Form **990**

(Rev January 2020)

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Section 501(c), 527, or 4947(a)(1) of the Interval D

Return of Organization Exempt From Income. College Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ► Go to www irs gov/Form990 for instructions and the latest information

2019 Open to Public Inspection

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Paid DAVID HUTMAN, CPA DAVID HUTMAN, CPA 12/17/20 self-employed P01289685 Preparer See Only 435 E COUNTY LINE RD Firm's address LAKEWOOD, NJ 08701-1426 May the IRS discuss this return with the preparer shown above? (see instructions) To Paperwork Reduction Act Notice, see the separate instructions	18 Total expenses Add lines 13–1 19 Revenue less expenses Subtra 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Si Part II Signature Block Under penalties of perjury, I declare that I hat true, correct, and complete Declaration of p	ubtract line 21 from line 20 ave examined this return, including accompanying schedules a preparer (other than officer) is based on all information of which	nd statements, and to the preparer has any knowled	0 0 0 best of my knowledg	3,843,048 52,483 End of Year 168,983 116,500 52,483
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Age Only 435 E COUNTY LINE RD Firm's address LAKEWOOD, NJ 08701-1426 May the IRS discuss this return with the preparer shown above? (see instructions) Tyes No. Tor Paperwork Reduction Act Notice, see the separate instructions	18 Total expenses Add lines 13–1 19 Revenue less expenses Subtra 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Si Part II Signature Block Under penalities of perjury, I declare that I hatrue, correct, and complete Declaration of p Signature Electrical Figure Signature Print/Type or print name and title Print/Type preparer's name	nn (A), lines 11a–11d, 11f–24e) 17 (must equal Part IX, column (A), line 25) act line 18 from line 12 ubtract line 21 from line 20 ave examined this return, including accompanying schedules a preparer (other than officer) is based on all information of which	nd statements, and to the preparer has any knowled	best of my knowledge II 15 2 Date	3,843,045 52,485 End of Year 168,985 116,500 52,485 ge and belief π's
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or Paperwork Reduction Act Notice, see the separate instructions	18 Total expenses Add lines 13–1 19 Revenue less expenses Subtra 18 Total expenses Add lines 13–1 19 Revenue less expenses Subtra 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Si Part II Signature Block Under penalties of perjury, I declare that I hat true, correct, and complete Declaration of p Signature Block True, correct, and complete Declaration of p Signature Block True, correct, and complete Declaration of p Part II Signature Block Under penalties of perjury, I declare that I hat true, correct, and complete Declaration of p Part II Signature Block Under penalties of perjury, I declare that I hat true, correct, and complete Declaration of p Part II Signature Block Under penalties of perjury, I declare that I hat true, correct, and complete Declaration of p Part II Signature Block Under penalties of perjury, I declare that I hat true, correct, and complete Declaration of p Part II Signature Block Under penalties of perjury, I declare that I hat true, correct, and complete Declaration of p Part II Signature Block Under penalties of perjury, I declare that I hat true, correct, and complete Declaration of p Part II Signature Block Under penalties of perjury, I declare that I hat true, correct, and complete Declaration of p	ubtract line 21 from line 20 ave examined this return, including accompanying schedules a preparer (other than officer) is based on all information of which Preparer's signature DAVID HUTMAN, CPA AN & HUTMAN LLP E COUNTY LINE RD	nd statements, and to the preparer has any knowled	best of my knowledge	3,843,048 52,483 End of Year 168,983 116,500 52,483 ge and belief π's PTIN P01289685 6-2557761
or Paperwork Reduction Act Notice, see the separate instructions AA Form 990 (20)	18 Total expenses Add lines 13–1 19 Revenue less expenses Subtra 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Si Part II Signature Block Under penalities of perjury, I declare that I hat true, correct, and complete Declaration of positive, correct, and complete Declaration of positive or print name and title Print/Type or print name and title Print/Type preparer's name DAVID HUTMAN, CPA Firm's name HUTM 435 Firm's address LAKET	ubtract line 21 from line 20 ave examined this return, including accompanying schedules a preparer (other than officer) is based on all information of which GINSBURG Preparer's signature DAVID HUTMAN, CPA AN & HUTMAN LLP E COUNTY LINE RD WOOD, NJ 08701-1426	nd statements, and to the preparer has any knowled	best of my knowledge	3,843,046 52,483 End of Year 168,983 116,500 52,483 ge and belief it is PTIN P01289685 6-2557761 2-961-627
	18 Total expenses Add lines 13–1 19 Revenue less expenses Subtra 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances S Part II Signature Block Under penalties of perjury, I declare that I has true, correct, and complete Declaration of p Signature Signature Block Under penalties of perjury, I declare that I has true, correct, and complete Declaration of p Signature Signature PECHEZKEL Type or print name and title Print/Type preparer's name DAVID HUTMAN, CPA Firm's name HUTM A35 Firm's address LAKE	ubtract line 21 from line 20 ave examined this return, including accompanying schedules a preparer (other than officer) is based on all information of which pavid hutman, cpa Preparer's signature pavid hutman, cpa AN & HUTMAN LLP E COUNTY LINE RD WOOD, NJ 08701-1426 preparer shown above? (see instructions)	nd statements, and to the preparer has any knowled	best of my knowledge	3,843,048 52,483 End of Year 168,983 116,500 52,483 ge and belief it is PTIN P01289685 6-2557761 2-961-627

