SHOMREI HACHOMOS 18 HEYWARD STREET BROOKLYN,NY 11249	None	Exempt	GENERAL CONTRIBUTION	500
AMERICAN FRIENDS OF KUPAT HAIR 4415 14TH AVENUE BROOKLYN,NY 11219	None	Exempt	GENERAL CONTRIBUTION	104
<b>Total . . . . .</b>				<b>162,517</b>

**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>				
MATAN B SETER BAMBI INC 1728 53RD STREET BROOKLYN,NY 11204	None	Exempt	GENERAL CONTRIBUTION	300
MERKAZ HABRITH FOR RUSSIAN JEWRY 2054 BEDFORD AVE BROOKLYN,NY 11210	None	Exempt	GENERAL CONTRIBUTION	120
CONGREGATION MOSDOS TOLDOS AHARON 3 PAKSH PLACE UNIT 111 MONROE,NY 10950	None	Exempt	GENERAL CONTRIBUTION	1,610
UNITED TALMUDICAL ACADEMY 89 S MAIN STREET SPRING VALLEY,NY 10977	None	Exempt	GENERAL CONTRIBUTION	20,000
VAAD HARABANIM LINYUNEI TZEDUKAH 221 REGENT DRIVEE LAKEWOOD,NJ 08701	None	Exempt	GENERAL CONTRIBUTION	360
YESHIVAT LELLUV OF JERUSALEM 3311 OLD FOREST ROAD BALTIMORE,MD 21208	None	Exempt	GENERAL CONTRIBUTION	1,000
CHASDEI YAKOV 56 MAIN STREET MONSEY,NY 10952	None	Exempt	GENERAL CONTRIBUTION	1,150
CONGREGATION KOLEL BAIS AVROHOM YAK 57 FRANCIS PL MONSEY,NY 10952	None	Exempt	GENERAL CONTRIBUTION	1,000
YESHIVA BETH DAVID 22 W MAPLE AVE MONSEY,NY 10952	None	Exempt	GENERAL CONTRIBUTION	1,980
CONGREGATION OHR SHOLOM ZLOCHOV 531 FLUSHING AVE BROOKLYN,NY 11205	None	Exempt	GENERAL CONTRIBUTION	360
CONGREGATION TIFERETH ISRAEL 55 WEST MAPLE AVE MONSEY,NY 10952	None	Exempt	GENERAL CONTRIBUTION	360
CONGREGATION TOLDOS AVRUHOM YITZCHO 1219 56TH STREET BROOKLYN,NY 11219	None	Exempt	GENERAL CONTRIBUTION	1,860
KARAN ELUZAR INC 255 PENN ST BROOKLYN,NY 11211	None	Exempt	GENERAL CONTRIBUTION	180
CONGREGATION KHAL AVREICHIM 31 DOVER TERRACE MONSEY,NY 10952	None	Exempt	GENERAL CONTRIBUTION	1,360
SATMER BIKUR CHOLIM 152 RODNEY STREET BROOKLYN,NY 11211	None	Exempt	GENERAL CONTRIBUTION	72
<b>Total . . . . . ▶ 3a</b>				162,517

