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### **Return of Private Foundation**

or Section 4947(a)(1) Nonexempt Charitable Trust

Treated as a Private Foundation

OMB No 1545-0052

Department of the Treasury Internal Revenue Service Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements Open to Public Inspection

<u>Fo</u>	<u>r çalı</u>	endar year 2012 or tax year beginning			<u>, 2012,</u>	and ending			, 20	
١	lame o	of foundation					Α	Employer identific	cation number	
_ 5	IVA	TZ FAMILY FOUNDATION				·		45-202431		
1	lumbe	r and street (or P O box number if mail is not delivered	to stree	et address)		Room/suite	В	Telephone number	er (see instructions)	
C/O SAMUEL SAVITZ								(61	0) 664-2458	
4	170	CONSHOHOCKEN STATE ROAD								
_	ity or	town, state, and ZIP code					1	-	<u></u>	
							C	If exemption applica	tion is	
1	BALA	CYNWYD, PA 19004					1	pending, check here		
_		ck all that apply   Initial return		Initial return o	of a former n	ublic charity	7	A P		
٠	Once	Final return	<del> </del> _	Amended ret	•	abile ename,		<ol> <li>Foreign organizat</li> <li>Foreign organizat</li> </ol>		
		Address change	-	Name change				85% test check h	ere and attach	
_	Chor	ck type of organization   X   Section 501(	c)(3) (				╡	computation .		
'n	_	ection 4947(a)(1) nonexempt charitable trust	$\overline{}$	Other taxable pri		tion	E	•	status was terminated	
+				method X Ca		rual	$\dashv$	under section 507(b		
١.			-		3511 [] ACC	Juai	F		in a 60-month termination	
		· · · · · · · · · · · · · · · · · · ·		specify) in (d) must be on			-	under section 507(b)	(1)(B), check here	
	16)				Casii Dasis )	<del></del>			(d) Disbursements	
Li	art ı	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d)	٠,٠	Revenue and	(b) Net inve	estment	(c) /	Adjusted net	for charitable	
		may not necessarily equal the amounts in		expenses per books	income		ıncome		purposes	
		column (a) (see instructions) )			5 at 8 4 4 4 4 5 7 7 8	· · · · · · · · · · · · · · · · · · ·	2.		(cash basis only)	
	1	Contributions, gifts grants, etc , received (attach schedule) .  If the foundation is <b>not</b> required to		56,904				* 3	A-10% (10)	
	2	Check ► attach Sch B		Status % ( 🐉		€ 32 3 S				
	3	Interest on savings and temporary cash investments		583		583.			ATCH 1	
	4	Dividends and interest from securities				383.			ATCH 2	
	5 a	Gross rents		Jan 19 . At Jan 196 18	Market a team or 14 annual	das various and the co				
	b	Net rental income or (loss)	4 W#				. ,	• •		
e	6 a	Net gain or (loss) from sale of assets not on line 10		28,095.	2 78 0 2 50 71 94574		* *	<u> </u>	1 4 2 km 1 km	
en	D	Gross sales price for all assets on line 6a 29,810.	. 4 (8)	/ 12 Kills 4 32	/ 40/ 50 50		<u> </u>	<u> </u>		
Revenue	7	Capital gain net income (from Part IV, line 2) .	<u>ئىق</u> بىڭ			28,095.	أدمه أثريًّ			
Œ	8	Net short-term capital gain				Seed of the seed o				
	9	Income modifications · · · · · · · · · · ·	1 3	\$23 Km, 33 AM						
	10 a	Gross sales less returns and allowances · · · ·			33 F 3	J. 3. (2)	4	· · · · · · · · · · · · · · · · · · ·		
	b	Less Cost of goods sold .	( : · · )			* 3	′ 's	, ,		
	С	Gross profit or (loss) (attach schadule)	1			· Tai illinois			*	
	11	Other income (attach schedule) ATCH 3	<i>11</i> —	656.					0 2 20	
_	12	Total, Add lines 1 through 11	<b>b</b> 1	86,239.		28,678.				
	13	Compensation of discress directors trustees, etc.	<u> </u>	15,000.						
Ø	14	Other employee salaries and wages	$\Box$							
ıse	15	Other employee salaries and wages Pension plans employee be en s N								
Administrative Expenses	16 a	Legal fees (attach schedule)								
Щ	b	Accounting fees (attach schedule)		2,500.						
į.	С	Other professional fees (attach schedule)								
rat	17	Interest								
ist	18	Taxes (attach schedule) (see instructions)ATCH 4	<u></u>	1,456.						
Ė	19	Depreciation (attach schedule) and depletion.							*	
Αď	20	Occupancy								
þ	21	Travel, conferences, and meetings								
a	22	Printing and publications								
ina	23	Other expenses (attach schedule) ATCH . 5 .		10,321.						
rat	24	Total operating and administrative expenses.								
Operating and	ļ - ·	Add lines 13 through 23	1	29,277.						
	25	Contributions, gifts, grants paid		3,645		. 1, 11			3,645	
	26	Total expenses and disbursements Add lines 24 and 25		32,922		-  -		<del></del>	3,645	
-	27	Subtract line 26 from line 12	1.			, , ,		* ^ <.*		
		Excess of revenue over expenses and disbursements		53,317	. 4,	, ,	,	7, 3	*	
	i	Net investment income (if negative, enter -0-)				28,678.		*, - *		
		Adjusted not income (if negative enter -0-)	_		-			· - · · · ·	<del></del>	

