

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

**Return of Private Foundation**  
**or Section 4947(a)(1) Trust Treated as Private Foundation**  
 ▶ Do not enter social security numbers on this form as it may be made public.  
 ▶ Information about Form 990-PF and its instructions is at [www.irs.gov/form990pf](http://www.irs.gov/form990pf).

OMB No 1545-0052  
**2017**  
**Open to Public Inspection**

**For calendar year 2017, or tax year beginning 01-01-2017 , and ending 12-31-2017**

Name of foundation TZP CARES FOUNDATION		<b>A Employer identification number</b> 46-4210327	
Number and street (or P O box number if mail is not delivered to street address) 7 TIMES SQUARE NO 4307		<b>B Telephone number (see instructions)</b> (212) 398-0300	
City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10036		<b>C</b> If exemption application is pending, check here <input type="checkbox"/>	
<b>G</b> Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		<b>D 1.</b> Foreign organizations, check here <input type="checkbox"/> <b>2</b> Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>	
<b>H</b> Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		<b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
<b>I</b> Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶ \$ 72,505		<b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	
<b>J</b> Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis)			

<b>Part I Analysis of Revenue and Expenses</b> (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)
<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, etc., received (attach schedule)	191,351			
	<b>2</b> Check <input type="checkbox"/> if the foundation is <b>not</b> required to attach Sch B				
	<b>3</b> Interest on savings and temporary cash investments				
	<b>4</b> Dividends and interest from securities				
	<b>5a</b> Gross rents				
	<b>b</b> Net rental income or (loss)				
	<b>6a</b> Net gain or (loss) from sale of assets not on line 10				
	<b>b</b> Gross sales price for all assets on line 6a				
	<b>7</b> Capital gain net income (from Part IV, line 2)			0	
	<b>8</b> Net short-term capital gain				
	<b>9</b> Income modifications				
	<b>10a</b> Gross sales less returns and allowances				
<b>b</b> Less Cost of goods sold					
<b>c</b> Gross profit or (loss) (attach schedule)					
<b>11</b> Other income (attach schedule)					
<b>12 Total.</b> Add lines 1 through 11	191,351		0		
<b>Operating and Administrative Expenses</b>	<b>13</b> Compensation of officers, directors, trustees, etc	0		0	0
	<b>14</b> Other employee salaries and wages				
	<b>15</b> Pension plans, employee benefits				
	<b>16a</b> Legal fees (attach schedule)	3,380		0	3,380
	<b>b</b> Accounting fees (attach schedule)	3,500		0	3,500
	<b>c</b> Other professional fees (attach schedule)				
	<b>17</b> Interest				
	<b>18</b> Taxes (attach schedule) (see instructions)				
	<b>19</b> Depreciation (attach schedule) and depletion				
	<b>20</b> Occupancy				
	<b>21</b> Travel, conferences, and meetings				
	<b>22</b> Printing and publications				
	<b>23</b> Other expenses (attach schedule)	1,305		0	1,305
	<b>24 Total operating and administrative expenses.</b> Add lines 13 through 23	8,185		0	8,185
	<b>25</b> Contributions, gifts, grants paid	152,000			152,000
<b>26 Total expenses and disbursements.</b> Add lines 24 and 25	160,185		0	160,185	
<b>27</b> Subtract line 26 from line 12					
<b>a Excess of revenue over expenses and disbursements</b>	31,166				
<b>b Net investment income</b> (if negative, enter -0-)			0		
<b>c Adjusted net income</b> (if negative, enter -0-)					

<b>Part II Balance Sheets</b> Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)		Beginning of year	End of year	
		<b>(a)</b> Book Value	<b>(b)</b> Book Value	<b>(c)</b> Fair Market Value
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	33,593	71,805	71,805
	<b>2</b> Savings and temporary cash investments . . . . .			
	<b>3</b> Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	<b>4</b> Pledges receivable ▶ _____ 700 Less allowance for doubtful accounts ▶ _____		700	700
	<b>5</b> Grants receivable . . . . .			
	<b>6</b> Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .			
	<b>7</b> Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	<b>8</b> Inventories for sale or use . . . . .			
	<b>9</b> Prepaid expenses and deferred charges . . . . .			
	<b>10a</b> Investments—U S and state government obligations (attach schedule)			
	<b>b</b> Investments—corporate stock (attach schedule) . . . . .			
	<b>c</b> Investments—corporate bonds (attach schedule) . . . . .			
	<b>11</b> Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	<b>12</b> Investments—mortgage loans . . . . .			
	<b>13</b> Investments—other (attach schedule) . . . . .			
	<b>14</b> Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
<b>15</b> Other assets (describe ▶ _____)				
<b>16 Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item I)	33,593	72,505	72,505	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	3,500	3,500	
	<b>18</b> Grants payable . . . . .			
	<b>19</b> Deferred revenue . . . . .			
	<b>20</b> Loans from officers, directors, trustees, and other disqualified persons			
	<b>21</b> Mortgages and other notes payable (attach schedule) . . . . .			
	<b>22</b> Other liabilities (describe ▶ _____)	0	7,746	
	<b>23 Total liabilities</b> (add lines 17 through 22) . . . . .	3,500	11,246	
<b>Net Assets or Fund Balances</b>	<b>Foundations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 24 through 26 and lines 30 and 31.</b>			
	<b>24</b> Unrestricted . . . . .	30,093	61,259	
	<b>25</b> Temporarily restricted . . . . .			
	<b>26</b> Permanently restricted . . . . .			
	<b>Foundations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 27 through 31.</b>			
	<b>27</b> Capital stock, trust principal, or current funds . . . . .			
	<b>28</b> Paid-in or capital surplus, or land, bldg , and equipment fund			
<b>29</b> Retained earnings, accumulated income, endowment, or other funds				
<b>30 Total net assets or fund balances</b> (see instructions) . . . . .	30,093	61,259		
<b>31 Total liabilities and net assets/fund balances</b> (see instructions) .	33,593	72,505		

