

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



OMB No 1545-0052

Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

Department of the Treasury Internal Revenue Service

Form 990-PF

▶ 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 <u>www.irs.gov/form990pf</u>.

Open to Public Inspection

For	calen	dar year 2015, or tax year beginning	07-0	1-2015	, a	nd ending 0	6-30-2016	
	e of found					A Employer ide	entification numbe	er
		T ANDREW KRISER FOUNDATION 1ASSANOVA CPA & BC				22-3765741		
Num	ber and s	treet (or P O box number if mail is not delivered to street a	ddress)	Room/suite		B Telephone nun	nber (see instruction	s)
20	0 S BLACK	K HORSE PIKE				(856) 939-4540		
		state or province, country, and ZIP or foreign postal code NJ 08078				C If exemption	application is pendin	g, check here
3 C F	neck all	that apply Initial return Initial return	n of a 1	former public charity	,	D 1 Foreign or	ganizations, check he	oro 🕨
J (1	icek dii	Final return Amended re Address change Name chang	turn	ornier public charley		2. Foreign or test, check	ganizations meeting k here and attach co	the 85% mputation
		be of organization $\sqrt{\text{Section 501(c)(3)}}$ exempt					ndation status was t i 507(b)(1)(A), chec	
		4947(a)(1) nonexempt charitable trust Other						· .
of	ear <i>(fro</i>	t value of all assets at end pm Part II, col (c),	fy) _	De on cash basis)	ıaı		tion is in a 60-montl i 507(b)(1)(B), chec	
Pa	rt I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))	ot	Revenue and expenses per	(b)	Net investment income	Adjusted net (c) income	Disbursements for charitable purposes (d) (cash basis only)
	1	Contributions, gifts, grants, etc , received (attac	h					
		schedule)						
	2	Check ►						
	3	Interest on savings and temporary cash investm	ents	7			7	
	4	Dividends and interest from securities		22,490		20,305	22,490	
	5a	Gross rents						
	b	Net rental income or (loss)						
He	6a	Net gain or (loss) from sale of assets not on line	10	1,599				
Reverkie	b	Gross sales price for all assets on line 6a 80,449						
	7	Capital gain net income (from Part IV, line 2) .						
	8	Net short-term capital gain						
	9 10a	Income modifications						
	ь	allowances Less Cost of goods sold						
	, c	Gross profit or (loss) (attach schedule)						
	11	Other income (attach schedule)						
	12	Total.Add lines 1 through 11		24,096		20,305	22,497	
	13	Compensation of officers, directors, trustees, etc				·	<u> </u>	
	14	Other employee salaries and wages						
6 3	15	Pension plans, employee benefits						
in Sc	16a	Legal fees (attach schedule)						
Expenses	ь	Accounting fees (attach schedule)						
E E	С	Other professional fees (attach schedule) $$. $$.						
Ě	17	Interest						
and Administrative	18	Taxes (attach schedule) (see instructions) .		9 573				
ੂ	19	Depreciation (attach schedule) and depletion .						
Ę	20	Occupancy		-				
σ	21	Travel, conferences, and meetings						
an E	22	Printing and publications		***				
Operating	23	Other expenses (attach schedule)		200				
er at	24	Total operating and administrative expenses.		370		_		_
<u>X</u>	25	Add lines 13 through 23		773 91,250		0		91,250
_	25	Contributions, gifts, grants paid		91,250	\vdash			91,250
	26 27	Total expenses and disbursements. Add lines 24 25 Subtract line 26 from line 12	and	92,023		0		91,250
	27 a	Excess of revenue over expenses and disburseme	ente	-67,927				
	b a	Net investment income (if negative, enter -0-)		3,,527	\vdash	20,305		
	c	Adjusted net income(if negative, enter -0-)				•	22,497	

Рa	rt II	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	Beginning of year		f year
			(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing	23,269	33,286	
	2	Savings and temporary cash investments			
	3	Accounts receivable			
		Less allowance for doubtful accounts ▶			
	4	Pledges receivable ►			
		Less allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule) ▶			
		Less allowance for doubtful accounts ▶			
S	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
As	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)	542,993	465,049	206,915
	С	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment basis ▶			
		Less accumulated depreciation (attach schedule) ▶			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)			
	14	Land, buildings, and equipment basis >			
		Less accumulated depreciation (attach schedule) ▶			
	15	Other assets (describe ▶)			
	16	Total assets (to be completed by all filers—see the			
		ınstructions Also, see page 1, item I)	566,262	498,335	206,915
	17	Accounts payable and accrued expenses			
	18	Grants payable			
les	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
lat	21	Mortgages and other notes payable (attach schedule)			
_	22	Other liabilities (describe ►)			
	23	Total liabilities(add lines 17 through 22)		0	
		Foundations that follow SFAS 117, check here ▶			
Ses		and complete lines 24 through 26 and lines 30 and 31.			
and	24	Unrestricted	566,262	498,335	
Fund Balance	25	Temporarily restricted			
ᄝ	26	Permanently restricted			
Ē		Foundations that do not follow SFAS 117, check here			
5		and complete lines 27 through 31.			
	27	Capital stock, trust principal, or current funds			
Assets	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
A	29	Retained earnings, accumulated income, endowment, or other funds			
Net	30	Total net assets or fund balances(see instructions)	566,262	498,335	
_	31	Total liabilities and net assets/fund balances(see instructions)	566,262	498,335	
Pa	rt 1111	Analysis of Changes in Net Assets or Fund Balances			
1		Total net assets or fund balances at beginning of year—Part II, column ((a). line 30 (must ac	ıree	
-		with end-of-year figure reported on prior year's return)		1	566,262
2		Enter amount from Part I, line 27a			-67,927
3		Other increases not included in line 2 (itemize)		 	3, 1,527
4		Add lines 1, 2, and 3			498,335
5		Decreases not included in line 2 (itemize) ▶	· ·	5	. 5 6 7 5 5 5
6		Total net assets or fund balances at end of year (line 4 minus line 5)—Po	art II. column (h) li		498,335
Ť		, sta. Het assets of fand balances at end of year (fine 4 fillings fille 5)—Fi	a.c.11, column (b), n		QQQ DE (2015)

