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Form **990-PF**

Return of Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

Note The foundation may be able to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0052

		dar year 2010, or tax yea	s beginning	19 00 0010 10 0	oc a copy of this			rung roquirements.	
			1	<u> </u>		, and ending		——————————————————————————————————————	
G (песк	all that apply:	Initial return	<u>In</u>	_	ormer public charity	′ —	Final return	1
No			Amended return		_ Address chan	ge	<u> </u>	Name change	
INA	ne or	foundation						A Employer identification	number
		HODOWITHE I	DANTEN BOID	m 2 m T () 1	•			22 2026052	
Alua		nd street (or P O box number i	FAMILY FOUN			10	n/suite	23-3036053	<u> </u>
Nur	nber a			•		_ ·		B Telephone number	120
-			HIP LINE RO	IAD		210	J U	215-572-07	
City	or to	own, state, and ZIP code		_				C If exemption application is p	
		<u>JENKINTOWN</u>						D 1 Foreign organizations	S, Check here
H_(_		X Section 501(c)(3)					2 Foreign organizations me check here and attach co	omputation
		ction 4947(a)(1) nonexem	·		le private founda			E If private foundation sta	
		rket value of all assets at e	end of year J Accou	nting method:		Accrual		under section 507(b)(1)(A), check here
		Part II, col (c), line 16)	O (Port Lo	Other (specify		hasia l		F If the foundation is in a	
_	·\$	Analysis of Revenue an		1	st be on cash	T		under section 507(b)(1	T
Pa	art I	(The total of amounts in colunecessarily equal the amoun	umns (b), (c), and (d) may no	(a) Re	evenue and ses per books	(b) Net investn income	nent	(c) Adjusted net	(d) Disbursements for charitable purposes
				САРСПА	ses per books	moonic			(cash basis only)
	1	Contributions, gifts, gran						N/A	
	2	Check Interest on savings and tempor							
	3	Interest on savings and tempo cash investments			100			-	
	4	Dividends and interest fro	om securities		173.		173.		STATEMENT 1
		Gross rents							
	b	Net rental income or (loss)			2 5 5 5 5			<u> </u>	
ē	Ι.	Net gain or (loss) from sale of Gross sales price for all			3,577.			 	
Revenue	_ b	Gross sales price for all assets on line 6a	30,739.					<u> </u>	
ě	7	Capital gain net income (from	· · · · ·			3,	577.		
_	8	Net short-term capital gai	un						-
	9	Income modifications Gross sales less returns	I						
	10a	and allowances							
	l	Less Cost of goods sold							
	Ι.	Gross profit or (loss)							
	11	Other income	-6-44		2 750	2	750		
_	12	Total Add lines 1 throug			3,750.	3,	750.		
	13	Compensation of officers, dire			0.		0.		0.
	14	Other employee salaries a	-	 .					
ses		Pension plans, employee	e denetits					<u> </u>	
ış.		Legal fees			5505		г		-
Š	D	Accounting fees			KECF	IVED		 	-
Ü O	_ C	Other professional fees		-		SC			-
Ě	17	Interest		180	JUN 1	4 2011	-		-
stre	18	Taxes	••	10	11 JUN I	2011			
:≣	19	Depreciation and depletic	UII	+	0.005		-		
EVIT and Administrative Expen	20	Occupancy Travel, conferences, and	montings		با(یانی)ل	N, UT	<u> </u>		-
Ž Ž	21			<u> </u>	<u> </u>				-
a	22	Printing and publications	•						
ti ç	23	Other expenses	miniatrativa						
Operating	24	Total operating and admess and expenses Add lines 13 to			0.		0.		
Ö	25	Contributions, gifts, gran	-		30,772.		υ.	-	30,772.
)	1	Total expenses and disb			JU, 114.	 		 	30,114.
Į	26	Add lines 24 and 25	vui aciliciila.		30,772.		0.		30,772.
! —	27	Subtract line 26 from line	a 12·	 	<u> </u>		<u> </u>		30,1120
					27,022.	L			
}	1	Excess of revenue over exper Net investment income (\ `	<u></u>	2	750.	<u> </u>	
, ,	1						, 50 .	N/A	
	ن ــــــــــــــــــــــــــــــــــــ	Adjusted net income (if n	regative, enter -U-)					1 N/A	

023501 12-07-10 LHA For Paperwork Reduction Act Notice, see the instructions

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	27,	022.
2	Enter amount from Part I, line 27a	2	<27,	022.>
3	Other increases not included in line 2 (itemize)	3		0.
4	Add lines 1, 2, and 3	4		0.
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		0.