Form 990-PF (2012)

	~~4.01	Attached schedules and amounts in the	Beginning of year	End	of year
	art II	Balance Sheets description column should be for end-of-year amounts only (See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
T	1	Cash - non-interest-bearing	12,146.	9,881.	
	2	Savings and temporary cash investments			
	3	Savings and temporary cash investments	· ,, ;		2
		l ess allowance for doubtful accounts	***************************************		
-	4	Less allowance for doubtful accounts ▶	7 7 2 2	·- (	
-	7	Less allowance for doubtful accounts ▶			
		Grants receivable	l l		
ļ		Receivables due from officers, directors, trustees, and other		·	
Ì		disqualified persons (attach schedule) (see instructions)			
-	7	Other notes and loans receivable (attach schedule)		s s	
	′	Less allowance for doubtful accounts		A W afe C . He have	a dama da an mark
			1		
Assets		Inventories for sale or use			<del>-</del>
45		Prepaid expenses and deferred charges			
1	10 a	Investments - U S and state government obligations (attach schedule). Investments - corporate stock (attach schedule) $\begin{tabular}{lll} ATCH & . & . & . \\ . & . & . & . \\ . & . & .$	19,006	18.273	44.050
	b	Investments - corporate stock (attach schedule)	13,000.	10,273	11,000
	11 C	Investments - corporate bonds (attach schedule)	× , *	· · · · · · · · · · · · · · · · · · ·	- 1801 A 3
i		and equipment basis		And the state of the second second Plan	
		and equipment basis Less accumulated depreciation (attach schedule)			
	12	Investments - mortgage loans	3 000	3 303	3 303
	13 14	Land, buildings, and equipment basis	3,000.		5,333.
	'	equipment basis	and the rate and manufactures.	and well and comments and the	A LICE A LINE WAY
		Less accumulated depreciation (attach schedule)			
	15	Other assets (describe			
	16	Total assets (to be completed by all filers - see the	24 152	21 547	47,443
_	-	instructions Also, see page 1, item I)			41,443
	17	Accounts payable and accrued expenses	I		
	18	Grants payable		<del></del>	
Liabilities	19	Deferred revenue	1		
Ħ	20	Loans from officers, directors, trustees, and other disqualified persons .		<del>                                     </del>	
ia	21	Mortgages and other notes payable (attach schedule)			
_	22	Other liabilities (describe		1	
_	23	Total liabilities (add lines 17 through 22)	<u> </u>	,	
	ĺ	Foundations that follow SFAS 117, check here ▶ and complete lines 24 through 26 and lines 30 and 31	11		
es			'	1	
anc	24	Unrestricted ,			
39	25	Temporarily restricted		ļ <u> </u>	
5	26	Permanently restricted			
Ē		Foundations that do not follow SFAS 117,	1		
or Fund Balances		check here and complete lines 27 through 31. $\blacktriangleright X$			
		Capital stock, trust principal, or current funds			
Assets	28	Paid-in or capital surplus, or land, bldg , and equipment fund	24 152	31,547	
4	29	Retained earnings, accumulated income, endowment, or other funds	24 150	<u> </u>	
Net	30	Total net assets or fund balances (see instructions) Total liabilities and net assets/fund balances (see	·	31,31,	
	31	·	24 150	. 31,547	
	2 art	Instructions)		01,01,	<del></del>
		il net assets or fund balances at beginning of year - Pai		(must agree with	-
1		of-year figure reported on prior year's return)			34,152
2					
2	CILLE	er amount from Part I, line 27a	• • • • • • • • • • • • • • • • • • • •	$\frac{2}{3}$	
		er increases not included in line 2 (itemize)			<del></del>
_	Nag	lines 1, 2, and 3 reases not included in line 2 (itemize) ► ATCH 8	• • • • • • • • • • • • • • • • • • • •		======
5		il net assets or fund balances at end of year (line 4 minus			<del></del>
O	1012	ii net assets or iunu balances at enu or <u>year (line 4 millu</u>	sime sy - rantii, wildiinii (	<i>⊃<sub>J₁</sub> iiii⊂ ∪∪</i>   <b>0</b>	

