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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public

► The organization may have to use a copy of this return to satisfy state reporting requirements

Inspection

A	For th	ne 2012 calendar year, or tax year beginning	and ending		
В	Check i	C Name of organization		D Employer identification	ation number
	Addr	ress RAYMOND & GERTRUDE SALTZMAN FOUND	ATTON		
	Nam chan			22-21	.99368
	Initia	al	Room/suite		
	Term	1020 EXCE MADIEON DIVE	N71	(856)	424-6226
		nded Ott. Assum as and office about and ZID and		G Gross receipts \$	11,801,166.
	Appl	CHERRY HILL, NJ 08003		H(a) Is this a group ret	
	pend	F Name and address of principal officer: STUART ALPERIN		for affiliates?	Yes X No
		SAME AS C ABOVE		H(b) Are all affiliates inclu	ıded? Yes No
			47(a)(1) or 527	⊣ '	st. (see instructions)
		site: ► N/A	1	H(c) Group exemption	
		of organization: X Corporation Trust Association Other	L Year	of formation: 1978 M	State of legal domicile: NJ
LP	$\overline{}$	Summary	THE POINTS	MITON MAG TICH	INDITCUED
ဗ္	1	Briefly describe the organization's mission or most significant activities:			
ופת		TO PROVIDE CHARITABLE GRANTS TO JEWI			
Veri	2	Check this box I if the organization discontinued its operations of	or aisposed of more	3	7
Ĝ	3	Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, I	ino 1h)	4	$\frac{}{7}$
Activities & Governance	5	Total number of individuals employed in calendar year 2012 (Part V, line 2		5	3
<u>i</u>	6	, , , , , , , , , , , , , , , , , , , ,	•	6	0
Ę	7.	a Total unrelated business revenue from Part VIII. column (C), line 18	V	7a	0.
ď	1	Net unrelated business taxable income from Form 990-T. Inter-		7b	0.
	† -	Total number of volunteers (estimate if necessary) a Total unrelated business revenue from Part VIII, column (C), line to Net unrelated business taxable income from Form 990-T. Interest of the contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)	de	Prior Year	Current Year
d)	8	Contributions and grants (Part VIII, line 1h)		0.	0.
Revenue	9	Program service revenue (Part VIII, line 2g)	JAM. U.	0.	0.
eve	10	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 5d, 8e, 9e, 10e, and 11d)	al On [-875,740.	1,542,985.
~	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		12,949.	<u> 12,880.</u>
_	12	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 13) Benefits paid to or for members (Part IX, column (A), lines 13)	ne 12)	-862,791.	1,555,865.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1:3)		11,715,320.	3,036,039.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
) 7 2015 Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), line	es 5-10)	135,687.	137,237.
	16:	a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
~ ×	1	b Total fundraising expenses (Part IX, column (D), line 25)	<u> </u>	200 106	171 200
<u>~</u>	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		220,106.	171,298.
⊕ ≻-	18	Total expenses. Add lines 13-17 (must equal Part IX column (4), line 25)		12,071,113.	3,344,574.
A	19	Revenue less expenses Subtract line 18 from line 12	46	-12,933,904.	-1,788,709. End of Year
MASSets Orl	<u> </u>	Total assets (Part X, line 16)		eginning of Current Year 74,450,984.	78,686,249.
ASS.	20	\ \(\(\lambda \) \(\lambda	<i>. J</i> · ⊢	23,610.	295,691.
Z a	22			74,427,374.	78,390,558.
FP	art I			, 2 , 2 2 , , 0 , 2 4	,
Ş.Un	der pe	nalties of perjury, I declare that I have examined this return, including accompanying	schedules and staten	nents, and to the best of my	knowledge and belief, it is
tru	e, corr	ect, and complete, peclaration of pregarer (other than officer) is based on all informa	tion of which prepare	r has any knowledge.	•
		le de la companya della companya della companya de la companya della companya del		3-10	1-2015
Sig	gn	Signature of officer		Date	<u> </u>
He	-	STUART ALPERIN, EXECUTIVE DIRECTO	R		
		Type or print name and title			
		Print/Type preparer's name	1 1	Date / Gheck	PTIN
Pa	id	REYNOLD P. CICALESE Reynold	ucalese	3/19//5 self-employed	
	eparer			/ Firm's EIN	22-1942902
Us	e Only				
		CHERRY HILL, NJ 08034		Phone no. 85	56-667-4100
		IRS discuss this return with the preparer shown above? (see instructions)	<u> </u>	<u> </u>	Yes No
232	001 12	2-10-12 LHA For Paperwork Reduction Act Notice, see the separate i	nstructions.		Form 990 (2012)

		<u> 199368 </u>	Page 2
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III	<u>,</u>	
1	Briefly describe the organization's mission:		
	THE FOUNDATION WAS ESTABLISHED TO PROVIDE CHARITABLE GRANTS T	O JEWIS	SH
	ORGANIZATIONS AND AGENCIES THAT PROVIDE SERVICES TO IMPROVE T		
	OF THE ELDERLY AND TO ASSIST FINANCIALLY DISADVANTAGED CHILDR		
		.1314	
	RESIDING IN THE TRI-COUNTY AREA.		
2	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990-EZ?	∟Yes	X No
	If "Yes," describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured	by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total		
	revenue, if any, for each program service reported.	•	
4a	(Code) (Expenses \$ 3,036,039 · including grants of \$ 3,036,039 ·) (Revenue \$		1
Tu	THE FOUNDATION HAS BEEN ESTABLISHED FOR CHARITABLE, EDUCATION	JAT. AND	
	RELIGIOUS PURPOSES AS AN AFFILIATE ORGANIZATION TO THE JEWISH		
		1	
	FEDERATION OF SOUTHERN NEW JERSEY		
45	/a		
4b	(Code) (Expenses \$		 ′
			
			
4c	(Code) (Expenses \$		— <i>-</i> ′
		· · · · · · · · · · · · · · · · · · ·	
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 3,036,039.		
		Form 9 !	90 (2012)

22-2199368

			Yes	No
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		.03	140
1		1	X	
_	If "Yes," complete Schedule A	2		х
2	Is the organization required to complete Schedule B, Schedule of Contributors?			
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	3		x
	public office? If "Yes," complete Schedule C, Part I	<u> </u>	 -	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		}	x
_	during the tax year? If "Yes," complete Schedule C, Part II	4_	├─-	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_ ا	ŀ	x
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5_		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	 -	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	-	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
	Schedule D, Part III	8_		^
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	١ ـ		v
	If "Yes," complete Schedule D, Part IV	9	-	X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	١	- T	
	Part VI	11a	X	ļ
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	١	v	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			- T
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	1	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	1	<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		- T	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	1
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		- T	
	Schedule D, Parts XI and XII	12a	X	<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	400	İ	~
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	-	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	\vdash	X
14a	· · · · · · · · · · · · · · · · · · ·	14a	 	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1		1
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	-	X_
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	l		3,5
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	 	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			,,
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	-	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			4.5
	1c and 8a? If "Yes," complete Schedule G, Part II	18	+-	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X_
20 a		20a	+	X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	_23_		_X_
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
_	Schedule K. If "No", go to line 25	24a		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	-	<u> </u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b	-	_ <u>X</u> _
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		_X_
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			77
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			37
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			v
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
•	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			v
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	~~		v
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		х	
05-	Part V, line 1	34		v
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u> </u>
Ь	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	056		
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b_		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	00		v
07	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		_X_
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	20	х	
	Note. All Form 990 filers are required to complete Schedule O	_38_	990	(0040)

