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Return of Private Foundation
or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation
on may be able to use a copy of this return to satisfy state rep

OMB No 1545-0052 2008

	ck all that apply	or tax year beginning Initial return	Final return	2/01 , 2008 Amended		Address change	11/30 , 20 09 Name change
<u> </u>	Name of fou	 			retuiti	A Employer identific	
Use th		-	IADIMADIE COIN	ID AMT ON		A Employer identific	audii ildiiider
lab		ROBERT SAVAGE CE 2-28-2004	TAKI LABLE FOOT	NDALLON		20-2	2057938
Other	<u> </u>	street (or P O box number	if mail is not delivered to s	treet address)	Room/su		
pri				,			,,-
or ty	C70 MEC9	C END AVE			1	,	\ _
See Si	City or town	, state, and ZIP code	<u> </u>		·	C If exemption applicat	
11134144	cuons.					pending, check here D 1. Foreign organizati	►
	NEW YORK	K. NY 10025-7313	3			2. Foreign organizat	
H Che		ation X Section 501		te foundation		85% test, check he computation	ere and attach
		nexempt charitable trust	. =1	private founda	ition		
	market value of all		ounting method: X			E If private foundation under section 507(b)	
of ye	ear (from Part II, co.		Other (specify)			F If the foundation is	
	▶ \$		l, column (d) must be	on cash basis)		(1)(B), check here
Part I	Analysis of Reve	enue and Expenses (The	(a) Revenue and	43314			(d) Disbursements
	total of amounts in o	columns (b), (c), and (d)	expenses per	(b) Net inv		(c) Adjusted net income	for charitable purposes
	column (a) (see pag	ge 11 of the instructions)	books				(cash basis only)
1	Contributions, gifts, grants,	etc , received (attach schedule) .				,	
2	Check ▶ X if the tattach	etc , received (attach schedule) , foundation is not required to Sch B					· -
3		temporary cash investments	1	7.	17.		STMT 1
4	Dividends and interes	est from securities	1,57	1.	1,571.		STMT 2
Ь	Net rental income or (lo	oss)					· · · · · · · · · · · · · · · · · · ·
	Net gain or (loss) from	sale of assets not on line 10		1.	` ` `		11/22/2
b 6a b 7	Gross sales price for all assets on line 6a	74,537	·			REC	EIVED
7	Capital gain net inco	ome (from Part IV, line 2) .	·				80
8	•	algaın				- 18 OCT	2 0 2010 SI
9		s · · · · · · · · · · · · · · · · · · ·		<u> </u>		P 0C1	S 0 2010 (S)
10 4	Gross sales less returns and allowances • • •		 	* * * * * * * * * * * * * * * * * * * *	`		
	Less Cost of goods sold			× -		<u> </u>	EN, UI
		(attach schedule)				<u> </u>	
		h schedule)				···	· · · · · · · · · · · · · · · · · · ·
		rough 11			1,588.		
		ers, directors, trustees, etc		NE			
14	Other employee sala	aries and wages					
15	rension plans, empl	loyee benefits		.			
102	Accounting food /="	chedule)	2 50		2 500	NONE	27023
	Other professional 5	tach schedule)STMT 3		Ÿ·	2,500.	NONE	NON
\$ 4 °	Interest			-			
뛁	Tayes (attach schools)	(see page 14 of the instructions)		_			
2 10	Depreciation (attach) (see page 14 of the instructions) 1 Schedule) and depletion .		3.			
5 20	Occupancy						
21	Travel conferences	and meetings					
E 2 2	Printing and publics	tons		1			
23	Other expenses (atta	ach schedule)					
24	Total operation and	d administrative expenses					
	Add lines 13 through	h 23		4.	2,500.	NONE	NON
25	Contributions aifts	grants paid				14011	58,650
26	Total expenses and dishin	rsements. Add lines 24 and 25	-		2,500.	NONE	58,650
15 16 a b c 17 18 19 22 22 23 24 25 6 27 27 27 27 27 27 27 27 27 27 27 27 27	Subtract line 26 from		32,03			·	20.020
a	Excess of revenue over ex	menses and disbursements	-78,61	7.	ł	:	
i i		ome (if negative, enter -0-)		``	-0-		
		e (if negative, enter -0-).		 	<u>`</u>	-0-	

For Privacy Act and Paperwork Reduction Act Notice, see page 30 of the instructions. * * STMT 4

JSA
8E1410 1 000

Form 990-PF (2008)



