

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.
 ▶ Go to www.irs.gov/Form990PF for instructions and the latest information.

OMB No 1545-0052
2018
Open to Public Inspection

For calendar year 2018, or tax year beginning 01-01-2018 , and ending 12-31-2018

Name of foundation TZP CARES FOUNDATION		A Employer identification number 46-4210327	
Number and street (or P O box number if mail is not delivered to street address) 7 TIMES SQUARE NO 4307		B Telephone number (see instructions) (212) 398-0300	
City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10036		C If exemption application is pending, check here <input type="checkbox"/>	
G 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		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>	
H 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		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶ \$ <u>71,317</u>		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	
J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ <i>(Part I, column (d) must be on cash basis)</i>			

Part I Analysis of Revenue and Expenses <i>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))</i>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)	157,500			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities				
	5a Gross rents				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10				
	b Gross sales price for all assets on line 6a _____				
	7 Capital gain net income (from Part IV, line 2)			0	
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
b Less Cost of goods sold					
c Gross profit or (loss) (attach schedule)					
11 Other income (attach schedule)					
12 Total. Add lines 1 through 11	157,500		0		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc	0		0	0
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)	3,500		0	3,500
	c Other professional fees (attach schedule)				
	17 Interest				
	18 Taxes (attach schedule) (see instructions)				
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule)	1,315		0	1,315
	24 Total operating and administrative expenses. Add lines 13 through 23	4,815		0	4,815
	25 Contributions, gifts, grants paid	147,000			147,000
26 Total expenses and disbursements. Add lines 24 and 25	151,815		0	151,815	
27 Subtract line 26 from line 12					
a Excess of revenue over expenses and disbursements	5,685				
b Net investment income (if negative, enter -0-)			0		
c Adjusted net income (if negative, enter -0-)					

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing	71,805	42,467	42,467
	2 Savings and temporary cash investments			
	3 Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	4 Pledges receivable ▶ _____ 28,850 Less allowance for doubtful accounts ▶ _____	700	28,850	28,850
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7 Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments—U S and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule)			
	c Investments—corporate bonds (attach schedule)			
	11 Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)			
	14 Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
15 Other assets (describe ▶ _____)				
16 Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	72,505	71,317	71,317	
Liabilities	17 Accounts payable and accrued expenses	3,500	3,500	
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶ _____)	7,746	873	
	23 Total liabilities (add lines 17 through 22)	11,246	4,373	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.			
	24 Unrestricted	61,259	66,944	
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds			
	28 Paid-in or capital surplus, or land, bldg , and equipment fund			
29 Retained earnings, accumulated income, endowment, or other funds				
30 Total net assets or fund balances (see instructions)	61,259	66,944		
31 Total liabilities and net assets/fund balances (see instructions) .	72,505	71,317		

Part III Analysis of Changes in Net Assets or Fund Balances		
1 Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	61,259
2 Enter amount from Part I, line 27a	2	5,685
3 Other increases not included in line 2 (itemize) ▶ _____	3	0
4 Add lines 1, 2, and 3	4	66,944
5 Decreases not included in line 2 (itemize) ▶ _____	5	0
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6	66,944

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.
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
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/
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 and enter the amount of tax-exempt interest received or accrued during the year 15

16 At any time during calendar year 2018, 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 the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes", enter the name of the foreign country

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?
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?
(6) Agree to pay money or property to a government official? (Exception. Check "No" 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).
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
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 2018?
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 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2018? If "Yes," list the years
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)
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?
b If "Yes," did it have excess business holdings in 2018 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 2018).
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?
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 2018?

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 2018, 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)

	Tax year				(e) Total
	(a) 2018	(b) 2017	(c) 2016	(d) 2015	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e 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 foundation 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

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 to individuals or organizations under other conditions, complete items 2a, b, c, and d See instructions

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	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)				
a <i>Paid during the year</i> See Additional Data Table				
Total				▶ 3a
b <i>Approved for future payment</i>				
Total				▶ 3b

