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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

	nber and street (or P O box number if mail is not de	vered to stre	et address)		Room/suite	- ·	•
	O SAMUEL SAVITZ					(61	10) 664-2458
	CONSHOHOCKEN STATE ROAD				L		
City	or town, state, and ZIP code						
ד ארכ ז	TA CUNITIVE DA 10004			-		C If exemption applica pending, check here	mon is
	LA CYNWYD, PA 19004 eck all that apply X Initial return	- -	Indial action		ا د دام مناطن		.
G Che			initial return	•	ublic charit	- I torongmongamizat	
	Final return Address change		Amended re Name chang			2 Foreign organiza 85% test, check h	here and attach
H Chi	eck type of organization X Section 50	1(c)(3) ev				computation .	
	Section 4947(a)(1) nonexempt charitable trust		her taxable pr		lion	E If private foundation	
			nethod X C			1	o)(1)(A), check here .
	year (from Part II, col (c), line	Other (sp					s in a 60-month termination b)(1)(B), check here
			(d) must be or	cash basis.)		-	
	Analysis of Revenue and Expenses (Ti	<u> </u>	. <u>. </u>				(d) Disbursemen
	total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in	(a) r	Revenue and Denses per	(b) Net inve		(c) Adjusted net income	for charitable purposes
	column (a) (see instructions))		books	ancon			(cash basis only
1	Contributions, gifts, grants, etc., received (attach schedule)		54,006.		, ,		
2	Check If the foundation is not required to attach Sch B		Francisco S	: 34 : 12 : 13 : 14 : 14 : 14 : 14 : 14 : 14 : 14 : 14			
3	Interest on savings and temporary cash investments						7
4	Dividends and interest from securities						1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
5 a	a Gross rents						
þ	Net rental income or (loss)	_ <u> 1348 154</u>		3 33 / 1- 1 - 1 - 1 - 1		RECEIVE	
9 6 a	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all	Yack of the Control			<u> </u>	The state of the s	
Revenue 2	assets on line 6a	- 148× 25 143			D	M/V A A A	1 10 10 10 10 10 10 10 10 10 10 10 10 10
§ 7	Capital gain net income (from Part IV, line 2)	· [***		3 28 33 6	18	MAY 2:9:20	K K K
8	Net short-term capital gain	•	organistic of the factor of th		÷ - H		W - 25 - 18 - 18 - 18 - 18 - 18 - 18 - 18 - 1
9 10 a	Income modifications · · · · · · · · · · · · · · · · · · ·	المسترا		15 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m		OGDEN I	
	and allowances · · · ·	AND SHOP OF	varoni vavvalim	1 5 30 L 136	2 3 4	***************************************	7 / N & A / N A / N
1	b Less Cost of goods sold .	1	CAR WOOLEN		200 mm 1 m		70x 3024 5 7 3 6 3x 5 8 8 8 8 8 7 7 7 5
}	Gross profit or (loss) (attach schedule)			3.50	T.F. 14, * 1		The Artist Market Street
11	Other income (attach schedule) Total. Add lines 1 through 11		54,006.				
13	Compensation of officers, directors, trustees, etc		8,750.				4,
14	Other employee salaries and wages	•	-,				
Ses 15	Pension plans, employee benefits						+
<u> </u>	a Legal fees (attach schedule)						1
ά ľ	b Accounting fees (attach schedule)						
ء <u>ب</u> و	Other professional fees (attach schedule)						1
آ 17 چ	Interest				 		
18	Taxes (attach schedule) (see instructions)	لكنا	1,018.				
= 19	Depreciation (attach schedule) and depletion						, 4
E 20	Occupancy						
21	Travel, conferences, and meetings						
22	Printing and publications						
23	Other expenses (attach schedule) ATCH. 2		8,016.		18.		3,
24	Total operating and administrative expense	s	_				
<u>5</u>	Add lines 13 through 23		17,784.		18.		8,
Coperating and Administrative 118 19 19 22 22 26 27 27 28 28 28 28 28 28 28 28 28 28 28 28 28	Contributions, gifts, grants paid		2,070.		<u> </u>		2,
26	Total expenses and disbursements Add lines 24 and	.5	19,854		18.		0 10,
27	Subtract line 26 from line 12					,	
a	a Excess of revenue over expenses and disbursements .		34,152.				<u> </u>
t	b Net investment income (if negative, enter -0		· · · · · · · · · · · · · · · · · · ·		0		
-	c Adjusted net income (if negative, enter -0-). aperwork Reduction Act Notice, see instruction 4376DV K375 5/15/2012 12:			<u> </u>		1.1	
	aperwork Reduction Act Notice, see instruction				JSA	* ** ATCH 1	Form 990-PF