Form 990 (2019)	TZUR FOUNDATION I	LC	83-3109108	Page 2
	tatement of Program Serv	•		
		a response or note to any line i	n this Part III	
TO COLL	SURE THAT THE NEE	DIEST OF THE COMMUN	LIES OF WIDOWS AND O ITY BE PROVIDED WITH D HAPPY LIFE CYCLE E	BASIC FOOD
prior Form 9	anization undertake any significant 1990 or 990-EZ? Scribe these new services on Scher	program services during the year which	were not listed on the	Yes X No
services?	enization cease conducting, or mak scribe these changes on Schedule	e significant changes in how it conducts	s, any program	Yes X No
4 Describe the expenses S	e organization's program service ac	complishments for each of its three larg anizations are required to report the ami	-	
HELP EN	ECT AND DISTRIBUT SURE THAT THE NEE	DIEST OF THE COMMUN) (Revenue \$ LIES OF WIDOWS AND O ITY BE PROVIDED WITH D HAPPY LIFE CYCLE E	BASIC FOOD
4b (Code N/A) (Expenses \$	including grants of \$) (Revenue \$)
		,		
4c (Code N/A) (Expenses \$	including grants of \$) (Revenue \$	
4d Other progra	am services (Describe on Schedule	0)		
(Expenses		iding grants of \$) (Revenue \$)
	m service expenses >	3,349,400		- 000
DAA				Form 990 (2019)

Yes No

Ghecklist of Required Schedules Part IV

- Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A
- 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?
- Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I
- Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II
- Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Ye's," complete Schedule C, Part III
- Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I
- Did the organization receive or hold a conservation easement, including easements to preserve open space. the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II
- Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III
- Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV
- Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V
- If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable
 - a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI
 - Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII
 - Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more С of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII
 - d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX
 - Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X
 - Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X
- 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D. Parts XI and XII
 - b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional
- Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 14a Did the organization maintain an office, employees, or agents outside of the United States?
- Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV
- 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F. Parts II and IV
- Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV
- Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)
- Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II
- Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III
- 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H
 - b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?
- 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

	Yes	No
1	X	
2	X.	
3		х
4		x
5	_	х
6	_	x
7		х
8		x
9		x
10		X
11a		x
11b		_x_
11c		х
11d	77	<u>x</u> _
11e	X	
11f		x
12a		x
401		X
12b		X
13 14a		X
144		
14b		X
15		X
16		x
17		x
18		X_
19		X
20a		_ X _
20b		
21	000	Х
For	m ササし	(2019)

_ <u>P</u>	art IV Checklist of Required Schedules (continued)		·——	~
			Yes	1,0
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			٠,
24-	employees? If "Yes," complete Schedule J	23	\vdash	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		├ ^
C	Did the organization milest any proceeds of tax-exempt boilds beyond a temporary period exception. Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
·	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	244		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	İ	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
-	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?		ĺ	ŀ
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes." complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27	<u> </u>	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part			
	IV instructions, for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	<u> </u>	X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			- v
24	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	32		x
33	complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32	-	
33	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	55		
•	or IV, and Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
_	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O	38	X	<u> </u>
Pa	art V Statements Regarding Other IRS Filings and Tax Compliance			L
	Check if Schedule O contains a response or note to any line in this Part V			<u>, []</u>
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 0			ļ
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			!
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		X

Page **5** Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 0 Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, X a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes" to line 5a or 5b, did the organization file Form 8886-T? С 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the X organization solicit any contributions that were not tax deductible as charitable contributions? 6a If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods X and services provided to the payor? 7a 7b If "Yes," did the organization notify the donor of the value of the goods or services provided? b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was X required to file Form 8282? 7с If "Yes," indicate the number of Forms 8282 filed during the year d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. 9a а Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter 10a Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b b 11 Section 501(c)(12) organizations. Enter 11a Gross income from members or shareholders а Gross income from other sources (Do not net amounts due or paid to other sources 11b against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13c Enter the amount of reserves on hand С X 14a Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or X 15 excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N X Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O

Form 990 (2019) TZUR FOUNDATION LLC

UIIII 990 (20	is) ILOI I CONDITION LLC	00 0200200	1 430
Part VI	Governance, Management, and	Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No	0"
	response to line 8a, 8b, or 10b below,	describe the circumstances, processes, or changes on Schedule O See instruc	ctions
	Check if Schedule O contains a response	nse or note to any line in this Part VI	X