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)				
a <i>Paid during the year</i>				
ADOPTIONS WITH LOVE 246 WALNUT STREET SUITE 103 NEWTON, MA 02458	NONE	PC	ADOPTION FACILITATION SERVICES ADOPTION FACILITATION SERVICES	1,000
ALLENDALE ASSOCIATION PO BOX 1088 GRAND AVENUE OFFIELD DRIVE LAKE VILLA, IL 60046	NONE	PC	THERAPEUTIC PROGRAMS AND SERVICES FOR TRAUMATIZED CHILDREN, TEENS, AND THEIR FAMILIES	3,000
ALS ASSOC CENTRAL & SOUTHERN OHIO CHAP 1170 OLD HENDERSON ROAD SUITE 221 COLUMBUS, OH 43220	NONE	PC	RESEARCH RELATED TO ALS	3,000
Total ▶ 3a				147,000

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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)				
a <i>Paid during the year</i>				
AMERICAN AMUSEMENT MACHINE CHAR FDN 450 E HIGGINS RD SUITE 201 ELK GROVE VILLAGE, IL 60007	NONE	PC	SUPPORTING CHARITIES FOCUSED ON CHILDREN, EDUCATION AND SCIENTIFIC PURPOSES	3,000
ANGEL FLIGHT WEST 3161 DONALD DOUGLAS LOOP SOUTH SANTA MONICA, CA 90405	NONE	PC	ARRANGING AIR TRANSIT WITHIN 13 WESTERN STATES FOR CHILDREN AND ADULTS WITH SERIOUS MEDICAL CONDITIONS AND OTHER COMPELLING NEEDS	3,000
AMERICAN HEART ASSOC LONG ISLAND CHAPTER 125 EAST BETHPAGE ROAD PLAINVIEW, NY 11803	NONE	PC	PROGRAMS SUPPORTING THE FIGHT AGAINST HEART DISEASE AND STROKE	1,000
Total ▶ 3a				147,000

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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)				
a <i>Paid during the year</i>				
ASSOCIATION FOR TECHNOLOGY DEPENDENT CHILDREN PO BOX 5052 HAUPPAUGE, NY 11788	NONE	PC	PROGRAMS AT ANGELA'S HOUSE	2,000
BAY HOPE CHURCH 17030 LAKESHORE RD LUTZ, FL 33558	NONE	PC	PROGRAMS SUPPORTING MORT ELEMENTARY KINDERGARTEN IN TAMPA, FLORIDA	1,000
BOY SCOUTS OF AMERICA SPIRIT OF ADVENTURE COUNSEL 600 WEST CUMMINGS PARK DRIVE SUITE 2750 WOBURN, MA 01801	NONE	PC	PROGRAMS AND FACILITIES RELATED TO THE SPIRIT OF ADVENTURE COUNCIL	3,000
Total ▶ 3a				147,000

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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)				
a <i>Paid during the year</i>				
BOYS & GIRLS CLUB-SPRINGFIELD LADY BALLERS 100 ACRON STREET SPRINGFIELD, MA 01109	NONE	PC	THE SPRINGFIELD LADY BALLERS GIRLS' BASKETBALL PROGRAM	1,400
BOYS AND GIRLS CLUB OF AMERICA 1275 PEACHTREE STREET ATLANTA, GA 30309	NONE	GROUP	PROGRAMS AND SERVICES FOR KIDS AND TEENS DURING OUT-OF-SCHOOL HOURS	3,000
BRIDGEPORT HOSPITAL FOUNDATION 1 NORTH WATER ST 302 NORWALK, CT 06854	NONE	PC	THE BRIDGEPORT HOSPITAL BURN UNIT	500
Total ▶ 3a				147,000

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Name and address (home or business)				
a <i>Paid during the year</i>				
BRIGHT PINK 670 N CLARK STREET SUITE 2 CHICAGO, IL 60654	NONE	PC	BREAST AND OVARIAN CANCER PREVENTION	1,300
CANCER HOUSE OF HOPE 1999 WESTFIELD STREET WEST SPRINGFIELD, MA 01089	NONE	PC	PROVIDING SERVICES AND THERAPIES TO PATIENTS WITH CANCER AND THEIR LOVED ONES	1,300
CHICAGO CARES 2 N RIVERSIDE PLAZA SUITE 1800 CHICAGO, IL 60606	NONE	PC	VOLUNTEER PROGRAMS IN THE CITY OF CHICAGO	1,300
Total				147,000