- P	art II	Balance Sheets	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	<u>En</u>	d of year
		·	amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
			ng		12,146	12,146.
- }						
Ì	3	Accounts receivable 🛌	cash investments			
		Less allowance for doul	btful accounts ►			Ì
Ì	4	Pledges receivable >			** C	
		Less allowance for doul	btful accounts ▶	The second second second second	a con the second the displace of the con-	The second comments with a second comments of
ĺ			officers, directors, trustees, and other			
-			tach schedule) (see instructions)			
- 1			receivable (attach schedule)	Section and Admin and the American	,	the second secon
			btful accounts	المناسب الشماسية المناسبة	A. I. Are a summitted to the summitted t	
Assets			e			
SS			eferred charges			
۷			e government obligations (attach schedule)		19,000	5. 18,388.
			stock (attach schedule) ATCH 3		19,000	10,366
	11	Investments - land, buildings	bonds (attach schedule)	[* 343 52 54 5 1 5 1		The state of the s
١,	12	(attach schedule)	loans			
į	13	Investments - other (atta	loans		3,000	
	14	Land, buildings, and	•	1 2 4.080000 3.0000	364 CT 1675 CT 1876.	THE SAME OF THE
		Less accumulated deprecia	ation		de la la compania de	The part of the state of the st
	15	(attach schedule) Other assets (describe	>)			
			completed by all filers - see the			
			age 1, item I)	0	34,15	33,534
\dashv					31,13	23,004
			accrued expenses			
إي			• • • • • • • • • • • • • • • • • • • •			
Ĕ.				1		
≣			ors, trustees, and other disqualified persons			
Liabilities			otes payable (attach schedule)			
	22	Other liabilities (describe	e ▶)			
		T-4-1 H-1 1041 7 - 1 1 1	47 thereads 00'	_		
\dashv			es 17 through 22)	0		
			low SFAS 117, check here ▶			
اي		and complete lines	24 through 26 and lines 30 and 31.			1
اق	24	Unrestricted				
틸	25					
8	26	Permanently restricted .				
밁		Foundations that do	not follow SFAS 117,			
교		check here and com	plete lines 27 through 31. 🕨 🗓			1 3 3 3 3 3
ō	27	Capital stock, trust princ	cipal, or current funds			The same of the same
इ			r land, bldg , and equipment fund			1
SS	29		ulated income, endowment, or other funds		34,15	
۲	30		d balances (see instructions)		34,15	
ž	31		net assets/fund balances (see			
			· · · · · · · · · · · · · · · · · · ·		34,15	
Ρ			anges in Net Assets or Fund			
			alances at beginning of year - Part		(must agree with	
-			d on prior year's return)			
2	Enter	amount from Part I	line 27a	• • • • • • • • • • • • • • • • • • • •		24 150
<u>-</u>	Othe	r increases not includ	line 27a			
J A	Ouis	i moreases not includ	ed in line 2 (itemize)			34 150
		ines 1, 2, and 3	to 2 (4		_	
		eases not included in	· · · ·			
ŏ_	Total	net assets or fund ba	alances at end of year (line 4 minus	line 5) - Part II, column (b	o), line 30 6	34,152