14a

14b

X

c Enter the amount of reserves on hand

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Part VI | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	_3		_X_
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<u>X</u>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	_5		<u> </u>
6	Did the organization have members or stockholders?	6_		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		_ <u>X</u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		<u>X</u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u> </u>
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			••
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın Schedule O how this was done	12c		- V
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45.		v
a	The organization's CEO, Executive Director, or top management official	15a 15b		X
b	Other officers or key employees of the organization if "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	130		
16-	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
iva	taxable entity during the year?	16a		x
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	104		
U	In joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
<u> </u>	List the states with which a copy of this Form 990 is required to be filed ►NJ			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	d finan	cial	
	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	ion: 🕨	•	
	RAYMOND & GERTRUDE SALTZMAN FOUNDAT - 856-424-6226	•		
	1930 EAST MARLTON PIKE, N71, CHERRY HILL, NJ 08003			
23200			222	10010

			•	
Form	990	(201	21	

RAYMOND & GERTRUDE SALTZMAN FOUNDATION

22-2199368___

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

Check if Schedule O contains a response to any question in this Part VII

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons

(A) Name and Title	(B) Average hours per week	box	not c	(C Posi heck r ss per d a di	tion more son i	than o	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) ARTHUR ABRAMOWITZ	0.00								0	0
TRUSTEE	0.00	X						0.	0.	0.
(2) MICHAEL VARBALOW	0.00							0.	0.	0 .
TREASURER	0.00	X			-		_		0.	
(3) ALAN WECHSLER	0.00	X						0.	0.	0
PRESIDENT	0.00	┢	-			-	 		0.	
(4) HARVEY SHAPIRO	0.00	X						0.	0.	0 .
VICE PRESIDENT (5) ROBERT BELAFSKY, MD	0.00	<u> </u>	\vdash				\vdash			
TRUSTEE	0.00	x					l	0.	0.	0
(6) MICHAEL J. PARTNOW, MD	0.00									
TRUSTEE		x		:			Ì	0.	0.	0.
(7) NEAL A. CUPERSMITH	0.00									
TRUSTEE		X						0.	0.	0
(8) STUART ALPERIN	35.00									
EXECUTIVE DIRECTOR & SEC.						<u> </u>		105,500.	0.	0
		-	-	\vdash		-				
		1								
		<u> </u>								
		<u> </u>	-	<u> </u>	_		_			<u></u>
						<u> </u>				
		$\frac{1}{2}$								
						Г				
		\vdash	<u> </u>	_			_			

rar	t VII Section A. Officers, Directors, Trus	1 '	ploy	ees			ghe	st C		1		<u> </u>		
	(A)	(B)			-	C)			(D)	(E)		(F		
	Name and title	Average	(do		Pos heck		than	one	Reportable	Reportable		Estim		
		hours per week	box	, unle	ss pe	s person is both an I a director/trustee)			compensation	compensation		amount of other		
		(list any	\vdash					Γ	from the	from related organizations	١,	comper		
		hours for	direc				E .		i	(W-2/1099-MISC)	`	from		
		related	tee or	Trustee			ensat		(W-2/1099-MISC)			organiz	zation	
		organizations	al trus	nal tr		loyee	g a					and re		
		line)	Individual trustee or director	Institutional 1	Officer	Key employee	Highest compensated employee	Ja His				organız	ations	
			-	=	8		Î	<u> </u>			+			
					_						_			
											+			
		<u> </u>			_		ļ	_						
		<u> </u>												
								-						
			-	_		ļ					+			
			-											
			ļ	ļ							+			
			\cdot											
		<u> </u>			<u> </u>		Ļ		105 500					
	Sub-total								105,500.	0	$\overline{}$		<u>0</u>	
	Total from continuation sheets to Part V	II, Section A							105,500.	0			0	
	Total (add lines 1b and 1c)			1 4 .		.	<u> </u>	<u> </u>			•			
2	Total number of individuals (including but is compensation from the organization	not limited to tr	iose	IISTE	ed a	DOV	e) wi	no r	eceived more than \$100	,,000 of reportable				
_,	compensation from the organization								· · · ·			Ye	s No	
3	Did the organization list any former officer	. director, or tra	uste	e. ke	ev er	nole	ovee	. or	highest compensated e	mplovee on	Г			
	line 1a? If "Yes," complete Schedule J for			-,	.,		-,					3	X	
4	For any individual listed on line 1a, is the s			omp	ensa	atıoı	n and			the organization				
	and related organizations greater than \$15	0,000? If "Yes,	, " <i>c</i> c	mpl	ete S	Sch	edul	e J	for such individual			4	X	
5	Did any person listed on line 1a receive or	accrue compe	nsat	ion 1	from	an	y uni	relat	ted organızatıon or indıv	idual for services				
	rendered to the organization? If "Yes," con	nplete Schedul	e J	for s	uch	per	son		•	·		5	<u> </u>	
1	tion B. Independent Contractors Complete this table for your five highest or	ompensated in	dep	ende	ent c	cont	racto	ors 1	that received more than	\$100,000 of compe	nsat	on fron	n	
	the organization. Report compensation for												_	
	(A) Name and business	addraaa		~	_				(B) Description of s	son//oos	Cor	(C) npensa	ition	
	Name and business	addiess	N	ON	<u> </u>				Description of	Services				
2	Total number of independent contractors		not l	mite	d to	tho	se lı ∩	sted	d above) who received r	nore than				
	\$100,000 of compensation from the organ	ization 📂					<u>v</u>					00	n (201)	

		Check if Schedule O cont	ains a response	to any question i		-	::	
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b					
s, (Am	c	Fundraising events	1c					
a git	c	d Related organizations	1d					
imi	e	Government grants (contribut	ions) 1e					
tio Y	f	All other contributions, gifts, gran	its, and					
ig (sımılar amounts not ıncluded abo	ve 1f					
d d	ę	Noncash contributions included in lines	1a-1f \$					
<u>8</u> 0	<u>t</u>	Total. Add lines 1a-1f	<u>.</u>				·,	<u> </u>
				Business Code				
Program Service Revenue	2 a	<u> </u>						
er.	b	·						
n S	c	·						
Re	C	1						
ro L	€							
a.		All other program service reve	enue	_				
		Total. Add lines 2a-2f	L-					
	3	Investment income (including	dividends, intere	_				
				. 🔁	1,015,379.			1,015,379.
	4	Income from investment of ta	x-exempt bond p	roceeds				
	5	Royalties						
	•	0	(i) Real	(ii) Personal				
	6 a	• •						
	t,	•						
	•	` '		L				
	_	d Net rental income or (loss) a Gross amount from sales of	() Consumbane	(v) Oth an				
	/ 6	assets other than inventory	(i) Securities	(II) Other				
		Less: cost or other basis	10,772,907.					
			10 245 201	:				
		0 (1)	10,245,301, 527,606,					
		d Net gain or (loss)	521,606,	•	527.606.	527,606.		
		Gross income from fundraisin	a evente (not		327,606,	527,606.		
une	0.6	including \$						
š		contributions reported on line						
Other Revenue		Dort IV line 19	. a					
t .	h	Less: direct expenses	. b					
Ò		Net income or (loss) from fund		———				
		a Gross income from gaming ac						
		Part IV, line 19	а					
	t	Less: direct expenses	b					
		Net income or (loss) from gan	• • •	•				
		Gross sales of inventory, less	_			_		
		and allowances	а					
	b	Less: cost of goods sold	b					
		Net income or (loss) from sale		•				
		Miscellaneous Revenu		Business Code				
	11 a	CLASS ACTION SUIT SETT		900099	12,880,			12,880,
	t							
	c				·-·			
	-	All other revenue						
	e	Total. Add lines 11a-11d		•	12,880.			
	12	Total revenue. See instructions.	•		1 555 865	527 606	0	1 028 259
23200 12-10	9 - 12							Form 990 (2012)