Page 3

Part IV	Capital Gains	and Losses for Tax on Inve	estment Income	<b>76.</b>	_	
,	· ·	d describe the kind(s) of property sold (	<del>-</del> ·	(b) How acquired P - Purchase	(c) Date acquired	(d) Date sold (mo, day, yr)
s SEE	2-story b	rick warehouse, or common stock, 200	sns will co )	D - Donation	(mo, day, yr)	
	PART IV SCHE	DOLE				-
<u>b</u>				<u> </u>	<del> </del>	-
<u>c</u>						
<u>d</u>	<del></del> -					
е		(5) Description allowed	(g) Cost or other basis		(h) Gain or (le	1
(e) G	ross sales price	(f) Depreciation allowed (or allowable)	plus expense of sale		(e) plus (f) min	
a						
<u>b</u>				<del> </del>	<u> </u>	
d						
<u></u>						
	plete only for assets	showing gain in column (h) and owner	ed by the foundation on 12/31/69	(1)	Gains (Col (h)	aain minus
(i) F M	V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any		(k), but not less Losses (from c	than -0-) or
a						
b						
С				ļ		
d				ļ.		
e				<del> </del>	·	
2 Canital	gain net income or		gain, also enter in Part I, line 7			20 005
•	•		f (loss), enter -0- in Part I, line 7	2		28,095.
		n or (loss) as defined in sections 1.				
•	•		tructions) If (loss), enter -0- in			0
		<del></del>		3		
Part V			educed Tax on Net Investment ne section 4940(a) tax on net inves			
		r the section 4942 tax on the distri not qualify under section 4940(e)	butable amount of any year in the to Do not complete this part	oase perio	od?	Yes X N
1 Enter	the appropriate am	nount in each column for each yea	r, see the instructions before makin	g any ent	ries	
	(a) ase penod years	(b)	(c)		(d) Distribution	ratio
	ear (or tax year beginning in)	Adjusted qualifying distributions	Net value of nonchantable-use assets		(col (b) divided	oy col (c))
	2011	10,527.	35,460.		1	0.296870
	2010			1		
	2009		<u> </u>			
	2008					
	2007	1		<del> </del>		
						0.000000
2 Total	of line 1, column (c	1)		2		0.296870
	_		tie the total on line 2 by 5, or by the	3		0.148435
numb	er or years the four	ndation has been in existence it les	ss than 5 years			
4 Enter	the net value of no	encharitable-use assets for 2012 fr	rom Part X, line 5	4		42,806.
5 Multip	oly line 4 by line 3			5		6,354.
6 Enter	1% of net investme	ent income (1% of Part I, line 27b)		6		287.
		, , , , , , , , , , , , , , , , , , , ,				_
7 Add I	nes 5 and 6			7	·	6,641.
8 Enter	qualifying distribut	ions from Part XII, line 4		8		3,645.
If line	8 is equal to or g	reater than line 7, check the box	in Part VI, line 1b, and complete	that par	t using a 1% t	ax rate See t
Part \	I instructions		<u></u>			
JSA 251430 1 00					F	orm <b>990-PF</b> (20

Par	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4					
1 a	Exempt operating foundations described in section 4940(d)(2), check here  and enter "N/A" on line 1	-		/\ ;* -	ے کہ ر	
	Date of ruling or determination letter (attach copy of letter if necessary - see instructions)	-	1,225		£	ر مشر
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	1			5	74.
	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		~ /~-~			4 1
	Part I, line 12, col (b)					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2				
3	Add lines 1 and 2	3			5	74.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4				0
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5			5	74.
6	Credits/Payments	( ); ( );	الآري. الأحياث ا	* * ().		
а	2012 estimated tax payments and 2011 overpayment credited to 2012 6a		- 2 2 2 2 2	tt 🐧 - i	: , , , , , , , , , , , , , , , , , , ,	4.
b	Exempt foreign organizations - tax withheld at source	>>	, , '2	- ?' - , .	÷ ~ ,	
С	Tax paid with application for extension of time to file (Form 8868) 6c	14 C		4 / 7	`A	, ,
d	Backup withholding erroneously withheld 6d	, Å	ران از	میاست.	Ž.	' دب
7	Total credits and payments Add lines 6a through 6d	7	_			0
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8				14.
9	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed	9			5	88.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10				
11	Enter the amount of line 10 to be Credited to 2013 estimated tax ▶ Refunded ▶	11				
Pai	t VII-A Statements Regarding Activities			<b>,</b> ,		
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did	ıt par	ticipate	47	Yes	No
	or intervene in any political campaign?			1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instruction	ctions	for the			i
	definition)?			1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials	publi	shed or			
	distributed by the foundation in connection with the activities				Y xx	لگننگ
С	c Did the foundation file Form 1120-POL for this year?				1900 823	X
d	d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			李鑫		
	(1) On the foundation ►\$(2) On foundation managers ►\$			· · · · · · · · · · · · · · · · · · ·	<b>%</b> . Ç.	A St.
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax	ımpo	sed on	- 4		No.
	foundation managers ► \$			marata.		
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2	× /10	X
	If "Yes," attach a detailed description of the activities			200		15 to 1
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of			1 1		X
	or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes					$\frac{x}{x}$
4 a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		X
b				4b		X
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5	£7,7%.	1.757
	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			2,00	(0) 1 mg	1 2 3
	By language in the governing instrument, or	414	61 4	F. 2		15 2.3
	By state legislation that effectively amends the governing instrument so that no mandatory directions			~	X	- 1° (m. 1
_	with the state law remain in the governing instrument?			7	X	<del> </del>
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	rail XV		٠. دين ٢	1
8 a	PA.			1.500	1.34.50	,
			elanata)	-		
b				_∠;;   8b	X	
_	of each state as required by General Instruction G? If "No," attach explanation			7.3		- 2
9	4942(j)(5) for calendar year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If "Y				ab. =/a -/	
	,			9		x
	Part XIV					
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing the addresses ATCH 9			10	Х	
	addresses ATCH 9		<u></u>	1 10		