Sec	tion A. Governing Body and Management						
						/Y,es	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	3				
	If there are material differences in voting rights among members of the governing body, or						
	if the governing body delegated broad authority to an executive committee or similar						
	committee, explain on Schedule O		ŀ				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	3				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with						
	any other officer, director, trustee, or key employee?				2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct						
	supervision of officers, directors, trustees, or key employees to a management company or other person?				3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed	>			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?				5		X
6	Did the organization have members or stockholders?				6		X_
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint						
	one or more members of the governing body?			7	'n		X_
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,						
	stockholders, or persons other than the governing body?			7	b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye	ar by	the follo	wing			
а	The governing body?	-		- 1	a	X	
b	Each committee with authority to act on behalf of the governing body?			[8	b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at						
-	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Inter	nal f	Revenu	ie Code)		
			•			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			1	0a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,						
_	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			1	0ь		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	the f	orm?	1	1a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			1	2a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to c	onflicts?	1	2b	$\overline{\mathbf{x}}$	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"						
_	describe in Schedule O how this was done			1	2c		Х
13	Did the organization have a written whistleblower policy?				13		X
14	Did the organization have a written document retention and destruction policy?				14		X
15	Did the process for determining compensation of the following persons include a review and approval by						
.5	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official			1	5a	X	ŀ
b	Other officers or key employees of the organization				5b	X	
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			ļ.			
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement						
IVa	with a taxable entity during the year?			1	6a		х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			<u>⊢</u>			_ <u></u> -
b	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the						
	organization's exempt status with respect to such arrangements?			1	6b		
500	tion C. Disclosure				<u> </u>		
	List the states with which a copy of this Form 990 is required to be filed ▶ NJ						
17	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (S	ection	501(a)				
18	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply	20001	. 551(6)				
46	Own website Another's website X Upon request Other (explain on Schedule O)	oot -	alian a=	al			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of inter-	est p	oncy, an	u			
	financial statements available to the public during the tax year	rda 🏲					
20	State the name, address, and telephone number of the person who possesses the organization's books and reco	as 📂					
	ECHEZKEL GINSBURG 414 SECOND STREET	١٦		732-	71	a_0	671
L	AKEWOOD NJ 0870	<u>, </u>		122-	<u>, 1</u>	<i>9</i> − 0	<u> </u>

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above

(A) Name and title	(B) Average hours per week (list any	bo: off	x, unle icer a	Pos check ess pe nd a c	erson i	than o s both r/trust	an ee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and	
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(VV-2/1099-IVISC)	(VV-2/1055-VIISC)	related organizations	
(1) YECHEZKEL GINSBU											
	40.00				ŀ			_			
TRUSTEE	0.00	X						0	135,723		
(2) ELIEZER GIBBER											
	5.00	1							_		
TRUSTEE	0.00	X						0	0		
(3) YISROEL TRESS	5.00			i							
TRUSTEE	0.00	x				ŀ		o	o		
(4)	0.00	Â			ļ						
(5)											
(6)				-							
(7)											
(8)					<u> </u>			-			
(9)											
(10)											

_Pa	rt VII Section A	. Officers	, Directors, Tru	ıstee	s, K	ey E	mpl	oyee	s, a	nd Highest Com	pensated	d Employees (continued)		٠.	-
	, (A) Name and title		(B) Average hours per week (list any	bo	x, unl	Pos check ess pe	rson	than o	ee)	(D) Reportable compensation from the organization	on n	(E) Reportable compensation from related organizations	Estimate of c compe , fron	other nsation n the	
			hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MI	SC)	(W-2/1099-MISC)	organiza related org	alion and ganization	
										;			· · · · · · · · · · · · · · · · · · ·		
									_						
1b	Subtotal	<u> </u>							•			135,723			
c	Total from continua	ation shee	ets to Part VII,	Sect	ion /	4			•	2 1	00				
_ <u>d</u>	Total (add lines 1b	and 1c)							•	1361	77	135,723			
2	Total number of indiversely reportable compensations					thos	e lıs	ted a	bove	e) who received n	nore than	\$100,000 of			
	reportable compens	ation from	the organization				-			•				Yes	No
3	Did the organization									ee, or highest con	npensate	d		ŀ	x
4	employee on line 1a For any individual lis									n and other comp	ensation	from the	3	 	^
	organization and rela	ated organ	nzations greater	thar	\$15	0,00	1 °00	f "Ye	s," c	omplete Schedul	e J for su	ch		ļ	x
5	individual Did any person listed	d on line 1	a receive or acc	rue (comi	oens	atıor	n fror	n an	v unrelated organ	nzation or	· ındıvıdual	4	+	
	for services rendered	d to the or	ganization? <i>If "</i>)										5		X
	on B. Independent C				1 - 1							the - \$400,000 of			
1	Complete this table to compensation from t										th or with	in the organization's tax ye	ear		
		Name and	(A) business address								Descrip	(B) tion of services		(C) compensa	ation
															