Ε	art li	Balance Sheets	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year		End of	year
Ξ		. -`	amounts only (See instructions.)	(a) Book Value	(b) Book Value		(c) Fair Market Value
	1		ng				
			cash investments	1,102.	15,19	94.	15,194.
	3	Accounts receivable -				j	
		Less allowance for doub	otful accounts				
	4	Pledges receivable ▶				- 1	
		Less allowance for doub	otful accounts				
	5	Grants receivable					
	6	Receivables due from of	fficers, directors, trustees, and other			1	
		disqualified persons (atta	ch schedule) (see page 15 of the instructions)				
	7	Other notes and loans re	eceivable (attach schedule)				-
		Less allowance for doub	otful accounts				
s	8	Inventories for sale or use	e				
ssets	9	Prepaid expenses and de	eferred charges				
As	10 a		government obligations (attach schedule)				
			stock (attach schedule) STMT 5		34,5	70.	35,567.
	С	Investments - corporate	bonds (attach schedule)				
	וון	Investments - land, buildings	i. >				
		Less accumulated deprecia	tion				
	12	Investments - mortgage I	oans				
	143	Invactments other (ette	ob oob odulo\				
	14	Lang, buildings, and					
		Less accumulated deprecial	tion				
	15	Other assets (describe	-)				
	16		pleted by all filers - see the		 		
		` '	age 1, item I)	128 381	19 76	64	50,761.
_	17		ccrued expenses	120, 301.	43,71	34.	50,701.
	18	Grants pavable			·-	$\neg \vdash$	
ø	19	Deferred revenue					i.
Liabilitles			rs, trustees, and other disqualified persons				•
liqe			tes payable (attach schedule)		·	$\neg \neg$	
Ë							
		o tiro: nasimaos (accorisc	·/			\dashv	
	23	Total liabilities (add line:	s 17 through 22)				
_			ow SFAS 117, check here ▶				
		and complete lines 2	24 through 26 and lines 30 and 31.				
es	•					- 1	
lances							
	26	Permanently restricted			· · · · · · · · · · · · · · · · · · ·	\dashv	
d E	20						
5			not follow SFAS 117, plete lines 27 through 31. ▶ 🗓				
Net Assets or Fund	27		apal, or current funds				
S	28		land, bldg, and equipment fund				
set			lated income, endowment, or other funds	128,381.	40.74		
As	30		balances (see page 17 of the	128,381.	49,76	04.	
det			· · · · · · · · · · · · · · · · · · ·	120 201	40 7	ا م	
_	31	Total liabilities and not	assets/fund balances (see page 17	128,381.	49,76	04.	
				100 201	40.7		
P	art III	Analysis of Cha	nges in Net Assets or Fund I	128, 381.	49,70	04.	
_			lances at beginning of year - Part II,		t caree with		
•						۱ .	400 001
2	Enta-C	reported	on prior year's return)	• • • • • • • • • • • • • • • • • • • •		1	128, 381.
2	Otho	amount nom Part I, II	ine 27a	• • • • • • • • • • • • • • • • • • • •		2	-78,617.
3	Othe	r increases not include	ed in line 2 (πemize) ►			3	
		ines 1, 2, and 3	ha 2 (dansan)			4	49,764.
		eases not included in l				5	
		net assets or fund ba	lances at end of year (line 4 minus l	ine 5) - Part II, column (b), line 30	6	49,764.
JS/	\ 1420 1 0	00					Form 990-PF (2008)

Part IV Capital Gains	s and Losses for Tax on Inv	estment Income			
			T 75-3		
(a) List an	(b) How acquired	(c) Date acquired	(d) Date sold		
• 2-story t	P-Purchase D-Donation	(mo , day, yr)	(mo, day, yr)		
1a SEE PART IV SCHE	DULE				
b					
<u>c</u>					
<u>d</u>	·		 		
e			 	L	l
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) mini	
a					
b					
С					
d	-				
е					
	showing gain in column (h) and owr	and by the foundation on 12/31/69		0 (0 1 (1)	
Complete only for assets s				Gains (Col (h) g (k), but not less	
(i) F M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	COI	Losses (from co	
а					
b					
c					
d					
e			 		
е		gain, also enter in Part I, line 7			
2 Capital gain net income o		(loss), enter -0- in Part I, line 7	2		-18,171.
2. Not about torm conital ac-	יי) n or (loss) as defined in sections 12		- +		-10,171.
	l, line 8, column (c) (see pages 13				
it gain, also enter in Part	Line & column (c) (see pages 13)	and 17 of the instructions) (-		
_			1 - 1		
If (loss), enter -0- in Part I,	line 8		3	· -	
If (loss), enter -0- in Part I, Part V Qualification U (For optional use by domest	nder Section 4940(e) for Reduce private foundations subject to the			ome)	
If (loss), enter -0- in Part I, Part V Qualification U (For optional use by domest If section 4940(d)(2) applies Was the foundation liable for	nder Section 4940(e) for Reduce private foundations subject to the leave this part blank.	uced Tax on Net Investment In e section 4940(a) tax on net invest outable amount of any year in the b	tment inco	_	Yes X N
If (loss), enter -0- in Part I, Part V Qualification U (For optional use by domest If section 4940(d)(2) applies Was the foundation liable for If "Yes," the foundation does	Inne 8	uced Tax on Net Investment In e section 4940(a) tax on net invest outable amount of any year in the to Do not complete this part.	base perio	d? □	
If (loss), enter -0- in Part I, Part V Qualification U (For optional use by domest If section 4940(d)(2) applies Was the foundation liable for If "Yes," the foundation does 1 Enter the appropriate am	nder Section 4940(e) for Reduce private foundations subject to the leave this part blank.	putable amount of any year in the to Do not complete this part.	base perio	d?	
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If (loss), enter -0- in Part I, Part V Qualification U (For optional use by domest If section 4940(d)(2) applies Was the foundation liable for If "Yes," the foundation does 1 Enter the appropriate am (a) Base penod years Calendar year (or tax year beginning in) 2007	Inne 8	putable amount of any year in the to Do not complete this part. The see page 18 of the instructions by the value of nonchantable-use assets 179, 514.	base perio	d? king any entries (d)	atio y col (c)) 0.283560
If (loss), enter -0- in Part I, Part V Qualification U (For optional use by domest If section 4940(d)(2) applies Was the foundation liable for If "Yes," the foundation does 1 Enter the appropriate an (a) Base penod years Calendar year (or tax year beginning in)	Inne 8	putable amount of any year in the to Do not complete this part. see page 18 of the instructions be (c) Net value of nonchantable-use assets	base perio	d? king any entries (d)	atio y col (c))
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If (loss), enter -0- in Part I, Part V Qualification U (For optional use by domest If section 4940(d)(2) applies Was the foundation liable for if "Yes," the foundation does 1 Enter the appropriate am (a) Base penod years Calendar year (or tax year beginning in) 2007 2006 2005 2004 2003 2 Total of line 1, column (or any in the column of years the foundation ration number of years the foundation of years the foundation in the column of the col	Inne 8	putable amount of any year in the to Do not complete this part. see page 18 of the instructions by the value of nonchantable-use assets 179, 514. 258, 706. 283, 126. 496, 153. NONE The total on line 2 by 5, or by the set than 5 years om Part X, line 5	efore males	cing any entries (d) Distribution (col (b) divided b	0. 283560 0. 303163 0. 198269 0. 065927 NONE 0. 850919 0. 170184 76, 792 13, 069