**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>				
THE JEWISH CENTER FOR SPECIAL EDUCATION 1760 53RD ST BROOKLYN,NY 11204	None	Exempt	GENERAL CONTRIBUTION	101
ZICHRON AVROHOM VESTHER FUND PO BOX 724 TALLMAN,NY 10982	None	Exempt	GENERAL CONTRIBUTION	250
A TIME 1310 48TH STREET STE 406 BROOKLYN,NY 11219	None	Exempt	GENERAL CONTRIBUTION	103
CHAIM VESHALOM TRUST 1736 E 3rd St BROOKLYN,NY 11223	None	Exempt	GENERAL CONTRIBUTION	250
CHESED L'AVRAHAM 1747 47TH STREET BROOKLYN,NY 11204	None	Exempt	GENERAL CONTRIBUTION	1,800
CONG YESHEOS YAKOV 15 CEDAR LN MONSEY,NY 10952	None	Exempt	GENERAL CONTRIBUTION	540
EZER MIZION INC 1281 49TH STREET 1 BROOKLYN,NY 11219	None	Exempt	GENERAL CONTRIBUTION	250
OHR YOCHANAN 97 HIGHVIEW RD SUFFERN,NY 10901	None	Exempt	GENERAL CONTRIBUTION	250
YISMACH MOSHE INSTITUTE 1621 51ST ST BROOKLYN,NY 11204	None	Exempt	GENERAL CONTRIBUTION	800
ZICHRON ELIYAHU INC 657 E 7Th St Brooklyn,NY 11218	None	Exempt	General contribution	250
YESIVA LAVREICHIM METZUYANIM INC 4515 12Th Avenue Brooklyn,NY 11219	None	Exempt	General contribution	360
AGUDAS TOV VCHESED INC 20 ALBERT DRIVE MONSEY,NY 10952	None	Exempt	GENERAL CONTRIBUTION	1,000
CONGREGATION BAIS AHARON PO BOX 57 MONSEY,NY 10952	None	Exempt	GENERAL CONTRIBUTION	500
CONGREGATION BAIS CHANA MALKA POB 1099 MONSEY,NY 10952	None	Exempt	GENERAL CONTRIBUTION	180
BAIS CHAYA ESTHER 1118 AVENUE P BROOKLYN,NY 11229	None	Exempt	GENERAL CONTRIBUTION	500
<b>Total . . . . . ▶ 3a</b>				162,517

**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>				
BAYITH LEPLEITOT INC 1428 36TH ST BROOKLYN,NY 11218	None	Exempt	GENERAL CONTRIBUTION	360
BAIS YAAKOV CHOFETZ CHAIM OF POMONA PO BOX 704 Pomona,NY 10970	None	Exempt	GENERAL CONTRIBUTION	180
CONG BEIR MAYIM INC 1 Iron Hill PLZ Unit 304 MONROE,NY 10950	None	Exempt	GENERAL CONTRIBUTION	360
BEN ISH HAI INC 17901 VENTURA BLVD ENCINO,CA 91316	None	Exempt	GENERAL CONTRIBUTION	180
CONGREGATION BETH JACOB OHEV SHOLOM 284 RODNEY STREET BROOKLYN,NY 11211	None	Exempt	GENERAL CONTRIBUTION	250
CONGREGATION CHEVRA LOMDEI TORAH 615 5th street LAKEWOOD,NJ 08701	None	Exempt	GENERAL CONTRIBUTION	180
CONGREGATION ATERES SHALOM 1402 44TH STREET BROOKLYN,NY 11219	None	Exempt	GENERAL CONTRIBUTION	360
BAIS MORDECHAI 6 CAPE COURT MONSEY,NY 10952	None	Exempt	GENERAL CONTRIBUITON	101
CONG CHASDEI ZVI INC 133 GERRY STREET BROOKLYN,NY 11206	None	Exempt	GENERAL CONTRIBUTION	200
BAIS HAMEDRASH YESHIAS ISRAEL INC 1654 43RD STREET BROOKLYN,NY 11204	None	Exempt	GENERAL CONTRIBUTION	1,800
YISMACH MOSHE INSTITUTE 1621 51ST STREET BROOKLYN,NY 11294	None	Exempt	GENERAL CONTRIBUTON	360
BNEI MELACHIM INC 1123 AVENUE N BROOKLYN,NY 11230	None	Exempt	GENERAL CONTRIBUTION	120
CONG OHEL YAKOV 1 CHALLENGER CT MONSEY,NY 10952	None	Exempt	GENERAL CONTRIBUTION	250
CONGREGATION OSHER BCHAIM INC POB 673 MONSEY,NY 10952	None	Exempt	GENERAL CONTRIBUTION	250
CONG MOSDOS SLONIM 1515 47TH STREET 2A BROOKLYN,NY 11219	None	Exempt	GENERAL CONTRIBUTION	500
<b>Total . . . . . ▶ 3a</b>				162,517