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

See the Part VI instructions.

Enter qualifying distributions from Part XII, line 4

	1990-PF (2010) HOROWITZ FAMILY FOUNDATION		<u>-3036</u>			age 4
Pa	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or	4948	- see ii	nstru	ctior	าร)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.					
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)	1				
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%	1				<u>75.</u>
	of Part I, line 27b					
C	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				0.
3	Add lines 1 and 2	_ 3	ļ			<u>75.</u>
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				0.
5	Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-	5				<u>75.</u>
6	Credits/Payments:					
a	2010 estimated tax payments and 2009 overpayment credited to 2010 6a					
b	Exempt foreign organizations - tax withheld at source		1			
C	Tax paid with application for extension of time to file (Form 8868) 6c 100	<u>.</u>				
d	Backup withholding erroneously withheld 6d					
7	Total credits and payments. Add lines 6a through 6d	7			1	00.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8				
9	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed	9				
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10				25.
11	Enter the amount of line 10 to be: Credited to 2011 estimated tax	11				0.
Pa	rt VII-A Statements Regarding Activities					
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervel	ne in			Yes	No
	any political campaign?			1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?			1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials publish	ed or				
	distributed by the foundation in connection with the activities					
C	Did the foundation file Form 1120-POL for this year?			1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:					
	(1) On the foundation. ▶ \$ 0 . (2) On foundation managers. ▶ \$	<u>•</u>				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation					
	managers. ► \$0 .		-			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		ı	2		_X_
	If "Yes," attach a detailed description of the activities.					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation	or or				
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		_X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	1	1/A	4b		
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 of the state	ite law		.		
	remain in the governing instrument?			6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year?			7	X	
	If "Yes," complete Part II, col. (c), and Part XV					
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)					
	PA					
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 G? If "No," attach explanation			86	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 call	lendar				
	year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If "Yes," complete Part XIV			9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses			10		X
			Forr	ո 990	-PF(2010)

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had not been removed from jeopardy before the first day of the tax year beginning in 2010?

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Part VII-B Statements Regarding Activities for Which I	Form 4720 May Be I	Required (contin	ued)		
5a During the year did the foundation pay or incur any amount to:					
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	n 4945(e))?	Ye	s X No	İ	
(2). Influence the outcome of any specific public election (see section 4955); of	or to carry on, directly or indir	ectly,		1	
any voter registration drive?		Ye	s X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes	?	Ye	s X No		
(4) Provide a grant to an organization other than a charitable, etc., organizatio	n described in section				
509(a)(1), (2), or (3), or section 4940(d)(2)?		Ye	s X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or	for			
the prevention of cruelty to children or animals?		Ye	s X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify unit	der the exceptions described	ın Regulations			
section 53.4945 or in a current notice regarding disaster assistance (see instru	ictions)?		N/A	5b	
Organizations relying on a current notice regarding disaster assistance check h	пеге				
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption for	rom the tax because it mainta	ined		1	
expenditure responsibility for the grant?	Ŋ	I/A □ Y€	es No	ĺ	
If "Yes," attach the statement required by Regulations section 53.494	5-5(d).				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on				
a personal benefit contract?		Ye	s X No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	personal benefit contract?			6b	Х
If "Yes" to 6b, file Form 8870.					
7a At any time during the tax year, was the foundation a party to a prohibited tax s	shelter transaction?	Ye	s X No		
b If "Yes," did the foundation receive any proceeds or have any net income attribu			N/A	7b	
Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors	ees, Foundation Ma	anagers, Highly	y		
1 List all officers, directors, trustees, foundation managers and their	compensation.				
4 > No d ddu	(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Expense ount, other
(a) Name and address	to position	(If not paid, enter -0-)	and deferred compensation	all	lowances
RICHARD M. HOROWITZ	PRESIDENT / I	IRECTOR /	SECRETA	\RY	
128 KNIGHTSBRIDGE ROAD					
WYNNEWOOD, PA 19096	1.00	0.	0.		0.
RUTH FARBER-HOROWITZ	VICE PRESIDEN	1/T			
128 KNIGHTSBRIDGE ROAD					
WYNNEWOOD, PA 19096	1.00	0.	0.	↓	<u> </u>
	_				
				+	
	-				
	-				
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none.	enter "NONE."	l		
	(b) Title, and average		(d) Contributions to	(e) Expense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	employee benefit plans and deferred compensation	acc	ount, other llowances
NONE	uovotod to position		Compensacion	"	
	1			1	
	1			1	
				1	
	1				
Total number of other employees paid over \$50,000					0

All other program-related investments. See instructions.