			. <u></u>				_								
	·		·····												
	Total number of inde	nondort (contractors (incli	udino	but	not l	limiti	ad to	thor	so listed above) w					

received more than \$100,000 of compensation from the organization ▶

Form 990 (2019) TZUR FOUNDATION LLC 83-3109108 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) (D) Revenue éxcluded Total revenue Unrelated from tax under sections 512 514 business revenue Contributions, Gifts, Grants and Other Similar Amounts 1a Federated campaigns 1a Membership dues 1b ź, c Fundraising events 1c d Related organizations 1d 1e e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 3,895,529 1f g Noncash contributions included in fines 1a-1f 1g |\$ ▶ 3,895,529 h Total. Add lines 1a-1f Business Code Program Service 2a b С d f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (ı) Real (II) Personal 6a Gross rents 6a 6b **b** Less rental expenses c Rental inc or (loss) 6c Net rental income or (loss) ▶ Gross amount from (II) Other (i) Securities sales of assets 7a other than inventory Revenue b Less cost or other basis and sales exps 7b c Gain or (loss) 7с \triangleright d Net gain or (loss) 8a Gross income from fundraising events (not including of contributions reported on line 1c) See Part IV, line 18 8a 8b b Less direct expenses c Net income or (loss) from fundraising events ▶ 9a Gross income from gaming activities See Part IV, line 19 9a b Less direct expenses 9b c Net income or (loss) from gaming activities ▶ 10a Gross sales of inventory, less returns and allowances 10a 10b b Less cost of goods sold c Net income or (loss) from sales of inventory **Business Code** 11a b С d All other revenue

▶

3,895,529

0

0

0

Total Add lines 11a-11d

Total revenue. See instructions

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (D) (A) (B) Do not include amounts reported on lines 6b, Total expenses Program service Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 7,500 75,626 ? 68,126 Other employee benefits Payroll taxes 10 Fees for services (nonemployees) Management Legal Accounting С Lobbying e Professional fundraising services See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column 7,940 1,935 6,005 (A) amount, list line 11g expenses on Schedule O) 12 Advertising and promotion 1,221 6,367 5,146 Office expenses 13 Information technology 14 Royalties 15 9,557 9,557 Occupancy 16 47,719 47,719 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance Other expenses Itemize expenses not covered 24 above (List miscellaneous expenses on line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) 3,271,915 3,271,915 **GRANTS** 243,615 LEASED EMPLOYEES 347,657 71,500 32,542 38,543 38,543 **GIFTS** C 35,004 4,050 30,954 BANK & CC FEES 2,331 387 2,718 All other expenses 3,349,400 399,611 3,843,046 94,035 25 Total functional expenses Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ following SOP 98-2 (ASC 958-720) Form 990 (2010) DAA

Part X Balance Sheet
Check if Schedule O

			(A)		(B)
	Cook and advant house	· · ·	Beginning of year		End of year 168,983
1	Cash—non-interest-bearing			2	100,90.
2	Savings and temporary cash investments			3	
3	Pledges and grants receivable, net			4	
4	Accounts receivable, net	officer director		-	
5	Loans and other receivables from any current or former				
	trustee, key employee, creator or founder, substantial co			5	
6	controlled entity or family member of any of these perso				
"	Loans and other receivables from other disqualified pers	•	1	6	
,	under section 4958(f)(1)), and persons described in section Notes and loans receivable, net	(10)(3)(1)		7	
7	Inventories for sale or use			8	·
8				9	
9	Prepaid expenses and deferred charges Land, buildings, and equipment cost or other	1 1		-	******
lua	basis Complete Part VI of Schedule D	10a			
١,	Less accumulated depreciation	10b		10c	
11	Investments—publicly traded securities	100		11	
12	Investments—publicly traded securities Investments—other securities See Part IV, line 11			12	•
13	Investments—program-related See Part IV, line 11		-	13	
14	Intangible assets			14	· · · · · · · · · · · · · · · · · · ·
15	Other assets See Part IV. line 11		15		
16	Total assets. Add lines 1 through 15 (must equal line 3)	0	16	168,983	
17	Accounts payable and accrued expenses	<u> </u>	17	100/300	
18	Grants payable			18	
19	Deferred revenue			19	
20	Tax-exempt bond liabilities			20	
21	Escrow or custodial account liability Complete Part IV of	of Schedule D		21	
22	Loans and other payables to any current or former office				
~~	trustee, key employee, creator or founder, substantial co				
	controlled entity or family member of any of these perso			22	
23	Secured mortgages and notes payable to unrelated third			23	
24	Unsecured notes and loans payable to unrelated third pa			24	
25	Other liabilities (including federal income tax, payables t				
	parties, and other liabilities not included on lines 17-24)			i	
	of Schedule D			25	116,500
26	Total liabilities. Add lines 17 through 25		0	26	116,500
	Organizations that follow FASB ASC 958, check here	×			
	and complete lines 27, 28, 32, and 33.				
27	Net assets without donor restrictions			27	52,483
28	Net assets with donor restrictions			28	
	Organizations that do not follow FASB ASC 958, che	eck here 🕨 📋			· · · -
	and complete lines 29 through 33.				
29	Capital stock or trust principal, or current funds			29	
30	Paid-in or capital surplus, or land, building, or equipmen	t fund		30	
31	Retained earnings, endowment, accumulated income, o			31	
32	Total net assets or fund balances		0	32	52,483
					168,983