▶ **3a**

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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)				
a <i>Paid during the year</i>				
CITY MEALS ON WHEELS 355 LEXINGTON AVE NEW YORK, NY 10017	NONE	PC	PROVIDING WARM, FRESH MEALS DAILY TO THE ELDERLY COMMUNITY OF NEW YORK CITY	3,000
CITY OF REFUGE SACRAMENTO (COR) 3216 MARTIN LUTHER KING JR BLVD SACRAMENTO, CA 95817	NONE	PC	YOUTH OUTREACH AND INTERVENTION PROGRAMMING	500
CITY RESCUE MISSION OF LANSING 2216 S CEDAR ST LANSING, MI 48910	NONE	PC	PROVIDING FOOD AND SHELTER TO MEMBERS OF THE LANSING, MICHIGAN COMMUNITY	2,500
Total ▶ 3a				147,000

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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)				
a <i>Paid during the year</i>				
DAKIN HUMANE SOCIETYPO BOX 6307 SPRINGFIELD, MA 01101	NONE	PC	ANIMAL WELFARE SERVICES IN MASSACHUSETTS	1,400
COLUMBUS CITIZENS FOUNDATION INC 8 EAST 69TH STREET NEW YORK, NY 10021	NONE	PC	ARTS SCHOLARSHIP PROGRAMS	1,000
CREATE COMMON GOOD 2513 S FEDERAL WAY SUITE 100 BOISE, ID 83705	NONE	PC	FOODSERVICE SKILLS TRAINING AND JOB PLACEMENT ASSISTANCE	1,000
Total				147,000

▶ 3a

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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)				
a <i>Paid during the year</i>				
CYSTIC FIBROSIS FOUNDATION 4550 MONTGOMERY AVENUE SUITE 1100 N BETHESDA, MD 20814	NONE	PC	RESEARCH AND SUPPORT OF THOSE AFFECTED BY CYSTIC FIBROSIS	3,000
DANA FARBER CANCER INSTITUTE PO BOX 849168 ATTN CONTRIBUTION SERVICES BOSTON, MA 02284	NONE	PC	SUPPORTING CANCER CARE AND RESEARCH PROGRAMS	2,000
DIDI HIRSCH MENTAL HEALTH SERVICES 4760 S SEPULVEDA BLVD ATTN DEVELOPMENT DEPARTMENT CULVER CITY, CA 90230	NONE	PC	PROVIDING MENTAL HEALTH SERVICES IN UNDERSERVED COMMUNITIES	2,000
Total				147,000

▶ **3a**

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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)				
a <i>Paid during the year</i>				
DISABLED AMERICAN VETERANS 24 BEACON STREET SUITE 546 STATE HOUSE BOSTON, MA 02133	NONE	PC	HEALTH CARE SUPPORT FOR DISABLED VETERANS AND THEIR FAMILIES	1,300
END ABUSE 4 GOOD 85 BROAD STREET FLOOR 18 NEW YORK, NY 10004	NONE	PC	SUPPORTING VICTIMS OF DOMESTIC VIOLENCE AND ABUSE	1,000
EVERYTOWN FOR GUN SAFETY SUPPORT PO BOX 4184 NEW YORK, NY 10163	NONE	PC	EFFORTS TO END GUN VIOLENCE	1,000
Total ▶ 3a				147,000

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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)				
a <i>Paid during the year</i>				
DOMUS (FOR WORK AND LEARN) 83 LOCKWOOD AVENUE STAMFORD, CT 06902	NONE	PC	THE TRAFIGURA WORK AND LEARN BUSINESS CENTER	2,000
DRESS FOR SUCCESS 32 EAST 31ST STREET 7TH FLOOR NEW YORK, NY 10016	NONE	PC	PROGRAMS EMPOWERING WOMEN TO ACHIEVE ECONOMIC INDEPENDENCE	2,000
EPIC LI (EXTRAORDINARY PEOPLE IN CARE) 1500 HEMPSTEAD TURNPIKE EAST MEADOW, NY 11554	NONE	PC	SUPPORTING CHILDREN AND ADULTS WITH EPILEPSY	1,000
Total ▶ 3a				147,000