orm 9	990-PF (2008)		Р	age 4
Par	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of the	ne ins	tructio	ns)
1 a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1			
	Date of ruling letter (attach copy of ruling letter if necessary - see instructions)			
	Domestic foundations that meet the section 4940(e) requirements in Part V, check			<u>NONE</u>
	here ► X and enter 1% of Part I, line 27b			
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 2			
3	Add lines 1 and 2]	NON
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		ì	NON
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0			NON
6	Credits/Payments			
а	2008 estimated tax payments and 2007 overpayment credited to 2008 6a NONE			
b	Exempt foreign organizations-tax withheld at source			
C	Tax paid with application for extension of time to file (Form 8868)			
d	Backup withholding erroneously withheld			
7	Total credits and payments Add lines 6a through 6d			NON
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached			
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			NON
0	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
	Enter the amount of line 10 to be Credited to 2009 estimated tax ▶ NONE Refunded ▶ 11			
Par	t VII-A Statements Regarding Activities		7	
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
	participate or intervene in any political campaign?	1 a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19			
	of the instructions for definition)?	1 b		<u>X</u>
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials	[
	published or distributed by the foundation in connection with the activities	- '		
c	Did the foundation file Form 1120-POL for this year?	1c		<u> </u>
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
	(1) On the foundation ►\$(2) On foundation managers ►\$	İ		
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on	· ·	, '	÷
	foundation managers ▶\$,	٠.
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
	If "Yes," attach a detailed description of the activities			٠.
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of			
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3_		X
4 a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		<u> </u>
ь	If "Yes," has it filed a tax return on Form 990-T for this year?	4b	N	/ A
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
	If "Yes," attach the statement required by General Instruction T			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			
	By language in the governing instrument, or			
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that			
	conflict with the state law remain in the governing instrument?	6_	Х	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7_	Х	
8 a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the			
	instructions) ► NY,			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			
	(or designate) of each state as required by General Instruction Gº If "No," attach explanation	8 b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3)			
	or 4942(j)(5) for calendar year 2008 or the taxable year beginning in 2008 (see instructions for Part XIV on			
	page 27)? If "Yes," complete Part XIV	9_		Х
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			
	names and addresses	10		x

Form 990-PF (2008)

ć

c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here

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 2008?

3a Did the foundation hold more than a 2% direct or indirect interest in any business

ı				
Form 990-PF (2008) Part VII-B Statements Regarding Activities for	or Which Form 4	720 May Be Regui	ired (continued)	Page 6
 5a During the year did the foundation pay or incur any amout (1) Carry on propaganda, or otherwise attempt to influer (2) Influence the outcome of any specific public election directly or indirectly, any voter registration drive? (3) Provide a grant to an individual for travel, study, or otherwise (4) Provide a grant to an organization other than a charm section 509(a)(1), (2), or (3), or section 4940(d)(2)? (5) Provide for any purpose other than religious, chantate educational purposes, or for the prevention of cruelty 	her similar purposes? Itable, etc., organization (see page 22 of the incole, scientific, literary,	on 4945(e))? on to carry on, on described in structions)	Yes X No	5
 b If any answer is "Yes" to 5a(1)-(5), did any of the transact Regulations section 53 4945 or in a current notice regard Organizations relying on a current notice regarding disast c If the answer is "Yes" to question 5a(4), does the foundable because it maintained expenditure responsibility for the giff "Yes," attach the statement required by Regulations sections. 	ding disaster assistar ter assistance check hation claim exemption rant?	nce (see page 22 of the nere	instructions)?	
 6a Did the foundation, during the year, receive any funds, on a personal benefit contract? b Did the foundation, during the year, pay premiums, directly find answered "Yes" to 6b, also file Form 8870 7a At any time during the tax year, was the foundation a path of the foundation receive any proceeds or have any proceeds. 	ctly or indirectly, on a rty to a prohibited tax any net income attribu	personal benefit contraction? shelter transaction?	tr?	6b X
Part VIII Information About Officers, Directors and Contractors		• .	•	•
List all officers, directors, trustees, foundation m (a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (see	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 6		NONE	NONE	NONE
2 Compensation of five highest-paid employees (ot	her than those inc	luded on line 1 - se	e page 23 of the ins	tructions).
If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE		NONE	NONE	NONE