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response to any question in this Part IX (D) Fundraising (A) Total expenses Do not include amounts reported on lines 6b, Management and general expenses Program service 7b. 8b. 9b. and 10b of Part VIII. expenses expenses Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 3,036,039. 3,036,039 Grants and other assistance to individuals in the United States. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States, See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors. 105,500. 105,500. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 21,492 21,492. Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 10,245. 10,245. Payroll taxes 10 Fees for services (non-employees). Management 11,240. 11,240. Legal b 15,300. 15,300. Accounting d Lobbying Professional fundraising services. See Part IV, line 17 73,008. 73,008. Investment management fees . . Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 12 Advertising and promotion 4,739. 4,739. Office expenses 13 Information technology 14 Royalties 15 18,633. 18,633. Occupancy 16 7,000. 7,000. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 Interest 20 Payments to affiliates 21 1,904. 1,904. Depreciation, depletion, and amortization 22 35,016. 35,016. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 2,262. 2,262. TELEPHONE 1,724. 1,724 UTILITIES c BANK FEES 347. 347. 125 125. d CONFERENCES AND MEETING e All other expenses 0. 3,344,574. 3,036,039. 308,535 Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here If following SOP 98-2 (ASC 958-720)

Check if Schedule O contains a response to any question in this Part X (B) (A) End of year Beginning of year 1 Cash - non-interest-bearing 1 1,128,322. 914,664. 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 Accounts receivable, net 4 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L Assets 2,267,836. 2,059,771. Notes and loans receivable, net Inventories for sale or use 8 8 26,853. 28,677. Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 30,677. basis Complete Part VI of Schedule D 10a <u>3,253</u>. 5,157. 27,424 10b 10c Less: accumulated depreciation b 71,021,582. 75,678,650. 11 Investments - publicly traded securities 11 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 14 Intangible assets 1,234. 1,234. 15 Other assets. See Part IV, line 11 15 450,984 78,686,249. 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 17,514. 23,610. 17 Accounts payable and accrued expenses ... 17 278,177. 18 18 Grants payable 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Liabilities 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 23,610. 295,691. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 78,390,558. 74,427,374. 27 27 Unrestricted net assets 28 Temporarily restricted net assets 28 Permanently restricted net assets . . . 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds 32 74,427,374. 78,390,558. 33 33 Total net assets or fund balances 74,450,984. 78,686,249. Total liabilities and net assets/fund balances

		<u>99368</u>	Pag	<u>е 12</u>
Par	t XI Reconciliation of Net Assets			
	Check if Schedule O contains a response to any question in this Part XI	<u>-</u>	_	
1	Total revenue (must equal Part VIII, column (A), line 12)	1,55!		
2	Total expenses (must equal Part IX, column (A), line 25)	3,34		
3	· · · · · · · · · · · · · · · · · · ·	<u>-1,788</u>		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	74,42		
5	Net unrealized gains (losses) on investments	<u>5,75</u>	1,89	<u> 33.</u>
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain in Schedule O)			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			
		<u>78,39</u> 0	0,55	<u> 58.</u>
Paı	t XII Financial Statements and Reporting			
	Check if Schedule O contains a response to any question in this Part XII			
			Yes	No
1	Accounting method used to prepare the Form 990. Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a		ļ	
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X _	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,			
	consolidated basis, or both:			
	X Separate basis Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,			
	review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			_
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit		ĺ	
	Act and OMB Circular A-133?	3a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		
		Form	990 (2	2012)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

2012

Open to Public Inspection

Name of the organization

Employer identification number

Dod 1	Decem 4		& GERTRUDE						2	<u>2-21993</u>	68
Part I			ity Status (All organiz					ructions.			
	1		because it is: (For lines 1	_		-					
1	٦		s, or association of church		ribed in se	ction 170	(b)(1)(A)(i)	•			
2	7		'0(b)(1)(A)(ii). (Attach Sci	-							
3 ⊨			tal service organization of								
4			operated in conjunction	with a hos	pital descr	ribed in se	ction 170	(b)(1)(A)(ii	i). Enter	tne nospitai's	name,
	city, and state									- d !	
5	_		benefit of a college or ur	niversity ov	vnea or op	perated by	a governr	nentai uni	t describ	ea in	
	-	b)(1)(A)(iv). (Comple				4=0(1)//4					
<u> </u>	-	•	ent or governmental unit							ما مع ما ما ما ما ما	
7	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in										
• [7	b)(1)(A)(vi). (Comple		(Camplete	Dort II \						
<u> </u>	-		section 170(b)(1)(A)(vi).				ht.ana m	omborobu	n food a	ad aross ross	into from
9	-	=	eives: (1) more than 33 1 nctions - subject to certa								
		•	axable income (less sect	-							
		inrelated business t 509(a)(2). (Complete		uon o i i la	A) IIOIII DU	311103363 8	ioquii eu D	y trie orga	nzation	antor ourie ou,	.0.0.
10 🗀	-		perated exclusively to te	st for nubl	ic safety. S	See sectio	n 509(a)(4	Ŋ.			
11 🕱									v out the	purposes of	one or
	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that										
	describes the type of supporting organization and complete lines 11e through 11h.										
	a Type I	· · · · · · · · · · · · · · · · · · ·		ype III - Fu			d	Тур	e III - No	n-functionally	integrated
е 🗀	By checking	this box, I certify tha	at the organization is not		-	_		more disc	qualified	persons othe	r than
			han one or more publicly								
f			tten determination from t								
	supporting or	ganization, check t	his box								🗀
g	Since August	17, 2006, has the	organization accepted ar	ny gift or c	ontribution	from any	of the folk	owing pers	sons?	_	
	(i) A perso	n who directly or inc	lirectly controls, either al	lone or tog	ether with	persons d	lescribed i	n (ii) and (μί) below	·`	res No
	the gove	erning body of the s	upported organization?					-		11g(i)	X
	(ii) A famıly	member of a perso	n described in (i) above?	•						11g(ii)	X
	(iii) A 35% d	controlled entity of a	a person described in (i) o	or (ii) abovi	e?					11g(iii)	X
h	Provide the fe	ollowing information	about the supported or	ganızatıon	(s).						
			· · · · · · · · · · · · · · · · · · ·	т	_	1 -				ı	
(i) Nan	ne of supported	(ii) EIN	(iii) Type of organization		organization			(vi) Is organizatio	s tne on in col.	(vii) Amount o	
10	rganization		(described on lines 1-9 above or IRC section		sted in your document?		ion in col. support?	(i) organiz U.S	ed in the	suppo	ort
			(see instructions))					Yes	No	-	
	OTT.			Yes	No	Yes	No	168	I NO		
JEWI			12		x		X	x		2 427	,873.
FEDE	RATION A		1 4				^_		 	2,421	,075.
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T-4-1	1						1			2 427	873.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2012