**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>				
CONGREGATION TIFERETH ISRAEL 55 WEST MAPLE AVENUE MONSEY,NY 10952	None	Exempt	GENERAL CONTRIBUTION	2,500
CONGREGATION DIVREI EMUNAH 2 PHYLIS TERRACE MONSEY,NY 10952	None	Exempt	GENERAL CONTRIBUTION	1,000
YESHIVA INSTITUTE DIVREI SHMUEL INC 2 PHYLIS TERRACE MONSEY,NY 10952	None	Exempt	GENERAL CONTRIBUTION	120
CONGREGATION KHAL AVREICHIM 31 DOVER TERRACE MONSEY,NY 10952	None	Exempt	GENERAL CONTRIBUITON	3,510
KOLEL ZICHRON YOSEPH INC 625 BEDFORD AVENUE BROOKLYN,NY 11211	None	Exempt	GENERAL CONTRIBUTION	360
KOLLEL ZICHRON MESHULOM 121 W MAPLE AVENUE BROOKLYN,NY 10952	None	Exempt	GENERAL CONTRIBUTION	1,000
KOLLEL ARI YERUCHAM 818 CENTRAL AVENUE LAWRENCE,NY 11559	None	Exempt	GENERAL CONTRIBUTION	100
KUPATH EZRAH PO BOX 3 MONSEY,NY 10952	None	Exempt	GENERAL CONTRIBUTION	1,473
KUPAS HACHESED FOUNDATION INC 10 FIRST STREET SPRING VALLEY,NY 10977	None	Exempt	GENERAL CONTRIBUTION	250
MOSDOS RAMOU PO BOX 110967 BROOKLYN,NY 11211	None	Exempt	GENERAL CONTRIBUITON	101
MISGOV LADOCH 23 PAGET ROAD LONDON,LONDON N16 5ND UK	None	Exempt	GENERAL CONTRIBUTION	101
MOSDOS BETH YOSEF ZVI 543 BEDFORD AVENUE SUTIE 113 BROOKLYN,NY 11211	None	Exempt	GENERAL CONTRIBUTION	360
MOSDOT BOTOSHAN INC 915 EAST 7 STREET BROOKLYN,NY 11250	None	Exempt	GENERAL CONTRIBUTION	301
CONG NOTZER CHESED 1647 42ND STREET BROOKLYN,NY 11204	None	Exempt	GENERAL CONTRIBUITON	120
P E F ISRAEL ENDOWMENT FUNDS INC 630 3rd Avenue Room 1501 NEW YORK,NY 10017	None	Exempt	GENERAL CONTRIBUTION	180
<b>Total . . . . .</b>			<b>▶ 3a</b>	162,517