Form 990-PF (2008)	Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Pa and Contractors (continued)	id Employees,
3 Five highest-paid independent contractors for professional services (see page 23 of the instructions	s). If none, enter "NONE."
(a) Name and address of each person paid more than \$50,000 (b) Type of serv	rice (c) Compensation
NONE	
	NONE
Total number of others receiving over \$50,000 for professional services	NONE
	NONE
Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the numb	per
of organizations and other beneficianes served, conferences convened, research papers produced, etc	Expenses
1 <u>NONE</u>	
2	
3	
4	
Part IX-B Summary of Program-Related Investments (see page 23 of the instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 NONE	
2	
All other program-related investments. See page 24 of the instructions	į
3 <u>NONE</u>	
Total Add lines 1 through 3	
Total. Add lines 1 through 3	▶ Form 990-PF (2008)
	FORIT 330 FF F (2008)

Pa	Part X Minimum Investment Return (All domestic four see page 24 of the instructions.)	ndations must complete this part. Foreig	n foundation	ns,
1	Fair market value of assets not used (or held for use) directly	r in carrying out charitable, etc.,		
	purposes			
а	a Average monthly fair market value of securities		1a	70,540.
b	b Average of monthly cash balances		1b	7,421.
С	c Fair market value of all other assets (see page 24 of the instri	uctions)	1c	NONE
d			1d	77,961.
е	e Reduction claimed for blockage or other factors reported on	lines 1a and		-
	1c (attach detailed explanation)	1e		
2	2 Acquisition indebtedness applicable to line 1 assets		2	NONE
3	3 Subtract line 2 from line 1d		3	77,961.
4	4 Cash deemed held for charitable activities. Enter 1 1/2 % of lir	ne 3 (for greater amount, see page 25		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	- f Ab - : A A)		4	1,169.
5	5 Net value of noncharitable-use assets. Subtract line 4 from l	line 3. Enter here and on Part V, line 4	5	76,792.
6			6	3,840.
Pa	Part XI Distributable Amount (see page 25 of the instruted foundations and certain foreign organizations check	ictions) (Section 4942(j)(3) and (j)(5) prival		
1	1 Minimum investment return from Part X, line 6		1	3,840.
2a	2a Tax on investment income for 2008 from Part VI, line 5			
b		VI) 2b		
			2c	NONE
3	3 Distributable amount before adjustments. Subtract line 2c fro	om line 1	3	3,840.
4			4	3/010.
5	- 4111 6 14		5	3,840.
6		tructions)	6	
7	7 Distributable amount as adjusted. Subtract line 6 from line 8	5. Enter here and on Part XIII.		
	line 1	ľ	7	3,840.
_				5,040.
Pa	Part XII Qualifying Distributions (see page 25 of the inst	tructions)		
1	1 Amounts paid (including administrative expenses) to accom	plish charitable, etc., purposes	,	
а	_ , , ,		1a	58,650.
b		(-,,	1b	NONE
2	2 Amounts paid to acquire assets used (or held for use) direct	tly in carrying out charitable, etc		NONE
_	DUED 0.00	., san,g san s, s.s.,	2	NONE
3		,	-	NONE
a		,	3a	NONE
ь	to Cook distribution to a feet and the construction of the distribution		3b	NONE
4		n Part V line 8 and Part XIII line 4	4	58,650.
5				
-	Enter 1% of Part I, line 27b (see page 26 of the instructions)		5	
6			6	58,650.
•	Note: The amount on line 6 will be used in Part V, column (
	qualifies for the section 4940(e) reduction of tax in the		nomer me 100	maduui

Form 990-PF (2008)