	the kind(s) of property sold (e g , re- ehouse, or common stock, 200 shs	· I P—PIIrchae	e (c) (mo	e acquired , day, yr) (Date sold (d) (mo , day, yr)	
1a		(b) b-bonacio	111	-		
b						
c						
d						
(e) Gross sales price	Depreciation allowed (f) (or allowable)	Cost or other basis (g) plus expense of sale	1,	Gain (h) (e) plus (or (loss) f) minus (a)	
a	(c) (c) anomazio)	(g) plus expenses at our	 	, (0) p.u.o (., (9)	
b						
c						
d						
	showing gain in column (h) and owne	d by the foundation on 12/31/69		Caine (Col	(h) gain minus	
(i) F M V as of 12/31/69	A djusted basis (j) as of 12/31/69	Excess of col (I) (k) over col (j), if any		(k), but not	(h) gain minus less than -0-) or rom col (h))	
a	37	3/1				
b						
С						
d						
e						
	1	If gain, also enter in Part I, line 7	1			
2 Capital gain net inco		If (loss), enter -0- in Part I, line 7	} 2			
3 Net short-term capit	al gain or (loss) as defined in section	ns 1222(5) and (6)	' - 			
•	- , ,					
ın Part I, line 8 .	Part I, line 8, column (c) (see instruc		} 3			
Part V Qualification (Under Section 4940(e) for R	educed Tax on Net Investn	ent Inco	ome		
For optional use by domestic fsection 4940(d)(2) applies,	private foundations subject to the se leave this part blank	ction 4940(a) tax on net investme	nt income))		
	e section 4942 tax on the distributa ot qualify under section 4940(e) Do		period?	Γ	Yes 🗸 No	
1 Enter the appropriate amo	unt in each column for each year, se	e instructions before making any e	ntries			
(a)	· · ·		Ī	(d)		
Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of nonchantable-use assets	(co	Distribution of (b) divided b	oy col (c))	
2014	106,250	386,567	-		0 274855	
2013	130,258	40,660			3 203591	
2012	123,395 80,648	47,118			2 618851	
2011	83,470					
2 Totalof line 1, colum	·		2		6 097297	
3 Average distribution	ratio for the 5-year base period—div the foundation has been in existence	ride the total on line 2 by 5, or by	3		2 032432	
,	f noncharitable-use assets for 2015	•	4		398,355	
	23		 	5 809		
	stment income (1% of Part I, line 27		6		203	
		•	7		809,832	
	butions from Part XII, line 4		8		91,250	
	r greater than line 7, check the box i			ıg a 1% tax	<u>.</u>	

Enter the amount of line 10 to be Credited to 2015 estimated tax

Part VIII-A Statements Regarding Activities During the tax year, did the foundation attempt to influence any national, state, or local legislation or did Yes No it participate or intervene in any political campaign? **1**a No b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)?............ 1b No If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities **1**c No d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation ▶ \$ ___ (2) On foundation managers 🕨 💲 e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers > \$ Has the foundation engaged in any activities that have not previously been reported to the IRS? 2 No If "Yes," attach a detailed description of the activities Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes 3 No Did the foundation have unrelated business gross income of \$1,000 or more during the year?. **4**a No If "Yes," has it filed a tax return on Form 990-T for this year? 4h Was there a liquidation, termination, dissolution, or substantial contraction during the year? 5 No If "Yes," attach the statement required by General Instruction T Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? 6 Yes Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), 7 Yes 8a Enter the states to which the foundation reports or with which it is registered (see instructions) b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney

General (or designate) of each state as required by General Instruction G? If "No," attach explanation.

If "Yes," complete Part XIV

and addresses

Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)?

Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names

8h

9

10

Yes

No

No

11

Pai	t VII-A Statements Regarding Activities (continued)			age -
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had			
	advisory privileges? If "Yes," attach statement (see instructions)	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	
	Website address ▶JOHN@JOHNLMASSANOVA COM			
14	The books are in care of ▶GREGORY KRISER Telephone no ▶(856)939-	4540	
	Located at ►3000 S OCEAN BLVD 501 PALM BEACH FL ZIP+4 ►33480			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here		▶ ┌	_
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over		Yes	No
	a bank, securities, or other financial account in a foreign country?	16		No
	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 ▶			
Pal	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required	1		
4.	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
ıa	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?			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes Vo (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(2) Europe goods converse or facilities to (or accept them from) a disqualified person?	İ		
	The principle of the second of			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person Yes Vo Vision No	l		
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. 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) Yes Vo			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations	İ		
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1 b		
	Organizations relying on a current notice regarding disaster assistance check here			
		1	l	
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts,	1c		
2	that were not corrected before the first day of the tax year beginning in 2015?	10		
_	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
а	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?			
	If "Yes," list the years ▶ 20			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)	l		
_	to all years listed, answer "No" and attach statement—see instructions)	2b		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here 20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at			
	any time during the year?			
b	If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation	İ	İ	
	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? (Use Schedule C, Form 4720, to determine			
_	If the foundation had excess business holdings in 2015)	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
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?	4b		N.a
	chartcable purpose that had not been removed norm jeopardy before the first day of the tax year beginning in 2015?	40		No