**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>				
CONG SHAREI CHESED 3054 BEDFORD AVENUE BROOKLYN, NY 11210	None	Exempt	GENERAL CONTRIBUTION	1,000
CONGREGATION TIFERES GEDALIA 9 SADDLE RIVER ROAD MONSEY, NY 10952	None	Exempt	GENERAL CONTRIBUTION	480
CONGREGATION TIFERETH ISRAEL 55 WEST MAPLE AVENUE MONSEY, NY 10952	None	Exempt	GENERAL CONTRIBUTION	36,460
CONGREGATION YESHIVA KARLIN STOLIN 105 GROVE STREET MONSEY, NY 10952	None	Exempt	GENERAL CONTRIBUTION	250
CONG MEOR EINAYIM 123 HARDS LANE LAWRENCE, NY 11559	None	Exempt	GENERAL CONTRIBUTION	360
OHR V'DAAS 972 CHESTNUT RIDGE ROAD SPRING VALLEY, NY 10977	None	Exempt	GENERAL CONTRIBUTION	250
SMACH ZEVILIN OF NY INC 18 STONEHOUSE DRIVE SPRING VALLEY, NY 10977	None	Exempt	GENERAL CONTRIBUTION	500
TZEDOKO VOCHESD FOUNDATION INC 1329 44TH STREET BROOKLYN, NY 11219	None	Exempt	GENERAL CONTRIBUTION	480
CONG SHULOM VREYIS PO BOX 865 MONSEY, NY 10952	None	Exempt	GENERAL CONTRIBUTION	360
MATAT MORDECHAI 142 RODNEY ST BROOKLYN, NY 11211	None	Exempt	GENERAL CONTRIBUTION	180
VARIOUS VARIOUS MONSEY, NY 10952	None	Various	GENERAL CONTRIBUTION	8,021
ZICHRON TZVI 12 LIZENSK BLVD UNIT 101 MONROE, NY 10950	None	Exempt	GENERAL CONTRIBUTION	72
TOMCHE SHABBOS 78 COLLEGE RD MONSEY, NY 10952	None	Exempt	GENERAL CONTRIBUTION	120
<b>Total . . . . . ▶ 3a</b>				162,517

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

## TY 2015 Amortization Schedule

**Name:** ZICHRON SIMCHA DSASSOV

**EIN:** 45-0673679

**Software ID:** 15000324

**Software Version:** 2015v2.0

Description of Amortized Expenses	Date Acquired, Completed, or Expended	Amount Amortized	Deduction for Prior Years	Amortization Method	Current Year Amortization	Net Investment Income	Adjusted Net Income	Total Amount of Amortization
Set-up costs	2011-04-11	1,500	450	15 0000	100			550
Set up costs	2013-01-15	850	123	15 0000	57			180

**TY 2015 Other Assets Schedule****Name:** ZICHRON SIMCHA DSASSOV**EIN:** 45-0673679**Software ID:** 15000324**Software Version:** 2015v2.0

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
Net Intangible Assets	1,777	1,620	

**TY 2015 Other Expenses Schedule****Name:** ZICHRON SIMCHA DSASSOV**EIN:** 45-0673679**Software ID:** 15000324**Software Version:** 2015v2.0

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Amortization	157			
Bank Charges	701			

**TY 2015 Other Liabilities Schedule****Name:** ZICHRON SIMCHA DSASSOV**EIN:** 45-0673679**Software ID:** 15000324**Software Version:** 2015v2.0

<b>Description</b>	<b>Beginning of Year - Book Value</b>	<b>End of Year - Book Value</b>
Bank Overdraft		323

Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

OMB No 1545-0047

2015

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

Name of the organization ZICHRON SIMCHA DSASSOV

Employer identification number 45-0673679

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 [x] 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

- [x] 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 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II [ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals Complete Parts I, II, and III [ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc , purposes, but no such contributions totaled more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc , purpose 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)

**Name of organization**  
ZICHRON SIMCHA DSASSOV

**Employer identification number**  
45-0673679

<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	SCHMUEL HOROWITZ 86 ROUTE 59 SPRING VALLEY, NY 10977	\$ 161,114	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )

**Name of organization**  
ZICHRON SIMCHA DSASSOV

**Employer identification number**  
45-0673679

**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
_____	_____ _____ _____	_____ \$	_____
_____	_____ _____ _____	_____ \$	_____
_____	_____ _____ _____	_____ \$	_____
_____	_____ _____ _____	_____ \$	_____
_____	_____ _____ _____	_____ \$	_____
_____	_____ _____ _____	_____ \$	_____
_____	_____ _____ _____	_____ \$	_____
_____	_____ _____ _____	_____ \$	_____

<b>Name of organization</b> ZICHRON SIMCHA DSASSOV	<b>Employer identification number</b> 45-0673679
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**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	
_____		_____	
---		_____	