Pa	rt XIII Undistributed Income (see page	26 of the instruction	ns)		
	•	(a)	(b)	(c)	(d)
1	Distributable amount for 2008 from Part XI,	Corpus	Years prior to 2007	2007	2008
	line 7				3,840.
2	Undistributed income, if any, as of the end of 2007				
а	Enter amount for 2007 only	·			
	Total for pnor years 20,20,20				
3	Excess distributions carryover, if any, to 2008				•
	From 2003 NONE				:
	From 2004				:
C	From 2005				
d	From 2006				
	From 2007				
	Total of lines 3a through e	158, 246.			
4					
_	line 4 ▶ \$ 58,650.				-
	Applied to 2007, but not more than line 2a				
Ь	Applied to undistributed income of prior years (Election required - see page 26 of the instructions)				
					·
С	Treated as distributions out of corpus (Election required - see page 26 of the instructions)				
d	Applied to 2008 distributable amount				3,840.
	Remaining amount distributed out of corpus	54,810.			3,010.
5	Excess distributions carryover applied to 2008				
	(If an amount appears in column (d), the same amount must be shown in column (a))			•	
6	Enter the net total of each column as				
	indicated below:				,
a	Corpus Add lines 3f, 4c, and 4e. Subtract line 5	213,056.		- 1	, ,
b	Prior years' undistributed income Subtract			`	
c	line 4b from line 2b Enter the amount of prior years' undistributed				····
Ŭ	income for which a notice of deficiency has been				`
	issued, or on which the section 4942(a) tax has been previously assessed				
a	Subtract line 6c from line 6b Taxable amount - see page 27 of the instructions				
е	Undistributed income for 2007 Subtract line				
	4a from line 2a Taxable amount - see page 27 of the instructions	_			,
•	Undistributed income for 2008 Subtract lines 4d and 5 from line 1. This amount must be				
_	distributed in 2009				
7	Amounts treated as distributions out of corpus to satisfy requirements imposed by section				`
	170(b)(1)(F) or 4942(g)(3) (see page 27 of the				
8	instructions)				<u> </u>
•	applied on line 5 or line 7 (see page 27 of the	NONE			
9	instructions)	NONE			
9	Subtract lines 7 and 8 from line 6a	213,056.			
10	Analysis of line 9	213,030.			
	Excess from 2004 7, 981.				
	Excess from 2005				
	Excess from 2006				
d	Excess from 2007				
	Excess from 2008 54, 810.				

	rt XIV Private Oper					NOT APPLICABLE
1 a	If the foundation has foundation, and the ruling				ating	
b	Check box to indicate wh	•	•		4942(j)	(3) or 4942(j)(5)
_		Tax year	private operating rearit	Prior 3 years		<u> </u>
2a	Enter the lesser of the ad- justed net income from Part I or the minimum investment return from Part X for each year listed	(a) 2008	(b) 2007	(c) 2006	(d) 2005	(e) Total
b	85% of line 2a					
С	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					
а	"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 invest- ment return shown in Part X,		İ		· ·	
_	line 6 for each year listed					
С	"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 ()(3)(B)(iii)					
	(3) Largest amount of sup- port from an exempt organization					
_	(4) Gross investment income			<u></u>		
Pa	time during	the year - see page	e 27 of the instruction		on had \$5,000 or mo	re in assets at any
1	Information Regardin	•			1	
а	List any managers of before the close of any					ed by the foundation
_	SEE STATEN		400/			
D	List any managers of ownership of a partner					large portion of the
	N/A					
2	Information Regardin	g Contribution, Gram	t, Gift, Loan, Scholarsl	hip, etc., Programs:		
	Check here ► X if t unsolicited requests f organizations under ot	or funds. If the foun	dation makes gifts, g	rants, etc (see page	itable organizations a e 28 of the instruction	nd does not accept ns) to individuals or
	The name, address, a	<u>-</u>		 	oe addressed	
b	The form in which app	lications should be su	bmitted and informati	on and materials they	should include	
c	Any submission deadli	ines				
d	Any restrictions or li factors	mitations on awards	, such as by geogra	aphical areas, charita	able fields, kınds of ı	nstitutions, or other

Form 990-PF (2008)				Page 1 1
Part XV Supplementary Information (co	ontinued)			
3 Grants and Contributions Paid Durin	g the Year or Appro	ved for F	uture 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 Paid during the year	or substantial contributor	recipient		
a raid during the year				
SEE STATEMENT 8				
		,		
]		
		1		
		1		
Total				58,650.
b Approved for future payment				
			:	
Total				

Part XVI-A Analysis of Income-Produ	icing Activ	<u> vities </u>			
inter gross amounts unless otherwise indicated.	Unrela	ated business income		y section 512, 513, or 514	(e) Related or exempt function income
Program service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(See page 28 of the instructions)
a	-				
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
Membership dues and assessments					
Interest on savings and temporary cash investments			14	17.	
Dividends and interest from securities			14	1,571.	
Net rental income or (loss) from real estate					
a Debt-financed property			<u> </u>		
b Not debt-financed property					
Net rental income or (loss) from personal property					
Other investment income	<u> </u>				
Gain or (loss) from sales of assets other than inventory		·-	18	-18,171.	
Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory .					
Other revenue a			 		
b	<u> </u>		 -		
c			 		
d					
e		<u> </u>			
Subtotal Add columns (b), (d), and (e)				-16,583.	
Total Add line 12, columns (b), (d), and (e)					-16,583
ee worksheet in line 13 instructions on page 28 art XVI-B Relationship of Activities			vemet Dur	NOSAS	
the accomplishment of the for page 28 of the instructions) NOT		exempt purposes (c			
				<u></u>	
			 		