Part IV Capit	tal Gains	and Losses for Tax on Inve	estment Income			
,	(a) List and 2-story bri	(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)		
1a						
<u>b</u>						
<u>c</u>						
<u>d</u>	-					
e (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) minu	
а						
_b						
<u>c</u>				<u> </u>		
<u>d</u>						
Complete only	v for assets s	showing gain in column (h) and owne	d by the foundation on 12/31/69		0	
(i) F M V as of 1		(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any		Gains (Col. (h) g (k), but not less t Losses (from co	than -0-) or
a					_	
b				i		
С						<u></u>
<u>d</u>						
<u>e</u>			<u> </u>	ļ		
2 Capital gain net	income or		gain, also enter in Part I, line 7 (loss), enter -0- in Part I, line 7	2		
		or (loss) as defined in sections 12				
			ructions) If (loss), enter -0- in $\}$	_		
Part V Quali	ification II	Index Section 4940(a) for Bo	duced Tax on Net Investment I	3	-	
			e section 4940(a) tax on net invest		·ma \	
			r AVAILABLE FOR INITIAL		•	
11 00011011 4040(4)(1	z, upp iics, i	is a vertical part starting				
		he section 4942 tax on the distrib not qualify under section 4940(e)	outable amount of any year in the b Do not complete this part	ase perio	d?	Yes No
			r, see the instructions before making	g any entr	nes	
(a) Base penod ye	ears.	(b)	(c)		(d) Distribution r	atio
Calendar year (or tax year		Adjusted qualifying distributions	Net value of nonchantable-use assets		(col (b) divided b	
2010						
2009						
2008						
2007						=
2006			<u> </u>	-		<u>-</u> .
2 Total of line 1.	column (d)			2		
3 Average distrib	ution ratio f	or the 5-year base period - divide	e the total on line 2 by 5, or by the	-		
•		·	s than 5 years	3		
4 Enter the net va	alue of none	charitable-use assets for 2011 fro	om Part X, line 5	4		
5 Multiply line 4 by line 35						
6 Enter 1% of ne	t investmer	at income (1% of Part I, line 27b)		6		· · · -
7 Add lines 5 and	d 6			7		· -·-
8 Enter qualifying If line 8 is equi Part VI instruction		ns from Part XII, line 4 ater than line 7, check the box	in Part VI, line 1b, and complete	8 that part	using a 1% ta	x rate See the

Par	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see in	structions)
1 a	Exempt operating foundations described in section 4940(d)(2), check here	
	Date of ruling or determination letter (attach copy of letter if necessary - see instructions)	
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	0
	here ▶ and enter 1% of Part I, line 27b	
С	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-)	
	Add lines 1 and 2	0
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	0
	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	0
6	Credits/Payments	5 11 12 2 11
	2011 estimated tax payments and 2010 overpayment credited to 2011	
	Exempt foreign organizations - tax withheld at source 6b	
	Tax paid with application for extension of time to file (Form 8868).	
	Backup withholding erroneously withheld 6d	
	Total credits and payments Add lines 6a through 6d	0
7		
8		0
9		<u>_</u>
10 11	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	
	t VII-A Statements Regarding Activities Refunded ▶ 11	
		Yes No
та	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate	1a Yes No
L	or intervene in any political campaign?	14
D	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the	1b
	instructions for definition)?	1b A
	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	
	Did the foundation file Form 1120-POL for this year?	1c
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 > \$	
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed	
_	on foundation managers \$	2 X
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2 1
	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	1
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3 A
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	V V
b	If "Yes," has it filed a tax return on Form 990-T for this year?	40
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	1. 7. 30 1/2/2/2 1/2 1/2 3/2
	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	militaria de manifestation de la constitución de la
	conflict with the state 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? If "Yes," complete Part II, col (c), and Part XV	7 X
8 a	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	8b 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 2011 or the taxable year beginning in 2011 (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 ATTACHMENT 5	10 X

the 10-, 15-, or 20-year first phase holding period? (Use Schedule C. Form 4720, to determine if the

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 2011?

Form 990-PF (2011)

3 b

4b

Х

Part VIII	Information About Officers, Directors, Trustees, Foundation Mar and Contractors (continued)	nagers, Highly Paid Employ	rees,
3 Five h	ighest-paid independent contractors for professional services (see inst	ructions). If none, enter "NONE	
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE			
	· · · · · · · · · · · · · · · · · · ·		
			-
	-	-	
Total number	er of others receiving over \$50,000 for professional services	<u></u> ▶	
Part IX-A	Summary of Direct Charitable Activities		
T GIT IN A	- Cuminary of Direct Charitable Activities		
	dation's four largest direct charitable activities during the tax year Include relevant statistical	information such as the number of	Expenses
	and other beneficianes served, conferences convened, research papers produced, etc	· · · · · · · · · · · · · · · · · · ·	
1 N/A			
2			
3		·	
4			
			
