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As Filed Data -

## DLN: 93491206001057

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

▶ Do not enter social security numbers on this form as it may be made public.

OMB No 1545-0052 2015

		nue Service   Informatio	n about Form 990-PF and	l its instructions is a	t <u>ww</u>	w.irs.gov/for		pen to Public Inspection
For	caleı	ndar year 2015, or tax y	ear beginning 12-0	1-2015	, a	nd ending 1	1-30-2016	
	e of four					A Employer ıd	entification numbe	er
ZIO	CHRON A	N TRUST				27-4384817		
Num	ber and	street (or P O box number if mail is r	not delivered to street address)	Room/suite			mber (see instruction	s)
		RRY HILL RD	,					
	or town, SEY, NY	state or province, country, and ZIP or 10952	r foreign postal code			<b>C</b> If exemption	application is pendin	g, check here
G C	neck all	that apply Initial return	Initial return of a	former public charity		<b>D 1.</b> Foreign oi	ganizations, check h	ere <b>&gt;</b>
		Final return	A mended return					Γ
		Address chan	ge Name change				rganizations meeting k here and attach co	
			501(c)(3) exempt privat				undation status was t n 507(b)(1)(A), chec	
s	ection	4947(a)(1) nonexempt charita	•					- 1
		et value of all assets at end rom Part II, col (c),	•	▼ Cash	ıal		ation is in a 60-mont n 507(b)(1)(B), ched	
	year (11 e 16) ►		Other (specify) _ (Part I, column (d) must	be on cash basis )		under sectio	1 307(b)(1)(b), clied	.K liele
Da	rt I	Analysis of Poyonus a			l	<u> </u>		Disbursements
Fa		Analysis of Revenue a (The total of amounts in columns ( necessarily equal the amounts in co instructions))	b), (c), and (d) may not	Revenue and expenses per (a) books	(b)	Net investment income	Adjusted net (c) income	for charitable purposes (d) (cash basis only)
	1	Contributions, gifts, grants, e	tc , received (attach					, , , , , , , , , , , , , , , , , , ,
		schedule)		55,715				
	2	Check ► ☐ If the foundation	is <b>not</b> required to					
		attach	•					
		Sch B						
	3	Interest on savings and temp						
	4	Dividends and interest from s						
	5a	Gross rents						
Φ	b	Net rental income or (loss)						
Ĕ	6a	Net gain or (loss) from sale o	fassets not on line 10					
Revenue	b	Gross sales price for all asse	ts on line 6a					
~	7	Capital gain net income (from	Part IV, line 2)					
	8	Net short-term capital gain .						
	9	Income modifications						
	10a	Gross sales less returns and						
	١.	allowances						
	b	Less Cost of goods sold						
	C	Gross profit or (loss) (attach	•					
	11	Other income (attach schedu						
	12	Total.Add lines 1 through 11		55,715		0		
	13	Compensation of officers, dire						
_	14	Other employee salaries and	5					
ses	15	Pension plans, employee ben						
en	16a	Legal fees (attach schedule).		4.405				
Expense	b	Accounting fees (attach sche		1,495				
	С	Other professional fees (attac	•					
atı	17	Interest						
Administrative	18	Taxes (attach schedule) (see	· ·					
Ξ	19	Depreciation (attach schedul						
4dr	20	Occupancy						
and #	21	Travel, conferences, and mee	•					
	22	Printing and publications						
Operating	23	Other expenses (attach sche		322				
rat	24	Total operating and administ	•			_		_
<u> </u>		Add lines 13 through 23		1,817		0		0
_	25	Contributions, gifts, grants pa		46,577				46,577
	26	Total expenses and disbursen 25	nents.Add lines 24 and	48,394		0		46,577
	27	Subtract line 26 from line 12		12,351				12,2.7
	a	Excess of revenue over exper	ses and disbursements	7,321				
	١.	Not investment in some 1.5				0		1

Adjusted net income(if negative, enter -0-)

Pa	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	End o	
	1	Cash—non-interest-bearing	(a) Book Value 623	<b>(b)</b> Book Value 4,398	(c) Fair Market Value
		-	023	+,550	
	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)			
		Other notes and loans receivable (attach schedule)			
		Less allowance for doubtful accounts ▶			
£	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
A	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)			
	c	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)			
		Land, buildings, and equipment basis ▶			
		Less accumulated depreciation (attach schedule) ▶			
	15	O ther assets (describe ►)	2,030	5,576	
	16	<b>Total assets</b> (to be completed by all filers—see the			
		instructions Also, see page 1, item I)	2,653	9,974	0
	17	Accounts payable and accrued expenses			
ای	18	Grants payable			
tie	19	Deferred revenue			
Liabilities		Loans from officers, directors, trustees, and other disqualified persons			
Lla	21	Mortgages and other notes payable (attach schedule)			
		Other liabilities (describe			
	23	Total liabilities(add lines 17 through 22)		0	
S		Foundations that follow SFAS 117, check here ▶			
Ce		and complete lines 24 through 26 and lines 30 and 31.			
ılar	24	Unrestricted			
Fund Balance	25	Temporarily restricted			
Ξ۱	26	Permanently restricted			
屲		Foundations that do not follow SFAS 117, check here			
٥		and complete lines 27 through 31.			
ets	27	Capital stock, trust principal, or current funds			
155	28	Paid-in or capital surplus, or land, bldg, and equipment fund	2.652	0.074	
Net Assets	29	Retained earnings, accumulated income, endowment, or other funds	2,653	9,974	
ž	30	Total net assets or fund balances(see instructions)	2,653	9,974 9,974	
	31	Total liabilities and net assets/fund balances(see instructions)	2,033	3,374	
	rt III	Analysis of Changes in Net Assets or Fund Balances	( ) 1 22 ( )		
1		Total net assets or fund balances at beginning of year—Part II, column		´	2.652
2		, , , , , , , , , , , , , , , , , , , ,		<del></del>	2,653
2		Enter amount from Part I, line 27a		<del></del>	7,321
3 4		Other increases not included in line 2 (itemize)   Add lines 1, 2, and 3			9,974
<del>4</del> 5				4	7,3/4
5 6		Total net assets or fund balances at end of year (line 4 minus line 5)—	Part II column (h) li		9,974
-		- otal nec assets of rang balances at end of year (fille 4 fillings fille 5)—	. a.c., column (D), II		2,2/4