	· · · · · ·				

Par	t XVII	Information I Exempt Orga		ransfers To and 1	ransac	tions a	and Relatio	nships With N	lonci	narit	able
	501(c)	e organization directly of the Code (other than	or indirectly eng section 501(c)(3	age in any of the following or in section or an age of the following or in section or an age of the following and the following or an age of the following or age of the following or an age of the following or age of the followin	on 527, re					Yes	No
(1) Cash											X
	(1) Sa	ales of assets to a nonch		organization							<u>X</u> X
	(4) Re	eimbursement arrangeme	ents	ets					15(4)		X
С	(6) Pe	erformance of services o	r membership or	fundraising solicitations ther assets, or paid employe					1b(6)		X X X
d	other	assets, or services given	by the reporting	mplete the following scheing foundation If the foundation of the following scheme is the following scheme for the follow	dation red	eived less					
(a) L	ne no	(b) Amount involved	(c) Name of	noncharitable exempt organiza	tion	(d) Desc	enption of transfer	s, transactions, and sha	ng ana	ngerner	ıts
		N/ A				N/A					
										-	
						.					
								- ,, ,			
									-		
	section	-	er than section t	ited with, or related to, of 501(c)(3)) or in section 527				ſ	Ye	s 🛚] No
	11 163	(a) Name of organization		(b) Type of organ	ızatıon		(c)	Description of relations	ship		
$\overline{}$	Under	penalties of perjury, 1 decla	are that I have ex	amined this return, including	accompar	nying sched	lules and stateme	ents, and to the best of	ıf my kı	nowled	ge and
	belief,	MAY	plete Declaration	of preparer (other than taxpa	yer or fidu	10.14	·10	Trustee	r has ar	y knov	vledge
Sign Here	S	Preparer's signature	rily de	Liar OA	Date 10/4	Date 1	Check if self-employed	Preparer's (See Signat instructions)	ure on p		
	Pald Preparer's Use Only	Firm's name (or yours if self-employed), address,	ASHER 1801 N	& COMPANY, LTD. MARKET STREET, S	UITE 1	700		EN ▶ 23-19140	20		
		and ZIP code	1001	DELPHIA, PA		191	03	Phone no 215-56	54-19 om 99 ((2008)

FORM 990-PF - PART IV
CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

<u> </u>	APITAL GAI	NS AND LO	SSES FOI	K IAX ON	INVE21	M	ENT INCOM	
Kind of P	roperty		Desc	ription		6	Date acquired	Date sold
Gross sale price less expenses of sale	Depreciation allowed/ allowable	Cost or other basis	FMV as of 12/31/69	Adj basis as of 12/31/69	Excess of FMV over adj basis		Gain or (loss)	
		124 SHS ISHA			INDEX	Р	02/01/2005	03/05/2009
5,037.		8,109.					- 3,072.	
5 002		150 ISHARES PROPERTY TYP			D FUND	Р	02, 02, 2000	03/05/2009
5,083.		9,931.					-4,848.	06/06/0000
0 222		300 S&P NORT			SOURCES	P		06/26/2009
8,323.		6,768.	TO MOST TO				1,555.	06/26/2000
0.000		180 ISHARES				P	02/01/2005	06/26/2009
8,292.		9,537.					-1,245.	05/05/0000
		220 ISHARES PROPERTY TYPE			INDEX	P	02, 02, 2000	06/26/2009
8,020.		9,186.					-1,166.	
8,079.		PROPERTY TYE 9,155.			EX FD	P	02/01/2005 -1,076.	06/26/2009
		125 ISHARES PROPERTY TYPE			D FD	Р	02/01/2005	06/26/2009
5,932.		8,276.				'	-2,344.	
		215 ISHARES PROPERTY TYPE			NDEX FD	P		06/26/2009
8,843.		10,366.					-1,523.	
		175 ISHARES PROPERTY TYPE			INDEX	P	02/01/2005	06/26/2009
8,247.		10,914.					-2,667.	
		195 ISHARES PROPERTY TYPE			EX FD	P		06/26/2009
8,681.		10,466.					- 1,785.	
ISA								

JSA 8E1730 1 000 FORM 990-PF - PART IV
CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

	APITAL GAII Property			ription		or Da D acqu	te red	Date sold
Gross sale	Depreciation allowed/	Cost or other	FMV as of	Adj basis as of 12/31/69	Excess of FMV over	Ga	ın	
price less expenses of sale	allowed/ allowable	basis	12/31/69	12/31/69	adı basıs	o (los	s)	
OTAL GAIN(L	oss)	• • • • • • • • • • • • • • • • • • • •		• • • • • • • • • • • • • • • • • • • •			,171.	
						=====	====	
						1		
]	
							1	
						11		

JSA 8E1730 1 000 FORM 990PF, PART I - INTEREST ON TEMPORARY CASH INVESTMENTS

	NET	INVESTMENT	INCOME		17.	 17.	
REVENUE	AND	EXPENSES	PER BOOKS	1	17.	17.	
						TOTAL	
			DESCRIPTION		SMITH BARNEY		

7		

SECURITIES
FROM
INTEREST
AND
DIVIDENDS
H
PART
990PF,
FORM

	NET	INVESTMENT	INCOME		1,571.	1,571.	
REVENUE	AND	EXPENSES	PER BOOKS	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
						TOTAL	
			DESCRIPTION .		SMITH BARNEY		

က

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		CHARITABLE	PURPOSES			NONE	
	ADJUSTED	NET	INCOME			NONE	
	NET	INVESTMENT	INCOME		2,500.	2,500.	
REVENUE	AND	EXPENSES	PER BOOKS		2,500.	2,500.	
						TOTALS	
			DESCRIPTION	1 1 1 1 1 1 1 1 1	ACCOUNTING FEES		

FORM 990PF, PART I - ACCOUNTING FEES

FORM 990PF, PART I - TAXES

REVENUE
AND
EXPENSES
DESCRIPTION
PER BOOKS

FEDERAL TAXES 884.