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

Sec	tion A. Public Support	· · · · · · · · · · · · · · · · · · ·					
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total, Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly					1	
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on				ļ		
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)		_				
11	Total support. Add lines 7 through 10						<u> </u>
	Gross receipts from related activities,	•			•	12	
13	First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3)	. —
_	organization, check this box and stor			·			
	ction C. Computation of Publ						
14	Public support percentage for 2012 (ine 6, column (f) d	livided by line 11,	column (f))		14	%
	Public support percentage from 2011		•			15	
16a	33 1/3% support test - 2012. If the o				14 is 33 1/3% or	more, check this bo	ox and
	stop here. The organization qualifies		-				•
b	33 1/3% support test - 2011. If the		_		d line 15 is 33 1/39	% or more, check to	nis box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac					art IV how the orga	nization
	meets the "facts-and-circumstances"						▶∟
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the						•
	organization meets the "facts-and-cire						
<u> 18</u>	Private foundation. If the organization	n did not check a	box on line 13, 16	sa, 16b, 17a, or 17	D, check this box	and see instruction	

Schedule A (Form 990 or 990-EZ) 2012 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support		· · ·		· · · · · · · · · · · · · · · · · · ·		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to						
	or expended on its behalf		_				
5	The value of services or facilities						
	furnished by a governmental unit to				1		
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
•	Add lines 7a and 7b	<u></u>					_
	Public support (Subtract line 7c from line 6)		<u> </u>				
<u>Se</u>	ction B. Total Support			·			
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6						
10	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
ŧ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975					<u></u>	
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12)						<u> </u>
14	First five years. If the Form 990 is for	the organization'	's first, second, thi	d, fourth, or fifth t	ax year as a section	on 501(c)(3) organi	zation,
	check this box and stop here		•		<u></u> .	<u></u>	. ▶□
Se	ction C. Computation of Publ	ic Support Pe	ercentage				
15	Public support percentage for 2012 (I	ne 8, column (f) c	divided by line 13,	column (f))		15	%
16	Public support percentage from 2011	Schedule A, Par	t III, line 15			16	%
Se	ction D. Computation of Inves	tment Incom	ne Percentage				<u> </u>
17	Investment income percentage for 20	12 (line 10c, colu	mn (f) divided by li	ne 13, column (f))		17	%
18	Investment income percentage from	2011 Schedule A,	Part III, line 17			18	%
19	a 33 1/3% support tests - 2012. If the	organization did	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a						. ▶□
ı	33 1/3% support tests - 2011. If the						and
	line 18 is not more than 33 1/3%, che	ck this box and s	stop here. The org	anızatıon qualıfies	as a publicly supp	oorted organization	. ▶∐
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see ir	structions	<u> </u>

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions.

2012
Open to Public Inspection

Name of the organization

Employer identification number

	RAYMOND & GERTRUDE	SALTZMAN FOUNDATION	22-21993	68
Par		ed Funds or Other Similar Funds		
	organization answered "Yes" to Form 990, Part IV, lin	е 6		
		(a) Donor advised funds	(b) Funds and other accoun	its
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	ed funds	
_	are the organization's property, subject to the organization's	-	Yes	☐ No
6	Did the organization inform all grantees, donors, and donor a	-	ised only	
•	for charitable purposes and not for the benefit of the donor of			
	impermissible private benefit?		. Yes	☐ No
Par		ganization answered "Yes" to Form 990, Pa		
1	Purpose(s) of conservation easements held by the organizat			
•	Preservation of land for public use (e.g., recreation or e		orically important land area	
	Protection of natural habitat	Preservation of a certif	* *	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of	of a conservation easement on th	e last
-	day of the tax year.			
	day or and tax your.		Held at the End of the	Tax Year
а	Total number of conservation easements		2a	
h	Total acreage restricted by conservation easements		2b	
c	Number of conservation easements on a certified historic sti	ructure included in (a)	2c	
d	Number of conservation easements included in (c) acquired			
_	listed in the National Register		2d	
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the		
	year >	, on the second		
4	Number of states where property subject to conservation ea	sement is located		
5	Does the organization have a written policy regarding the pe			
•	violations, and enforcement of the conservation easements		Yes	☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting,	*** *** ***	ring the year ▶	
7	Amount of expenses incurred in monitoring, inspecting, and			
8	Does each conservation easement reported on line 2(d) abo			
	and section 170(h)(4)(B)(ii)?		Yes	☐ No
9	In Part XIII, describe how the organization reports conservat	tion easements in its revenue and expense	statement, and balance sheet, a	nd
	include, if applicable, the text of the footnote to the organiza			
	conservation easements.			
Pai	t III Organizations Maintaining Collections of	of Art, Historical Treasures, or Ot	her Similar Assets.	
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under SFAS 116 (A	SC 958), not to report in its revenue statem	ent and balance sheet works of	art,
	historical treasures, or other similar assets held for public ex	hibition, education, or research in furtherar	ice of public service, provide, in l	Part XIII,
	the text of the footnote to its financial statements that descri	nbes these items.		
b	If the organization elected, as permitted under SFAS 116 (A	SC 958), to report in its revenue statement	and balance sheet works of art,	historical
	treasures, or other similar assets held for public exhibition, e			
	relating to these items:			
	(i) Revenues included in Form 990, Part VIII, line 1		. \$	
	(ii) Assets included in Form 990, Part X		> \$	
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financial	gain, provide	
	the following amounts required to be reported under SFAS			
а	Revenues included in Form 990, Part VIII, line 1		> \$	
b	Assets included in Form 990, Part X		. • \$	

		& GERTRUDI						<u>-2199368</u>	
Par									
3	Using the organization's acquisition, accessi	on, and other record	s, check	any of the t	following tha	t are a signi	ficant use	of its collection	items
	(check all that apply):		_						
а	Public exhibition	d	<u> </u>	_oan or exch	nange progra	ams			
b	Scholarly research	е	L(Other					
C	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	n how th	ey further th	ne organizatı	on's exemp	t purpose	ın Part XIII.	
5	During the year, did the organization solicit o	r receive donations of	of art, his	storical treas	sures, or oth	er sımılar as	sets		
	to be sold to raise funds rather than to be ma							Yes	No_
Par			te if the	organization	n answered '	'Yes" to Foi	rm 990, Pa	rt IV, line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.							
1a	Is the organization an agent, trustee, custod	an or other intermed	liary for (contribution	s or other as	sets not inc	luded		
	on Form 990, Part X?							Yes	∟ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing t	able:					
								Amount	
	Beginning balance		••				1c		
d	Additions during the year						1d		
е	Distributions during the year						1e		
f	Ending balance				•		1f		
	Did the organization include an amount on F						•	Yes	∐ No
	If "Yes," explain the arrangement in Part XIII								
Par	t V Endowment Funds. Complete								
		(a) Current year	(b) P	rıor year	(c) Two year	rs back (d)	Three years	s back (e) Four	years back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships						-		
е	Other expenditures for facilities								
	and programs .								
f	Administrative expenses								
g	End of year balance		<u> </u>					L	
2	Provide the estimated percentage of the cur	rent year end balanc		g, column (a	i)) held as:				
а	Board designated or quasi-endowment		%						
b	Permanent endowment	%							
С	Temporarily restricted endowment	%							
	The percentages in lines 2a, 2b, and 2c show								
За	Are there endowment funds not in the posse	ession of the organiza	ation tha	at are neid a	na administe	erea for the	organizatio	on [Van Na
	by:							0-0	Yes No
	(i) unrelated organizations					•••		3a(i)	
	(ii) related organizations					•••		3a(ii)	
	If "Yes" to 3a(ii), are the related organization	-			•		•	. <u>3b</u>	
Dar	t VI Land, Buildings, and Equipn				-				
rai		(a) Cost or o			or other	(a) Acc:	umulated	(d) Bool	c value
	Description of property	basis (investi	1	basis	or other (other)	` '	ciation	(4) 500	· value
	Lond	Dadid (IIIVesti			(551)	Copie		-	
	Land								
b	Buildings							 	
C	Leasehold improvements								
d	Equipment			3	0,677.	2	7,424		3,253.
<u>e</u> Total	Other Add lines 1a through 1e (Column (d) must 6	aual Form 990 Part	X colur				. , <u>, , , 4 4</u>	-	$\frac{3,253}{3,253}$