	<del>-</del>			
Form	990-PF (2012) SAVITZ FAMILY FOUNDATION 45-2024	310	ρ	age 5
Par	rt VII-A Statements Regarding Activities (continued)			
	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			
	person had advisory privileges? If "Yes," attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address ► N/A			
14	The books are in care of ► SAMUEL SAVITZ  Telephone no ► 610-664	-245	8	
	Located at ▶470 CONSHOHOCKEN STATE ROAD BALA CYNWYD, PA ZIP+4 ▶ 19004			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		. ▶	
	and enter the amount of tax-exempt interest received or accrued during the year			
16			Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1 If "Yes," enter the name of		Z: 3	4
	the foreign country	} 4	· 🦄	2000
Pa	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	****	Yes	No
1 8	a During the year did the foundation (either directly or indirectly)	200		1
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No	100	? m \ 3 n z	3
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a		19.27	, , , , ,
	disqualified person? Yes X No		nga, ii	
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No	3.6		F .
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No	1 800 147	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	4.5
	(5) Transfer any income or assets to a disqualified person (or make any of either available for		3755 -7 1367 7	38, 1
	the benefit or use of a disqualified person)? Yes X No		7 W	
	(6) Agree to pay money or property to a government official? (Exception Check "No" if the	1		\ \*\*
	foundation agreed to make a grant to or to employ the official for a period after			1
	termination of government service, if terminating within 90 days)	4		
- 1	b if any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	rak i	. A. A	
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b	80 T.11 J	X
	Organizations relying on a current notice regarding disaster assistance check here	146.00	# #7 <sub>6</sub>	
•	c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that	تنقف	كشمط	X
	were not corrected before the first day of the tax year beginning in 2012?	1c	**	- <del></del> -
2	, , , , , , , , , , , , , , , , , , , ,		it Ky	
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))	1 1 1 A	*	
,	a At the end of tax year 2012, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2012?	1.00	X .	3,
			, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	
	If "Yes," list the years ►,,,,,,,, b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)	1, 186	200	
	· ·		1 2 1	
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to	2b		
	all years listed, answer "No" and attach statement - see instructions)	-7.30 3		
		7,7,3		
,	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise	"		
J	at any time during the year?	1-2.:	, ,	'
	b If "Yes," did it have excess business holdings in 2012 as a result of (1) any purchase by the foundation or			. 3
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the	., .,		) <u>.</u> : .
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of		2/2	
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the	<u> </u>	) x	

Form 990-PF (2012)

4a

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 2012?

Par	VII-B Statements Regarding Activities for	r Which Form 47	20 May Be Requir	r <b>ed</b> (continued)		
5 a	During the year did the foundation pay or incur any amoun	t to				
	(1) Carry on propaganda, or otherwise attempt to influence	ce legislation (section	4945(e))?	Yes X No		
	(2) Influence the outcome of any specific public elec-	tion (see section 49	955), or to carry on.	·		
	directly or indirectly, any voter registration drive?			Yes X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes? Yes X No						
	(4) Provide a grant to an organization other than a continuous con					
	section 509(a)(1), (2), or (3), or section 4940(d)(2)? (se	_				
	(5) Provide for any purpose other than religious, cha					
	purposes, or for the prevention of cruelty to children or					
b	If any answer is "Yes" to 5a(1)-(5), did any of the t					
-	Regulations section 53 4945 or in a current notice regarding				5b	
	Organizations relying on a current notice regarding disaster assistance check here					
r	If the answer is "Yes" to question 5a(4), does the for			K		
·	because it maintained expenditure responsibility for the gra		•			
	If "Yes," attach the statement required by Regulations secti					
6 a	Did the foundation, during the year, receive any fund		ctiv. to pay premiums	S		
Ju	on a personal benefit contract?	=		Yes X No		
h	Did the foundation, during the year, pay premiums, direct			· — —	6b X	
	If "Yes" to 6b, file Form 8870	,,,			* * * * * * * * * * * * * * * * * * * *	
7 a	At any time during the tax year, was the foundation a par	ty to a prohibited tax	shelter transaction?	Yes X No		
	If "Yes," did the foundation receive any proceeds or have			. — —		
	t VIII Information About Officers, Directors,	Trustees, Found	dation Managers,	Highly Paid Emplo		
	and Contractors	and their		inatoustians)		
	List all officers, directors, trustees, foundation m	(b) Title, and average	(c) Compensation	(d) Contributions to	(e) Expense account,	
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation	other allowances	
ATO	CH 10		15,000.	Q	0	
		·				
2	Compensation of five highest-paid employees	(other than thos	se included on line	e 1 - see instructi	ons). If none, enter	
	"NONE."	T		(d) Contributions to	-	
(a	) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	employee benefit plans and deferred	<ul><li>(e) Expense account, other allowances</li></ul>	
		devoted to position		compensation		
	NONE	<u>.</u>				
				[		
		<u> </u>				
Tot	al number of other employees paid over \$50,000 .	<u>. ,</u>		<u></u> ▶		
					Form 990-PF (2012)	