TOTALS 884.

Ŋ

FORM 990PF, PART II - CORPORATE STOCK

ENDING FMV 	5,612. 4,431. 4,711. 5,211. 2,272. 3,157. 4,341. 5,832.	
ENDING BOOK VALUE	3,723. 4,239. 4,593. 5,004. 2,667. 3,148. 5,015. 6,181.	
BEGINNING BOOK VALUE	10,491. 13,776. 13,780. 22,268. 20,873. 13,514. 15,930. 16,647.	
DESCRIPTION	GOLDMAN SACHS NATL RES INDEX ISHARES TRMSCI EAFE INDEX FD RUSSEL MIDCAP GROWTH INDEX ISHARES TR S&P MIDCAP 400 INDE ISHARES RUSSELL 1000 VALUE IND ISHARES RUSSELL 1000 GROWTH IN ISHARES TR S&P SM CAP 600 INDE ISHARES TR S&P SM CAP 600 INDE	

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

EXPENSE ACCT AND OTHER ALLOWANCES	NONE	NONE	NONE
CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	NONE	NONE	NONE
COMPENSATION	NONE	NONE	NONE
TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	PRES./TREASURER	VP/SECRETARY	GRAND TOTALS
NAME AND ADDRESS	ROBERT SAVAGE JR 670 WEST END AVE NEW YORK, NY 10025	SARA BETH SAVAGE 670 WEST END AVE NEW YORK, NY 10025	

FORM 990PF, PART XV - INFORMATION REGARDING FOUNDATION MANAGERS

ROBERT SAVAGE, JR SARA BETH SAVAGE

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND		•
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PUREOSE OF GRANT OR CONTRIBUTION	AMO UNT
BROWN UNIVERSITY 164 ANGELL STREET PROVIDENCE, RI 02912	NONE 501 (C) (3)	UNRESTRICTED	15,000.
DOCTORS WITHOUT BORDERS 333 SEVENTH AVENUE, 2ND FLOOR NEW YORK, NY 10001	NONE 501 (C) (3)	UNRESTRICTED	500.
NOBLE AND GREENOUGH SCHOOL 10 CAMPUS DRIVE DEDHAM, MA 02026	NONE 501 (C) (3)	UNRESTRICTED	15,000.
ROBIN HOOD FOUNDATION 826 BROADWAY, 7TH FLOOR NEW YORK, NY 10003	NONE 501 (C) (3)	UNRESTRICTED	2,500.
ROXBURY LAND TRUST, INC. 7 SOUTH STREET ROXBURY, CT 06783	NONE 501 (C) (3)	UNRESTRICTED	1,000.
SPENCE SCHOOL 22 EAST 91ST STREET NEW YORK, NY 10128	NONE 501 (C) (3)	UNRESTRICTED	5,000.
COLUMBIA LAW SCHOOL 435 WEST 116TH STREET BOX A-2 NEW YORK, NY 10027	NONE 501 (C) (3)	UNRESTRICTED	750.

STATEMENT 8

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
AFTERSCHOOL ARTS PROGRAM	NONE 501 (C) (3)	UNRESTRICTED	3,000.
MOUNT SINAI SCHOOL OF MEDICINE ONE GUSTAVE L LEVY PLACE NEW YORK, NY 10029	NONE 501(C)(3)	UNRESTRICTED	1,000.
92ND STREET Y 1395 LEXINGTON AVE NEW YORK, NY 10128	NONE 501 (C) (3)	UNRESTRICTED	250.
TEAM SAMANTAHA	NONE 501(C)(3)	UNRESTRICTED	100.
MUNICIPAL ART SOCIETY OF NEW YORK 457 MADISON AVENUE NEW YORK, NY 10022	NONE 501 (C) (3)	UNRESTRICTED	. 500
NEW YORK LEAGUE FOR EARLY LEARNING, INC 460 WEST 34TH STREET NEW YORK, NY 10001	NONE 501 (C) (3)	UNRESTRICTED	500.
PEDIATRIC CANCER FOUNDATION P.O. BOX 785 MAMARONECK, NY 10543	NONE 501(C)(3)	UNRESTRICTED	250.