		the kınd(s) of property sold (e g , ehouse, or common stock, 200 sh	•	How acquire P—Purchase (b) D—Donation	Date	acquired , day, yr )	Date sold (d) (mo , day, yr )
1a							
b							
С							
d							
e							
	<b>)</b> Gross sales price	Depreciation allow (f) (or allowable)		st or other basis s expense of sale	1 (		or (loss) (f) minus (g)
a		(**************************************	(3)		<u> </u>	-7 (-7	(-,
b							
С							
d							
	mploto only for accets	showing gain in column (h) and owi	nod by the foundati	on on 12/21/60	+ -		(1-)
	· · · · · · · · · · · · · · · · · · ·	Adjusted basis		xcess of col (i)			(h) gain minus t less than -0-) <b>oi</b>
(i)	FM V as of 12/31/69	(j) as of 12/31/69		ver col (j), if any	(1)	. ,,	from col (h))
a							
b							
С							
d							
e							
3	If gain, also enter in in Part I, line 8	al gain or (loss) as defined in sect Part I, line 8, column (c) (see inst 	ructions) If (loss),	enter - 0 - • • •	}   3		
f sectio Was the	onal use by domestic j in 4940(d)(2) applies, foundation liable for th	e section 4942 tax on the distribu	section 4940(a) ta utable amount of ar	ex on net investmen	t income )		┌ Yes ┌ No
		ot qualify under section 4940(e) I unt in each column for each year,	'	<del>.</del>	tries		
Base	(a) period years Calendar ir tax year beginning in)	(b) Adjusted qualifying distributions		(c) haritable-use assets		(d) Distribution (b) divided	
	2014						
	2013						
	2012						
	2011						
	2010						
2	·	n (d)		<b> </b>	2		
3	the number of years	ratio for the 5-year base period—c the foundation has been in existen	ce if less than 5 ye	ears , , ,	3		
4		f noncharitable-use assets for 201	•	- L	4		
5		23		- F	5		
6		stment income (1% of Part I, line	•	- L	6		
7				, , , , , , , , , , , , , , , , , , ,	7		
8		ibutions from Part XII, line 4		L	8		
	If line 8 is equal to o the Part VI instruction	r greater than line 7, check the box ons	x in Part VI, line 11	b, and complete tha	t part using	ja1% tax	rate See