Page	7

Part VIII	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Empand Contractors (continued)	oloyees,
3 Five	highest-paid independent contractors for professional services (see instructions). If none, enter "N	ONE."
•	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE		
<i></i> .		
otal numl	per of others receiving over \$50,000 for professional services	<b>&gt;</b>
		<u> </u>
Part IX-A	Summary of Direct Charitable Activities	
Luck Aboutou	indation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number	r of
organization	ndation's four raigest direct charitable activities outling the tax year inhadde relevant statistical milorination such as the number and other beneficianes served, conferences convened, research papers produced, etc	Expenses
27./7		<del></del>
1 N/A		
2		
3		
<b></b>		
Part IX-E	Cummany of Dragram Bolated Investments (see instructions)	
		Amount
11011	ne two largest program-related investments made by the foundation during the tax year on lines 1 and 2	711104111
1 _ NON		
2		
All other p	rogram-related investments. See instructions	
3 NON	E	
		<del>-</del>
Total Ad-	I lines 1 through 3	
i otal. Add	i imes i unougno	. •

Form 990-PF (2012)

Page	8

Pa	Minimum Investment Return (All domestic foundations must complete this part. Foreign see instructions.)	gn foundations,	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes		
а	Average monthly fair market value of securities	1a	33,165.
	Average of monthly cash balances	1b	10,293.
С		1c	_
d		1d	43,458.
е			
	1c (attach detailed explanation) 1e 1e	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	43,458.
4	Subtract line 2 from line 1d  Cash deemed held for charitable activities Enter 1 1/2 % of line 3 (for greater amount, see		
		4	652.
5	Instructions)  Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	42,806.
6	Minimum investment return. Enter 5% of line 5	6	2,140.
Pa	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating	<u>'</u>	
	foundations and certain foreign organizations check here > and do not complete this part of the complete the complete this part of the complete the	part)	
1	Minimum investment return from Part X, line 6	1	2,140.
2 a	Tax on investment income for 2012 from Part VI, line 5	3 4 5	
b	Income tax for 2012 (This does not include the tax from Part VI)		
С	Add lines 2a and 2b	2c	574.
3	Add lines 2a and 2b  Distributable amount before adjustments Subtract line 2c from line 1	3	1,566.
4	Recoveries of amounts treated as qualifying distributions		1 12 1
5	Add lines 3 and 4	5	1,566.
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1	7	1,566.
Pa	art XII Qualifying Distributions (see Instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes	£ 2500	
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	3,645.
b		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	<u> </u>	
а		3a	
b		3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	3,645.
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
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	3,645.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when ca qualifies for the section 4940(e) reduction of tax in those years	alculating whether	the foundation

Form **990-PF** (2012)