Part VII Investments - Other Securities. See (a) Description of security or category (including name of security)	(b) Book value	(c) Method of v	aluation: Cost or er	nd-of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)	-			
(D)				
(E)				
(F)				
(G)				
(H)				
(1)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related. Se		line 13.		
(a) Description of investment type	(b) Book value	(c) Method of v	aluation: Cost or er	nd-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				 _
(6)				
(8)				
(9)				
(10)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets. See Form 990, Part X, line				(b) Book value
	Description			(D) BOOK Value
(1)				
(2)		<u> </u>		
(3)				
(4)				
(5)				
(6)		<u> </u>		
(7)				
(8)				
(9)		· · · · · · · · · · · · · · · · · · ·	·	
(10) Total. (Column (b) must equal Form 990, Part X, col (B) lin	- 1F)			
Part X Other Liabilities. See Form 990, Part X,	line 25			<u> </u>
(a) Description of liability		(b) Book value		
(1) Federal income taxes			1	
(2)			1	
(3)			7	
(4)			_	
(5)				
(6)	-			
(7)				
(8)			1	
(9)			1	
(10)			1	
(11)			1	
Total. (Column (b) must equal Form 990, Part X, col (B) lin	e 25.)		1	
2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the te		the organization's financia	al statements that re	eports the organization's
liability for uncertain tax positions under FIN 48 (ASC				

Schedule D (Form 990) 2012

	dule D (Form 990) 2012 RAYMOND & GERTRUDE SALTZMAN FOUNDATION t XI Reconciliation of Revenue per Audited Financial Statements With Revenue per R		2199368	Page 4
			1,028,	250
1	Total revenue, gains, and other support per audited financial statements	1	1,046,	<u> </u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains on investments			
b	Donated services and use of facilities			
С	Recoveries of pnor year grants	l		
d	Other (Describe in Part XIII.)			•
е	Add lines 2a through 2d	2e		0.
3	Subtract line 2e from line 1	3	1,028,	259.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)			
C	Add lines 4a and 4b	4c		606.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,555,	<u>865.</u>
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Retu		
1	Total expenses and losses per audited financial statements	1	3,344,	<u>574.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.			
а	Donated services and use of facilities 2a			
b	Prior year adjustments 2b	1		
С	Other losses 2c			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d	2e		0.
3	Subtract line 2e from line 1	3	3,344,	574.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b				
-	Add lines 4a and 4b	4c		0.
5		5	3,344,	574.
	rt XIII Supplemental Information			
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1	b and 2	h: Part V line	1. Part
	e 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional informat		,	.,
	RT X, LINE 2: THE FOUNDATION FOLLOWS THE PROVISIONS OF ASC		0-10.	
	AT A, BIND 2. IND I CONDAILOR I CEDOMO IND INCVIDIONO OF THE			
TH:	IS ADRESSES THE DETERMINATION OF WHETHER TAX BENFITS CLAIM	ED,	OR	
EXI	PECTED TO BE CLAIMED, ON A TAX RETURN SHOULD BE RECORDED I	N TI	HE	
FII	NANCIAL STATEMENTS. THE FOUNDATION RECOGNIZES THE TAX BEN	EFI'	r FROM A	N
IIN	CERTAIN TAX POSITION WHEN, BASED ON TECHNICAL MERITS, IT I	S M	ORE LIKE	LY
<u> </u>	SHITTER THE TOUR THE WINDS OF TRUIT OF THE SHITTER TO			
TH	AN NOT THE POSITION WILL BE SUSTAINED ON EXAMINATION BY TA	XIN	<u> </u>	
<u>AU'</u>	THORITIES. THE FOUNDATION RECOGNIZES ACCRUED INTEREST AND	PEI	NALTIES	
AS:	SOCIATED WITH UNCERTAIN TAX POSITIIONS AS PART OF THE PROV	<u>ISI(</u>	ON FOR	
		0-6	lula D (Farm O	001 0040

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Part 2	KIII	Sup	plem	<u>ental</u>	Info	rma	tion	(con	tinue	d)												
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THE	IN	ľERI	NAL	REV	ΈΝ	JE	COL	E	SEC	TIC	N	50:	1 (C	(3)								
PART	' X	Ι, Ι	LIN	E 4B	s –	OT	HER	A	DJU	JSTM	ŒN	VTS	:								-	
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SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

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Open to Public Inspection

8 Employer identification number 22-2199368 (h) Purpose of grant or assistance X Yes GENERAL SUPPORT SENERAL SUPPORT GENERAL SUPPORT SENERAL SUPPORT GENERAL SUPPORT SUPPORT Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any GENERAL Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance : (f) Method of valuation (book, FMV, appraisal, other) : ٥. Ö Ö ö Ö 0 (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ▶ Attach to Form 990. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. SALTZMAN FOUNDATION (d) Amount of cash grant 245,000, 310,666 363,262 119,994 000 09 98,117 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable 3 Enter total number of other organizations listed in the line 1 table
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. & GERTRUDE General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? GRANT 15- CHILD ADOLESCENT PROGRAM 1 (a) Name and address of organization GRANT 8- CAMP SCHOLARSHIP (JEWISH RAYMOND GRANT 9- SENIOR TRANSPORTATION SCHOLARSHIP (JEWISH COMMUNITY (JEWISH FAMILY AND CHILDREN (JEWISH COMMUNITY CENTER) GRANT 14- DAYCARE AND EC or government GRANT 3- KELLMAN ACADEMY GRANT 6- POLITZ SCHOOL Name of the organization COMMUNITY CENTER) Part I Part CENTER) N

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Schedule I (Form 990) (2012)

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Page 1

Schedule I (Form 990) RAYMOND & GERTRUDE SALTZMAN FOUNDATION

Part III Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) RAYMOND & GERTRUDE SALTZMAN FOUNDATION

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)	Assistance to Go	vernments and Organ	lizations in the U	rited States (Sche	dule I (Form 990), Par	↓ II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section f applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GRANT 16- SENIOR SERVICES (JEWISH FAMILY AND CHILDREN)			712,366,	0			GENERAL SUPPORT
GRANT 18- SF LIFE LONG LEARNING (JEWISH COMMUNITY CENTER)			121,051.	0			GENERAL SUPPORT
GRANT 20- OPEN HEARTS/OPEN DOORS (JEWISH COMMUNITY CENTER)			205,000.	0,			GENERAL SUPPORT
GRANT 1- JEWISH FEDERATION			200,907,	0.			GENERAL SUPPORT
GRANT 24- SENIOR SATELLITE (JEWISH COMMUNITY CENTER)			59.849.	0			GENERAL SUPPORT
GRANT 33- INFANT DAYCARE (JEWISH COMMUNITY CENTER)			47,500,	0			GENERAL SUPPORT
			105 601.	0			GENERAL SUPPORT
GRANT 46- PRESCHOOL CONSORTIUM (JEWISH COMMUNITY CENTER)			175,955,	0			GENERAL SUPPORT
GRANT 47- FOXMAN DV TORAH INSTITUTE			10,000	0			GENERAL SUPPORT