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

<b>1</b> Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	<b>1</b>	30,093
<b>2</b> Enter amount from Part I, line 27a . . . . .	<b>2</b>	31,166
<b>3</b> Other increases not included in line 2 (itemize) ▶ _____	<b>3</b>	0
<b>4</b> Add lines 1, 2, and 3 . . . . .	<b>4</b>	61,259
<b>5</b> Decreases not included in line 2 (itemize) ▶ _____	<b>5</b>	0
<b>6</b> Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	<b>6</b>	61,259

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

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

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

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

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

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

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies, leave this part blank

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

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2016	106,680	46,003	2 318979
2015	79,787	36,917	2 161254
2014	79,245	30,577	2 591654
2013	0	29,550	0 000000
2012			

<b>2</b> Total of line 1, column (d)	2	7 071887
<b>3</b> Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	1 767972
<b>4</b> Enter the net value of noncharitable-use assets for 2017 from Part X, line 5	4	23,345
<b>5</b> Multiply line 4 by line 3	5	41,273
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)	6	0
<b>7</b> Add lines 5 and 6	7	41,273
<b>8</b> Enter qualifying distributions from Part XII, line 4	8	160,185

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

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

Table with 11 rows for excise tax calculations. Includes questions about exempt foundations, tax under section 511, and tax due. Includes sub-tables for credits and payments (6a-6d).

Part VII-A Statements Regarding Activities

Table with 10 rows for activity statements. Includes questions about political campaigns, political expenditures, and state reporting requirements. Includes Yes/No columns.

Part 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? Website address HTTP //WWW TZPGROUP COM/ABOUT-TZP/TZP-CARES-3/ 13 Yes
14 The books are in care of THE FOUNDATION Telephone no (212) 398-0300

Located at C/O TZP GROUP 7 TIMES SQUARE NEW YORK NY ZIP+4 10036

15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here . . . . . 15

16 At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes," enter the name of the foreign country 16 Yes No

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

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

1a 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? Yes No
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? Yes No
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes No
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes No
(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)? Yes No
(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 No
b If any answer is "Yes" to 1a(1)-(6), did any 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
c 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 2017? 1c No
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))
a At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2017? Yes No
If "Yes," list the years 20, 20, 20, 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) to all years listed, answer "No" and attach statement-see instructions) 2b
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here 20, 20, 20, 20
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? Yes No
b If "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period?(Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2017). 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 2017? 4b No

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

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

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

Part VIII

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

Table with 5 columns: (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. Includes entries for Samuel L. Katz, Sheera Michael, and Vladimir Gutin.

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

Table with 5 columns: (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. All entries are NONE.

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

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

Table with 3 columns: (a) Name and address of each person paid more than \$50,000, (b) Type of service, (c) Compensation. All entries are NONE.

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

Part IX-A Summary of Direct Charitable Activities

Table with 2 columns: Description of activities and Expenses. Includes instructions to list the four largest direct charitable activities.

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

Table with 2 columns: Description of investments and Amount. Includes instructions to describe the two largest program-related investments.