Part IX-B	Summary of Program-Related Investments (see instructions)		
	two largest program-related investments made by the foundation during the tax year on lines 1 a	nd 2	Amount
1 NONE	, , , , , , , , , , , , , , , , , , , ,		-
·			
2			
2			
All other pro	gram-related investments. See instructions		
3 NONE	•		
J			
T-4-1 0 1 1 1	ings 1 through 2	· 	

Page 8

Pa	Minimum Investment Return (All domestic foundations must complete this part. Fore see instructions.)	gn foundations,	
ı	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,	erfa.	
	purposes	The same of the sa	
а	Average monthly fair market value of securities	1a	10,694.
þ	Average of monthly cash balances	1b	25,306.
С	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	36,000.
е	Reduction claimed for blockage or other factors reported on lines 1a and	.S.F.	
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	36,000.
ı	Subtract line 2 from line 1d Cash deemed held for charitable activities Enter 1 1/2 % of line 3 (for greater amount, see		
	· · · · · · · · · · · · · · · · · · ·	4	540.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	35,460.
3	Minimum investment return. Enter 5% of line 5	6	1,773.
Pa	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ▶ and do not complete this	part.)	
_	Minimum investment return from Part X, line 6		1,773.
}a	Tax on investment income for 2011 from Part VI, line 5		
b	Income tax for 2011 (This does not include the tax from Part VI)		
	Add lines 2a and 2b		
3	Distributable amount before adjustments Subtract line 2c from line 1	3	1,773.
1	Recoveries of amounts treated as qualifying distributions	4	
5	Add loop 2 and 4	1 - 1	1,773.
ì			
7	Deduction from distributable amount (see instructions) Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1 · · · · · · · · · · · · · · · · · ·	k I	1,773.
_			1,773.
Pa	art XII Qualifying Distributions (see instructions)		
ı	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	10,527.
b	Program-related investments - total from Part IX-B Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,	1b	
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)		
b	Cash distribution test (attach the required schedule)	3b	
1	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	10,527.
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 (see instructions)	5	0
;	Adjusted qualifying distributions. Subtract line 5 from line 4	6	10,527.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculations for the section 4940(e) reduction of tax in those years		

Form	990-PF (2011)		·		Page 9
Pa	rt XIII Undistributed Income (see instru	ictions)			
		(a)	(b)	(c)	(d)
1	Distributable amount for 2011 from Part XI,	Corpus	Years prior to 2010	2010	2011
	line 7				1,773.
2	Undistributed income, if any, as of the end of 2011			man in the comment of	
а	Enter amount for 2010 only		7/1+12 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		****
b	Total for pnor years 20_09_,20_08_,20_07		,		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
3	Excess distributions carryover, if any, to 2011				
а	From 2006				1, 4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
b	From 2007				13 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
С.	From 2008		The state of the s		
đ	From 2009				
e	From 2010				
Τ 4	Total of lines 3a through e	- 1 (M = 1) N= 1 (1) 50 MM		3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	· · · · · · · · · · · · · · · · · · ·
4	line 4 > \$ 10,527.				
•	Applied to 2010, but not more than line 2a				
	• • • • • • • • • • • • • • • • • • • •		, , , , , , , , , , , , , , , , , , ,	124 3 3 11 2	
D	Applied to undistributed income of prior years (Election required - see instructions)				
	Treated as distributions out of corpus (Election	1 1,114		不是有数 多的人。这	\$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
·	required - see instructions)				
d	Applied to 2011 distributable amount	** 1 1/4 2 "		9数4 0000	1,773.
е	Remaining amount distributed out of corpus	8,754.		errania de la composição	N: 83333 7.0
5	Excess distributions carryover applied to 2011		RESIDENCE HIS	£292500 F1	
	(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:	and the second second		Francisco de Carlos	
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	8,754.			
b	Prior years' undistributed income Subtract	\$ 12 Park 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
_	line 4b from line 2b	7		\$1329 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20	Ref (), f () () () () ()
С	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			1987 - UT 12 - 1	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
d	Subtract line 6c from line 6b Taxable				
е	amount - see instructions			8 4 m 4 5, 2, 2, 3	100 mm 1
	4a from line 2a Taxable amount - see				
	instructions	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			*
f	Undistributed income for 2011 Subtract lines 4d and 5 from line 1 This amount must be				
	distributed in 2012				
7	Amounts treated as distributions out of corpus			18521 V	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (see instructions)			<u> </u>	
8	Excess distributions carryover from 2006 not				
	applied on line 5 or line 7 (see instructions)		, a		S. Se
9	Excess distributions carryover to 2012.	0.55	***************************************		
	Subtract lines 7 and 8 from line 6a	8,754.		3 3 3 3 3 3	3.0.
	Analysis of line 9				
a	Excess from 2007				
b	Excess from 2008	- ","			
ر C	Excess from 2009	∤		-	
a	Excess from 2010	-			
_	Excess from 2011 8,754.		4	<u></u>	1

