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

OMB No 1545-0052

2016

Open to Public Inspection

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

For calendar year 2016 or tax year beginning , 2016, and ending , 20

Name of foundation
CATS PAJAMAS

Number and street (or P O box number if mail is not delivered to street address) Room/suite
507 COLUMBIA AVENUE

City or town, state or province, country, and ZIP or foreign postal code
UNION BEACH NJ 07735

A Employer identification number
813850301

B Telephone number (see instructions)

C If exemption application is pending, check here

D 1. Foreign organizations, check here
2. Foreign organizations meeting the 85% test, check here and attach computation

E If private foundation status was terminated under section 507(b)(1)(A), check here

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here

G Check all that apply: Initial return Initial return of a former public charity
 Final return Amended return
 Address change Name change

H Check type of organization: Section 501(c)(3) exempt private foundation
 Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation

I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ **0** **J Accounting method:** Cash Accrual
 Other (specify) _____
 (Part I, column (d) must be on cash basis.)

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| Part 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)) | | (a) Revenue and expenses per books | (b) Net investment income | (c) Adjusted net income | (d) Disbursements for charitable purposes (cash basis only) |
|---|---|------------------------------------|---------------------------|-------------------------|---|
| Revenue | 1 Contributions, gifts, grants, etc., received (attach schedule) | 0 | | | |
| | 2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B | | | | |
| | 3 Interest on savings and temporary cash investments | 0 | 0 | 0 | |
| | 4 Dividends and interest from securities | 0 | 0 | 0 | |
| | 5a Gross rents | 0 | 0 | 0 | |
| | b Net rental income or (loss) | 0 | | | |
| | 6a Net gain or (loss) from sale of assets not on line 10 | 0 | | | |
| | b Gross sales price for all assets on line 6a | 0 | | | |
| | 7 Capital gain net income (from Part IV, line 2) | | 0 | | |
| | 8 Net short-term capital gain | | | 0 | |
| | 9 Income modifications | | | 0 | |
| | 10a Gross sales less returns and allowances | 0 | | | |
| b Less: Cost of goods sold | 0 | | | | |
| c Gross profit or (loss) (attach schedule) | 0 | | 0 | | |
| 11 Other income (attach schedule) | 0 | 0 | 0 | | |
| 12 Total. Add lines 1 through 11 | 0 | 0 | 0 | | |
| Operating and Administrative Expenses | 13 Compensation of officers, directors, trustees, etc. | 0 | 0 | 0 | 0 |
| | 14 Other employee salaries and wages | 0 | 0 | 0 | 0 |
| | 15 Pension plans, employee benefits | 0 | 0 | 0 | 0 |
| | 16a Legal fees (attach schedule) | 0 | 0 | 0 | 0 |
| | b Accounting fees (attach schedule) | 0 | 0 | 0 | 0 |
| | c Other professional fees (attach schedule) | 0 | 0 | 0 | 0 |
| | 17 Interest | 0 | 0 | 0 | 0 |
| | 18 Taxes (attach schedule) (see instructions) | 0 | 0 | 0 | 0 |
| | 19 Depreciation (attach schedule) and depletion | 0 | 0 | 0 | |
| | 20 Occupancy | 0 | 0 | 0 | 0 |
| | 21 Travel, conferences, and meetings | 0 | 0 | 0 | 0 |
| | 22 Printing and publications | 0 | 0 | 00 | 0 |
| | 23 Other expenses (attach schedule) | 0 | 0 | 0 | 0 |
| | 24 Total operating and administrative expenses. Add lines 13 through 23 | 0 | 0 | 0 | 0 |
| | 25 Contributions, gifts, grants paid | 0 | | | 0 |
| 26 Total expenses and disbursements. Add lines 24 and 25 | 0 | 0 | 0 | 0 | |
| 27 Subtract line 26 from line 12: | | | | | |
| a Excess of revenue over expenses and disbursements | 0 | | | | |
| b Net investment income (if negative, enter -0-) | | 0 | | | |
| c Adjusted net income (if negative, enter -0-) | | | 0 | | |

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

- 5a During the year did the foundation pay or incur any amount to:
- (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? Yes No
 - (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? Yes No
 - (3) Provide a grant to an individual for travel, study, or other similar purposes? Yes No
 - (4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions) Yes No
 - (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? Yes No
- b If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? Yes No
 Organizations relying on a current notice regarding disaster assistance check here
- c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? Yes No
 If "Yes," attach the statement required by Regulations section 53.4945–5(d).
- 6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No
 If "Yes" to 6b, file Form 8870.
- 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Yes No
- b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? Yes No

| | | |
|----|--|--|
| 5b | | |
| 6b | | |
| 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 | (b) Title, and average hours per week devoted to position | (c) Compensation (if not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
|---|---|---|---|---------------------------------------|
| ANNA CHAPMAN 507 COLUMBIA AVE UNION BEACH 07735 | PRESIDENT | 0 | 0 | 0 |
| MARIE BEUTE 1018 UNION AVE PENNSAUKEN NJ 08810 | VP | 0 | 0 | 0 |
| GERTRUDE CHECHE 507 COLUMBIA AVE UNION BEACH 07735 | ASST | 0 | 0 | 0 |
| | | | | |

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

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

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