-01	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 49	,40(e),	or 4946—see pag	e 18 of the inst	ructio	ins)	
1a		· [	)				
	and enter "N/A" on line 1  Date of ruling or determination letter		Į				
	(attach copy of letter if necessary-see instructions)		ſ				
b	Domestic foundations that meet the section 4940(e) requirements in Part V ,	check	J	1			0
	here ▶ ☐ and enter 1% of Part I, line 27b · · · · · · · · · · · · · · · · · · ·		′				
С	All other domestic foundations enter 2% of line 27b Exempt foreign organiza Part I, line 12, col (b)	tions e	enter 4% of				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foun enter -0-)	dation	s only Others	2			
3	Add lines 1 and 2			3			
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable four enter -0-)	ndation	s only Others	4			
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, en	nter -0		5			
6	Credits/Payments						
а	2015 estimated tax payments and 2014 overpayment credited to 2015	6a		<u> </u>			
b	Exempt foreign organizations—tax withheld at source	6b		<u> </u>			
c	Tax paid with application for extension of time to file (Form 8868)	<b>6</b> c		<u> </u>			
d	Backup withholding erroneously withheld	6d		] [			
7	Total credits and payments Add lines 6a through 6d			7			
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here	2220 i	s attached	8			
9	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b> .			9			
10	Overpayment.If line 7 is more than the total of lines 5 and 8, enter the amount	t overp	oaid 🕨	10			
11	Enter the amount of line 10 to be Credited to 2015 estimated tax		Ref unded <b>P</b>	11			
Par	t VII-A Statements Regarding Activities						
1a	During the tax year, did the foundation attempt to influence any national, state	, or loc	al legislation or c	ıd		Yes	No
	it participate or intervene in any political campaign?				1a		No
b	Did it spend more than \$100 during the year (either directly or indirectly) for p	olitica	l purposes (see I	nstructions			
	for definition)?				1b		No
	If the answer is "Yes" to <b>1a</b> or <b>1b</b> , attach a detailed description of the activities	and co	pies of any materi	als			
	published or distributed by the foundation in connection with the activities				_		
с	,				<b>1</b> c		No
d	Enter the amount (if any) of tax on political expenditures (section 4955) impos						
	(1) On the foundation > \$ (2) On foundation managers						
е	Enter the reimbursement (if any) paid by the foundation during the year for poli	ticale	xpenditure tax im	posea			
_	on foundation managers  \$		IDC2		_		N-
2	Has the foundation engaged in any activities that have not previously been rep	ortea i	to the IRS?		2		No
2	If "Yes," attach a detailed description of the activities		rning instrument	articles			
3	Has the foundation made any changes, not previously reported to the IRS, in it of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a confo</i>	_			3		No
4a	Did the foundation have unrelated business gross income of \$1,000 or more di				4a		No
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	_	ne year		4b		No
5	Was there a liquidation, termination, dissolution, or substantial contraction dur		· · · · ·		5		No
,	If "Yes," attach the statement required by General Instruction T	ing the	e year				140
6	Are the requirements of section 508(e) (relating to sections 4941 through 494	45) ca	ticfied either				
Ŭ	<ul> <li>By language in the governing instrument, or</li> </ul>	73 <i>)</i> 3 u	district citater			\ '	
	By state legislation that effectively amends the governing instrument so that	at no m	nandatory directio	ns			
	that conflict with the state law remain in the governing instrument?				6	ĺ	No
7	Did the foundation have at least \$5,000 in assets at any time during the year?			. col (c).			
	and Part XV		·		7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (s	see ins	tructions)				
	▶NY		·				
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 99	0-PF t	to the Attorney				
	General (or designate) of each state as required by General Instruction G? If $^{\prime\prime}$	'No," at	tach explanation .		8b	Yes	
9	Is the foundation claiming status as a private operating foundation within the $\mathbf{n}$	neanın	g of section 4942	(j)(3)			
	or 4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (see	ee inst	ructions for Part	XIV)?			
	If "Yes," complete Part XIV				9		No
10	Did any persons become substantial contributors during the tax year? If "Yes,"	" attach	a schedule listing	their names	10		No

Form	990-PF (2015)		Р	age <b>5</b>
Pai	rt VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		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 ►N/A			
14	The books are in care of ►MORDECHAI KLEIN Telephone no ►(845)	821	-3398	
	Located at ▶28 BLUEBERRY HILL RD MONSEY NY ZIP+4 ▶10952			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —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	1.00	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			
Pai	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
<b>1</b> a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes Vo			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"	İ	İ	i
	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 🗸 No			
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)?	1b		No
	Organizations relying on a current notice regarding disaster assistance check here			
		ı	ı	I
С	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?	1.		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private	1c		No
_	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? Yes Vo			
	If "Yes," list the years ▶ 20, 20, 20,			
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 )	2b		No
С	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			
3a	▶ 20, 20, 20 Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at			
Ja	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	i	<u> </u>
-	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 (3)			
	the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine			
	ıf the foundation had excess business holdings in 2015 )	3b		No
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		No

Pai	rt VII-B	Statements Rega	rdii	ng Activities for	Wh	ich Form 4720	May B	e Required <i>(Co</i>	ntinu	ued)		
5a	During th	e year did the foundatio	n pay	or incur any amoun	t to							
	(1) Carry	on propaganda, or othe	rwise	attempt to influence	e leg	ıslatıon (section 49	45(e))?	☐ Yes	IJ N	ю		
	<b>(2)</b> Influe	ence the outcome of any	spec	ific public election (	see	section 4955), or to	carry	,	. •	j	İ	İ
	on, dı	rectly or indirectly, any	vote	r registration drive?.				· · · · T Yes	N	lo		
	(3) Provi	de a grant to an individu	al foi	travel. studv. or oth	ners	ımılar purposes?		Yes		i	İ	İ
	` .	de a grant to an organiza					scribed	165	• 14		İ	] 
		ction 4945(d)(4)(A)? (s						<b>_ v</b> os	□Z N			
		de for any purpose other						i i i i i i i i i i i i i i i i i i i	14		İ	İ
	• •	ational purposes, or for t		- '		* * * * * * * * * * * * * * * * * * * *		· · Fyes	□Z N	اما		
h			-	•				,			ì	i
_	•	, ,		did <b>any</b> of the transactions fail to qualify under the exceptions described in current notice regarding disaster assistance (see instructions)?								No
	Organizations relying on a current notice regarding disaster assistance check here											
	-								$\Gamma$	'	1	'
С		wer is "Yes" to question	•	**		· ·						
	tax beca	use it maintained expend	diture	e responsibility for th	ne gr	ant?		· · · · T Yes	✓ N	lo		
	If "Yes," a	attach the statement requ	ıred i	by Regulations section	n 53	4945-5(d)						
<b>6</b> a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on											
	a personal benefit contract?							· ·	√ N	lo		
b	<b>b</b> Did the foundation, during the year, p			y premiums, directly	y or i	ndırectly, on a perso	nal ben	efit contract?		6b		No
	If "Yes" to 6b, file Form 8870											
7a	At any tu	me during the tax year, v	vas t	he foundation a party	y to a	a prohibited tax shel	ter trans	saction? <b>Yes</b>	✓ N	lo		
b	If yes, dı	d the foundation receive	any	proceeds or have an	y ne	t income attributable	e to the	transaction?		7b		No
Pa	rt VIII	Information Abou	t Of	ficers, Directors	s, Tı	rustees, Founda	ition M	lanagers, High	ly Pa	id Emp	oloye	es,
		and Contractors ficers, directors, trustee	s fo	undation managers a	nd t	heir compensation (	saa insti	ructions)				
	List all of	ricers, uncerors, crustee	,				Jee msei	(d)	$\top$			
	<b>(a)</b> Na	me and address		Title, and average hours per week	(c)	Compensation(If not paid, enter	1	ontributions to	١.		expense account,	
	` ,		(b)	devoted to position			employee benefit plans and deferred compensation			(e) other allowances		
MORE	DECHAI KLEIN	V	Trus	stee								
28 B	LUBERRY	HILL	1 0	)								
	ISEY,NY	10952										
	EL KLEIN	V HITH BOAD	T ru:	stee		0						
	ISEY,NY	Y HILL ROAD 10952		,								
		tion of five highest-paid	l em	oloyees (other than	thos	e included on line 1-	-see inst	ructions). If none,	enter	"NONE.	"	
		(a)		Title, and aver				Contributions to				
Nar		iress of each employee	paid	hours per we	ek	(c) Compensation	n	employee benefi plans and deferre		Expen other		
	mo	re than \$50,000		(b) devoted to pos	ition		(d			other	anowa	inces
NON	E											
									$\perp$			
				_								
Tota	I number o	f other employees paid	over	\$50,000				<u> ▶ </u>				