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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
a <i>Paid during the year</i>				
EVERY GIRL IS IMPORTANT 113 WEST 60TH STREET ROOM 1103 NEW YORK, NY 10023	NONE	PC	SECONDARY EDUCATION SUPPORT FOR GIRLS IN KENYA	500
FAIRFIELD COUNTY HOSPICE HOUSE ONE DEN ROAD STAMFORD, CT 06902	NONE	PC	THE FCHH'S VOLUNTEER PROGRAM	1,000
FELLOWSHIP OF CHRISTIAN ATHLETES 2005 EAST WINCHESTER BLVD COLLIERVILLE, TN 38017	NONE	GROUP	THE CITYCAMP PROGRAM	1,000
Total ▶ 3a				147,000

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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)				
a <i>Paid during the year</i>				
GIVE KIDS THE WORLD VILLAGE 210 BASS ROAD KISSIMMEE, FL 34746	NONE	PC	WORK IN PARTNERSHIP WITH WISH-GRANTING ORGANIZATIONS TO IMPROVE OVERALL EXPERIENCES FOR CHILDREN IN THOSE PROGRAMS	2,500
FOLDS OF HONOR MINNESOTA 372 FERNDAL RD SOUTH WAYZATA, MN 55391	NONE	PC	EDUCATIONAL SUPPORT TO SPOUSES AND CHILDREN OF DECEASED AND DISABLED SERVICE MEMBERS	3,000
FOOD ALLERGY RESEARCH & EDUCATION (FARE) 7901 JONES BRANCH DRIVE SUITE 240 MCLEAN, VA 22102	NONE	PC	IMPROVING THE QUALITY OF LIFE AND HEALTH OF INDIVIDUALS WITH FOOD ALLERGIES	1,000
Total				147,000

▶ 3a

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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)				
a <i>Paid during the year</i>				
FRIENDS OF THE FAMILY 16861 PARTHENIA STREET NORTH HILLS, CA 91343	NONE	PC	PROGRAMS IN SUPPORT OF DISADVANTAGED FAMILIES	1,000
HOUSE OF PEACE SHELTER 450 KELLER AVENUE WAUKEGAN, IL 60085	NONE	GROUP	HOUSING AND COUNSELING FOR WOMEN AND CHILDREN WHO HAVE EXPERIENCED TRAUMA AND VIOLENCE	3,000
INJURED POLICE OFFICER'S FUND 9330 W LAKE MEAD BOULAVARD 130 LAS VEGAS, NV 89134	NONE	PC	PROVIDING MONETARY ASSISTANCE TO POLICE OFFICERS AND THEIR FAMILIES IN THE EVENT OF A LINE-OF-DUTY INJURY OR DEATH	3,000
Total ▶ 3a				147,000

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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)				
a <i>Paid during the year</i>				
JACOBS & CUSHMAN SAN DIEGO FOOD BANK 9850 DISTRIBUTION AVENUE SAN DIEGO, CA 92121	NONE	PC	PROVIDING FOOD TO MEMBERS OF THE GREATER SAN DIEGO COMMUNITY	3,000
GIFT OF ADOPTION PO BOX 567 2001 WAUKEGAN ROAD 5TH FLOOR TECHNY, IL 60082	NONE	GROUP	ADOPTION ASSISTANCE GRANTS	1,000
GREATER BOSTON FOOD BANK 70 SOUTH BAY AVENUE BOSTON, MA 02118	NONE	PC	PROVIDING NUTRITIOUS MEALS TO PEOPLE IN NEED	2,500
Total ▶ 3a				147,000

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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)				
a <i>Paid during the year</i>				
JUVENILE DIABETES RESEARCH FOUNDATION 811 WILSHIRE BLVD SUITE 1600 LOS ANGELES, CA 90017	NONE	PC	RESEARCH RELATED TO TYPE 1 DIABETES	1,000
HABITAT FOR HUMANITY CHICAGO 1100 WEST CERMAK RD 404 CHICAGO, IL 60608	NONE	PC	HOUSING, BEAUTIFICATION AND DEVELOPMENT PROGRAMS IN THE CITY OF CHICAGO	1,000
MAKE A WISH FOUNDATION 1702 E HIGHLAND AVENUE SUITE 400 PHOENIX, AZ 85016	NONE	PC	GRANTING WISHES OF CHILDREN DIAGNOSED WITH LIFE-THREATENING MEDICAL CONDITIONS	2,000
Total ▶ 3a				147,000