Total. Add lines 1 through 3. 0

**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
<b>a</b>	Average monthly fair market value of securities.	<b>1a</b>	0
<b>b</b>	Average of monthly cash balances.	<b>1b</b>	23,701
<b>c</b>	Fair market value of all other assets (see instructions).	<b>1c</b>	0
<b>d</b>	<b>Total</b> (add lines 1a, b, and c).	<b>1d</b>	23,701
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	<b>1e</b>	0
<b>2</b>	Acquisition indebtedness applicable to line 1 assets.	<b>2</b>	0
<b>3</b>	Subtract line 2 from line 1d.	<b>3</b>	23,701
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	356
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4.	<b>5</b>	23,345
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5.	<b>6</b>	1,167

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

<b>1</b>	Minimum investment return from Part X, line 6.	<b>1</b>	1,167
<b>2a</b>	Tax on investment income for 2017 from Part VI, line 5.	<b>2a</b>	
<b>b</b>	Income tax for 2017 (This does not include the tax from Part VI).	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b.	<b>2c</b>	0
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1.	<b>3</b>	1,167
<b>4</b>	Recoveries of amounts treated as qualifying distributions.	<b>4</b>	0
<b>5</b>	Add lines 3 and 4.	<b>5</b>	1,167
<b>6</b>	Deduction from distributable amount (see instructions).	<b>6</b>	0
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	<b>7</b>	1,167

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

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
<b>a</b>	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	<b>1a</b>	160,185
<b>b</b>	Program-related investments—total from Part IX-B.	<b>1b</b>	0
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the		
<b>a</b>	Suitability test (prior IRS approval required).	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule).	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.	<b>4</b>	160,185
<b>5</b>	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions).	<b>5</b>	0
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4.	<b>6</b>	160,185

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

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

	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
<b>1</b> Distributable amount for 2017 from Part XI, line 7				1,167
<b>2</b> Undistributed income, if any, as of the end of 2017				
<b>a</b> Enter amount for 2016 only. . . . .			0	
<b>b</b> Total for prior years 20___, 20___, 20___		0		
<b>3</b> Excess distributions carryover, if any, to 2017				
<b>a</b> From 2012. . . . .				
<b>b</b> From 2013. . . . .				
<b>c</b> From 2014. . . . .			76,238	
<b>d</b> From 2015. . . . .			76,412	
<b>e</b> From 2016. . . . .			104,380	
<b>f Total</b> of lines 3a through e. . . . .	257,030			
<b>4</b> Qualifying distributions for 2017 from Part XII, line 4 ▶ \$ _____ 160,185				
<b>a</b> Applied to 2016, but not more than line 2a			0	
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .		0		
<b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .	0			
<b>d</b> Applied to 2017 distributable amount. . . . .				1,167
<b>e</b> Remaining amount distributed out of corpus	159,018			
<b>5</b> Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a) )				0
<b>6 Enter the net total of each column as indicated below:</b>				
<b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5	416,048			
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b . . . . .		0		
<b>c</b> Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . .		0		
<b>d</b> Subtract line 6c from line 6b Taxable amount—see instructions . . . . .		0		
<b>e</b> Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount—see instructions . . . . .			0	
<b>f</b> Undistributed income for 2017 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2018 . . . . .				0
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions). . . . .	0			
<b>8</b> Excess distributions carryover from 2012 not applied on line 5 or line 7 (see instructions). . . . .	0			
<b>9 Excess distributions carryover to 2018.</b> Subtract lines 7 and 8 from line 6a . . . . .	416,048			
<b>10</b> Analysis of line 9				
<b>a</b> Excess from 2013. . . . .				
<b>b</b> Excess from 2014. . . . .			76,238	
<b>c</b> Excess from 2015. . . . .			76,412	
<b>d</b> Excess from 2016. . . . .			104,380	
<b>e</b> Excess from 2017. . . . .			159,018	

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

**1a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2017, enter the date of the ruling. . . . . ▶

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

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

	Tax year	Prior 3 years			<b>(e) Total</b>
	<b>(a) 2017</b>	<b>(b) 2016</b>	<b>(c) 2015</b>	<b>(d) 2014</b>	
<b>b</b> 85% of line 2a . . . . .					
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed . . . . .					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .					

**3** Complete 3a, b, or c for the alternative test relied upon

**a** "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. . . . .

**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

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

**1 Information Regarding Foundation Managers:**

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

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

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

Check here  if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

**a** The name, address, and telephone number or email address of the person to whom applications should be addressed

---

**b** The form in which applications should be submitted and information and materials they should include

---

**c** Any submission deadlines

---

**d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

**Part XV** **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
<b>a</b> <i>Paid during the year</i> See Additional Data Table				
<b>Total . . . . .</b> ▶ <b>3a</b>				152,000
<b>b</b> <i>Approved for future payment</i>				
<b>Total . . . . .</b> ▶ <b>3b</b>				0