SAVITZ FAMILY FOUNDATION

Form **990-PF** (2011)

45-20243.10

Page 10

art XV Supplementary Information	(continued)			
3 Grants and Contributions Paid Dur Recipient Name and address (home or business)	ring the Year or App	oved for F	uture Payment	,
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	contribution	
a Paid during the year				
ATTACHMENT 8				
-				-
		1		
		1		
				1
		1		
		1		
		1		
			j	
]	
			1	
		1		
			<u> </u>	
Total	<u> </u>		▶ 3a	2,07
b Approved for future payment				
		1		
				į.
			1	1
				1

Form 990-PF (2011)					Page 12
Part XVI-A Analysis of Income-Produ	icing Activ	vities			
Enter gross amounts unless otherwise indicated	Unreia	ated business income	Excluded by	y section 512, 513, or 514	(e)
1 Program service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
a					
b					
d					
de	-		†		
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities 5 Net rental income or (loss) from real estate					
a Debt-financed property		**************************************	· Santa	THE PROPERTY OF THE PROPERTY O	
b Not debt-financed property					
6 Net rental income or (loss) from personal property .					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory	<u> </u>		-		
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory11 Other revenue a					
b					
С					
d	<u> </u>				
e	Charles on Management	 	*Security of Table 1986		<u> </u>
12 Subtotal Add columns (b), (d), and (e)			464,53		<u> </u>
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify cald				13	
Part XVI-B Relationship of Activities		complishment of Ex	emnt Puri	noses	
Line No. Explain below how each activity		· · · · · · · · · · · · · · · · · · ·			outed importantly to the
▼ accomplishment of the foundation	on's exemp	ot purposes (other than	by providin	g funds for such purpose	es) (See instructions)
					
	·				
-					
					
		· 			
					-
					
		·			
			· ·		
				· · · · · · · · · · · · · · · · · · ·	·

Part	XVII	Information Re Exempt Organ		ansfers To and	Transactio	ons and Rela	tionships With Non	charitable	e
1	Dıd the			engage in any of the	he following	with any other	organization described	Yes	No
				-			527, relating to political		
(organiz	ations?					• .		
a ·	Transfe	ers from the reportin	g foundation to	a noncharitable ex	empt organiz	zation of		A STATE OF THE STA	
((1) Cas	h						1a(1)	X
								1a(2)	X
b (Other to	ransactions						17.1	
((1) Sale	es of assets to a no	ncharitable exe	mpt organization		<i></i>		1b(1)	X
((2) Pur	chases of assets fro	om a noncharita	able-exempt organiza	ation			16(2)	X
((3) Rer	ntal of facilities, equi	pment, or other	assets				1b(3)	X
((4) Reii	mbursement arrange	ements			<i></i>		1b(4)	X
((5) Loa	ins or loan guarantee	es					1b(5)	X
((6) Per	formance of service	s or membersl	nip or fundraising so	licitations .			1b(6)	X
C	Sharing	g of facilities, equipn	nent, mailing lis	sts, other assets, or	paid employe	es		1 c	<u> </u>
d	If the a	answer to any of th	e above is "Ye	es," complete the f	ollowing sch	nedule Column	(b) should always show	w the fair r	narket
							foundation received less		
							goods, other assets, or s		
(a) Lin	e no	(b) Amount involved N/A	(c) Name of	noncharitable exempt org	janization	(d) Description o	of transfers, transactions, and sha	anng arrangeme	ents
		N/A			_	N/A			
									
							- 		
									
									
									