Total. Add lines 1 through 3

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations	s, see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		· <u> </u>
-	Average monthly fair market value of securities	1a	23,158.
	Average of monthly cash balances	1b	865.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	24,023.
	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0 •		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	24,023.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	360.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4	5	23,663.
6	Minimum investment return. Enter 5% of line 5	6	1,183.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.)	d certair	1
1	Minimum investment return from Part X, line 6	1	1,183.
2a	Tax on investment income for 2010 from Part VI, line 5		
Ь	Income tax for 2010. (This does not include the tax from Part VI.)		
С	Add lines 2a and 2b	2c	75 <u>.</u>
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	1,108.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	1,108.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	1,108.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	30,772.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	30,772.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	30,772.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation 4940(e) reduction of tax in those years.	qualifies	for the section

Part XIII Undistributed Income (see instructions)

,	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
1 Distributable amount for 2010 from Part XI,				
line 7				1,108.
2 Undistributed income, if any, as of the end of 2010				
a Enter amount for 2009 only			0.	
b Total for prior years:		_		
		0.		
3 Excess distributions carryover, if any, to 2010:				
a From 2005 28,855.				
b From 2006 68,178.				
c From 2007 47,506.				
d From 2008 52,509.				
e From 2009 48,395.	245 442			
f Total of lines 3a through e	245,443.			
4 Qualifying distributions for 2010 from				
Part XII, line 4: ►\$ 30,772.			0	
a Applied to 2009, but not more than line 2a			0.	
b Applied to undistributed income of prior		0		
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus	0.			
(Election required - see instructions) d Applied to 2010 distributable amount	0.			1,108.
e Remaining amount distributed out of corpus	29,664.			1,100.
5 Excess distributions carryover applied to 2010	23,004.		- -	0.
(If an amount appears in column (d), the same amount must be shown in column (a))	0.			
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	275,107.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed	:	0.		
d Subtract line 6c from line 6b. Taxable		<u> </u>		
amount - see instructions		0.		
e Undistributed income for 2009. Subtract line	·		·-	· · · · · · · · · · · · · · · · · · ·
4a from line 2a Taxable amount - see instr.			0.	
f Undistributed income for 2010. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2011				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2005				
not applied on line 5 or line 7	28,855.			
9 Excess distributions carryover to 2011.				
Subtract lines 7 and 8 from line 6a	246,252.		1.5	
10 Analysis of line 9:				
a Excess from 2006 68,178.				
b Excess from 2007 47 , 506 .				
c Excess from 2008 52,509.				
d Excess from 2009 48,395.				
e Excess from 2010 29,664.				Form 000 PE (0040)

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Part XIV Private Operating F	oundations (see in:	structions and Part VII	-A, question 9)	N/A	
1 a If the foundation has received a ruling o	r determination letter that	it is a private operating			
foundation, and the ruling is effective fo	r 2010, enter the date of t	he ruling	.		
b Check box to indicate whether the found	lation is a private operatir	ig foundation described i	n section	4942(j)(3) or49)42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2010	(b) 2009	(c) 2008	(d) 2007	(e) Total
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 Info	rmation (Comple	te this part only	if the foundation	n had \$5 000 or me	re in assets
at any time during t					5.0 II. 400015
1 Information Regarding Foundation	n Managere:	<u> </u>			
a List any managers of the foundation wh	-	than 2% of the total cont	ributions received by t	ha foundation hafora the clo	co of any tay
year (but only if they have contributed n			ributions received by t	He Touridation before the Cio	Se of ally lax
NONE		, , , , ,			
b List any managers of the foundation wh	o own 10% or more of th	e stock of a cornoration	or an equally large no	rtion of the ownership of a n	artnership or
other entity) of which the foundation ha			or all equally large po	rtion of the ownership of a p	artificistiff of
NONE	Ū				
2 Information Regarding Contribut	ion Grant Gift Loan	Scholarship etc. Di			
		• • • • •	•	s not accept unsolicited requ	unata for funda. If
the foundation makes gifts, grants, etc.					
a The name, address, and telephone num				- Complete Remo Ea, E, e, and	
a The hame, address, and telephone hum	Dei Of the person to who	ii applications should be	audiesseu.		
b The form in which applications should t	e submitted and informa	tion and materials they sl	nould include:		
c Any submission deadlines:			<u> </u>	<u>-</u>	-
					
d Any restrictions or limitations on award	s, such as by geographic	al areas, charitable fields,	kinds of institutions, o	or other factors:	
			 		