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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
BREAKTHROUGH OPTIONS FOR FAMILIES 4 VILLAWAY RD LEFT UNIT NORWALK, CT 06855	NONE	PC	PROVIDING EMERGENCY FUNDING FOR CRITICAL SERVICES TO ENROLLED FAMILIES	1,500
JUVENILE DIABETES RESEARCH FOUNDATION 26 BROADWAY 14TH FLOOR NEW YORK, NY 10004	NONE	PC	CRITICAL RESEARCH AND TO FACILITATE TREATMENTS AND THERAPIES TO PEOPLE LIVING WITH TYPE 1 DIABETES	500
SPARK101A CLAY STREET 188 SAN FRANCISCO, CA 94111	NONE	PC	OPERATING COSTS AND PROVIDING SEED GRANTS FOR EMERGING, INNOVATIVE GRASSROOTS ORGANIZATIONS WORKING TOWARDS GENDER EQUALITY	1,000
JUMPSTART 308 CONGRESS STREET 6TH FLOOR BOSTON, MA 02210	NONE	PC	PROGRAM SUPPLIES, TRAINING MATERIALS AND GENERAL OPERATING SUPPORT	1,000
NORWALK COMMUNITY COLLEGE FOUNDATION 188 RICHARDS AVENUE NORWALK, CT 06854	NONE	PC	STUDENT SCHOLARSHIP FUNDING	1,000
<b>Total . . . . .</b> ▶				152,000
<b>3a</b>				

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
TRUE CIRCLE ORGANIZATION 1809 PALOS VERDES DRIVE WEST PALOS VERDES ESTATES, CA 90274	NONE	PC	BUYING FOOD, WATER, CLOTHING AND HYGENIC ITEMS TO BE ASSEMBLED IN "GO BAGS" FOR THE HOMELESS	1,500
TRINITY'S SERVICES & FOOD FOR THE HOMELESS 602 E 9TH STREET NEW YORK, NY 10009	NONE	PC	PURCHASING SOUP KITCHEN AND PANTRY SUPPLIES	1,000
BRIDGEPORT HOSPITAL BURN UNIT 1 NORTH WATER STREET APT 302 NORWALK, CT 06854	NONE	PC	ADDITIONAL CONTRIBUTION TO THE TOTAL NET PROCEEDINGS OF THE TOURNAMENT FUNDS WILL BE USED AT THE DISCRETION OF THE BRIDGEPORT HOSPITAL BURN UNIT	500
EVERYTOWN FOR GUN SAFETY SUPPORT PO BOX 4184 NEW YORK, NY 10163	NONE	PC	PRODUCING MATERIALS FOR THE BE SMART PROGRAM	1,000
PROJECT ANGEL FOOD922 VINE STREET LOS ANGELES, CA 90038	NONE	PC	THE PREPARATION OF MEALS AND NUTRITIONAL COUNSELING FOR PEOPLE WITH LIFE THREATENING ILLNESSES DISABLED BY THEIR DIAGNOSIS	1,000
<b>Total</b> . . . . . <b>3a</b>				152,000

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Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
INSURED POLICE OFFICER'S FUND 9330 W LAKE MEAD BOULAVARD 130 LAS VEGAS, NV 89134	NONE	PC	REDUCING THE FINANCIAL BURDENS SUFFERED BY POLICE OFFICERS AND THEIR FAMILIES INJURED IN THE LINE OF DUTY	3,000
NAVY SEAL FOUNDATION 1619 D STREET VIRGINIA BEACH, VA 23459	NONE	PC	FUNDING COMPREHENSIVE PROGRAMS DESIGNED TO REDUCE THE STRESSORS ASSOCIATED WITH NAVAL SPECIAL WARFARE	3,000
NEVADA MILITARY SUPPORT ALLIANCE 539 RIVERSIDE DR STE 2 LAS VEGAS, NV 89503	NONE	PC	THE FISCHER HOUSE FOUNDATION PROVIDING FREE OR LOW COST LODGING TO VETERANS AND MILITARY FAMILIES RECEIVING TREATMENT AT MILITARY MEDICAL CENTERS	3,000
MASSACHUSETTS 4-H FOUNDATION 1671 WORCESTER ROAD SUITE 403 FRAMINGHAM, MA 01701	NONE	PC	THE UMASS EXTENSION 4-H YOUTH DEVELOPMENT PROGRAM	1,000
DAKIN HUMANE SOCIETYPO BOX 6307 SPRINGFIELD, MA 01101	NONE	PC	THE SPRINGFIELD AND LEVERETT CENTERS	2,000
<b>Total . . . . .</b> ▶				152,000
<b>3a</b>				

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Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
DRESS FOR SUCCESS WESTERN MASSACHUSETTS PO BOX 15376 SPRINGFIELD, MA 01115	NONE	PC	PROVIDING PROFESSIONAL ATTIRE, A SUPPORT NETWORK AND CAREER DEVELOPMENT TOOLS TO WOMEN STRIVING FOR ECONOMIC INDEPENDENCE	2,000
GIRLS ON THE RUN CHICAGO 1415 N DAYTONA SUITE 112 CHICAGO, IL 60642	NONE	PC	PROGRAMS TO INSPIRE YOUNG GIRLS TO POSITIVELY IMPACT THEIR COMMUNITIES THROUGH SERVICE PROJECTS	2,000
GREATER CHICAGO FOOD DEPOSITORY 4100 WEST ANN LURIE PLACE CHICAGO, IL 60632	NONE	PC	PROGRAMS INCLUDING PANTRIES, SOUP KITCHENS, SHELTERS AND RESPONSES FOR CHILDREN, OLDER ADULTS AND VETERANS	2,000
BOYS & GIRLS CLUB-SPRINGFIELD LADY BALLERS 100 ACRON STREET SPRINGFIELD, MA 01109	NONE	PC	THE SPRINGFIELD LADY BALLERS	1,000
SHARING & CARING HANDS 525 NORTH 7TH STREET MINNEAPOLIS, MN 55405	NONE	PC	PROVIDING RESPONSE AND ASSISTANCE TO THE NEEDS OF THE POOR	3,000
<b>Total . . . . .</b> ▶ <b>3a</b>				152,000