During the year did the foundation pay or includes on the year of the foundation pay or included to influence legislation (section 4945(e))? (2) Influence the outcome of any specific public election (see section 4945(e))? (3) Provide a grant to an individual for travel, study, or other similar purposes? (4) Provide a grant to an individual for travel, study, or other similar purposes? (5) Provide for any purpose other than religious, chantable, screntine, literary, or educational purposes, for for the prevention of crueity to fulfier or animals? (6) Provide for any purpose other than religious, chantable, screntine, literary, or educational purposes, for for the prevention of crueity to fulfier on animals? (7) Frovide for any purpose other than religious, chantable, screntine, literary, or educational purposes, for for the prevention of crueity to fulfier on animals? (8) Provide for any purpose other than religious, chantable, screntine, literary, or educational purposes, for for the prevention of crueity to fulfier on animals? (9) Frovide for any purpose other than religious, chantable, screntine, literary, or educations religing on a current notice regarding disaster assistance (see instructions)? (a) If any answer is "Yes" to 5a(1)-(5), did anyof the transaction fail to qualify under the exceptions described in Regulations religing on a current notice regarding disaster assistance (see instructions)? (b) If any answer is "Yes" to question Sa(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? (c) If the answer is "Yes" to question Sa(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? (a) Press to 6b, hie Farm 8870 (b) If "Yes" attach the statement required by Regulations section S3 4945-5(d) (a) Did the foundation, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? (b) If "Yes" to 6b, hie Farm 8870 (c) In an anim		990-PF (2				. 34/1-	ich Form 4730	M	. Do Doguius d (Cont		٠,١	Page	e (
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?		•					iich Form 4/20	мау	Be Required (Cont	inue	a)		
(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?.	5a	=	•		•								
on, directly or indirectly, any voter registration drive?						_	•	-	1 105	✓ No		ļ	
(3) Provide a grant to an individual for travel, study, or other similar purposes? (4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions). (5) Provide for any purpose other than religious, chantable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?. (6) Provide for any purpose other than religious, chantable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?. (7) Yes No (8) If any answer is "Yes" to 5a(1)-(5), did anyof the transactions fail to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance (see instructions)? (8) Organizations relying on a current notice regarding disaster assistance check here. (9) If "Yes," attach the statement required by Regulations section 53 4945-5(d) (9) If "Yes," attach the statement required by Regulations section 53 4945-5(d) (9) If "Yes," attach the statement required by Regulations section 53 4945-5(d) (9) If "Yes," attach the statement required by Regulations section 53 4945-5(d) (9) If "Yes," attach the statement required by Regulations section 53 4945-5(d) (9) If "Yes," attach the statement required by Regulations section 53 4945-5(d) (9) If "Yes," attach the statement required by Regulations section 53 4945-5(d) (9) If "Yes," attach the statement required by Regulations section 53 4945-5(d) (9) If "Yes," attach the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? (9) If yes, did the foundation, during the year, pay premiums, directly or indirectly, to a prohibited tax shelter transaction? (1) Yes \(\bar{\text{NN}} \) No (1) If "Yes," to 6b, file Form 8870 (1) If the foundation handagers, highly Paid Employees, hours per week (b) devoted to position (1) Compensation (see instructions). (1) Contributions to employee benefit p			•		•	•	, .		•				
(4) Provide a grant to an organization other than a chantable, etc , organization described in section 4945(d)(4)(A)? (see instructions). (5) Provide for any purpose other than religious, chantable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?		on, di	rectly or indirectly, any	vote	r registration drive?			•	· · · · · TYes	✓ No		ļ	
in section 4945(d)(4)(A)? (see instructions).		(3) Provid	de a grant to an individ	ıal foı	travel, study, or ot	hers	ımılar purposes?		☐ Yes □	✓ No		ļ	
educational purposes, or for the prevention of cruelty to children or animals?										√ No			
b If any answer is "Yes" to 5a(1)-(5), did anyof the transactions fail to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance (see instructions)?					-				· · · · · · · · · · · · · · · · · · ·	Z No			
Regulations section 53 4945 or in a current notice regarding disaster assistance (see instructions)? 5b Organizations relying on a current notice regarding disaster assistance check here	b	If any ans	wer is "Yes" to 5a(1)-	(5). d	ıd anv of the transac	tions	fail to qualify under	the		•	i i	į	
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?. 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?. D Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?. 6b 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 Voo b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? Yes Voo b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? Yes Voo c It is all officers, directors, trustees, foundation managers and their compensation (see instructions). 1 List all officers, directors, trustees, foundation managers and their compensation (see instructions). 1 List all officers, directors, trustees, foundation managers and their compensation (see instructions). 1 List all officers, directors, trustees, foundation managers and their compensation (see instructions). 1 List all officers, directors, trustees, foundation managers and their compensation (see instructions). 1 C Contributions to employee benefit plans and deferred compensation (see) other allowances and deferred compensation (see) other allowances of the black of the trust of the plans and deferred compensation (see) other allowances of the plans and deferred comployee benefit plans and deferred (d) other allowances of the plans and deferred (d) other allowances of the plans and deferred (d) other allowances of the plans and deferred (d) other allowances of the plans and deferred (d) other allowances of the plans and deferred (d) other allowances of the plans and de	_	•	, ,		•				•		5b		
tax because it maintained expenditure responsibility for the grant?		-			_	_		•	•	_			_
If "Yes," attach the statement required by Regulations section 53 4945-5(d) Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	с	If the ans	wer is "Yes" to questio	n 5a(4), does the foundat	ion c	laım exemption from	the	·				
If "Yes," attach the statement required by Regulations section 53 4945-5(d) Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		tax becau	se it maintained expen	diture	responsibility for t	he gr	ant?		T Yes [– _{No}			
Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?									1 .00 1		i i	i	
a personal benefit contract?	6a	·	·		· -		• •	nren	nuims on				
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 6b 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 Vo No b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? 7b 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 PRESIDENT O Contributions to employee benefit plans and deferred compensation (b) Contributions to employee benefit plans and deferred compensation O COMPAN BEACH, FL 33480 PRESIDENT O O O O OO										- No			