,	ee instructions). If none, enter "NOI	NE".
(a) Name and address of each person paid more than \$50,000	<b>(b)</b> ⊤ype of service	(c) Compensation
ONE		
al number of others receiving over \$50,000 for professional services.		<b>•</b>
art IX-A Summary of Direct Charitable Activities		
the foundation's four largest direct chantable activities during the tax year. Include releva		er of Evponsos
anizations and other beneficiaries served, conferences convened, research papers produce	ed, etc	Expenses
1		
2		
34		
art IX-B Summary of Program-Related Investments (se	e instructions)	
Summary of Program-Related Investments (36		A mount
Describe the two largest program-related investments made by the foundation during the		
Describe the two largest program-related investments made by the foundation during the	. day year on mies I und 2	Atmount
	, day year on lines I did 2	Atmount
	t day year on lines I did 2	- Amount
	, day year on lines I did 2	, , , , , , , , , , , , , , , , , , ,
	and year on lines I trial 2	- Atmount
	and year on lines I trial 2	
2	and year on lines I trial 2	
	and year on mies I did 2	

Part X	Minimum	Investment	Returi

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

1	ΆΠ	domestic foundations	must complete	this part.	Foreign for	undations.see	instructions.)
	, , , , , ,	domestic roundations	mase complete	ans para	TOTCIGHT 10	anaadons	misa acaoms,

	(All domestic foundations must complete this part. Foreign foundations,see instruction	s.)	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc ,		
	purposes		
а	A verage monthly fair market value of securities	1a	0
b	A verage of monthly cash balances	1b	3,188
С	Fair market value of all other assets (see instructions)	1c	0
d	<b>Total</b> (add lines 1a, b, and c)	1d	3,188
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	3,188
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see		
	instructions)	4	48
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	3,140
6	Minimum investment return.Enter 5% of line 5	6	157
Pai	<b>Distributable Amount</b> (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and cer check here ► and do not complete this part.)	taın f	oreign organizations
1	Minimum investment return from Part X, line 6	1	157
<b>2</b> a	Tax on investment income for 2015 from Part VI, line 5		
b	Income tax for 2015 (This does not include the tax from Part VI ) <b>2b</b>		
С	Add lines 2a and 2b	<b>2</b> c	
3	Distributable amount before adjustments Subtract line 2c from line 1	3	157
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	157
6	Deduction from distributable amount (see instructions)	6	
7	<b>Distributable amount</b> as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	157
Par	Qualifying Distributions (see instructions)	•	
1	A mounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	46,577
b	Program-related investments—total from Part IX-B	1b	
2	A mounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc ,		
	purposes	2	
3	A mounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	46,577
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	ıncome Enter 1% of Part I, line 27b (see instructions)	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	46,577
	Note: The amount on line 6 will be used in Part V. column (h) in subsequent years when calculating wheth	er the	foundation qualifies for