Form **990** (2019)

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Form 990 (2019)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt chantable trust

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2019

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

TZUR FOUNDATION LLC

Employer identification number 83-3109108

	ırt <u>I</u>	Keas	on for Public Charity	Status (All organizations	must co	mpiete	<u>_this part) See instructio</u>	ns
The	orga	nization is not	a private foundation becaus	e it is (For lines 1 through 12, o	heck only	one box	:)	
1		A church, cor	nvention of churches, or ass	ociation of churches described	n section	170(b)(1)(A)(i).	1
2		A school des	cribed in section 170(b)(1)(A)(ıi). (Attach Schedule E (Forn	n 990 or 9	90-EZ))		
3	П	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).						
4	П	A medical res	search organization operated	d in conjunction with a hospital o	described	ın sectio	on 170(b)(1)(A)(iii). Enter the h	ospital's name,
		city, and state	e	•				·
5	\Box			of a college or university owned	or operate	ed by a q	overnmental unit described in	
	_	•	b)(1)(A)(iv). (Complete Part	•	·	, ,		
6		•		overnmental unit described in s	ection 17	0(b)(1)(A	s)(v)	
7	X	•	on that normally receives a section 170(b)(1)(A)(vi). (Co	substantial part of its support fro omplete Part II)	om a gove	ernmenta	I unit or from the general public	
8		A community	trust described in section 1	70(b)(1)(A)(vi). (Complete Part	H)			
9		-		cribed in section 170(b)(1)(A)(in fagriculture (see instructions)		-	•	ge
	$\overline{}$	university						
10		receipts from support from	activities related to its exem gross investment income ar) more than 33 1/3% of its support functions—subject to certain and unrelated business taxable in 0, 1975. See section 509(a)(2).	exception come (les	ns, and (2 ss section	2) no more than 33 1/3% of its 1 511 tax) from businesses	oss
11	\Box		•	exclusively to test for public safe	•		•	
12	Ħ	•	•	exclusively for the benefit of, to	•		, ,, ,	ses
		of one or mor	e publicly supported organiz	ations described in section 509 at describes the type of support	9(a)(1) or	section (509(a)(2). See section 509(a)((3).
	а		=	erated, supervised, or controlled				
	the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the							
		supportin	g organization You must co	omplete Part IV, Sections A a	nd B.			
	b	Type II.	A supporting organization su	pervised or controlled in connec	tion with	its suppo	rted organization(s), by having	
				ting organization vested in the s	ame pers	ons that	control or manage the support	ed
		$\overline{}$	ion(s) You must complete	•				
	С			upporting organization operated tructions) You must complete				uth,
	d	_		I. A supporting organization ope				on(s)
				organization generally must sa				
		requirem	ent (see instructions) You n	nust complete Part IV, Section	ns A and	D, and P	art V.	
	е			eived a written determination fro			s a Type I, Type II, Type III	
				n-functionally integrated support	ing organ	ization		
	f	_	nber of supported organizati		٠			<u> </u>
	g		ollowing information about th		(114) In the a			
(1)		e of supported anization	(ii) EIN	(iii) Type of organization (described on lines 1–10	(IV) Is the o		(v) Amount of monetary support (see	(vi) Amount of other support (see
	٠.۶			above (see instructions))	docur	-	instructions)	instructions)
		_			Yes	No		
(A)								
(B)								
(C)								
(C)								
(D)								-
(E)		_						
			· · · · · · · · · · · · · · · · · · ·	 				<u> </u>
Total	ı							