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)				
a <i>Paid during the year</i>				
MARC LUSTGARTEN PANCREATIC CANCER FOUNDATION 415 CROSSWAYS PARK DRIVE SUITE D WOODBURY, NY 11797	NONE	PC	RESEARCH AND SERVICES RELATED TO PANCREATIC CANCER	1,000
HAVE A HEART CHILDREN'S CANCER SOCIETY 61-A RAILROAD AVENUE SAYVILLE, NY 11782	NONE	PC	PROVIDING FINANCIAL SUPPORT TO THE FAMILIES OF CHILDREN WITH CANCER	2,000
MEALS ON WHEELS OF STATEN ISLAND 304 PORT RICHMOND AVENUE STATEN ISLAND, NY 10302	NONE	PC	PROVIDING NUTRITIOUS MEALS AND HUMAN CONNECTION TO THE ELDERLY OF STATEN ISLAND	2,000
Total ▶ 3a				147,000

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

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Name and address (home or business)				
a <i>Paid during the year</i>				
MERIDIAN HEALTH FOUNDATION 1340 CAMPUS PARKWAY BUILDING C UNIT 4 NEPTUNE, NJ 07753	NONE	PC	SUPPORTING THE SERVICES OF HOSPITAL AND HEALTHCARE AFFILIATES IN MONMOUTH, OCEAN AND MIDDLESEX COUNTIES IN NEW JERSEY	3,000
HELPING PAWS INCPO BOX 634 HOPKINS, MN 55343	NONE	PC	BREEDING, TRAINING AND PLACEMENT OF ASSISTANCE DOGS WITH PEOPLE WHO HAVE PHYSICAL DISABILITIES AND PEOPLE WITH PTSD	2,000
IREM SACRAMENTO VALLEY FOUNDATION PO BOX 509 CLARKSBURG, CA 95612	NONE	PC	TRAINING, MENTORING AND JOB PLACEMENT ASSISTANCE IN THE FIELD OF PROPERTY MANAGEMENT	500
Total ▶ 3a				147,000

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Name and address (home or business)				
a <i>Paid during the year</i>				
NAVY SEAL FOUNDATION 1619 D STREET VIRGINIA BEACH, VA 23459	NONE	PC	SUPPORT AND PRESERVATION OF THE NAVAL SPECIAL WARFARE FORCE AND THEIR FAMILIES	2,500
NEVADA MILITARY SUPPORT ALLIANCE 539 RIVERSIDE DRIVE RENO, NV 89503	NONE	PC	SUPPORTING NEVADA'S ARMED FORCES MEMBERS, VETERANS, AND THEIR FAMILIES	2,500
JEWISH VOCATIONAL SERVICE SOCAL 6505 WILSHIRE BLVD SUITE 200 LOS ANGELES, CA 90048	NONE	PC	THE WOMEN'S LEADERSHIP NETWORK	3,000
Total ▶ 3a				147,000

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

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Name and address (home or business)				
a <i>Paid during the year</i>				
MAKE A WISH FOUNDATION OF NJ 1384 PERRINEVILLE ROAD MONROE TWP, NJ 08831	NONE	PC	FULFILLING WISHES OF SERIOUSLY ILL CHILDREN	3,000
MY LITTLE BUDDY'S BOAT 965 HAMMOND STREET CHESTNUT HILL, MA 02467	NONE	PC	SUPPORTING EDUCATION PROGRAMS AND ACTIVITIES FOR THOSE LIVING WITH AUTISM	1,000
PHILIPPIANS2 2385 OLD COLUMBUS ROAD LONDON, OH 43140	NONE	PC	PROVIDING FOOD, CLOTHING AND BASIC NEEDS TO THE HOMELESS OF CENTRAL OHIO	2,500
Total				147,000