Title, and average hours per week (b) devoted to position PALM BEACH, FL 33480 Part WILE ASABACH, FL 33480 Part Wile Asabach, FL 33480 Name and address of each employee paid more than \$50,000 Part Wile At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Yes Vo No If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? 7b 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 PRESIDENT 0 00 Compensation (If not paid, enter -0-) 0 00 Expense account, (e) other allowances and deferred compensation (b) devoted to position O 0 0 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE." Contributions to employee benefit plans and deferred to one of the highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE." Contributions to employee benefit plans and deferred to one of the highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE." Contributions to employee benefit plans and deferred to one of the highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE." Contributions to employee benefit plans and deferred to other allowances of the employee benefit plans and deferred to other allowances of the manager of the plans and deferred to other allowances of the plans and deferred to other allowances of the manager of the plans and deferred to other allowances of the manager of the plans and deferred to other allowances of the plans and deferred to other allowances of the manager of the plans and deferred to other allowances of the manager of the plans and deferred to other allowances of the plans and deferred to other allowances of the pl	h									•	_ 	l N	
At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Yes Vo b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? No b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? No b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? No b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? No b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? No b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? No b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? No b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? No b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? No b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? No be If yes, did the foundation receive any proceeds and their compensation (a) Title, and average hours per week (b) devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred (d) compensation (e) other allowances (e) other allowances (d) compensation (d) Contributions to employee benefit plans and deferred (d) compensation (e) other allowances (e) other allowances (e) other allowances (e) other allowances (e) other allowances (e) other allowances (for the position of the proceed of the proceed of the position of the proceed of the position of the proceed of the position of the proceed of the position of the proceed of the proceed of the proceed of the proceed of the proceed of the proceed of the proceed of the proceed of the proceed of the proceed of the proceed of the proceed of the proceed of the pr	J		, , ,	ат, ра	ry premiums, unecci	yOII	numeetry, on a perse	Jilai i	benefit contract	•		- 1	_
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 GREGORY R KRISER PRESIDENT 0 000 RYAN A KRISER VICE PRESIDE 0 000 PALM BEACH, FL 33480 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 Title, and average hours per week (b) devoted to position (c) Compensation (see instructions). (d) Contributions to employee benefit plans and deferred compensation (e) other allowances (a) Title, and average hours per week (b) devoted to position (c) Compensation (c) Compensation (d) Contributions to employee benefit plans and deferred compensation (e) other allowances (f) Compensation (c) Compensation (c) Compensation (c) Compensation (d) Contributions to employee benefit plans and deferred compensation (e) other allowances	72		,	was t	he foundation a nart	v to a	nrohibited tay shel	terti	ransaction?				
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). Title, and average hours per week (b) devoted to position		•	-		•	•	•		1 .65 [•	 	l I	
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 GREGORY R KRISER 3000 S OCEAN BLVD 501 PALM BEACH, FL 33480 RYAN A KRISER 3000 S OCEAN BLVD 501 PALM BEACH, FL 33480 PRESIDENT 0 00 Compensation (If not paid, enter not paid not paid, enter not paid not paid not paid not paid not paid not paid not paid not paid not pai					•								_
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 GREGORY R KRISER PRESIDENT 0 00 PRESIDENT 0 00 RYAN A KRISER 3000 S OCEAN BLVD 501 PALM BEACH, FL 33480 PALM BEACH, FL 33480 VICE PRESIDE 0 00 Compensation (see instructions). (c) Compensation (If not paid, enter employee benefit plans and deferred compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE." Contributions to employee benefit plans and deferred compensation (e) other allowances of employee benefit plans and deferred compensation (c) Compensation (e) other allowances (c) Compensation (e) other allowances (e) other allowances (c) Compensation (e) other allowances (e) other allowances (c) Compensation (e) other allowances (e) other allowances (e) other allowances (c) Compensation (e) other allowances (e) other allowances (e) other allowances (c) Compensation (e) other allowances (e) other allowances (c) Compensation (e) other allowances (e) other allowances (c) Compensation (e) other allowances (e)	Pai	rt VIII		it Oi	licers, Director	5, 11	rustees, rounda	itioi	n Managers, nigiliy	Paiu	EIIIPI	oyees	,
(a) Name and address hours per week (b) devoted to position PALM BEACH, FL 33480 RYAN A KRISER VICE PRESIDE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1	List all off		s, fo	undation managers	and t	heir compensation (see i	nstructions).				_
GREGORY R KRISER PRESIDENT 0 00 3000 S OCEAN BLVD 501 PALM BEACH, FL 33480 RYAN A KRISER VICE PRESIDE 0 00 3000 S OCEAN BLVD 501 PALM BEACH, FL 33480 2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE." Contributions to employee benefit plans and deferred hours per week (b) devoted to position (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) compensation Expense account, plans and deferred (d) compensation		(a) Nar	me and address	(1-)	hours per week	` `	not paid, enter	eı	Contributions to				
3000 S OCEAN BLVD 501 PALM BEACH, FL 33480 RYAN A KRISER 3000 S OCEAN BLVD 501 PALM BEACH, FL 33480 2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE." Contributions to employee benefit plans and deferred hours per week more than \$50,000 Title, and average hours per week (b) devoted to position (c) Compensation Expense account, plans and deferred (d) compensation				(0)	devoted to position		-0-)	and	deferred compensation	1 * *			
RYAN A KRISER RYAN A KRISER 3000 S OCEAN BLVD 501 PALM BEACH, FL 33480 2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE." Contributions to employee benefit plans and deferred (b) devoted to position (c) Compensation Contributions to employee benefit plans and deferred (d) compensation	GREG	ORY R KRISE	R	_		0			0				(
RYAN A KRISER 3000 S OCEAN BLVD 501 PALM BEACH, FL 33480 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 (c) Compensation Expense account, plans and deferred (d) compensation				0 00)								
3000 S OCEAN BLVD 501 PALM BEACH, FL 33480 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 (c) Compensation Expense account, plans and deferred (d) compensation			FL 3348U	V.T.C	F DDECIDE								
PALM BEACH, FL 33480 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 (c) Compensation Expense account, plans and deferred (d) compensation			L BLVD E01	-			U		U				(
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 (c) Compensation (c) Compensation Expense account, plans and deferred (d) compensation													
Name and address of each employee paid more than \$50,000				d em	oloyees (other than	thos	e included on line 1-	-see	instructions). If none, e	nter "i	NONE."		_
Name and address of each employee paid more than \$50,000 hours per week (b) devoted to position (c) Compensation plans and deferred (d) compensation (e) other allowances		•	(2)		Title and aver	200			Contributions to				
NONE CONTRACTOR OF THE PROPERTY OF THE PROPERT	Nar		ress of each employee	paıd	hours per we	ek	(c) Compensatio	n	plans and deferred		•		
	NON	E											
													_
													_
					1								
													_
					†								
													_
					1								
	Tota	I number of	other employees paid	over	\$50,000				<u> </u>				_
Total number of other employees paid over \$50,000	Tota	I number of	other employees paid	over:	\$50,000								