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Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
FAMILIES MOVING FORWARD 1808 EMERSON AVENUE NORTH MINNEAPOLIS, MN 55318	NONE	PC	PROVIDING HOSPITALITY, EMERGENCY SHELTER AND A PATH TO A HOME WITH SUPPORT FOR STABILITY	3,000
FOLDS OF HONOR MINNESOTA 5800 N PATRIOT DRIVE OWASSO, OK 74055	NONE	GROUP	PROVIDING EDUCATIONAL SUPPORT TO SPOUSES AND CHILDREN OF AMERICA'S FALLEN AND DISABLED SERVICE MEMBERS	3,000
DRESS FOR SUCCESS WORLDWIDE 32 EAST 31ST STREET 7TH FLOOR NEW YORK, NY 10006	NONE	PC	PROVIDING RESOURCES SUCH AS PROFESSIONAL ATTIRE, CAREER SERVICES AND JOB TRAINING FOR WOMEN TO BREAK THE CYCLE OF POVERTY	2,500
BOYS AND GIRLS CLUB OF AMERICA 1275 PEACHTREE STREET ATLANTA, GA 30309	NONE	GROUP	SUPPORT TO THE PROGRAMS DEPLOYED NATIONALLY THROUGH THE CORPORATE HEADQUARTERS	3,000
MAKE A WISH FOUNDATION 4742 N 24TH STREET SUITE 400 PHOENIX, AZ 85016	NONE	PC	SUPPORT THE MAKE-A-WISH AMERICA HEADQUARTERS IN MAKING WISHES POSSIBLE FOR CHILDREN ACROSS THE COUNTRY	2,500
<b>Total</b> . . . . . <b>3a</b>				152,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
SPECIAL OLYMPICS 1133 19TH STREET NW WASHINGTON, DC 20036	NONE	PC	SUPPORT TO THE SPECIAL OLYMPICS HEADQUARTERS AND THEIR WORLD PROGRAMS	2,000
OAK HILL ACADEMY 9407 MIDWAY ROAD DALLAS, TX 75220	NONE	PC	FUNDING SPECIALIZED EDUCATION TO STUDENTS DIAGNOSED WITH OR AT RISK FOR LEARNING DIFFICULTIES	3,000
ELS FOR AUTISM 18370 LIMESTONE CREEK ROAD JUPITER, FL 33428	NONE	PC	RAISING AWARENESS AND PROMOTING THE VALUE, ACCEPTANCE AND INCLUSION OF PEOPLE WITH ASD	1,000
ATLANTA RONALD MCDONALD HOUSE CHARITIES 795 GATEWOOD ROAD ATLANTA, GA 30329	NONE	PC	THE CORE HOUSE PROGRAM, A LOCAL SCHOLARSHIP PROGRAM AND NEW CARE MOBILE PROGRAM	1,500
CAMINAR LATINO PO BOX 48623 DORAVILLE, GA 30362	NONE	PC	ASSISTING VICTIMS OF ABUSE TO OBTAIN TEMPORARY PROTECTIVE ORDERS, CONTRIBUTE TO INDIVIDUAL COUNSELING SESSIONS FOR CHILDREN AND FUND SUPPORT GROUPS FOR SURVIVORS TO LEARN ABOUT DOMESTIC VIOLENCE, THEIR RIGHTS AND HOW TO INCREASE THEIR SAFETY	1,500
<b>Total</b> . . . . . <b>3a</b>				152,000

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Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
THE SALVATION ARMY OF GREENSBORO NC 1311 S EUGENE STREET GREENSBORO, NC 27406	NONE	PC	THE BOYS AND GIRLS CLUB OF GREENSBORO	2,500
ST MARY'S CHILD CENTER 901 DR MARTIN LUTHER KING JR STREET INDIANAPOLIS, IN 46202	NONE	PC	SUPPORT TO THE 2017 - 2018 PRESCHOOL PROGRAM	2,500
BABYSTEPS518 NORTH EIGHT STREET BOISE, ID 83702	NONE	PC	SUPPORT THE EDUCATION AND INCENTIVE PROGRAMS FOR LIMITED-INCOME PREGNANT WOMEN AND FAMILIES	2,500
FLORIDA COLLEGE ACADEMY 7032 TEMPLE TERRACE HIGHWAY TEMPLE TERRACE, FL 33637	NONE	PC	PROCURING INSTRUMENTS FOR THE ACADEMY'S MUSIC PROGRAM	2,500
BOY SCOUTS OF AMERICA SPIRIT OF ADVENTURE COUNSEL 600 WEST CUMMINGS PARK DRIVE SUITE 2750 WOBURN, MA 01801	NONE	OTHER	THE SPIRIT OF ADVENTURE COUNCIL PROGRAMS AND FACILITIES	3,000
<b>Total . . . . .</b> ▶				152,000
<b>3a</b>				