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Page 1

Schedu	ule I (Form 990)	RAYMOND & GERTRUDE SALTZMAN FOUNDATION	22-2199
Part II C	Continuation of Gr	on of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)	

(a) Name and address of c) IRC section organization or government (b) EIN (c) IRC section organization organi	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GRANT 49- DIE SPECIAL NEEDS (DJE)			98 088	O			GENERAL SUPPORT
GRANT 53- CABLE TV PROGRAMMING (TRI-COINTV RARRIS)			32 500	O			GENERAL SUPPORT
GRANT 54- KOHELET YESHIVA HIGH			10 000	°°			GENERAL SUPPORT
GRANT 57- FEDERATION GRANT (JEWISH FEDERATION)			29,632,	°°			GENERAL SUPPORT
GRANT 61- DUBIN PROFESSIONAL DEVELOPMENT (JEWISH FEDERATION)			1 000	0			GENERAL SUPPORT
GRANT 62- TORAH ACADEMY			O	o			GENERAL SUPPORT
GRANT 64- DJE FUTURE LEADERSHIP			4 550	0			GENERAL SUPPORT
GRANT 73- ABRAMS ACADEMY			0	o			GENERAL SUPPORT
CBanm 92 HOLOCARST LEGACY			25 000	0			

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22-2199368 Page 1	(h) Purpose of grant or assistance	GENERAL SUPPORT					Schedule I (Form 990)
	(g) Description of non-cash assistance	U					
edule I (Form 990), Pa	(f) Method of valuation (book, FMV, appraisal, other)		: 				
nited States (Sche	(e) Amount of non-cash assistance	0					
OUNDATION	(d) Amount of cash grant	10,000,					
SALTZMAN FOUNDATION vernments and Organizations in the Un	(c) IRC section if applicable						
GERTRUDE Assistance to Go	(b) EIN						
Schedule I (Form 990) RAYMOND & GERTRUDE SALTZMAN FOUNDATION Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)	(a) Name and address of organization or government	GRANT 83- PJ LIBRARY (DJE)					

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Page 2

Schedule I (Form 990) (2012)

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

2012 Open to Public

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

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

Attach to Form 990 or 990-EZ.

Employer identification number

RAYMOND & GERTRUDE SALTZMAN FOUNDATION 22-2199368
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THAT PROVIDE SERVICES TO IMPROVE THE LIVES OF THE ELDERLY AND TO ASSIST
FINANCIALLY DISADVANTAGED CHILDREN RESIDING IN THE TRI-COUNTY AREA.
FORM 990, PART VI, SECTION B, LINE 11: FORM 990 IS REVIEWED BY THE BOARD
PRIOR TO FILING TO MAKE SURE IT'S COMPLETE AND ACCURATE.
FORM 990, PART VI, SECTION C, LINE 19: ORGANIZATION DOCUMENTS ARE AVAILABLE UPON REQUEST.
FORM 990, PART VII CONTACT ADDRESSES FOR OFFICERS, DIRECTORS, ETC:
ARTHUR ABRAMOWITZ - 1930 EAST MARLTON PIKE, CHERRY HILL, NJ 08003
MICHAEL VARBALOW - 1930 EAST MARLTON PIKE, CHERRY HILL, NJ 08003
ALAN WECHSLER - 1930 EAST MARLTON PIKE, CHERRY HILL, NJ 08003
STUART ALPERIN - 1930 EAST MARLTON PIKE, CHERRY HILL, NJ 08003
HARVEY SHAPIRO - 1930 EAST MARLTON PIKE, CHERRY HILL, NJ 08003
ROBERT BELAFSKY, MD - 1930 EAST MARLTON PIKE, CHERRY HILL, NJ 08003
MICHAEL J. PARTNOW, MD - 1930 EAST MARLTON PIKE, CHERRY HILL, NJ 08003
NEAL A. CUPERSMITH - 1930 EAST MARLTON PIKE, CHERRY HILL, NJ 08003
THE BOARD REVIEWS A DRAFT OF THE AUDITED FINANCIAL STATEMENTS BEFORE
FINAL ISSUE.

Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Parti

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

2012 Open to Public Inspection

OMB No 1545-0047

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Employer identification number 22-2199368

> Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) RAYMOND & GERTRUDE SALTZMAN FOUNDATION Name of the organization

•							
(a)	(p)	(0)	(p)	(e))	(J)	
Name, address, and EIN (if applicable)	Primary activity	Legal domicile (state or	Total income	End-of-year assets		Direct controlling	
of disregarded entity		foreign country)			— ——	entity	
	_				_		
Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)	ations (Complete if the organization a	answered "Yes" to Form 990,	Part IV, line 34 beca	use it had one or n	nore related tax-exerr	ıpt	
(a)	(q)	(c)	(p)	(e)	(J)	(g)) (c) (c)
Name, address, and EIN of related organization	Pnmary activity	Legal domicile (state or foreign country)	Exempt Code st	Public charity status (if section	Direct controlling entity	controlled controlled entity?	(C) (1)
				501(c)(3))		Yes	S N
JEWISH FEDERATION OF SOUTHERN NEW JERSEY	THE FOUNDATION IS AN		i	_			
1301 SPRINGDALE RD #150	AFFILIATED FOUNDATION TO						
CHERRY HILL, NJ 08003-2763	THE JEWISH FEDERATION	NEW JERSEY	501(C)(3)	ON	NOT APPLICABLE		×
	, —	_					
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2012

22-2199368

Page 2

Schedule R (Form 990) 2012 RAYMOND & GERTRUDE SALTZMAN FOUNDATION

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) Part III

•	45									1		
¥	General or Percentage managing ownership											
9	aging	S						_				
_	Gen man	ě		 	_	 				_	 	
€	Code V-UBI amount in box	K-1 (Form 1065)	!									
	tion-	No										
Ξ	Disproportion- ate allocations?	Yes						_				
(6)	Share of end-of-year	assers										
9	Share of total income											
(e)	Predominant income (related, unrelated,	sections 512-514)										
(p)	Direct controlling entity											
(c)	Legal domicile (state or	foreign country)										
(q)	Primary activity											
(a)	Name, address, and EIN of related organization											

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) Part IV

	<u>[</u>	b(13) rolled	No							 		
		512(b)(13) controlled entity?	Yes									
	Ξ	0 0										
		Share of end-of-year	desers									
		Share of total income										
	(e)	Type of entity (C corp, S corp,	or trust)				· '	_				
	©	Direct controlling entity										
	<u> </u>	9	country)									
الماق المام	(2)	Primary activity										
6	(a)	Name, address, and EIN of related organization										