1

2a

3

4

5

6

4

5

Distributable Amount Part XI

(see instructions) (Section 4942(1)(3) and (1)(5) private operating foundations and certain foreign organizations

check here ► and do not complete this part.)

Tax on investment income for 2015 from Part VI, line 5.

Income tax for 2015 (This does not include the tax from Part VI). . .

Distributable amount before adjustments Subtract line 2c from line 1.

Recoveries of amounts treated as qualifying distributions.

Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1. . .

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

1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes Expenses, contributions, qifts, etc —total from Part I, column (d), line 26.

A mounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

2 Amounts set aside for specific charitable projects that satisfy the

the section 4940(e) reduction of tax in those years

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

2a

2b

2 3а

1

2c

3

4

5

6

7

1a

1b

3b

4

5

406

91,250

19,918

19,918

406

19,512

19.512

19,512

91,250

91,250 Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

ľ	art XIII Undistributed Income (see inst	(a)	(b)	(c)	(d)
_		Corpus	Years prior to 2014	2014	2015
	Distributable amount for 2015 from Part XI, line 7				19,512
	Undistributed income, if any, as of the end of 2015				
	Enter amount for 2014 only				
	Total for prior years 20				
3	Excess distributions carryover, if any, to 2015				
а		┥			
b		⊣			
	From 2012	⊣			
	From 2013	⊣			
	From 2014	_			
	Total of lines 3a through e	502,282			
4	Qualifying distributions for 2015 from Part				
	XII, line 4 \$ 91,250				
	Applied to 2014, but not more than line 2a				
b	Applied to undistributed income of prior years (Election required—see instructions)				
C	Treated as distributions out of corpus (Election required—see instructions)				
d	Applied to 2015 distributable amount				19,512
е	Remaining amount distributed out of corpus	71,738			
5	Excess distributions carryover applied to 2015				
	(If an amount appears ın column (d), the same amount must be shown ın column (a))				
6	Enter the net total of each column as indicated below:				
	Corpus Add lines 3f, 4c, and 4e Subtract line 5	574,020			
	Prior years' undistributed income Subtract	0.1,625			
ט	line 4b from line 2b				
c	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				
d	Subtract line 6c from line 6b Taxable amount				
	—see instructions				
е	Undistributed income for 2014 Subtract line 4a from line 2a Taxable amount—see instructions				
f	Undistributed income for 2016 Subtract				
	lines 4d and 5 from line 1 This amount must				_
	be distributed in 2015				
7	A mounts 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)				
Ω	Excess distributions carryover from 2010 not				
3	applied on line 5 or line 7 (see instructions)	83,660			
9	Excess distributions carryover to 2016.				
_	Subtract lines 7 and 8 from line 6a	490,360			
0	Analysis of line 9				
а	Excess from 2011	ס			
b	Excess from 2012 121,44	Ð			
c	Excess from 2013 128,85	Э			
d	Excess from 2014 87,48	4			
е	Excess from 2015 71,738	8			
				F	orm 990-PF (2015)

or	m 990-PF (2015)					Page 10
	Part XIV Private Operating Foundate	t ions (see instru	ictions and Part	VII-A, question	1 9)	
	If the foundation has received a ruling or determined foundation, and the ruling is effective for 2015,	enter the date of t	he ruling	▶ ∟		
	Check box to indicate whether the organization	is a private operat	ting foundation de	scribed in section	4942(j)(3) or	4942(j)(5)
2a	Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years		(e) Total
	investment return from Part X for each	(a) 2015	(b) 2014	(c) 2013	(d) 2012	
	year listed					
b	85% of line 2a					
С	Qualifying distributions from Part XII, line 4 for each year listed					
d	A mounts included in line 2c not used directly for active conduct of exempt activities					
е	Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the					
	alternative test relied upon					
а	"Assets" alternative test—enter					
	(1) Value of all assets					
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
С	"Support" alternative test—enter					
	Total support other than gross investment income (interest,					
	dividends, rents, payments on securities loans (section					
	512(a)(5)), or royalties)					
	(2) Support from general public and 5 or more exempt					
	organizations as provided in section 4942(j)(3)(B)(III)					
	(3) Largest amount of support					
	from an exempt organization					
P)=	(4) Gross investment income Int XV Supplementary Information (4)	Complete this	nart only if th	e organizatio		more in
- 0	assets at any time during the			e organizatio	ii iiaa 45,000 oi	more m
L a	Information Regarding Foundation Managers: List any managers of the foundation who have o	ontributed more th	an 2% of the tota			tion
	before the close of any tax year (but only if the	•				
b	List any managers of the foundation who own 10 ownership of a partnership or other entity) of whether the state of the foundation who own 10 ownership or other entity) of whether the state of the foundation who own 10 ownership or other entity) of whether the foundation who own 10 ownership or other entity) of whether the foundation who own 10 ownership or other entity) of whether the foundation who own 10 ownership or other entity) of whether the foundation who own 10 ownership or other entity) of which is the foundation who own 10 ownership or other entity) of whether entity of the foundation who own 10 ownership or other entity) of which is the foundation who ownership or other entity) of which is the foundation of the foundation whether entity is the foundation of the foundation whether entity is the foundation of the foundation of the foundation whether the foundation of the f		•		vlarge portion of the	
2	Information Regarding Contribution, Grant, Gif	t, Loan, Scholarshi	p, etc., Programs:			
	Check here $\blacktriangleright \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $	n makes gifts, gran		-	•	under
а	The name, address, and telephone number or e	mail address of the	e person to whom	applications shou	ld be addressed	
b	The form in which applications should be subm	itted and informati	on and materials t	they should includ	e	
c	Any submission deadlines					
d	Any restrictions or limitations on awards, such factors	as by geographica	al areas, charitabl	e fields, kinds of i	nstitutions, or other	