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Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
BOSTON UNIVERSITY SCHOOL OF HOSPITALITY ANNUAL FUND 871 COMMONWEALTH AVENUE SUITE 215 BOSTON, MA 02215	NONE	PC	SPONSORING STUDENTS TO ATTEND CONFERENCES AND INTERNATIONAL INTERNSHIPS, FINANCIAL AID AND IMPROVING TECHNOLOGY AND FACILITIES	2,000
CROSSROADS119 MYRTLE STREET DUXBURY, MA 02332	NONE	PC	SUMMER SCHOOL PROGRAMS FOR YOUNG ADULTS	3,000
CORNELL HOTEL SOCIETY NEW ENGLAD CHAPTER SCHOLARSHIP 174 STATLER HALL ITHACA, NY 14853	NONE	PC	TO SUPPORT CORNELL UNIVERSITY HOTEL SCHOOL STUDENTS AND THEIR FAMILIES	2,000
DANIEL MURPHY SCHOLARSHIP FUND 309 W WASHINGTON SUITE 1250 CHICAGO, IL 60606	NONE	PC	SCHOLARSHIP FUNDING	2,500
SHELIA DANIELS CHRISTIAN ACADEMY 3601 NORTH LEWIS AVENUE WAUKEGAN, IL 60087	NONE	PC	HELP SET UP A PLAYGROUND IN THE WAUKEGAN PARK DISTRICT	2,500
<b>Total</b> . . . . . <b>3a</b>				152,000

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Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
ALLENDALE ASSOCIATION PO BOX 1088 GRAND AVENUE OFFIELD DRIVE LAKE VILLA, IL 60046	NONE	PC	SUPPORT OF THE GENERAL OPERATING EXPENSES FOR THE AGENCY'S SIGNATURE PROGRAMS	2,500
HOUSE OF PEACE SHELTER 450 KELLER AVENUE WAUKEGAN, IL 60085	NONE	OTHER	SUPPORT OF THE OPERATING EXPENSES OF THE SHELTER AND ITS PROGRAMMING	2,500
MEALS ON WHEELS OF STATEN ISLAND 304 PORT RICHMOND AVENUE STATEN ISLAND, NY 10302	NONE	PC	PROVIDES ELDERLY PEOPLE IN THE COMMUNITY NUTRITIOUS MEALS AND THE HUMAN CONNECTION THEY NEED TO HELP THEM LIVE INDEPENDENTLY	1,000
MERIDIAN HEALTH FOUNDATION 1340 CAMPUS PARKWAY BUILDING C UNIT 4 NEPTUNE, NJ 07753	NONE	OTHER	SUPPORT OF THE SERVICES FOR EACH HOSPITAL AND HEALTHCARE AFFILIATE	3,000
THE EGER FOUNDATION 140 MEISNER AVENUE STATEN ISLAND, NY 10303	NONE	OTHER	SUPPORT OF THE DIVERSE HEALTH CARE AND SERVICE NEEDS OF STATEN ISLAND AND NEIGHBORING COMMUNITIES	2,000
<b>Total</b> . . . . . <b>3a</b>				152,000

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Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
COLUMBUS CITIZENS FOUNDATION INC 8 EAST 69TH STREET NEW YORK, NY 10012	NONE	PC	SCHOLARSHIP FUNDING	1,000
ALSACST JUDE CHILDREN'S RESEARCH HOSPITAL 1660 S ALBION STREET SUITE 916 DENVER, CO 80222	NONE	PC	SUPPORT TO PATIENT CARE AND MEDICAL RESEARCH	3,000
ASSOCIATION FOR TECHNOLOGY DEPENDENT CHILDREN PO BOX 5052 HAUPPAUGE, NY 11788	NONE	PC	ANGELA'S HOUSE	3,000
HAVE A HEART CHILDREN'S CANCER CENTER 61-A RAILROAD AVENUE SAYVILLE, NY 11782	NONE	PC	ASSISTING WITH MEDICAL BILLS, TREATMENTS, EQUIPMENT, TRANSPORTATION AND HOUSEHOLD EXPENSES	3,000
MARC LUSTGARTEN PANCREATIC CANCER FOUNDATION 111 STEWART AVENUE BETHPAGE, NY 11714	NONE	PC	INCREASING FUNDING OF RESEARCH INTO PREVENTION, DIAGNOSIS AND TREATMENT	2,000
<b>Total . . . . .</b> ▶				152,000
<b>3a</b>				