Schedule R (Form 990) 2012

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Part V

Note Complete line 1 if any entity is listed in Parts II. III. or IV of this schedule.				Yes No .
1 Dunng the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more re	elated organizations listed	in Parts II-IV?	
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a
b Gift, grant, or capital contribution to related organization(s)			:	1b X
c Grift, grant, or capital contribution from related organization(s)			:	tc X
d Loans or loan guarantees to or for related organization(s)			:	1d X
e Loans or loan guarantees by related organization(s)			. :	1e X
6 Duidande from ralated organization(e)				*
			:	÷
h Purchase of assets from related organization(s)				
i Exchange of assets with related organization(s)			: :	
j Lease of facilities, equipment, or other assets to related organization(s)				1j X
k Lease of facilities, equipment, or other assets from related organization(s)				1k X
I Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			= X
m Performance of services or membership or fundraising solicitations by related organization(s)	ınızatıon(s)		:	T X
n Shanng of facilities, equipment, mailing lists, or other assets with related organization(s)	ion(s)			1n X
 Sharing of paid employees with related organization(s) 				10 🗙
				_
p Heimbursement paid to related organization(s) for expenses		•	:	
q Reimbursement paid by related organization(s) for expenses			:	1g X
r Other transfer of cash or property to related organization(s)				<u>+</u>
				1s X
If the answer to any of the above is "Yes," see the instructions for infor-	who must complete the	nis line, including covered	mation on who must complete this line, including covered relationships and transaction thresholds	
	4	(3)	5	
Name of other organization	Transaction type (a-s)	Amount involved	Method of determining amount involved	nvolved
(1)				
(3)				:
(4)				
(5)				
(9)				
232163 12-10-12	29		Schedule	Schedule R (Form 990) 2012

22-2199368

Page 4

Schedule R (Form 990) 2012 RAYMOND & GERTRUDE SALTZMAN FOUNDATION

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

that was not a related organization. See instructions regarding exclusion for certain investment partnerships	Predominant income partners sec (related, unrelated, 501(c)(3) total excluded from tax under section 512-514) Yes No				
9					
sdius	ome partners sec (ed, 000s) (12) (13) (14) (15) (15) (15)				
estment partner	Predominant inc (related, unrelated, under section 512				
sion for certain inv	micile oreign ry)				
tructions regarding exclusion	Primary activity				
related organization See ins	(a) Name, address, and EIN of entrty				

Schedule R	(Form 990) 2012 Supplemental Info	RAYMOND	<u>&</u>	GERTRUDE	SALTZMAN	FOUNDATION	22-2199368 Page 5
Part VII							
	Complete this part to pro	vide additional in	form	nation for response	es to questions on	Schedule R (see instru	ctions).
		·				 -	-
							
							
-						•	
							
		·· ·-					
							
							
						-	
						<u></u>	<u> </u>
		•		•	•		
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		-					
							
	·					 	
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	<u> </u>	. <u> </u>					
						_	

Department of the Treasury Internal Revenue Service (99)

Depreciation and Amortization (Including Information on Listed Property)

► Attach to your tax return.

OMB No 1545-0172

Attachment Sequence No 179

► See separate instructions. Name(s) shown on return

Business or activity to which this form relates

990

Identifying number

	MOND & GERTRUDE SA					PAGE 10	1 / h a fa wa	22-2199368
Par		rry Under Section 1	79 Note: If you	nave any iis	tea property,	complete Part		
	axımum amount (see ınstructions)	•					1	500,000
	otal cost of section 179 property plac	•	•		•	• •	2	0 000 000
	reshold cost of section 179 property				•		3	2,000,000
4 R	eduction in limitation Subtract line 3	from line 2. If zero	or less, enter	-0-		•	4	
5 Do	illar limitation for tax year. Subtract line 4 from line		-0- If married filing				5	
6	(a) Description of pr	operty		(b) Cost (busin	ess use only)	(c) Elected	cost	
								
						·-··		
7 Lı	sted property. Enter the amount from	ı line 29			7			
8 To	otal elected cost of section 179 prope	erty. Add amounts	s ın column (c)	, lines 6 and	7		8	
9 Te	entative deduction. Enter the smaller	of line 5 or line 8					. 9	<u> </u>
10 C	arryover of disallowed deduction from	n line 13 of your 2	011 Form 456	2			10	
11 B	usiness income limitation. Enter the s	maller of busines	s income (not	ess than zei	o) or line 5	•	11	
12 S	ection 179 expense deduction. Add l	ines 9 and 10, bu	t do not enter	more than lii	ne 11	<u>·</u>	12	
13 C	arryover of disallowed deduction to 2	013. Add lines 9	and 10, less lin	e 12	▶ 13	·		
Note:	Do not use Part II or Part III below for	r listed property.	Instead, use P	art V.				<u></u>
Par	t II Special Depreciation Allowa	nce and Other D	epreciation (l	Do not inclu	de listed prop	erty)		
14 S	pecial depreciation allowance for qua	lified property (ot	her than listed	property) pl	aced in servic	ce during		
th	e tax year						14	
15 P	roperty subject to section 168(f)(1) el	ection					15	
16 O	ther depreciation (including ACRS)	-					16	1,904
Par	t III MACRS Depreciation (Do no	ot include listed p	roperty.) (See	nstructions.)			
18 ir	you are electing to group any assets placed in ser Section B - Assets (a) Classification of property	(b) Month and year placed	(c) Basis for (business/inv	2 Tax Year		neral Deprecia	ation Syste	em (g) Depreciation deduction
		in service	only - see ir	istructions)		<u> </u>		
19a	3-year property							
<u>b</u>	5-year property	_						
_ <u>c</u>	7-year property	_						
d	10-year property							
е	15-year property							
f	20-year property	_						
g	25-year property				25 yrs _		S/L	
h	Residential rental property	/	ļ		27.5 yrs.	MM	S/L	
		/			27.5 yrs.	<u>MM</u>	S/L	
i	Nonresidential real property	/			39 yrs.	MM	S/L	<u>.</u>
<u>'</u>		/	<u>.</u>			MM	S/L	
	Section C - Assets I	Placed in Service	During 2012	Tax Year U	sing the Alte	rnative Deprec	iation Sys	tem
20a	Class life						_ S/L	<u> </u>
b	12-year				12 yrs.		S/L	
С	40-year	/	<u> </u>		40 yrs.	MM	S/L	
Par	t IV Summary (See instructions)							
21 L	isted property. Enter amount from lin	e 28					21_	
	otal. Add amounts from line 12, lines		nes 19 and 20	ın column (g), and line 21			
	nter here and on the appropriate line	_					22	1,904
	or assets shown above and placed in	-						
23 F				, or itor trio	j i			
	ortion of the basis attributable to sec	_		, dittor tiro	23			

LHA For Paperwork Reduction Act Notice, see separate instructions.