Page 9

Pai	t XIII Undistributed Income (see instru	ctions)			
1	Distributable amount for 2012 from Part XI,	(a) Corpus	(b) Years prior to 2011	(c) 2011	(d) 2012
	· •	·		-	1,566.
	Undistributed income, if any, as of the end of 2012			`.	**
	Enter amount for 2011 only			and the second second to the second of the s	,
a h	Total for pnor years 20 10 .20 09 .20 08		· · · · · · · · · · · · · · · · · · ·		· · · · ·
3	Excess distributions carryover, if any, to 2012	<del></del>		5 /	
-	From 2007		- \	,	
h	From 2008	` ` `	, , , , ,	₩,	\$
c	From 2009		, , , , , , , , , , , , , , , , , , ,	` ` ' ' "	" ^ <b>,</b> * " · ·
q	From 2010		Ϋ.	- •	, (s = - **),
e	From 2011			<b>.</b>	
f	Total of lines 3a through e	8,754.			
4	Qualifying distributions for 2012 from Part XII,		,		
	line 4 ▶ \$3,645.				
а	Applied to 2011, but not more than line 2a				* * * * * * * * * * * * * * * * * * * *
	Applied to undistributed income of prior years	(.)		ri gradini.	1
_	(Election required - see instructions)				
С	Treated as distributions out of corpus (Election required - see instructions)				
d	Applied to 2012 distributable amount		1.338		1,566.
е	Remaining amount distributed out of corpus	2,079.		"\$600 党军会会"系统。	5/ 1/ N 5/1
5	Excess distributions carryover applied to 2012			Santification of the Contraction	
	(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:				32 344
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	10,833.	<u> </u>		
b	Prior years' undistributed income Subtract line 4b from line 2b				
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	1			
	been previously assessed				7. 7. 7. 7. 7. 7.
d	Subtract line 6c from line 6b Taxable amount - see instructions				- Tank
е	Undistributed income for 2011 Subtract line			,	
	4a from line 2a Taxable amount - see instructions	7.50			
f	Undistributed income for 2012 Subtract lines				
•	4d and 5 from line 1 This amount must be	1	字:: (***********************************		
	distributed in 2013		3 22		
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (see instructions)		, , , , , ,	3/2 1/4 1/4 1/4	, , ,
8	Excess distributions carryover from 2007 not applied on line 5 or line 7 (see instructions)				<u> </u>
9	Excess distributions carryover to 2013.				/ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	Subtract lines 7 and 8 from line 6a	10,833	• • • • • • • • • • • • • • • • • • • •	1.7 %	
10	Analysis of line 9			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
а		<b>↓</b>		* * * * * * * * * * * * * * * * * * * *	1,
b	Excess from 2009			1	, ,
С	Excess from 2010	2,		, , , , ,	2 22
d			, , ,		,
<u>e</u>	Excess from 2012 2,079	• ′	<u> </u>		

Form **990-PF** (2012)

Check here  $\blacktriangleright$   $\fbox{X}$  if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

a The name, address, and telephone number or e-mail of the person to whom applications should be addressed

b The form in which applications should be submitted and information and materials they should include

c Any submission deadlines

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

JSA 2E1490 1 000 Form 990-PF (2012)

Part XV Supplementary Information (	continued)			
3 Grants and Contributions Paid Duri Recipient Name and address (home or business)	ng the Year or Appr	oved for F	uture Payment	
Recipient	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				
ATCH 12				
		1		
		ļ		
		1		
			1	
			<u> </u>	
			1	
	ii			
			1	
		1		
			<u> </u>	2 545
Total	<u> </u>	<u> </u>	▶ 3a	3,645
b Approved for future payment				
	<u> </u>			
Total	<u> </u>	<u></u>	<u> ▶</u> 3b	

Page **12** 

er gross amounts unless otherwise indicated	Unrela	ated business income	Excluded by	section 512, 513, or 514	(e) Related or exempt
Dragram aggress reviews	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income
Program service revenue					(See instructions )
ab	<u>-</u>				
d				1	
e					
f				-	
g Fees and contracts from government agencies		·			
Membership dues and assessments					
Interest on savings and temporary cash investments			14	1.	
Dividends and interest from securities			14	583.	
Net rental income or (loss) from real estate	¥.,: }	·		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 2
a Debt-financed property					
b Not debt-financed property					
Net rental income or (loss) from personal property					
Other investment income					
Gain or (loss) from sales of assets other than inventory	1		18	28,095.	
Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory					
Other revenue a					
b ATCH 13				656.	
c					
d					
_	1		L L		
e					
Subtotal Add columns (b), (d), and (e)	W. to 117		(C.), (*)	.1	
Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  ee worksheet in line 13 instructions to verify calculated art XVI-B Relationship of Activities	culations ) s to the A	ccomplishment of E	xempt Purp	13	29,3
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calc	culations) s to the Act	ccomplishment of E	xempt Purp	ooses e) of Part XVI-A contrib	29,33
Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculated and the substructions of Activities are No.  Explain below how each activities.	culations) s to the Act	ccomplishment of E	xempt Purp	ooses e) of Part XVI-A contrib	29,33
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Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  ee worksheet in line 13 instructions to verify calculated art XVI-B Relationship of Activities  ene No. Explain below how each activities	culations) s to the Act	ccomplishment of E	xempt Purp	ooses e) of Part XVI-A contrib	29,33