3 Grants and Contributions Paid During the Ye	ear or Approved for Future	Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation	Purpose of grant or contribution	A
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
a Paid during the year CHILDREN'S CRISIS TREATMENT CENTER 1823 CALLOWHILL STREET PHILADELPHIA, PA 19130			HELP CHILDREN IN CRISIS	5,000.
UNIVERSITY OF PENNSYLVANIA 3451 WALNUT STREET PHILADELPHIA, PA			HISTORY FUNDRAISING CAMPAIGN	25,772.
Total		<u></u>	▶ 3a	30,772.
b Approved for future payment			Sa	30,772.
NONE				
Total			▶ 3b	0.

Part XVI-A Analysis of Income-Producing Activities

Unrelated	business income		ed by section 512, 513, or 514	(e)
(a)	(b)	(C) Exclu-	(d)	Related or exempt
Business	Amount	sion code	Amount	function income
_				
				 -
ļ — — — —				173.
		+		1/3.
				
				
			_	.
		-++		
		+++		
				3,577
				· .
				·
		0.		3,750.
			13	3,750.
	(a) Business code	Business Amount	Business code (b) Exclusion code	Business Code Amount Exclusion Code Amount Amount O. O. O.

Relationship of Activities to the Accomplishment of Exempt Purposes

Line No	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).
i	

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Form 990-PF (2010) HOR	<u>OWITZ FAMILY FOU</u>	MDATI <u>ON</u>	23-30	36053 F	Page 13
Part XVII Information Exempt Org		and Transactions an	d Relationships With Nonch		
1 Did the organization directly or	indirectly engage in any of the follow	wing with any other organization	described in section 501(c) of	Yes	s No
			• •		
(1) Cash	andation to a nononantable exempt	organization of		10/11	
, ,				1a(1)	X
(2) Other assets				1a(2)	X
b Other transactions:					
(1) Sales of assets to a nonch	arıtable exempt organization			1b(1)	<u> </u>
(2) Purchases of assets from a	a noncharitable exempt organization	1		1b(2)	X
(3) Rental of facilities, equipm	de (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? ers from the reporting foundation to a noncharitable exempt organization of: sh ther assets ransactions: eles of assets to a noncharitable exempt organization erchases of assets from a noncharitable exempt organization ental of facilities, equipment, or other assets embursement arrangements		1b(3)	X	
(4) Reimbursement arrangem	ents			1b(4)	X
(5) Loans or loan guarantees				1b(5)	X
	r membership or fundraising solicita	ations		1b(6)	X
				10	X
		• •	vs show the fair market value of the good		<u></u>
			in any transaction or snaring arrangemen	it, snow in	
		_ ·· · ·			
(a) Line no (b) Amount involved			(0) Description of transfers, transactions, a	ınd sharing arrangen	nents
	N/A	<u> </u>			
					_
		_		-	
		··-			
				-	
		· · · · · · · · · · · · · · · · · · ·			
		·· <u>··</u> ··			-
2a Is the foundation directly or use	treatly affiliated with or related to a	una ar mara tay ayamat arganiza	tions described		
		· -	lions described		
	other than section 501(c)(3)) or in se	ection 5277		Yes	X No
b If "Yes," complete the following		1,1,7			
	forganization	(b) Type of organization	(c) Description of relation	ınship	
N/	A				
			-		
Under penalties of periud. I d	eclare that I have examined this return, inc	luding accompanying schedules and s	statements, and to the best of my knowledge and	belief it is true cor	rect
Sign and complete Declaration of	prepar (other that taxpayer or fiduciary) is	s based on all information of which pre	eparer has any knowledge	ochor, it is true, con	1001,
Here L	\mathcal{A}	1 /2/0/1	1		
			PRESIDENT		
Signature of officer of		Date ' /	Title		
Print/Type preparer	's name /) Preparer's	s signature [Date Check If PTI	ı N	
	$\mathcal{O} \mid \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $	120	self- employed		
Paid JOHN F.	PIREE / //	hotin 1	6/3/1/ P	0138520	7
		NC.	Firm's EIN ▶ 51-		
Use Only		- -			

215-572-0738

Phone no.