Schedule A (Form 990 or 990-EZ) 2019 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support	tano to quanty	under the teet	o noted below,	piedee compiet	<u>are in j</u>		
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019)	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")					3,895	,529	3,895,529
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3			ļ	 	3 <u>,</u> 895	,529	3,895,529
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							430,774
6	Public support. Subtract line 5 from line 4	-						3,464,755
Sec	tion B. Total Support							
Caler	idar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019		(f) Total
7	Amounts from line 4			<u> </u>		3,895	,529	3,895,529
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)							
11	Total support. Add lines 7 through 10			?	<u></u>			3,895,529
12	Gross receipts from related activities, etc	(see instructions)				Ĺ	12	
13	First five years. If the Form 990 is for the	•	t, second, third, fo	ourth, or fifth tax ye	ar as a section 501	I(c)(3)		. (==
800	organization, check this box and stop her		to a o		· 			<u>▶</u> X
	tion C. Computation of Public Su	· · · · · · · · · · · · · · · · · · ·					44	
14 15	Public support percentage for 2019 (line 6 Public support percentage from 2018 Scho	, ,	•	nn (t))		-	15	<u>%</u> %
	33 1/3% support test—2019. If the organ			13 and line 14 is	33 1/3% or more 7	L check this	13	
100	box and stop here. The organization quali				55 17570 of more, c	SHOOK tins		▶ □
b	33 1/3% support test—2018. If the organ				15 is 33 1/3% or m	ore, check		٠ ـــ
•	this box and stop here. The organization of					,		▶ □
17a	10%-facts-and-circumstances test—201				6a, or 16b, and line	e 14 is		. Ш
	10% or more, and if the organization meet	s the "facts-and-ci	rcumstances" tes	t, check this box ai	nd stop here. Expl	ain in		
	Part VI how the organization meets the "fa							
	organization							▶ □
b	10%-facts-and-circumstances test—201	8. If the organizati	on did not check	a box on line 13, 10	6a, 16b, or 17a, an	d line		_
	15 is 10% or more, and if the organization	meets the "facts-a	ind-circumstance	s" test, check this t	oox and stop here.			
	Explain in Part VI how the organization me	ets the "facts-and	-circumstances" t	est The organizati	on qualifies as a pi	ublicly		
	supported organization							
18	Private foundation If the organization did	I not check a box of	on line 13, 16a, 16	6b, 17a, or 17b, ch	eck this box and se	ee		
	instructions							

Part III Support Schedule for Organizations Described in Section 509(a)(2)

dabbarraanana sa arammanana masarra/	
(Complete only if you checked the box on line 10	of Part I or if the organization failed to qualify under Part II
If the organization fails to qualify under the tests	listed below, please complete Part II)

866	tion A Public Support	quality under tr	ie resis úsigo r	eiow, piease co	impiete Part II	1	
	tion A. Public Support	(a) 2015	(b) 20de	(a) 2017	(d) 2019	(a) 2010	(6) Total
	dar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge		,				
6	Total Add lines 1 through 5			1			
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b			 			-
8	Public support. (Subtract line 7c from line 6)						
	tion B. Total Support			· · · · · · · · · · · · · · · · · · ·		r	
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6			 			
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)			V			
13	Total support (Add lines 9, 10c, 11, and 12)				\		
14	First five years. If the Form 990 is for the	organization's first	t, second, third, fo	urth, or fifth tax veai	r as a section 50	1(c)(3)	
	organization, check this box and stop her	-	. ,				
Sec	tion C. Computation of Public Su		tage				
15	Public support percentage for 2019 (line 8	, column (f), divide	ed by line 13, colur	mń (f))		15	5 %
16	Public support percentage from 2018 Sch				1	16	%
	tion D. Computation of Investme						
17	Investment income percentage for 2019 (I			3, column (f))		17	%
18	Investment income percentage from 2018		· ·		\	18	3 %
19a	33 1/3% support tests—2019 If the orga	nization did not ch	eck the box on line	e 14, and line 15 is r	more than 33 1/3	%, and line	— —
	17 is not more than 33 1/3%, check this be	ox and stop here.	The organization	qualifies as a public	ly suppdrted orga	inization	► Li
b	33 1/3% support tests—2018. If the orga				1		. [7
	line 18 is not more than 33 1/3%, check the		_			-	▶ [_]
20	Private foundation. If the organization did	d not check a box	on line 14, 19a, or	19b, check this box	and see ihstruct	ions	▶ [_]

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A. D. and E. If you checked 12d of Part I, complete Sections A and D. and complete Part V.)

Sact	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complion A. All Supporting Organizations	iele Parl V	<i>!</i>	
Seci	ion A. An Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing		, , , ,	
•	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
-	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2)	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination	ſ		
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"		-	
	answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,			
	(III) the authority under the organization's organizing document authorizing such action, and (IV) how the action			
	was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only Was any added or substituted supported organization part of a class already	ŀ		
	designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	İ		
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	_6_		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity			
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more	i		
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a	1	
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c	<u> </u>	
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below	10a	<u> </u>	
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			
	determine whether the organization had excess business holdings)	10b	l	

Pai	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		Ì	
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c		
	ion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	1		
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	' i	ĺ	
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	ſ	1	
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2		
Sect	ion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1		
Sect	ion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the]	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's		i	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		
Sect	ion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction)	ons)		
	- .			
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
_	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		

1 2

3 4

5

Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	_6		
Check here if the current year is the organization's first as a non-functionally integrated	Гуре II	I supporting organization (s	ee
instructions)			