Part	XVII	Information Re Exempt Organ		sfers To and Tra	ansaction	ns and Relat	ionships With Non	charitable
							organization described 27, relating to political	Yes No
	organız							
		rs from the reporting	_					" v v v v v v v v v v v v v v v v v v
								1a(1) A 1a(2) X
		ransactions						
								1b(1) X
								1b(2) X
								10(3)
								1b(4) A 1b(5) X
								1b(6) X
c	Sharing	of facilities, equipm	nent, mailing lists	, other assets, or pa	ıd employee	es		1c X
d		•		•	•		(b) should always show	
		•			_		oundation received less goods, other assets, or s	
	ne no	(b) Amount involved		charitable exempt organi			transfers, transactions, and sha	
(4) 2.		N/A	(5) ((3)			N/A		
				· · ·				<del></del>
							· · · · · · · · · · · · · · · · · · ·	
		· · · · · · · · · · · · · · · · · ·						*****
2a		foundation directly bed in section 501(c	•				xempt organizations	Yes X No
b		," complete the follo						
		(a) Name of organization	on .	(b) Type of org	anization		(c) Description of relation	ıshıp
			<u> </u>					
			1	****	· · · · · ·			
	•		// /					
	Unde	r penalties of/perjury, I dec	age that I have examine	ed this return, including according to	companying sch	edules and statement	s, and to the best of my knowle	dge and belief, it is true,
Sig	n Corre	ct and complete Declaration	pyprepaler (other than to	payer) is based on all informe		$\times$	May the li	RS discuss this return
Her				× 3/1e/	<u> </u>	DIRECT	with the	preparer shown below
	Sig	nature of offiser or trustee	\u0111	Date /		Title	(see instruction	ons)? Yes X No
		Print/Type preparer's	s name	Preparer's/signatur	e _ a	Date		PTIN
Paid		BRUCE H. BEN		12465	/ CPA			P00179692
	parer	Firm's name ► D	RUCKER & SCA	ACCETTI, P.C				2628118
Use	Only	Firm's address ▶ 1	600 MARKET	•	3300			
		P:	HILADELPHIA	PA		19103	Phone no 215-	665-3960

Form 990-PF (2012)

### Schedule B

(Form' 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

### Schedule of Contributors

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

OMB No 1545-0047

**2012** 

Employer identification number Name of the organization SAVITZ FAMILY FOUNDATION 45-2024310 Organization type (check one) Section: Filers of: 501(c)( Form 990 or 990-EZ ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions General Rule |X| For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor Complete Parts I and II **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (1) Form 990, Part VIII, line 1h, or (11) Form 990-EZ, line 1 Complete Parts I and It For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals Complete Parts I, II, and III For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF) For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Employer identification number 45-2024310

Dart I	Contributors	(eaa instructions)	Use duplicate copies of Part I if	additional snace is needed
raiti	Contributors	(See manuchons)	Ose duplicate copies of Fart Fil	additional space is needed.

(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	\$20,440.	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
2 _	SAMUEL & SELMA SAVITZ  470 CONSHOHOCKEN STATE ROAD  BALA CYNWYD, PA 19004	\$10,309.	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
3_	SAMUEL & SELMA SAVITZ  470 CONSHOHOCKEN STATE ROAD  BALA CYNWYD, PA 19004	\$26,155.	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
		(c) Total contributions \$	(d) Type of contribution  Person Payroll Noncash (Complete Part II if there is a noncash contribution)
	Name, address, and ZIP + 4	(c) Total contributions  \$ (c) Total contributions	Person Payroll Noncash (Complete Part II if there is
(a)	Name, address, and ZIP + 4	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a)	Name, address, and ZIP + 4	\$(c) Total contributions	Person Payroll Noncash (Complete Part II if there is a noncash contribution)  (d) Type of contribution  Person Payroll Noncash (Complete Part II if there is

Name of organization SAVITZ FAMILY FOUNDATION

Employer identification number

45-2024310

(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1_	100 SHS INTERNATIONAL BUSINESS MACHINES	-	
		- - \$20,440.	_03/14/2012
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2_	50 SHS INTERNATIONAL BUSINESS MACHINES	- -	
		\$10,309.	_09/20/2012
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
3_	500 SHS WALT DISNEY CO.	_	
		\$\$6,155.	_10/08/2012
(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
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		   \$	

Name of organization SAVITZ FAMILY FOUNDATION Employer identification number

45-2024310

Part III	Exclusively religious,	charitable, etc.,	individual co	ontributions 1	to sectio	n 501(c)(7),	(8), or (10)	organizations
	that total more than	\$1,000 for the y	ear. Complet	e columns (a)	) through	(e) and the	following	line entry

For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this information once See instructions)

Use duplicate copies of Part III if additional space is needed. (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held `from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (c) Use of gift (d) Description of how gift is held (b) Purpose of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (c) Use of gift from (b) Purpose of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

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ATTACHMENT

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

20,440. 26,155. 10,309. SUPPORT PUBLIC DIRECT 10/08/2012 09/20/2012 03/14/2012 DATE 470 CONSHOHOCKEN STATE ROAD BALA CYNWYD, PA 19004 ROAD 470 CONSHOHOCKEN STATE ROAD SAMUEL & SELMA SAVITZ 470 CONSHOHOCKEN STATE 19004 19004 SAMUEL & SELMA SAVITZ SAMUEL & SELMA SAVITZ NAME AND ADDRESS BALA CYNWYD, PA BALA CYNWYD, PA

56,904.