	m 990-PF (2015) art XIII Undistributed	Treeme (see instrue	ctions)			Page <b>9</b>
F	art XIII Undistributed	Income (see instruc		(6)	(-)	(4)
			<b>(a)</b> Corpus	(b) Years prior to 2014	<b>(c)</b> 2014	( <b>d)</b> 2015
1	Distributable amount for 2015	from Part XI, line 7	00.600	rodio pilor to Zozi		157
	Undistributed income, if any, as	· · · · · · · · · · · · · · · · · · ·				
a						
b		, 20, 20				
	Excess distributions carryover					
	From 2010	69,031				
b	From 2011	90,767				
c	From 2012	101,263				
d	From 2013	61,392				
e	From 2014	81,272				
f	<b>Total</b> of lines 3a through e		403,725			
	Qualifying distributions for 201					
	XII, line 4 🕨 \$	46,577				
а	Applied to 2014, but not more					
b	Applied to undistributed income	e of prior years				
	(Election required—see instruct					
c	Treated as distributions out of o	corpus (Election	0			
	required—see instructions)					
d	Applied to 2015 distributable a	imount				157
е	Remaining amount distributed of	out of corpus	46,420			
5	Excess distributions carryover	applied to 2015				
	(If an amount appears in column same amount must be show	, ,,				
6	Enter the net total of each colo indicated below:	umn as				
а	Corpus Add lines 3f, 4c, and 4e	e Subtract line 5	450,145			
	Prior years' undistributed incom		,			
_	line 4b from line 2b					
c	Enter the amount of prior years	'undistributed				
	income for which a notice of def	iciency has				
	been issued, or on which the se	, ,				
	tax has been previously assess					
a	Subtract line 6c from line 6b T —see instructions					
e	Undistributed income for 2014					
Ŭ	4a from line 2a Taxable amoun					
	instructions					
f	Undistributed income for 2016					
	lines 4d and 5 from line 1 This					0
-	be distributed in 2015 Amounts treated as distribution					
•	corpus to satisfy requirements					
	section 170(b)(1)(F) or 4942(g					
	be required - see instructions)					
8	Excess distributions carryover		69,031			
	applied on line 5 or line 7 (see i		09,031			
9	Excess distributions carryover t		381,114			
4.0	Subtract lines 7 and 8 from line	ьа	301,114			
	Analysis of line 9	90,767				
	Excess from 2011	101,263				
	Excess from 2012	61,392				
	Excess from 2013 Excess from 2014	81,272				
	Excess from 2014	46,420				
		,		1		1

_	m 990-PF (2015)					Page <b>10</b>
E	Part XIV Private Operating Foundat	ions (see instr	uctions and Part	VII-A, questio	n 9)	
1a	If the foundation has received a ruling or determ foundation, and the ruling is effective for 2015,					
b	Check box to indicate whether the organization	ıs a private opera	tıng foundatıon de	scribed in section	1	r
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		(e) Total
	income from Part I or the minimum investment return from Part X for each year listed	(a) 2015	<b>(b)</b> 2014	(c) 2013	(d) 2012	(0) 1010.
b	85% of line 2a					
	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					
b	under section 4942(j)(3)(B)(i) "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c	"Support" alternative test—enter					
	(1) 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 (4) Gross investment income					
D	rt XV Supplementary Information (	 	nart only if th	 	n had \$5 000 c	r more in
	assets at any time during the			ic organizatio	45,000 C	
1 a	Information Regarding Foundation Managers: List any managers of the foundation who have c before the close of any tax year (but only if they	ontributed more t	nan 2% of the tota			dation
	MORDECHAI KLEIN					
b	List any managers of the foundation who own 10 ownership of a partnership or other entity) of wh				y large portion of th	ie
2	Information Regarding Contribution, Grant, Gif	t, Loan, Scholarsh	ip, etc., Programs:			
	Check here $\blacktriangleright \boxed{\checkmark}$ if the foundation only makes counsolicited requests for funds. If the foundation other conditions, complete items 2a, b, c, and continuous temperature of the conditions of	makes gifts, gran				
a	The name, address, and telephone number or e	maıl address of th	e person to whom	applications show	ıld be addressed	
Ŀ	The form in which applications should be submi	itted and informat	ion and materials	they should includ	de	
-	Any submission deadlines					
	Any restrictions or limitations on awards, such factors	as by geographic	al areas, charitabl	le fields, kinds of	nstitutions, or othe	er

Form 990-PF (2015)
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	Foundation	Purpose of grant or	
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	A mount
a Paid during the year See Additional Data Table	or substantial contributor	recipient		
Total			▶ 3a	46,577
b Approved for future payment				
Total		·	▶ 3b	

_	amounts unless otherwise indicated	Unrelated bu	siness income	Excluded by section	512, 513, or 514	(e) Related or exem
Program	service revenue	(a) Business code	<b>(b)</b> A mount	(c) Exclusion code	(d) A mount	function income (See instructions)
a						mstractions )
f						
Member	and contracts from government agencies ship dues and assessments ton savings and temporary cash					
	nents					
	ds and interest from securities tal income or (loss) from real estate					
	financed property					
Net ren	bt-financed property					
Other ir Gain or	ovestment income (loss) from sales of assets other than					
	ory					
	rofit or (loss) from sales of inventory					
Other re	evenue <b>a</b>					
	I Add columns (b), (d), and (e).					
	dd line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify			:	.3	
	-B Relationship of Activities to	the Accomp				
ne No. ▼	Explain below how each activity for wh the accomplishment of the foundation's instructions)					