ľ

Adjusted net income for prior year (from Section A, line 8, Column A)

Minimum asset amount for prior year (from Section B, line 8, Column A)

Enter 85% of line 1

Enter greater of line 2 or line 3

Income tax imposed in prior year

Schedule A (Form 990 or 990-EZ) 2019

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)					
Sect	Current Year				
1_	Amounts paid to supported organizations to accomplish exempt purpo	ses			
2	Amounts paid to perform activity that directly furthers exempt purposes	s of supported]	
	organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt purposes of supp	orted organizations			
4	Amounts paid to acquire exempt-use assets				
5	Qualified set-aside amounts (prior IRS approval required)				
6	Other distributions (describe in Part VI) See instructions				
7	Total annual distributions. Add lines 1 through 6				
8	Distributions to attentive supported organizations to which the organization	ation is responsive			
	(provide details in Part VI) See instructions				
9	Distributable amount for 2019 from Section C, line 6		· <u> </u>		
10	Line 8 amount divided by line 9 amount				
	Section E - Distribution Allocations (see instructions)	ِرْ (۱) Excess Distributions	(iı) Underdistributions Pre-2019	(iii) Distributable Amount for 2019	
1	Distributable amount for 2019 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required-explain in Part VI) See instructions				
3	Excess distributions carryover, if any, to 2019				
a	From 2014				
b	From 2015				
c	From 2016				
<u>d</u>	From 2017				
е	From 2018	<u> </u>	. <u> </u>		
f	Total of lines 3a through e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2019 distributable amount				
i	Carryover from 2014 not applied (see instructions)				
1	Remainder Subtract lines 3g, 3h, and 3i from 3f				
4	Distributions for 2019 from				
	Section D, line 7 \$				
<u>a</u>	Applied to underdistributions of prior years				
<u>b</u>	Applied to 2019 distributable amount				
с	Remainder Subtract lines 4a and 4b from 4				
5	Remaining underdistributions for years prior to 2019, if	, ,			
	any Subtract lines 3g and 4a from line 2 For result				
	greater than zero, explain in Part VI See instructions				
6	Remaining underdistributions for 2019 Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI See instructions				
7	Excess distributions carryover to 2020. Add lines 3j and 4c				
8	Breakdown of line 7				
	Excess from 2015				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	<u> </u>	<u> </u>	Schedule	A (Form 990 or 990-EZ) 2019	

Schedule A (Form 990 or 990-EZ) 2019

TZUR FOUNDATION LLC

83-3109108

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Part VI

Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b 3a, and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

▶ Go to www irs gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

Name	Name of the organization			Employer identification number		
m	MOUD FOIDING MICH II C			83-3109108		
	ZUR FOUNDATION LLC Int I Organizations Maintaining Donor Advised Fu	unde or Other Similar Funds or A				
Ра	Complete if the organization answered "Yes" on	Form 990. Part IV. line 6	CCOunt) ,		
		(a) Donor advised funds	(b)	Funds and other accounts		
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in writing the	at the assets held in donor advised		·		
Ū	funds are the organization's property, subject to the organization's exc			☐ Yes ☐ No		
6	Did the organization inform all grantees, donors, and donor advisors in	•				
_	only for charitable purposes and not for the benefit of the donor or dor	-				
	conferring impermissible private benefit?	,,,,,		Yes No		
Pa	art II Conservation Easements.		. =			
	Complete if the organization answered "Yes" on	Form 990, Part IV, line 7				
1	Purpose(s) of conservation easements held by the organization (chec	k all that apply)				
	Preservation of land for public use (for example, recreation or edu	<u> </u>	important l	and area		
	Protection of natural habitat	Preservation of a certified his	toric struct	ture		
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualified consi	ervation contribution in the form of a conse	rvation			
	easement on the last day of the tax year		F T	Held at the End of the Tax Year		
а	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easements	•	2b			
С	Number of conservation easements on a certified historic structure inc	cluded in (a)	2c			
d						
	historic structure listed in the National Register		2d			
3	Number of conservation easements modified, transferred, released, e	xtinguished, or terminated by the organizat	tion during	the		
	tax year ▶					
4	Number of states where property subject to conservation easement is	located >				
5	Does the organization have a written policy regarding the periodic model	nitoring, inspection, handling of				
	violations, and enforcement of the conservation easements it holds?			Yes No		
6	Staff and volunteer hours devoted to monitoring, inspecting, handling	of violations, and enforcing conservation ea	asements :	during the year		
	>					
7	Amount of expenses incurred in monitoring, inspecting, handling of vio	olations, and enforcing conservation easen	nents durin	g the year		
	▶ \$					
8	Does each conservation easement reported on line 2(d) above satisfy	the requirements of section 170(h)(4)(B)(i))			
	and section 170(h)(4)(B)(ii)?			Yes No		
9	In Part XIII, describe how the organization reports conservation easen	nents in its revenue and expense statemen	it and			
	balance sheet, and include, if applicable, the text of the footnote to the	e organization's financial statements that d	escribes th	ne		
_	organization's accounting for conservation easements	Historia I Tarana an Othan	Dissiles (
Pa	Organizations Maintaining Collections of Art Complete if the organization answered "Yes" on		Similar A	Assets.		
1a	If the organization elected, as permitted under FASB ASC 958, not to			DIKS		
	of art, historical treasures, or other similar assets held for public exhib		oi public			
_	service, provide in Part XIII the text of the footnote to its financial state		noot works	of		
þ	If the organization elected, as permitted under FASB ASC 958, to rep					
art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service,				vice,		
	provide the following amounts relating to these items			¢		
	(i) Revenue included on Form 990, Part VIII, line 1			\$ \$		
•	(ii) Assets included in Form 990, Part X	or other similar agents for financial actions	wida tha	Ψ		
2	If the organization received or held works of art, historical treasures, or		viue tile			
_	following amounts required to be reported under FASB ASC 958 relat	ing to these items		¢		
a	Revenue included on Form 990, Part VIII, line 1		P	\$		
<u>b</u>	Assets included in Form 990, Part X		<u> </u>			