Form 990-PF (2015)

Part XV Supplementary Information(continued)

d During the Year or App			
If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or	A mount
or substantial contributor	recipient	contribution	
or substantial contributor			
		▶ 3a	91,250
	show any relationship to any foundation manager	show any relationship to any foundation manager or substantial contributor	show any relationship to any foundation manager or substantial contributor The status of recipient recipi

Enter gross amounts unless otherwise indicated	Unrelated bu	isiness income	Excluded by section	512, 513, or 514	(e) Related or exempt
1 Program service revenue	(a) Business code	(b) A mount	(c) Exclusion code	(d) A mount	function income (See instructions)
a					,
b					
c					
d e					
f					
g Fees and contracts from government agencies2 Membership dues and assessments					
3 Interest on savings and temporary cash investments					7
4 Dividends and interest from securities					22,490
5 Net rental income or (loss) from real estate					
a Debt-financed property.b Not debt-financed property.					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory					1,599
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue a OTHER INCOME					
b Gabelli global small and					
c CALUMET SPECIALTY PRODUCTS P d BREITRURN ENERGY PARNTERS KP					
e					
12 Subtotal Add columns (b), (d), and (e).					24,096
13 Total.Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify			1	3	24,096
Part XVI-B Relationship of Activities to		plishment of I	Exempt Purpose	es	
Line No. Explain below how each activity for wh the accomplishment of the foundation instructions)					

Form 990-PF	<u> </u>										Pag	ge 13
Part XVII	Information Re Noncharitable					actions	and F	Relationships	With			
	rganization directly or ii 01(c) of the Code (othe	ndirectly e	engage	in any of	the following wit						Yes	No
organızat	ions?											
	from the reporting four											
	1									1a(1)		No
	erassets									1a(2)		No
b Other tra												
	s of assets to a noncha									1b(1)		No
` '	hases of assets from a									1b(2)		No
	al of facilities , equipmei									1b(3)		No
	bursement arrangemen									1b(4)		No
	s or loan guarantees.								• •	1b(5)		No No
• •	mance of services or m	•		-						1b(6)		
_	of facilities, equipment, it swer to any of the above	-	•		,					1c		No
of the god in any tra	ods, other assets, or sel nsaction or sharing arra	rvices giv angement,	en by t , show	the reporti in column	ng foundation I	f the found the goods	dation re s , other	eceived less thar assets, or servic	fair marke es receive	et value ed	2	·+-
(a) Line No	(b) Amount involved	(C) Name	or none	паптаріе ехе	empt organization	(a) De	scription	of transfers, transact	ions, and sna	ning ana	ngemen	ILS
+												
described √ No	indation directly or indirectly or indirectly of the complete the following s	e Code (d schedule		nan sectio	n 501(c)(3)) or	in section		·		. [Y	es	
-	(a) Name of organization	1		(1) Type of organiza	LION		(c) Descrip	tion of relati	onsnip		
the	ler penalties of perjury, best of my knowledge a rmation of which prepar	nd belief,	ıt ıs tr	ue, correc					n taxpaye		sed on	all
Here	*****				2016-10-15	_	****		return with t	he prepa		
	Signature of officer or ti	rustee			Date	, ,	itle		below (see ı	nstr)?	Yes N	No
	Print/Type preparer's JOHN L MASSANO'		Prepa	arer's Sıgn	ature	Date 2016-1	11-29	Check if self- employed ▶ 🗸	PTIN P	01560	552	
Paid Preparer Use	Firm's name ► JOHN L MASSANOVA	СРА						Firm's EIN ▶ 4	5-462245	6		
Only	Firm's address ► 200 S BLACK HORSE 08078	PIKE RU	NNEM	EDE, NJ				Phone no (856)939-454	10		