				-					
									
							· · · · · · · · · · · · · · · · · · ·		
•									
2a	ls the t	foundation directly	or indirectly a	ffiliated with, or rel	lated to one	or more tax-e	exempt organizations		
	describ	ed in section 501(c)	of the Code (c	ther than section 5	01(c)(3)) or i	n section 527?		Yes 2	X No
		" complete the follo							_
		(a) Name of organizatio	n	(b) Type of	organization		(c) Description of relation	nship	
					<u> </u>				
		-							
٥:	Under	penalties of penury, I deci	are that I have exam f prepares (other than	ined this return, including taxpayer) is based on all info	accompanying sch	nedules and statemen	ts, and to the best of my knowled edge	dge and belief	it is true.
Sign		Z Z 1 11 1	\mathcal{U}	VE/11	1017			RS discuss this	
Here		\ \mathready \mathready \ \mathready \ \mathready \ \mathready \ \mathready \mathready \mathready \ \mathready \	<i>[</i>	A 3-114	10010	ress		preparer_shown	
	Sign	ature of officer of trustee	/ /	Date		Title "	(see instruction	ons)? X Yes	No
		Print/Tunn non	<u>/</u>	Dronoklala area	turo			OTIA	
Paid		Print/Type preparer's		Preparer's signer	ture CA	Date	// Checkiii	PTIN	
Prep	arer		JAMIN, CPA				self-employed		92
	Only		RUCKER & S		L'		Firm's EIN ▶ 23-2	2628118	
USE	Unity	· ·		STREET, SUIT	E 3300	10100			
		ı PH	HILADELPHI.	A, PA		19103	Phone no 215-6	665-3960	į

Schedule B

(Form 990, 990-ÉZ,

Schedule of Contributors

OMB No 1545-0047

or 990-PF) Department of the Treasury Internal Revenue Service

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

Name of the organization		Employer identification number
SAVITZ FAMILY FOUND	ATION	45-2024310
Organization type (check one	e)	
Filers of: -	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private for	undation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private found	ation
	501(c)(3) taxable private foundation	
General Rule X For an organization	o filing Form 990, 990-F7, or 990-PF that received, during the year, \$5,000	or more (in maney or
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 one contributor. Complete Parts I and II	or more (in money or
Special Rules		
under sections 509	c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support (a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during t 5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form d II	he year, a contribution of
during the year, total	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from all contributions of more than \$1,000 for use <i>exclusively</i> for religious, charit boses, or the prevention of cruelty to children or animals. Complete Parts I,	able, scientific, literary,
during the year, cor not total to more the year for an <i>exclusive</i>	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from ntributions for use <i>exclusively</i> for religious, charitable, etc., purposes, but the lan \$1,000. If this box is checked, enter here the total contributions that we left religious, charitable, etc., purpose. Do not complete any of the parts unlinization because it received nonexclusively religious, charitable, etc., contrar.	nese contributions did are received during the ess the General Rule
990-EZ, or 990-PF), but it mu:	is not covered by the General Rule and/or the Special Rules does not file st answer "No" on Part IV, line 2, of its Form 990, or check the box on line-PF, to certify that it does not meet the filing requirements of Schedule B (F	H of its Form 990-EZ or on
For Paperwork Reduction Act Notic	e, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedul	B (Form 990, 990-EZ, or 990-PF) (2011)

Employer identification number 45-2024310

Part I	Contributors (see instructions) Use duplicate copies of	Part I if additional space is need	ed
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	SAMUEL & SELMA SAVITZ 470 CONSHOHOCKEN STATE ROAD BALA CYNWYD, PA 19004	\$\$35,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2_	SAMUEL & SELMA SAVITZ 470 CONSHOHOCKEN STATE ROAD BALA CYNWYD, PA 19004	\$\$.	Person X Payroll X Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)

Employer identification number

	1		45-2024310
Part II	Noncash Property (see instructions) Use duplicate copies of	of Part II if additional space is need	led
(a) No. from Part i	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	100 SHARES OF INTERNATIONAL BUSINESS MACHINES (IBM)		10/14/0011
		\$\$	12/14/2011
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
		Ψ	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