Firm's address ▶ 165 TOWNSHIP LINE ROAD, SUITE 2100 JENKINTOWN, PA 19046-3593

FORM 990-PF D	IVIDENDS	AND	INTERE	ST	FROM	SECURITIES	STATEMENT	1
SOURCE			GROSS	AMO	UNT	CAPITAL GAINS DIVIDENDS	COLUMN (A AMOUNT)
CREDIT SUISSE		-			173.	0.	1	73.
TOTAL TO FM 990-PF, PART I, LN			4		173.	0.	173.	
FORM 990-PF		COI	RPORATE	BO	NDS		STATEMENT	2
DESCRIPTION						BOOK VALUE	FAIR MARKE	т
CREDIT SUISSE						0.		0.
TOTAL TO FORM 990-PF,	PART II,	LIN	E 10C			0.		0.

Form **8868**

(Rev. January 2011)
Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

7100710071071			arate appr	toution for each retain.				
-	_	-	_	rt I and check this box		▶	X	
				omplete only Part II (on page 2 of this				
				tic 3-month extension on a previously fi				
				3-month automatic extension of time t				
				ion of time. You can electronically file F				
				Form 8870, Information Return for Tran				
Personal	Benefit Contracts, which must	be sent to the IRS in page	per format	(see instructions). For more details on t	he e lec i	tronic filing of this f	orm,	
	irs.gov/efile and click on e-file				\	_\		
Part I				bmit original (no copies needed).				
Part I only	<i>!</i>		•	onth extension - check this box and com	\			
	corporations (including 1120-Come tax returns.	tilers), partnerships, REN	AICs, and ti	rusts must use Form 7004 to request ar	extens	sion of time		
Type or	Name of exempt organization Employer identification n						number	
print					۱ .			
File by the	HOROWITZ FAMILY FOUNDATION 23-3036053							
due date for filling your return. See	Number, street, and room or suite no. If a P.O. box, see instructions. 165 TOWNSHIP LINE ROAD, NO. 2100							
instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions. JENKINTOWN, PA 19046							
	J D D D D D D D D D D D D D D D D D D D			\				
Enter the	Return code for the return tha	t this application is for (fi	le a senara	te application for each return)			0 4	
CIRCI IIIO	Tiotally dodd for the rotally tha	t the application to for th	io a copaia	to approación for each recom			ستات	
Application Is For			Return	Application			Return	
			Code	Is For			Code	
Form 990			01	Form 990-T (corporation)			07	
Form 990-BL			02	Form 1041-A			08	
Form 990-EZ / /			03	Form 4720			09	
Form 990-PF			04	Form 5227			10	
Form 990-T (sec. 401(a) or 408(a) trust)			05	Form 6069			11	
Form 990-T (trust other than above)			06	Form 8870			12	
		CHARD M. HOR			RO.	AD, SUITE	2100	
	ooks are in the care of 🕨 👤		PA 19					
Telephone No. ► 215-572-0738 FAX No. ► 215-576-1640								
• 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) If this is 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 is for.								
1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until								
AUGUST 15, 2011 , to file the exempt organization return for the organization named above. The extension								
is for the organization's return for:								
	► X calendar year 2010 or tax year beginning , and ending .							
	tax year beginning	//	, an	a enaing		_ ·		
2 f t	tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return							
ב "ב	_ \	Change in accounting period						
_	_ Orlangoun accounting point							
3a If ti	his application is for Form 990-	BL. 990-PF. 990-T. 4720	or 6069	enter the tentative tax, less any				
	nonrefundable credits. See instructions.						100.	
	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and							
-	estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b \$						0.	
_	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required,							
by using EFTPS (Electronic Federal Tax Payment System). See instructions.					3c	\$	100.	
				orm 8868, see Form 8453-EO and Forn	n 8879-	EO for payment ins	structions.	
	or Paperwork Reduction Act					Form 8868 (F		

023841 01-03-11