TOTAL CONTRIBUTION AMOUNTS

45-2024310

### SAVITZ FAMILY FOUNDATION

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

	1	NS AND LC				P	Date	Date sold
Kınd of F			Descr		}	or D	acquired	Date Sold
Gross sale price less expenses of sale	Depreciation allowed/ allowable	Cost or other basis	FMV as of 12/31/69	Adj basis as of 12/31/69	Excess of FMV over adj basis		Gain or (loss)	
9,338.		50 SHS INTE	RNATIONAL B	USINESS MAG		D	VAR 8,766.	01/20/2012
,			ERNATIONAL		ACHINES	D	VAR	04/05/2012
20,472.		1,143.	PE: SECURIT	TES			19,329.	
OTAL GAIN(I	oss)				• • • • • • • • •		28,095.	
		!						
	<b>.</b>							

### FORM 990PF, PART I - INTEREST ON TEMPORARY CASH INVESTMENTS

REVENUE AND EXPENSES PER BOOKS

DESCRIPTION

TAX-EXEMPT INTEREST INCOME

1.

TOTAL

SAVITZ FAMILY FOUNDATION

- DIVIDENDS AND INTEREST FROM SECURITIES

PART I

FORM 990PF,

INVESTMENT EXPENSES PER BOOKS REVENUE AND DESCRIPTION

583. 583. 583. 583. TOTAL

DIVIDEND INCOME - IBM

ATTACHMENT 2 PAGE 23

45-2024310

ATTACHMENT 3

FORM 990PF, PART I - OTHER INCOME

STATE PAYROLL TAXES REFUND

DESCRIPTION

REVENUE AND

EXPENSES PER BOOKS

656.

TOTALS

656.

45-2024310

FORM 990PF, PART I - TAXES

REVENUE

AND

EXPENSES

PER BOOKS

DESCRIPTION

PAYROLL TAXES

1,456.

TOTALS

1,456.

### FORM 990PF, PART I - OTHER EXPENSES

REVENUE AND EXPENSES

DESCRIPTION INSURANCE PREMIUMS WORKERS COMPENSATION PAYROLL EXPENSES STATE FILING FEES

PER BOOKS 9,072. 229. 1,005. 15.

TOTALS

10,321.

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## - CORPORATE STOCK FORM 990PE, PART II

ENDING FMV	19,155. 24,895.	44,050.
ENDING BOOK VALUE	1,143.	18,273.
BEGINNING BOOK VALUE	19,006.	19,006.
DESCRIPTION	INTERNATIONAL BUSINESS MACHINE WALT DISNEY CO.	TOTALS

ATTACHMENT 6 PAGE 27

ATTACHMENT 7 PAGE 28

ATTACHMENT 7

# FORM 990PF, PART II - OTHER INVESTMENTS

ENDING <u>FMV</u>	3,393.	3,393.
ENDING BOOK VALUE	3,393.	3,393.
BOOK VALUE	3,000.	3,000.
DESCRIPTION	FIDELITY MUNICIPAL MONEY MRKT	TOTALS

### FORM 990PF, PART III - OTHER DECREASES IN NET WORTH OR FUND BALANCES

DESCRIPTION AMOUNT

EXCESS OF FMV OF DONATED SECURITIES

55,922.

OVER COST BASIS

TOTAL

55,922.

FORM 990PF,

K375 (BB)

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- LIST OF OFFICERS, DIRECTORS, AND TRUSTEES PART VIII

COMPENSATION TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION NAME AND ADDRESS

0

0

CHAIRMAN

470 CONSHOHOCKEN STATE ROAD

C/O SAMUEL SAVITZ

SELMA SAVITZ

BALA CYNWYD, PA 19004

0

0

0

111 E. 2ND STREET #4A NEW YORK, NY 10009 STEVEN SAVITZ

10.00 PRESIDENT

15,000.

0

0

0

SECRETARY/ TREASURER

C/O SAMUEL SAVITZ 470 CONSHOHOCKEN STATE ROAD

SAMUEL SAVITZ

BALA CYNWYD, PA 19004

GRAND TOTALS

ATTACHMENT 10 PAGE 31

### FORM 990PF, PART XV - INFORMATION REGARDING FOUNDATION MANAGERS

SAMUEL SAVITZ SELMA SAVITZ

PAGE 32

AMOUNT	.005	1,500.	1,645.
PURPOSE OF GRANT OR CONTRIBUTION	PROGRAM SUPPORT	PROGRAM SUPPORT	PROGRAM SUPPORT
RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	NONE	NONE	NONE
	501(C)(3)	501(C)(3)	501(C)(3)
RECIPIENT NAME AND ADDRESS	IMPACT 100 PHILADELPHIA	MANN CENTER FOR THE PERFORMING ARTS	PHILADELPHIA MUSEUM OF ART
	1200 GRENOX ROAD	123 S. BROAD STREET	P.O. BOX 7646
	WYNNEWOOD, PA 19096	PHILADELPHIA, PA 19109	PHILADELPHIA, PA 19101-7646

3,645. TOTAL CONTRIBUTIONS PAID

PAGE 33 ATTACHMENT 12

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AMOUNT

EXCLUSION CODE

AMOUNT

BUSINESS

RELATED OR EXEMPT FUNCTION INCOME

656.

656.

TOTALS

STATE PAYROLL TAXES REFUND

DESCRIPTION

ATTACHMENT 13 PAGE 34

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K375 (BB)