	a coordinate property	(4) 000.0.0.0.0.0.0	(-,	1-7	(-,
		(investment)	(other)	depreciation	
1a	Land		<u> </u>		
b	Buildings		<u> </u>		
С	Leasehold improvements				
ď	Equipment				
е	Other				
otal	. Add lines 1a through 1e (Column (d) must ear	ual Form 990. Part X. colu	mn (B), line 10c)	•	

Part VII	Investments – Other Securities.			
	Complete if the organization answered "Yes" or	Form 990, Part IV, III	ne 11b See Form 990, F	Part X, line 12
	(a) Description of security or category	(b) Book value	(c) Method o	
	(including name of security)		Cost or end-of-ye	ar market value
(1) Financial of	derivatives			
(2) Closely he	eld equity interests			
(3) Other				
(A)				<u> </u>
(B)				
(C)				
(D)		-		
			- 	<u></u>
(E)		· · · · · · · · · · · · · · · · · · ·		
(F)			<u> </u>	
(G)				
(H)			_	
	n (b) must equal Form 990, Part X, col (B) line 12)			
Part VIII	Investments – Program Related.			
	Complete if the organization answered "Yes" or	ı Form 990, Part IV, lı	ne 11c See Form 990, F	Part X, line 13
	(a) Description of investment	(b) Book value	(c) Method o	fvaluation
			Cost or end-of-year	ar market value
(1)				
(2)	·	<u> </u>		
(3)				
			 	
(4)				
(5)				
(6)			- 	
<u>(7)</u>				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col (B) line 13)	·		
Part IX	Other Assets.			
ı	 Complete if the organization answered "Yes" or 	n Form 990, Part IV, III	ne 11d See Form 990, F	Part X, line 15
	(a) Description			(b) Book value
(1)				
(2)		<i>\$</i>		
(3)		·		
(4)				
(5)				- 10 -
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col (B) line 15)		•	
Part X	Other Liabilities.			
	Complete if the organization answered "Yes" or	n Form 990, Part IV, III	ne 11e or 11f See Form	990, Part X,
	line 25			
1.	(a) Description of liability			(b) Book value
	income taxes			
	S PAYABLE			116,500
				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col (B) line 25)	:	>	116,500
	uncertain tax positions In Part XIII, provide the text of the for	otnote to the organization's	financial statements that repo	
-	liability for uncertain tax positions under FASB ASC 740 Chi			

Sche	dule D (Form 990) 2019 TZUR FOUNDATION LLC	83	-3109108	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial St	atements With Rever	nue per Return.	
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 12a		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	,		
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	
Pa	rt XII Reconciliation of Expenses per Audited Financial S	tatements With Expe	enses per Return.	
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 12a		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
С	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	')	5	

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line

2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Part XIII Supplemental Information (continued)

Schedule D (Form 990) 2019

SCHEDULE O (Form 990 or 990-EZ) Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

Employer identification number

Name of the organization

TZUR FOUNDATION LLC

83-3109108

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
DRAFT OF RETURN IS SUBMITTED TO THE BOARD OF TRUSTEES FOR REVIEW AND
APPROVAL PRIOR TO FILING.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL ORGANIZATION REQUIRES VOTE BY FULL BOARD OF DIRECTORS BEFORE APPROVING ANY ADDITIONAL COMPENSATION.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

ORGANIZATION REQUIRES VOTE BY FULL BOARD OF DIRECTORS BEFORE APPROVING ANY

ADDITIONAL COMPENSATION TO OFFICERS OR KEY EMPLOYEES.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON WRITTEN REQUEST.

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