Part /	WIII	Noncharitable				actions and	Relationships	WILLI			
		nızatıon dırectly or ı	ndırectly e	engage in any	of the following wit					Yes	No
	on 5011 nization:	(c) of the Code (othe	er than se	ction 501(c)(3	3) organizations) o	r in section 527	, relating to politica	ai		103	110
		m the reporting four	ndation to	a noncharitab	de exempt organiza	ation of					
									1a(1)		No
(2)	Other as	ssets						-	1a(2)		No
<b>b</b> Othe	r transa	ctions									
(1)	Sales of	assets to a noncha	rıtable ex	empt organıza	tion			[	1b(1)		No
(2)	urchas	es of assets from a	noncharit	able exempt o	rganization			. [	1b(2)		No
(3)	Rental o	f facılıtıes, equipme	nt, or othe	erassets				[	1b(3)		No
(4)	Reimbur	sement arrangemer	nts						1b(4)		No
		r loan guarantees.						-	1b(5)		No
		nce of services or m			_			H	1b(6)		No
	-	cilities, equipment,	-	•					1c		No
of the	goods	r to any of the above other assets, or se action or sharing arr	rvices giv	en by the repo	orting foundation I	f the foundation	received less than	ı faır market	t value		
(a) Line N	0 (	<b>b)</b> Amount involved	(c) Name	of noncharitable	exempt organization	(d) Description	n of transfers, transacti	ions, and shar	ıng arra	ngemer	nts
desci <b>√</b> No	ribed in o es," con	ation directly or indi section 501(c) of the aplete the following (a) Name of organization	ne Code (d schedule		,	in section 527?	·	• • • ottoon of relation		es	
		<b>(-,</b>	<u>**-</u>		(-, , , , ,		(-)				
Sign Here	the bes	penalties of perjury, t of my knowledge a tion of which prepar **** nature of officer or t	and belief, er has an	ıt ıs true, corr				n taxpayer)  May the return with the below	ıs bas e IRS dı e prepai	sed on scuss th	all nis vn
	- J	mature of officer of t	143166	<b>.</b>	Date	ritie			str)?	Yes	No
		int/Type preparer's Aharon Friedman E <i>l</i>		Preparer's S	ignature	Date	Check if self- employed ▶ 🕡	PTIN PO	02363	881	
Paid Prepa Use	rer 🔠	rm's name ▶ naron Friedman Acc	ounting In	C		•	Firm's EIN ▶	•			
Only		Remsen Avenue Sui	te 1 Mons	ey, NY 1095	52		Phone no (845	)425-6809	9		

Recipient | If recipient is an individual, | Foundation | Purpose of grant or | Amount |

Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	A mount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
CONG NOAM ELIEZER SKULEN 4 BLUEBERY HILL SPRING VALLEY,NY 10977	None	Exempt	GENERAL CONTRIBUTION	9,704
CONG VYOEL MOSHE 1 MONSEY BLVD MONSEY,NY 10952	None	Exempt	GENERAL CONTRIBUTION	1,080
MEOR YITZCHAK 18 MEADOWBROOK LN MONSEY,NY 10952	None	Exempt	GENERAL CONTRIBUTION	100
CONGREGATION NETZACH YISROEL 126 MIDDLETON STREET BROOKLYN,NY 11206	None	Exempt	GENERAL CONTRIBUTION	200
UNITED TALMUDICAL ACADEMY OF MONSEY 89 S MAIN ST SPRING VALLEY, NY 10977	None	Exempt	GENERAL CONTRIBUTION	930
Total			▶ 3a	46,577

Recipient If recipient is an individual, Foundation Purpose of grant or Amount

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				
YESHIVA TZOIN YOSEF PUPA INC 15 WIDMAN CT SPRING VALLEY,NY 10977	None	Exempt	GENERAL CONTRIBUTION	4,947
CONGREGATION YESHIVAS VIZNITS INC PO BOX 446 MONSEY,NY 10952	None	Exempt	GENERAL CONTRIBUTION	1,195
CONG EIZER LYHUDAH 45 Yale Dr Monsey, NY 10952	None	Exempt	GENERAL CONTRIBUTION	2,360
BAIS MORDECHAI 6 CAPE COURT MONSEY,NY 10952	None	Exempt	GENERAL CONTRIBUTION	100
CONGREGATION YESHEOS YAKOV 15 CEDAR LANE MONSEY,NY 10952	None	Exempt	GENERAL CONTRIBUTION	1,000
Total			▶ 3a	46,577

Recipient If recipient is an individual, Foundation Purpose of grant or Amount

Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	status of recipient	contribution	A mount
a Paid during the year				
MOSDOS PUPA MONSEY INC 4 WIDMAN CT SPRING VALLEY,NY 10977	None	Exempt	GENERAL CONTRIBUTION	500
CONGREGATION OHR MOSHE 1 MONSEY BLVD MONSEY,NY 10952	None	Exempt	GENERAL CONTRIBUTION	360
AHAVAS ISRAEL INC 184 PENN STREET BROOKLYN,NY 11211	None	Exempt	GENERAL CONTRIBUTION	3,000
VARIOUS VARIOUS MONSEY,NY 10952	None	Exempt	GENERAL CONTRIBUTION	636
CONG BETH ROCHEL 145 SADDLE RIVER RD MONSEY,NY 10952	None	Exempt	GENERAL CONTRIBUTION	1,000
Total			▶ 3a	46,577

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

Recipient

If recipient is an individual. Foundation Purpose of grant or Amount

Recipient	If recipient is an individual,	Foundation	Purpose of grant or	A mount
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	status of recipient	contribution	
a Paid during the year				
CHESED LAVRAHAM 5317 13TH AVE BROOKLYN,NY 11219	None	Exempt	GENERAL CONTRIBUTION	140
EIZER BACHURIM D'MONSEY 151 ROUTE 306 MONSEY,NY 10952	None	Exempt	GENERAL CONTRIBUTION	120
CONG MEOR EINAYIM 123 HARDS LN LAWRENCE,NY 11559	None	Exempt	GENERAL CONTRIBUTION	1,300
CONG YETEV LEV 3 LIPA FRIEDMAN 304 MONROE,NY 10950	None	Exempt	GENERAL CONTRIBUTION	360
YESHIVA OHR TORAH POB 451 MONSEY,NY 10952	None	Exempt	GENERAL CONTRIBUTION	7,620
Total			▶ 3a	46,577