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Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
END ABUSE 4 GOOD WEST 15TH STREET SUITE 15C NEW YORK, NY 10011	NONE	PC	EDUCATIONAL RESOURCES FOR CHILDREN, TEEN AND WOMEN SUFFERING FROM ABUSE	1,000
NASSAU SUFFOLK CHAPTER OF THE AUTISM SOCIETY OF AMERICA PO BOX 7472 WANTAGH, NY 11793	NONE	OTHER	EDUCATIONAL RESOURCES AND COMMUNITY INCLUSION PROGRAMS	500
JUSTICE FOR AUTISM33 KALE ROAD ROCKY POINT, NY 11778	NONE	PC	ORGANIZATION COMMITTED TO RAISING AUTISM AWARENESS TO THE PUBLIC SUPPORT AUTISM BASED PROGRAMS AND ACTIVITIES	500
JUVENILE DIABETES RESEARCH FOUNDATION WESTERN WISCONSIN 434 S YELLOWSTONE DRIVE SUITE 201 MADISON, WI 53719	NONE	PC	SPONSORSHIP FOR A TEAM PARTICIPATING IN THE JUVENILE DIABETES WALK IN MADISON AND PROVIDING BAGS OF HOPE AND CARE KITS	2,500
4KIDS OF SOUTH FLORIDA 2717 WEST CYPRESS CREEK ROAD FORT LAUDERDALE, FL 33309	NONE	PC	TRAINING AND LICENSING FOR PEOPLE TO BECOME FOSTER PARENTS AND PROVIDE HEALTHY ENVIRONMENTS FOR CHILDREN IN THE FOSTER CARE SYSTEM	2,500
<b>Total</b> . . . . . <b>3a</b>				152,000

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Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
GIVE KIDS THE WORLD VILLAGE 210 S BASS ROAD KISSIMMEE, FL 34746	NONE	PC	GRANTING CHILDREN WITH LIFE THREATENING ILLNESSES WISHES OF VISITING THEME PARKS	2,500
THE PIGGYBACK FOUNDATION PO BOX 436 NORWALK, OH 44857	NONE	PC	THE FAMILY COUNTS PROGRAM	2,500
DIDI HIRSCH MENTAL HEALTH SERVICES 4760 S SEPULVEDA CULVER CITY, CA 90230	NONE	PC	PROVIDING MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES WHERE STIGMA OR POVERTY TYPICALLY LIMIT ACCESS	2,500
ANGEL FLIGHT WEST 3161 DONALD DOUGLAS LOOP SOUTH SANTA MONICA, CA 90405	NONE	PC	THE COORDINATION AND EXPENSE OF PERSONNEL	3,000
ROWLA629 ALTA AVENUE SANTA MONICA, CA 90402	NONE	PC	INTENSIVE ROWING ACTIVITIES, ACADEMIC TUTORING AND COLLEGE COUNSELING	2,500
<b>Total . . . . .</b> ► <b>3a</b>				152,000

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Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
HOMEFRONT INC88 HAMILTON AVENUE STAMFORD, CT 06902	NONE	PC	PROGRAMS ASSISTING LOW INCOME ADULTS, SINGLE PARENT HOUSEHOLDS, DISABLED HOMEOWNERS AND FAMILIES IN TRANSITIONAL CRISIS HOUSING	2,500
FUTURE 5135 ATLANTIC STREET STAMFORD, CT 06903	NONE	PC	ASSISTING LOW-INCOME HIGH SCHOOL STUDENTS IN DANGER OF GRADUATING WITHOUT RESOURCES TO MOVE TO HIGHER EDUCATIONAL / TRAINING PROGRAMS	2,500
THE OPEN DOOR SHELTER INC 4 MERRITT STREET NORWALK, CT 06854	NONE	PC	SCHOLARSHIPS FOR YOUTHS AND COURSES FOR BASIC SKILLS EDUCATION	2,500
NTHPGLASS HOUSE199 ELM STREET NEW CANAAN, CT 06840	NONE	PC	THE BRICK HOUSE RESTORATION PROJECT	2,500
FATHER JOE'S VILLAGES3350 E STREET SAN DIEGO, CA 92102	NONE	PC	VARIOUS PROGRAMS SUCH AS ST VINCENT DE PAUL, MARTHA'S VILLAGE & KITCHEN, TOUSSAINT YOUTH, JOSUE HOME, THE NATIONAL AIDS FOUNDATION AND PADRE LUIS JAYME INTERNATIONAL OUTREACH	3,000
<b>Total</b> . . . . . <b>3a</b>				152,000