	m 4562 (2012)		MOND &										2199			
P	art V Listed Propert amusement.)	ty (Include a	utomobiles, e	certain ot	her vehic	les, cer	taın com	puters	s, and prop	erty use	ed for en	tertainr	nent, reci	eation, o	or	
	Note: For any through (c) of S	vehicle for wi	hich you are	using the	standare	d mileag	ge rate or	dedu	cting lease	expens	e, comp	lete on!	y 24a, 24	b, colun	nns (a)	
			on and Othe	•				nstruc	tions for li	mits for	passeng	er autor	nobiles.)			
248	Do you have evidence to s						es _		24b If "Y					Yes [No	
	(a)	(b)	(c)		(d)		(e)		(f)	(g)		(h)		i)	
	Type of property	Date placed in	Business investmei	nt I	Cost or	l (bu	sis for depri isiness/inve		Recovery		thod/		eciation uction	Elec sectio	ted n 179	
(list vehicles first) placed in investment use percenta			age 0	ge other basis		use only)) period		Convention		deduction		st		
25	Special depreciation allo				y placed	ın servi	ce durinç	g the ta	ax year an	d						
_	used more than 50% in								<u> </u>		25					
<u> 26</u>	Property used more tha	n 50% in a d	ualified busi		·											
_		 		%						<u> </u>						
_				%		_										
27	Property used 50% or le	l	fied busines	%					L	<u> </u>						
21	Froperty used 50% of R	a quan	liled busines	%					T	S/L·						
_				%					-	S/L·	 -					
		<u> </u>		%						S/L·						
28	Add amounts in column	(h), lines 25	through 27.		re and or	line 21	. page 1		l	L=:-	28					
	Add amounts in column		_										29			
					B - Infor		on Use	of Vel	nicles		_	_				
Co	mplete this section for ve	hicles used	by a sole pro	prietor, p	oartner, o	r other	"more th	an 5%	owner," o	or related	d person	١.				
-	ou provided vehicles to y	our employe	es, first ans	wer the q	uestions	ın Sect	ion C to	see if y	you meet a	an excep	otion to o	complet	ing this s	ection fo	or	
tho	se vehicles.					•				·						
				- - ((a)	((b)		(c)	[6	d)	((e)		(f)	
30	Total business/investment	Total business/investment miles driven during the			Vehicle		Vehicle		Vehicle		Vehicle		Vehicle		Vehicle	
	- '	year (do not include commuting miles)									ļ					
	Total commuting miles driven during the year															
32	Total other personal (no	ncommuting	j) miles	ļ												
	driven	.,						 				 				
33	Total miles driven during			-												
34	Add lines 30 through 32 34 Was the vehicle available for personal use			Vac	N _a	Yes	No.	Yes	s No	Yes	No	Yes	No	Yes	No	
34	during off-duty hours?	ie ioi heisoii	iai us o	Yes	No	162	No	165	140	162	140	165	110	163		
35	Was the vehicle used p	rımarıly hy a	more		1			i -	 						****	
.	than 5% owner or relate						1		1							
36	Is another vehicle availa	•	onal				<u> </u>	Ì .								
	use?	•						ļ								
		Section C	- Questions	for Emp	oloyers V	Vho Pro	vide Vel	nicles	for Use b	y Their I	Employe	es				
An	swer these questions to	determine if	you meet an	exceptio	n to com	pleting	Section	B for v	ehicles us	ed by e	mployee	s who a	re not m	ore than	5%	
ow	ners or related persons	<u>-</u>														
37	Do you maintain a writte	en policy sta	tement that	prohibits	all perso	nal use	of vehicl	es, inc	luding cor	nmuting	, by you	r		Yes	No	
	employees?			•					•	-		•••				
38	Do you maintain a writte													Ì		
	employees? See the ins					fficers, o	directors	, or 1%	6 or more	owners		••••			-	
39	•	•		•					_							
40	Do you provide more th					ıntorma	tion from	ı your	employee	s about						
	the use of the vehicles,				•	menet-	otion ···-		• •		•			-	-	
41	Do you meet the require Note: If your answer to										••	•	•		-	
P	art VI Amortization	or, oo, oo, 4	0,014118	es, uur	ioi comp	1515 OF	AUDI D IC	, uie (- CARLER AF					1		
(a)			(b)	T	(c)	(c)		(d)		(e)						
			ate amortization begins	amortization Amortizable			Code section			Amortization period or percentage		Amortization for this year				
42	Amortization of costs th	nat begins du	uring your 20		ear:						, 31 put			<u> </u>		
								\top								
43	Amortization of costs th	nat began be	fore your 20	12 tax ye	ar							43				
	Total Add amounts in	_	-			n renort	•	•	•		•	44				

Form 88	368 (Rev 1-2013)					Page 2				
• If you	are filing for an Additional (Not Automatic) 3-Month Ex	tension, o	complete only Part II and check this	box		ightharpoons				
	nly complete Part II if you have already been granted an a				3868.					
	are filing for an Automatic 3-Month Extension, comple	te only Pa	art I (on page 1)							
Part	Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the origin	al (no co	opies need	led).				
			Enter filer's	identifyin	g number, s	ee instructions				
Type or	Name of exempt organization or other filer, see instru	Employer identification number (EIN) or								
print										
File by the		22-2199368								
due date fi filing your	Number, street, and room or suite no. if a P O box, s	tions.	Social security number (SSN)							
return See	1930 EAST MARLTON PIKE, NO.									
instruction	City, town of post office, state, and zir code for a foliagh address, as instructions.									
	CHERRY HILL, NJ 08003									
Enter th	e Return code for the return that this application is for (file	a separa	te application for each return)			0 1				
_		1								
Applica	tion	Return				Return				
ls For		Code	Is For	Code						
Form 99	O or Form 990-EZ	01	· · · · · · · · · · · · · · · · · · ·							
Form 99	10-BL	02	Form 1041-A	08						
	'20 (individual)	03	Form 4720	09						
Form 99		04	Form 5227	10						
	OT (sec 401(a) or 408(a) trust)	05	Form 6069	11						
	O-T (trust other than above)	06	Form 8870			12				
STOP! [Do not complete Part II if you were not already granted	an auton	natic 3-month extension on a previous	iously file	d Form 8868	5				
	RAYMOND & GERTI	RUDE	SALTZMAN FOUNDAT		NTT 000	102				
	books are in the care of 1930 EAST MARL	PON P		יתקדע	NO UOL	703				
	phone No ► 856-424-6226		FAX No			. —				
	organization does not have an office or place of business			Calbum in day		raup about this				
	s is for a Group Return, enter the organization's four digit									
box 🕨	If it is for part of the group, check this box		ach a list with the names and EINs of	all memo	ers trie exteri	SIOIT IS TOT				
		NOVEM	BER 15, 2013	_						
	For calendar year 2012, or other tax year beginning, and ending, and ending									
6 If	the tax year entered in line 5 is for less than 12 months, c	neck reas	on: Initial return	FIIIal I	eium					
L	Change in accounting period									
7 S1	ate in detail why you need the extension	MTME	MO ETTE AN ACCIDA	מים שים	Y PETIT	PNT				
Ω	RGANIZATION NEEDS ADDITIONAL TIME TO FILE AN ACCURATE TAX RETURN									
-										
	this application is for Form 990-BL, 990 PF, 990-T, 4720,	or 6060 c	enter the tentative tax less any	I						
	, -	01 0009, 6	enter the terrative tax, less any	8a	s	0.				
_	onrefundable credits See instructions this application is for Form 990 PF, 990 T, 4720, or 6069,	ontor nov	rafundable credits and estimated	- 02	3					
			İ							
	x payments made Include any prior year overpayment al	8b	s	0.						
	reviously with Form 8868 alance due. Subtract line 8b from line 8a Include your pa	0.5	-							
		8c	\$	0.						
	TPS (Electronic Federal Tax Payment System) See instr Signature and Verifical		L¥							
lindar e -	nalties of perjury, I declare that I have examined this form, include				of my knowledo	ie and belief				
onuer pe it is true.	correct, and complete, and that tam authorized to prepare this for	orm. /			/					
	A V (a /) a	C 1	<i>-</i>	Date	· 7//	5 //5				
Signatur	- Walletine - walletine			Duit		868 (Bev 1-2013)				