▶ **3a**

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

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Name and address (home or business)				
a <i>Paid during the year</i>				
NATIONAL KIDNEY FOUNDATION 30 EAST 33RD STREET NEW YORK, NY 10016	NONE	GROUP	PROGRAMS PROMOTING AWARENESS, PREVENTION AND TREATMENT OF KIDNEY DISEASE	1,000
OPEN DOOR SHELTER-BLDG LIVES INITIATIVE AT SMILOW LIFE 4 MERRIT STREET NORWALK, CT 06854	NONE	PC	SCHOLARSHIPS FOR YOUTH PARTICIPATING IN THE JOB TRAINING PROGRAM	2,000
PERKINS SCHOOL FOR THE BLIND 175 NORTH BEACON STREET WATERTOWN, MA 02472	NONE	PC	PROGRAMS DESIGNED TO IMPROVE THE LIVES OF PEOPLE WITH BLINDNESS AND DEAFBLINDNESS	1,000
Total				147,000

▶ **3a**

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

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Name and address (home or business)				
a <i>Paid during the year</i>				
RACHEL MOLLY MARKOFF FDN - ART IN GIVING 33 CHESTNUT STREET WELLESLEY, MA 02481	NONE	PC	FUNDING LEADING PEDIATRIC RESEARCHERS ACROSS THE US	1,000
SHELIA DANIELS CHRISTIAN ACADEMY 3601 NORTH LEWIS AVENUE WAUKEGAN, IL 60087	NONE	PC	INSTALLATION OF A PLAYGROUND	2,000
ROSIE'S PLACE 889 HARRISON AVE BOSTON, MA 02118	NONE	PC	SERVICES IN SUPPORT OF POOR AND HOMELESS WOMEN IN THE CITY OF BOSTON	2,500
Total ▶ 3a				147,000

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Name and address (home or business)				
a <i>Paid during the year</i>				
SPECIAL OLYMPICS 1133 19TH STREET NW WASHINGTON, DC 20036	NONE	PC	ATHLETIC PROGRAMS FOR PEOPLE WITH DISABILITIES	1,000
ST MARY'S CHILD CENTER 901 DR MARTIN LUTHER KING JR STREET INDIANAPOLIS, IN 46202	NONE	PC	PROGRAMS SUPPORTING EARLY CHILDHOOD EDUCATION	1,000
THE EGER FOUNDATION 140 MEISNER AVENUE STATEN ISLAND, NY 10306	NONE	PC	DELIVERY OF POST-HOSPITAL, LONG-TERM AND END-OF-LIFE CARE AND SUPPORT SERVICES FOR STATEN ISLAND COMMUNITIES	2,000
Total ▶ 3a				147,000

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

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Name and address (home or business)				
a <i>Paid during the year</i>				
ROTARY CLUB OF NEWTON MA BRAEBURN COUNTRY CLUB 326 FULLER STREET NEWTON, MA 02465	NONE	PC	TECH SCHOLARSHIPS AND THE SUMMER READING PROGRAM	1,000
THE PIGGYBACK FOUNDATION PO BOX 436 NORWALK, OH 44857	NONE	PC	THE FAMILY COUNTS PROGRAM	2,500
THE SALVATION ARMY OF GREENSBORO NC 1311 S EUGENE STREET GREENSBORO, NC 27406	NONE	PC	COMMUNITY CENTERS AND SOCIAL SERVICES PROGRAMS IN GREENSBORO, NORTH CAROLINA	1,000
Total ▶ 3a				147,000

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

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Name and address (home or business)				
a <i>Paid during the year</i>				
TRINITY'S SERVICES & FOOD FOR THE HOMELESS 602 E 9TH STREET NEW YORK, NY 10009	NONE	PC	REGULAR FOOD ASSISTANCE AND SERVICES FOR THE HOMELESS	1,000
SAN DIEGO HUMANE SOCIETY 5500 GAINES STREET SAN DIEGO, CA 92110	NONE	PC	PROGRAMS AND SERVICES SUPPORTING ANIMAL WELFARE IN THE GREATER SAN DIEGO AREA	3,000
SKILLS USA - CT39 WOODLAND STREET HARTFORD, CT 06105	NONE	PC	PROGRAMS IN SUPPORT OF STUDENTS PREPARING FOR TECHNICAL, SKILLED AND SERVICE CAREERS	1,500
Total ▶ 3a				147,000