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

| Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Securior | Se

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				
CONG NASUED INC 5 HORIZON CT MONSEY,NY 10952	None	EXEMPT	GENERAL CONTRIBUTION	1,180
NOAM HATORAH INC 947 PARK AVE LAKEWOOD,NJ 08701	None	EXEMPT	GENERAL CONTRIBUTION	660
CONGREGATION YESHIVA AVIR YAKOV 766 N MAIN ST SPRING VALLEY,NY 10977	None	EXEMPT	GENERAL CONTRIBUTION	720
CONGREGATION HARI 161 MAPLE AVENUE SPRING VALLEY,NY 10977	None	EXEMPT	GENERAL CONTRIBUTION	260
ZICHRON MENACHEM INC 10 MAPLE TERRACE MONSEY,NY 10952	None	EXEMPT	GENERAL CONTRIBUTION	100
Total			▶ 3a	46,577

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

Recipient	If recipient is an individual,	Foundation status of	Purpose of grant or contribution	A mount
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	recipient	contribution	
a Paid during the year				
VAAD HARABBANIM LINYANEI TZEDUKA IN 221 REGENT DRIVE LAKEWOOD,NJ 08701	None	EXEMPT	GENERAL CONTRIBUTION	500
TZIDKAS RACHEL SKULEN HACHNASOS KAL 1315 54TH STREET BROOKLYN,NY 11219	None	EXEMPT	GENERAL CONTRIBUTION	180
YESHIVA TZEMACH TZADIK VIZNITS 186 ROSS STREET BROOKLYN,NY 11211	None	EXEMPT	GENERAL CONTRIBUTION	80
KEREN CHASANIM OF SAAD LTALMID INC 9 WARREN CT MONSEY,NY 10952	None	EXEMPT	GENERAL CONTRIBUTION	150
REGIONAL BIKUR CHOLIM 10 DRUBITCH CT MONROE,NY 10952	None	EXEMPT	GENERAL CONTRIBUTION	180
Total			▶ 3a	46,577

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

Recipient | If recipient is an individual, | Foundation | Purpose of grant or | Amount

Recipient  Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of recipient	Purpose of grant or contribution	A mount
	or substantial contributor			
<b>a</b> Paid during the year				
CONG BOBOVER YESHIVA OF MONSEY 88 GROVE STREET MONSEY,NY 10952	None	EXEMPT	GENERAL CONTRIBUTION	100
CONGREGATION KINYAN TORAH 4 FILLMORE CT MONROE,NY 10950	None	EXEMPT	GENERAL CONTRIBUTION	520
CONGREGATION KEREN YESOMIM INC 20 FRANCIS PL MONSEY,NY 10952	None	EXEMPT	GENERAL CONTRIBUTION	100
BAIS MEDRASH BNAI NAFTALI YESHAYA C 82 FOREST RD UNIT 302 MONROE,NY 10950	None	EXEMPT	GENERAL CONTRIBUTION	100
MESIVTA BAIS YOCHONON SHRAGA OF YES 22 W MAPLE AVENUE MONSEY,NY 10952	None	EXEMPT	GENERAL CONTRIBUTION	180
Total	·		▶ 3a	46,577

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	Foundation status of	Purpose of grant or contribution	A mount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
MACHNEI YAKOV YOSEF DCHASEIDA SQUAR 105 HEYWARD STREET BROOKLYN,NY 11206	None	EXEMPT	GENERAL CONTRIBUTION	75
CONGREGATION BNEI YESHIVOS 2402 AVENUE P BROOKLYN,NY 11229	None	EXEMPT	GENERAL CONTRIBUTION	1,000
CONG SHAREI CHESED 3054 BEDFORD AVENUE BROOKLYN,NY 11210	None	EXEMPT	GENERAL CONTRIBUTION	180
BAIS HAMEDRASH YESHIAS ISRAEL INC 1315 54TH STREET BROOKLYN,NY 11219	None	EXEMPT	GENERAL CONTRIBUTION	2,360
KHAL ZICHRON BEER 19 BARTLETT RD MONSEY,NY 10952	None	EXEMPT	GENERAL CONTRIBUTION	1,000
Total			▶ 3a	46,577

Recipient If recipient is an individual, Foundation Purpose of grant or A mount

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

Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	status of recipient	contribution	
a Paid during the year				
CONGREGATION ZICHRON ELIEZER 2455A SECTION RD CINCINATTI,OH 45237	None	EXEMPT	GENERAL CONTRIBUTION	100
CONG EITZ PRE BEHUTZ	None	EXEMPT	GENERAL CONTRIBUTION	200

ELIEZER 2455A SECTION RD CINCINATTI,OH 45237				
CONG EITZ PRE BEHUTZ 227 MOUNTAIN ROAD	None	EXEMPT	GENERAL CONTRIBUTION	200

46,577

MONROE, NY 10950

Total. .

efile GRAPHIC print -	DO NOT PROCESS	As Filed Data -		DLN: 93491206001057	
TY 2015 Accoun	ting Fees Sche	dule			
	Name:	ZICHRON AV TRUS	Т		
	EIN:	27-4384817			
	Software ID:	15000324			
Software Version: 2015v3.0					
Category	Amount	Net Investn	nent Adjusted Net	Disbursements for	