STATEMENT 10

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
GROOVE WITH ME, INC 186 E 123RD STREET, 2ND FLOOR NEW YORK, NY 10035	NONE 501 (C) (3)	UNRESTRICTED	500.
EARL MOSLEY'S INSTITUTE OF THE ARTS 2 MERRY ACRES LANE NEW MILFORD, CT 06776	NONE 501 (C) (3)	UNRESTRICTED	300.
KINGS ANNUAL FUND	NONE 501 (C) (3)	UNRESTRICTED	1,000.
OPEN SPACE INSTITUTE 1350 BROADWAY NEW YORK, NY 10018	NONE 501 (C) (3)	UNRESTRICTED	250.
HUNT HILL FARM TRUST, INC 44 UPLAND ROAD NEW MILFORD, CT 06776	NONE 501 (C) (3)	UNRESTRICTED	500.
NEW YORK BOTANICAL GARDEN 200TH ST SOUTHERN BLVD BRONX, NY 10458	NONE 501 (C) (3)	UNRESTRICTED	500.
PEER HEALTH EXCHANGE 545 SANSOME STREET SAN FRANCISCO, CA 94111	NONE 501 (C) (3)	UNRESTRICTED	250.

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RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
WEST SIDE MONTESSORI SCHOOL 309 WEST 92ND STREET NEW YORK, NY 10025	NONE 501(C)(3)	UNRESTRICTED	10,000.

58,650.

TOTAL CONTRIBUTIONS PAID

Application for Extension of Time To File an **Exempt Organization Return**

(Rev April 2009) OMB No 1545-1709 Department of the Treasury File a separate application for each return. Internal Revenue Service If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form) Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868 Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed) A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated From 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs gov/efile and click on e-file for Chanties & Nonprofits. Employer Identification number Type or Name of Exempt Organization print SARA & ROBERT SAVAGE CHARITABLE FOUNDATION U/A/D 12-28-2004 20-2057938 Number, street, and room or suite no. If a P.O. box, see instructions File by the due date for 670 WEST END AVE, APT 8F filing your City, town or post office, state, and ZIP code. For a foreign address, see instructions return See instructions. NEW YORK, NY 10025-7313 Check type of return to be filed (file a separate application for each return) Form 4720 Form 990 Form 990-T (corporation) Form 990-T (sec. 401(a) or 408(a) trust) Form 5227 Form 990-BL Form 6069 Form 990-EZ Form 990-T (trust other than above) Form 990-PF Form 8870 Form 1041-A The books are in the care of ▶ BOOKKEEPER FAX No. ▶ Telephone No. ▶ If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) for the whole group, check this box. > . If it is for part of the group, check this box. > . . and attach a list with the names and EINs of all members the extension will cover. I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 07/15 . to file the exempt organization return for the organization gamed chain. The sides in the control of the organization return for the organization gamed chain. $\frac{2010}{100}$, to file the exempt organization return for the organization named above. The extension is for the organization's return for. calendar year , 2008 , and ending 11/30 tax year beginning 12/01 Change in accounting period Final return If this tax year is for less than 12 months, check reason. Initial return 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any NONE nonrefundable credits. See instructions. 3a b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments NONE made. Include any prior year overpayment allowed as a credit. 3ь c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See NONE instructions. Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

Form 8868 (Rev. 4-2009)

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8888 (Rev. 4-2009)	Page 2	
 If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only 		
Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.		
 If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 	1)	
Part II Additional (Not Automatic) 3-Month Extension of Time. Only	file the original (no copies needed).	
Type or Name of Exempt Organization SARA & ROBERT SAVAGE CHARITABL	Employer Identification number	
print U/A/D 12-28-2004	20-2057938	
File by the Number, street, and room or suite no. If a P.O. box, see instructions.	For IRS use only	
extended due date for 670 WEST END AVE	· .	
filling the return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions.		
instructions. NEW YORK, NY 10025-7313		
Check type of return to be filed (File a separate application for each return):		
Form 990 <u>x</u> Form 990-PF	Form 1041-A Form 6069	
Form 990-BL Form 990-T (sec. 401(a) or 408(a) trust)	Form 4720 Form 8870	
Form 990-EZ Form 990-T (trust other than above)	Form 5227	
STOP! Do not complete Part II if you were not already granted an automatic 3-mo	nth extension on a previously filed Form 8868.	
The books are in the care of <u>BOOKKEEPER</u>		
Telephone No. ▶ FAX No. ▶		
If the organization does not have an office or place of business in the United States,		
If this is for a Group Return, enter the organization's four digit Group Exemption Number		
for the whole group, check this box If it is for part of the group, check this	s box ▶ and attach a	
list with the names and EINs of all members the extension is for.		
4 I request an additional 3-month extension of time until 10/15/2010		
5 For calendar year, or other tax year beginning 12/01/2008 and ending 11/30/2009		
6 If this tax-year is for less than 12 months, check reason: Initial return Final return Change in accounting period		
7 State in detail why you need the extension <u>ADDITIONAL TIME IS NEEDED TO GATHER INFORMATION</u>		
NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.		
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the	a tentative tax less any	
nonrefundable credits. See instructions.	8a S NONE	
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundab		
previously with Form 8868.	and any amount paid 8b s NONE	
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form		
with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment		
Signature and Verification		
Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief,		
It is true, correct, and complete, and that I am authorized to-prepare this form.		
· ~ / //	~	
Signature Title > Of	Date ► 7/9/30/N	
ASHER & COMPANY, LTD.	Form 8868 (Rev. 4-2009)	
1801 MARKET STREET, SUITE 1700		

PHILADELPHIA, PA 19103

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