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Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
RADY CHILDREN'S HOSPITAL FOUNDATION SAN DIEGO 3665 KEARNY VILLA ROAD SAN DIEGO, CA 92123	NONE	PC	INCREASING COMMUNITY AWARENESS OF RADY CHILDRENS HOSPITAL	1,000
JACOBS & CUSHMAN SAN DIEGO FOOD BANK 9850 DISTRIBUTION AVENUE SAN DIEGO, CA 92121	NONE	PC	PURCHASING FOOD BANK SUPPLIES	3,000
A KID AGAIN 777-G DEARBORN PARK LANE COLUMBUS, OH 43085	NONE	PC	GRANTING CHILDREN WITH LIFE THREATENING ILLNESSES WISHES OF VISITING THEME PARKS AND OTHER IMPACTFUL ACTIVITIES	2,500
ELE'S PLACE1145 W OAKLAND AVENUE LANSING, MI 48915	NONE	PC	PEER SUPPORT PROGRAMS FOR CHILDREN COPING WITH THE DEATH OF PARENT, SIBLING OR LOVED ONE	2,500
CITY RESCUE MISSION OF LANSING 2216 S CEDAR STREET LANSING, MI 48910	NONE	PC	MEETING THE PHYSICAL AND SPIRITUAL NEEDS OF LOW INCOME AND HOMELESS IN THE GREATER LANSING AREA	2,500
<b>Total . . . . .</b> ▶ <b>3a</b>				152,000

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Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
PHILIPPIANS2 2385 OLD COLUMBUS ROAD LONDON, OH 43140	NONE	PC	PURCHASING FOOD, WATER, PERSONAL PRODUCTS, BLANKETS AND OTHER SUPPLIES FOR THE HOMELESS	2,500
ANGEL CITY PIT BULLSPO BOX 19944 LOS ANGELES, CA 90019	NONE	PC	TO ADDRESS THE PROBLEM OF OVERPOPULATION AND HIGH EUTHANASIA RATE OF PIT BULL TERRIER TYPE DOGS IN LOS ANGELES SHELTERS	1,000
MIRACLE MILE COMMUNITY PRACTICE 7461 BEVERLY BLVD LOS ANGELES, CA 90036	NONE	PC	PROVIDE AFFORDABLE, LOW COST THERAPY TO INDIVIDUALS, COUPLES, YOUTH, AND FAMILIES	1,000
<b>Total . . . . .</b> ▶ <b>3a</b>				152,000

**TY 2017 Accounting Fees Schedule****Name:** TZP CARES FOUNDATION**EIN:** 46-4210327**Accounting Fees Schedule**

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

**TY 2017 Legal Fees Schedule****Name:** TZP CARES FOUNDATION**EIN:** 46-4210327

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
LEGAL FEES	3,380	0		3,380

**TY 2017 Other Expenses Schedule****Name:** TZP CARES FOUNDATION**EIN:** 46-4210327**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FILING FEES	216	0		216
INSURANCE	866	0		866
SUPPLIES	223	0		223

**TY 2017 Other Liabilities Schedule****Name:** TZP CARES FOUNDATION**EIN:** 46-4210327

<b>Description</b>	<b>Beginning of Year - Book Value</b>	<b>End of Year - Book Value</b>
DUE TO TZP MANAGEMENT ASSOCIATES, LLC	0	7,746

**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)  
Department of the Treasury  
Internal Revenue Service

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

OMB No 1545-0047  
**2017**

**Name of the organization**  
TZP CARES FOUNDATION

**Employer identification number**  
46-4210327

**Organization type** (check one)

**Filers of:**

**Section:**

Form 990 or 990-EZ

- 501(c)( ) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup> 3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. . . . ▶ \$ \_\_\_\_\_

**Caution.** An organization that isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

<b>Name of organization</b> TZP CARES FOUNDATION	<b>Employer identification number</b> 46-4210327
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**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	VLADIMIR GUTIN <hr/> 440 WEST END AVENUE APT 7B <hr/> NEW YORK, NY 10024	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
2	TZP MANAGEMENT ASSOCIATES LLC <hr/> 7 TIMES SQUARE SUITE 4307 <hr/> NEW YORK, NY 10036	\$ 115,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
3	ROWAN FAMILY FOUNDATION <hr/> 927 5TH AVENUE <hr/> NEW YORK, NY 100212650	\$ 41,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
	<hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
	<hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
	<hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )

<b>Name of organization</b> TZP CARES FOUNDATION	<b>Employer identification number</b> 46-4210327
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**Part II** **Noncash Property** (See instructions) Use duplicate copies of Part II if additional space is needed

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

<b>Name of organization</b> TZP CARES FOUNDATION	<b>Employer identification number</b> 46-4210327
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ \_\_\_\_\_  
 Use duplicate copies of Part III if additional space is needed

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift Transferee's name, address, and ZIP 4	Relationship of transferor to transferee