\$

Employer identification number 45-2024310

For o contr	rganizations completing Part III, er ibutions of \$1,000 or less for the duplicate copies of Part III if addition	nter the total of <i>exclusiv</i> year. (Enter this inform	ely religious, ch	naritable, etc.,	
a) No from Part I	(b) Purpose of gift	(c) Use of gi	ft	(d) Description of how gift is held	
		(e) Transfer of			
	Transferee's name, address, an	d ZIP + 4	Relation	ship of transferor to transferee	
a) No. from Part I	(b) Purpose of gift	(c) Use of gi	ift	(d) Description of how gift is held	
	Transferee's name, address, an	(e) Transfer of		nship of transferor to transferee	
a) No. from Part I	(b) Purpose of gift	(c) Use of g	ift	(d) Description of how gift is held	
		(e) Transfer of	f gift		
	Transferee's name, address, ar	nd ZIP + 4	Relation	nship of transferor to transferee	
a) No. from Part I	(b) Purpose of gift	(c) Use of g	ift	(d) Description of how gift is held	
	(e) Transfer of gif			gift Relationship of transferor to transferee	

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations

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TAXES	
1	
Η	
PART	
990PF,	
FORM	

CHARITABLE	PURPOSES	509.	509.
ADJUSTED NET	INCOME		
NET INVESTMENT	INCOME		
REVENUE AND EXPENSES	PER BOOKS	1,018.	1,018.
			TOTALS
	DESCRIPTION	PAYROLL TAXES	

ATTACHMENT 2

- OTHER EXPENSES FORM 990PF, PART I

		CHARITABLE	PURPOSES	3,219.	65.	262.	27.	-	-	3,573.	
	ADJUSTED	NET	INCOME								
	NET	INVESTMENT	INCOME					18.		18.	
REVENUE	AND	EXPENSES	PER BOOKS IN	6,439.	130.	524.	55.	18.	850.	8,016.	
										TOTALS	
			DESCRIPTION	INSURANCE PREMIUMS	WORKERS COMPENSATION	PAYROLL EXPENSES	ADMINISTRATION FEES	BANK FEES	APPLICATION FEE		

FORM 990PF, PART II - CORPORATE STOCK

ENDING	18,388.	18,388.
ENDING BOOK VALUE	19,006.	19,006.
BEGINNING BOOK VALUE		
DESCRIPTION	INTERNATIONAL BUSINESS MACHINE	TOTALS

4376DV K375 5/15/2012 12:00:49 PM V 11-4.5

	NITACHMEN
}	ΤA

FORM 990PF, PART II - OTHER INVESTMENTS

ENDING	3,000.	3,000.
ENDING BOOK VALUE	3,000.	3,000.
BEGINNING BOOK VALUE		
DESCRIPTION	FIDELITY MUNICIPAL MONEY MRKT	TOTALS

K375 (BB)

LINE 10 - NEW SUBSTANTIAL CONTRIBUTORS PART VII-A, FORM 990PF,

SUPPORT PUBLIC DIRECT DATE

05/13/2011 ROAD SAMUEL & SELMA SAVITZ 470 CONSHOHOCKEN STATE BALA CYNWYD, PA 19004 NAME AND ADDRESS

35,000.

19,006.

12/14/2011

SAMUEL & SELMA SAVITZ 470 CONSHOHOCKEN STATE ROAD BALA CYNWYD, PA 19004

TOTAL CONTRIBUTION AMOUNTS

54,006.

ATTACHMENT

8,750.

GRAND TOTALS

0

0

0

SECRETARY/ TREASURER

AS NEEDED

470 CONSHOHOCKEN STATE ROAD

C/O SAMUEL SAVITZ

SAMUEL SAVITZ

BALA CYNWYD, PA 19004

ATTACHMENT 6 ויי הייגה

ATTACHMENT 7

FORM 990PF, PART XV - INFORMATION REGARDING FOUNDATION MANAGERS

SAMUEL SAVITZ SELMA SAVITZ

ATTACHMENT 8

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		•
	AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
		המססמת בווסטעת	70.
DOCTORS WITHOUT BORDERS USA INC	NONE	FROGRAM SOFFORI	
333 SEVENTH AVENUE NO 2ND FL	501(C)(3)		
NEW YORK, NY 10001-5004			
			C
IMPACT 100 PHILADELPHIA	NONE	PROGRAM SUPPORT	006
1200 GRENOX ROAD	501(C)(3)		
WYNNEWOOD, PA 19096			
			i i
NATIONAL LIBERTY MUSEUM	NONE	PROGRAM SUPPORT	.000
321 CHESTNUT STREET	501(C)(3)		
PHILADELPHIA, PA 19106			
			1 000
MANN CENTER FOR THE PERFORMING ARTS	NONE	PROGRAM SUPPORT	
123 S. BROAD STREET	501(C)(3)		
PHILADELPHIA, PA 19109			