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

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Name and address (home or business)				
a <i>Paid during the year</i>				
ST VINCENT DE PAUL VILLAGE 3350 EAST STREET SAN DIEGO, CA 92102	NONE	PC	PROGRAMS AND SERVICES IN SUPPORT OF THE HOMELESS POPULATION OF GREATER SAN DIEGO	2,000
THE FAMILY PLACE INCPO BOX 7999 DALLAS, TX 75209	NONE	PC	SUPPORTING VICTIMS OF FAMILY VIOLENCE	3,000
THE WORKPLACE 350 FAIRFIELD AVENUE BRIDGEPORT, CT 06604	NONE	PC	THE PSEG READY2WORK PROGRAM IN SUPPORT OF THOSE LOOKING TO ENTER THE CONSTRUCTION TRADES	1,500
Total ▶ 3a				147,000

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Name and address (home or business)				
a <i>Paid during the year</i>				
TREEHOUSE 5666 LINCOLN DR SUITE 201 MINNEAPOLIS, MN 55436	NONE	PC	PROGRAMS SUPPORTING AT-RISK TEENS	3,000
UDT-SEAL MUSEUM ASSOCIATION INC 3300 NORTH HWY A1A FORT PIERCE, FL 34949	NONE	PC	MUSEUM PROGRAMS AND SERVICES	1,000
UTAH DOWN SYNDROME FOUNDATION PO BOX 675 SALT LAKE CITY, UT 84110	NONE	PC	PROGRAMS SUPPORTING THOSE WITH DOWN SYNDROME AND THEIR FAMILIES	1,000
Total ▶ 3a				147,000

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)				
a <i>Paid during the year</i>				
VANGUARD SCHOOL IN ADDISON TX 4240 SIGMA ROAD DALLAS, TX 75244	NONE	PC	SCHOLARSHIPS, PARENT AND COMMUNITY EDUCATION, COUNSELING PROGRAMS, OR OTHER SPECIAL PROJECTS	3,000
WATERTOWN YOUTH BASEBALL & GIRLS SOFTBALL 88 LEXINGTON STREET WATERTOWN, MA 02472	NONE	PC	EQUIPMENT, FIELD UPKEEP, TRAVEL, UNIFORMS AND OTHER WORK IN SUPPORT OF THE TEAMS	1,000
WOUNDED WARRIOR PROJECT PO BOX 758517 TOPEKA, KS 66675	NONE	PC	SERVICES IN SUPPORT OF ACTIVE-DUTY SOLDIERS AND VETERANS	3,000
Total ▶ 3a				147,000

TY 2018 Accounting Fees Schedule**Name:** TZP CARES FOUNDATION**EIN:** 46-4210327

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

TY 2018 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	309	0		309
INSURANCE	854	0		854
SUPPLIES	152	0		152

TY 2018 Other Liabilities Schedule**Name:** TZP CARES FOUNDATION**EIN:** 46-4210327

Description	Beginning of Year - Book Value	End of Year - Book Value
DUE TO TZP MANAGEMENT ASSOCIATES, LLC	7,746	873

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

OMB No 1545-0047
2018

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 33¹ 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).

Name of organization TZP CARES FOUNDATION	Employer identification number 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 440 WEST END AVENUE APT 7B NEW YORK, NY 10024	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions)</small>
2	TZP MANAGEMENT ASSOCIATES LLC 7 TIMES SQUARE SUITE 4307 NEW YORK, NY 10036	\$ 90,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions)</small>
3	ROWAN FAMILY FOUNDATION 927 5TH AVENUE NEW YORK, NY 100212650	\$ 35,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions)</small>
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions)</small>
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions)</small>
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions)</small>

Name of organization TZP CARES FOUNDATION	Employer identification number 46-4210327
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Part II **Noncash Property**

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
<small>(See instructions) Use duplicate copies of Part II if additional space is needed</small>			
_____	_____ _____ _____	_____ \$	_____
_____	_____ _____ _____	_____ \$	_____
_____	_____ _____ _____	_____ \$	_____
_____	_____ _____ _____	_____ \$	_____
_____	_____ _____ _____	_____ \$	_____
_____	_____ _____ _____	_____ \$	_____
_____	_____ _____ _____	_____ \$	_____

Name of organization TZP CARES FOUNDATION	Employer identification number 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