Form 990PF Part XV Line 3 - Gr	ants 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	A mount
a Paid during the year				
ALLAMUCHY TOWNSHIP VOLUNTEER FIRE D PO BOX 69 ALLAMUCHY,NJ 07820	NONE		DONATION	3,000
AMERICAN RED CROSS 2025 E STREET NW WASHINGTON,DC 20006	NONE		DONATION	1,000
BALLET THEATRE FOUNDATIO 890 BROADWAY 3RD FL NEW YORK,NY 10003	NONE		DONATION	17,500
CAREER TRANSITION FOR DAN 165 WEST 46TH STREET SUIT NEW YORK,NY 100362501	NONE		DONATION	2,500
CTR FOR FAMILY SVCS OF PALM BEACH 4101 PARKER AVENUE WEST PALM BEACH, FL 33405	NONE		DONATION	1,000
DANA-FARBER CANCER INSTITUTE 220 SUNRISE AVENUE STE 204 PALM BEACH,FL 33480	NONE		DONATION	2,000
INSTITUTE FOR HUMANE STUDIES AT GEORGE MASON UNIVERSITY 3434 WASHINGTON BLVD MS 1C5 ARLINGTON,VA 22201	NONE		DONATION	500
INTERNATION SOCIETY OF PALM BEACH 44 COCOANUT ROW M-207C PALM BEACH,FL 334804005	NONE		DONATION	2,000
LYNN UNIVERSITY 3601 N MILITARY TRAIL BOCA RATON,FL 33431	NONE		DONATION	1,000
NYU FACES 223 EAST 34TH STREET NEW YORK,NY 10016	NONE		DONATION	1,000
PALM BEACH DRAMAWORKS 201 CLEMATIS STREET WEST PALM BEACH,FL 33401	NONE		DONATION	2,200
PRESERVATION FOUND OF PALM BEACH 311 PERUVIAN AVENUE PALM BEACH,FL 33480	NONE		DONATION	2,400
RAYMOND F KRAVIS CENTER FOR THE PERFORMING ARTS 701 OKEECHOBEE BOULEVARD WEST PALM BEACH, FL 33401	NONE		DONATION	10,000
SOCIETY OF THE FOUR ARTS 2 FOUR ATS PLAZA PALM BEACH,FL 33480	NONE		DONATION	11,400
THE ACTORS FUND FOR DANCERS 729 SEVENTH AVENUE NEW YORK,NY 10019	NONE		DONATION	15,500
Total			▶ 3a	91,250

Recipient If recipient is an individual, Foundation Purpose of grant or A mount contribution show any relationship to status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

11,000

5,000

91,250

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

THE HARVEY SCHOOL 260 JAY STREET KATONAH,NY 105363707	NONE	DONATION	
THE METROPOLITAN OPERA	NONE	DONATION	

THE METROPOLITAN OPERA LINCOLN CENTER FOR THE 30 LINCOLN CENTER PLAZA NEW YORK,NY 10023	NONE	DONATION	
THE DEDIMAN MUSIC DDOCDAM	NONE	DONATION	

NCOLN CENTER FOR THE DLINCOLN CENTER PLAZA EW YORK,NY 10023		
HE PERLMAN MUSIC PROGRAM HE VIRTUOSO SOCIETY BWEST69THST SUITE 304	NONE	DONATION

UPPER SADDLE RIVER, NJ 07458

Total .

30 LINCOLN CENTER PLAZA NEW YORK, NY 10023			
THE PERLMAN MUSIC PROGRAM THE VIRTUOSO SOCIETY 19WEST69THST SUITE 304 NEW YORK, NY 10023	NONE	DONATION	2,000

HOD FIRE DEDT	NONE	DONATION	2.50
THE VIRTUOSO SOCIETY 19WEST69THST SUITE 304 NEW YORK, NY 10023			
THE PERLMAN MUSIC PROGRAM	NONE	DONATION	2,000
1			

THE VIRTUOSO SOCIETY 19WEST69THST SUITE 304 NEW YORK, NY 10023			
USR FIRE DEPT	NONE	DONATION	250

ote: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.				
TY 2015 Gain/Loss from Sale of Other Assets Schedule				
Name:	THE ROBERT ANDREW KRISER FOUNDATION			
	C/O JOHN MASSANOVA CPA & BC			
EIN:	22-3765741			
I	· · · · · · · · · · · · · · · · · · ·			

Gross Sales Price

Basis

80,449 | 78,850

Basis Method

Sales Expenses

Total (net)

1,599

DLN: 93491334001076

Accumulated Depreciation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Date Acquired

PURCHASE

2007-11

Name

PLES UNITED FNL INC

How Acquired | Date Sold | Purchaser Name

2015-07

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491334001076			
TY 2015 Investments Corporat	te Stock Schedule					
Name:	THE ROBERT ANDREW KR	ISER FOUNDATION				
	C/O JOHN MASSANOVA CPA & BC					
EIN:	22-3765741					
Name of Stock	(End of Year Book	End of Year Fair			

VARIOUS

Market Value

206,915

Value

465,049

TY 2015 Other Expenses Schedule						
Name: THE ROBERT ANDREW KRISER FOUNDATION						
C/O JOHN MASSANOVA CPA & BC EIN: 22-3765741						
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		
EXPENSES						

150

50

DLN: 93491334001076

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

MANAGEMENT FEE

ANNUAL REPORT

BANK FEES

Category	Amount	Net Investment	Adjusted Net	Disbursements for			
EIN:	22-3765	5741					
C/O JOHN MASSANOVA CPA & BC							
Name:	THE ROE	BERT ANDREW KRISE	R FOUNDATION				
TY 2015 Taxes Schedule							

DLN: 93491334001076

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
TAXES	563			
FEDERAL TAXES - FYE 6/30/16	10			