2,070. TOTAL CONTRIBUTIONS PAID

PAGE 26 ATTACHMENT 8

V 11-4.5

12:00:49 PM

4376DV K375 5/15/2012

K375 (BB)

Form **8868**

(Rev January 2012)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

File a separate application for each return.

internal Revenu	e Service	scharate ab	phoadion for each feturn.	ľ		
 If you are 	filing for an Automatic 3-Month Extension, co	omplete on	ly Part I and check the	s box		▶ X
 If you are 	filing for an Additional (Not Automatic) 3-Mo	nth Extens	ion, complete only Par	t II (on page 2 of this for	m)	
Do not com	plete Part II unlessou have already been gran	ted an auto	matic 3-month extensio	n on a previously filed Foi	m 8868	
a corporation 8868 to red Return for instructions)	iling (e-file): You can electronically file Form in required to file Form 990-T), or an addition quest an extension of time to file any of the Transfers Associated With Certain Persona For more details on the electronic filing of the	nal (not aut forms liste al Benefit (nis form, vis	tomatic) 3-month exter ed in Part I or Part II w Contracts, which mus sit www.irs.gov/efile an	ision of time You can el with the exception of For t be sent to the IRS in d click on e-file for Charit	ectronicall m 8870, i n paper f	ly file Form Information format (see
	tomatic 3-Month Extension of Time. Or					
A corporation	n required to file Form 990-T and requesting ar	automatic	6-month extension - ch	eck this box and complete	;	
Part I only .						▶∐
All other corp	porations (including 1120-C filers), partnerships	s, REMICs,	and trusts must use Fo	rm 7004 to request an ext	ension of t	tıme
to file income				Enter filer's identifying		
Type or	Name of exempt organization or other filer, see ins	tructions		Employer identification	on number ((EIN) or
print						
File by the	SAVITZ FAMILY FOUNDATION			X 45-2024310		
due date for	Number, street, and room or suite no If a P O box			Social security numb	er (SSN)	
filing your return See			EN STATE ROAD			
instructions	City, town or post office, state, and ZIP code For a	i toreign addi	ress, see instructions			
Estantha Da	BALA CYNWYD, PA 19004	' (f)		 -		
Enter the Re	turn code for the return that this application is f	or (file a se	parate application for ea	ach return)		0 4
Application		Return	Application			Return
is For		Code	Is For			Code
Form 990		01	Form 990-T (corporation	on)		07
Form 990-BL	_	02	Form 1041-A			08
Form 990-E2	2	01	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
Telephone If the orga If this is fo for the whole a list with the	s are in the care of ► SAMUEL SAVITZ No ► 215 563-9930 nization does not have an office or place of but a Group Return, enter the organization's four group, check this box ► If an ames and EINs of all members the extension	usiness in the digit Group it is for par is for	p Exemption Number (G t of the group, check thi	SEN) s box▶ L	If th	
	st an automatic 3-month (6 months for a corpo		•			
until		xempt orga	inization return for the o	rganization named above	The exte	nsion is
	organization's return for					
	calendar year 20 or	4 20.13		12/21 0	0 11	
لثا	tax year beginning 04/0	<u></u> , 20 <u></u>	, and ending	12/31, 2	U <u>11</u> .	
	x year entered in line 1 is for less than 12 mon hange in accounting period	ths, check i	reason X Initial re	eturn Final return		
	application is for Form 990-BL, 990-PF, 99	0-T, 4720,	or 6069, enter the	tentative tax, less any		
	ndable credits See instructions	1700			3a \$	0
	application is for Form 990-PF, 990-T,					
	ed tax payments made. Include any prior yea				3b \$	0
	e due. Subtract line 3b from line 3a. Include		ent with this form, if re			_
	nic Federal Tax Payment System) See instruc		th this E 0000		3c \$	0
navment inetr	ou are going to make an electronic fund w	umarawai	with this form 8868,	see rom 8453-EO and	א שוסיו נ	318-FO tol