Solution 2013V3.0				
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING	1,495	0	0	0

efile GRAPHIC print - DO NOT PROCES	S As Filed	Data -					DLN: 934	91206001057
Note: To capture the full content of th	is document,	please selec	ct landscape n	node (11" x 8.5") v	when printing			
TY 2015 Amortization Sched	ule							
Name	: ZICHRON	ΔV TRUST						
	l: 27-43848							
Software ID	: 15000324							
Software Version	2015v3.0							
Description of Amortized Expenses	Date Acquired, Completed, or	Amount Amortized	Deduction for Prior Years	Amortization Method	Current Year Amortization	Net Investment Income	Adjusted Net Income	Total Amount of

	2010.0.0							
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	2010-12-28	2,000	654	15 0000	133			787

166

15 0000

57

850

2012-12-27

Set-Up

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491206001057
TY 2015 Other Assets Schedule	1	
Namo: 7	ICHRON AV TRUST	
<b>EIN</b> : 2	7-4384817	

<b>Software Version:</b> 2015v3.0			
Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
Net Intangible Assets	2,030	1,840	
Receivables		3,736	

**Software ID:** 15000324

Name: ZICHRON AV TRUST

**EIN:** 27-4384817

**Software ID:** 15000324

Software Version: 2015v3 0

Software Version: 2015v3.0					
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
A mortization	190				
Bank Charges	82				
Filing Fees	50				

efile GRAPHIC print -	DO NOT PROCESS As Filed Da	ta -		DLN: 93491206001057
Schedule B	Sche	edule of Contributors		OMB No 1545-0047
(Form 990, 990-EZ, or 990-PF)		h to Form 990, 990-EZ, or 990-PF		0045
Department of the Treasury Internal Revenue Service		B (Form 990, 990-EZ, or 990-PF) ar <u>www.irs.gov/form990</u>	nd its instructions is at	2015
Name of the organizati ZICHRON AV TRUST	on		Employer ic	dentification number
			27-43848	17
Organization type (ch	eck one)			
Filers of:	Section:			
Form 990 or 990-EZ	501(c)( ) (enter number)	) organization		
	4947(a)(1) nonexempt ch	haritable trust <b>not</b> treated as a priv	ate foundation	
	☐ 527 political organization			
Form 990-PF	√ 501(c)(3) exempt private	foundation		
	4947(a)(1) nonexempt ch	haritable trust treated as a private t	foundation	
	501(c)(3) taxable private	foundation		
General Rule	1(c)(7), (8), or (10) organization can	check boxes for both the General	Rule and a Special Rule S	ee instructions
	ation filing Form 990, 990-EZ, or 990- from any one contributor Complete		_	
Special Rules				
under sections treceived from a	non described in section 501(c)(3) fill 109(a)(1) and 170(b)(1)(A)(vi), that c ny one contributor, during the year, to or (ii) Form 990-EZ, line 1 Complete f	checked Schedule A (Form 990 or otal contributions of the greater of	990-EZ), Part II, line 13, 16a	a, or 16b, and that
during the year,	non described in section 501(c)(7), (8 total contributions of more than \$1,00 n of cruelty to children or animals. Co	00 ex <i>clusively</i> for religious, charita		
during the year, this box is chec purpose Do not	ion described in section 501(c)(7), (8 contributions exclusively for religious ted, enter here the total contributions complete any of the parts unless the ble, etc., contributions totaling \$5,000 to the contributions totaling \$5,000 to the contributions totaling \$5,000 to the contributions totaling \$5,000 to the contributions totaling \$5,000 to the contributions totaling \$5,000 to the contributions totaling \$5,000 to the contributions to the con	s, charitable, etc , purposes, but n that were received during the yea e <b>General Rule</b> applies to this orga	no such contributions totaled ar for an exclusively religio anization because it receive	d more than \$1,000 lf ous, charitable, etc ,

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 AV TRUST Employer identification number 27-4384817

Part I	Contributors (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	MOTTYS SUPERMARKET		Person 🗸
			Payroll
	19 MAIN ST	<u>\$ 26,000</u>	
	MONSEY, NY10952		Noncash
			(Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	TZIDKAS RUCHLE SKULEN HACHNOSAS KAL	Total contributions	Person 🗸
2			
	1315 54TH STREET	\$ 5,000	Payroll
	BROOKLYN, NY 11219		Noncash
			(Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3			Person 🗸
	BAIS HAMEDRASH YESHIAS ISRAEL		Payroll
	1315 54TH STREET	<u>\$ 11,500</u>	
	BROOKLYN, NY 11219		Noncash
			(Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4			Person 🔽
•	BARRY J WEISS		Payroll
	151 S MC CADEN PL	<u>\$ 5,000</u>	Noneach
	LOS ANGELES, CA 90004		Noncash (Complete Both II for person)
			(Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
			Payroll
		<u>\$</u>	Noncash —
			(Complete Part II for noncash contributions )
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution  Person
	_		
		\$	Payroll
	·		Noncash —
			(Complete Part II for noncash contributions )

Name of organization		Employer identification number			
ICHRON AV TRI	JSI	27-4384817			
Part II	Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed	<u>.</u>			
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
(a)	(b)	(c)	(d)		
No.from Part I	Description of noncash property given	FMV (or estimate) (see instructions)	Date received		
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