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# Form **990-PF**

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

OMB No 1545-0052 **2012** 

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

For calendar year 2012, or tax year beginning	, 2012	, and ending	,	
Name of foundation THE ZAJAC FAMILY FOUNDATION INC			A Employer identification num 90-0781755	nber
Number and street (or P O box number if mail is not delivered to street	eet address)	Room/suite	B Telephone number (see the	
105 IVORY COURT City or town	State	ZIP code	(732) 942-132	21
LAKEWOOD	NJ	08701	C If exemption application is	pending, check here 🕒 🗴
G Check all that apply. Initial return	Initial Return of a for	mer public charity	D 1 Foreign organizations, chec	k here ►
Final return Address change	Amended return Name change		2 Foreign organizations meet	ina the 85% test, check
	1(c)(3) exempt private f	oundation	here and attach computatio	
Section 4947(a)(1) nonexempt charitable t	rust Other taxable	private <u>fou</u> ndation	E If private foundation status	
Fair market value of all assets at end of year (from Part II, column (c), line 16)	counting method X C	ash Accrual	under section 507(b)(1)(A),	
	Other (specify) , column (d) must be or	ī cash basīs )	F If the foundation is in a 60- under section 507(b)(1)(B),	
Part Analysis of Revenue and	(a) Revenue and	(b) Net investmer		(d) Disbursements
Expenses (The total of amounts in columns (b), (c), and (d) may not neces-	expenses per books	income	income	for charitable
sarily equal the amounts in column (a) (see instructions) )				purposes (cash basıs only)
1 Contributions, gifts, grants, etc, received (att sch)	200,000.	   旅アニンド 5 中義数		- 1.4 BM
ea   Z CK     If the foundh is <b>not</b> red to att Sch B				
3 Interest on savings and temporary cash investments				
5 a Gross rents b Net rental income	2002		********************	\$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
or (loss)  6 a Net gain/(loss) from sale of assets not on line 10				
b Gross sales price for all assets on line 6a	¥'\. '`\\			
6 a Net gann/(loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 7 Capital gain net income (from Part IV line 2) 8 Net short-term capital gain 9 Income modifications 10 a Gross sales less		2 A CON 4000 NO PO		**************************************
Net short-term capital gain     Income modifications				
returns and				
allowances b Less Cost of	77 - Year 1888 - 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2			
goods sold  c Gross profit/(loss) (att sch)				
11 Other income (attach schedule)		A1 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	11.000	
12 Total. Add lines 1 through 11	200 000			
13 Compensation of officers, directors, trustees, etc	200,000.			
14 Other employee salaries and wages				
15 Pension plans, employee benefits 16a Legal fees (attach schedule)				
b Accounting fees (attach schedule)  b Accounting fees (attach sch) L-16b Stmt	1,500.			7
c Other prof fees (attach sch) L-16c Stmt			RECEIVED	
O Ï 17 Interest P S   18 Taxes (attach schedule)(see instrs)			70	
R R 10 Degradation (attack		<u> </u>	SEP 1 6 2013 P	X - 1887888 387.5
I I as a			3E 1 6 2013 9	
N V 20 Occupancy G E 21 Travel, conferences, and meetings			GUENIT	
A E 22 Printing and publications			<del>792IN, U I</del>	
E				
S 24 Total operating and administrative	·			
expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid	2,350.			
26 Total expenses and disbursements.	32,980.	1/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2		
Add lines 24 and 25  27 Subtract line 26 from line 12:	35,330.		aliana ay calana ay	
a Excess of revenue over expenses and disbursements	164,670.			
b Net investment income (if negative, enter -0-)  C Adjusted net income (if negative, enter 0-)			(3) (4) (4) (4) (4) (4)	
BAA For Paperwork Reduction Act Notice, see ins	tructions.		TEEA0301 12/06/12	Form <b>990-PF</b> (2012)

Page 2

Parl	: 11	Balance Sheets	column should be for end of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash — non-interest	<del></del>	(a) Book Value	(b) Book Value	(c) I all Warket Value
	2		ary cash investments	180 000	224 670	224 670
	3	Accounts receivable		180,000.	334,670.	334,670.
		Less allowance for		<u> </u>	<u>*3%```</u> `, <u> </u>	
	4	Pledges receivable				(F)
	~	Less allowance for	doubtful accounts	- Lucian marine in a		<u></u>
	5	Grants receivable			<del></del>	
	ء ا		cers, directors, trustees, and other	-		
	ľ		ch schedule) (see instructions)	]		
	7	Other notes and loans rec	eivable (attach sch)			7
A		Less allowance for	doubtful accounts			
Š	8	Inventories for sale	or use	7		
A S E T	9	Prepaid expenses a	nd deferred charges			
Ś	10 a	Investments – US obligations (attach s	and state government chedule)			
	l t	Investments — corporate	stock (attach schedule)			
	(	: Investments — corporate	bonds (attach schedule)			
	11	Investments – land, equipment: basis	buildings, and			
		Less: accumulated deprec	nation •			
	12	Investments - mort	gage loans			
	13	Investments - other	r (attach schedule)			
	14	Land, buildings, and	l equipment basis ►	*	m) ` `	84
		Less accumulated deprec (attach schedule)	nation			
		Other assets (descri		0.	10,000.	10,000.
	16	Total assets (to be see the instructions	completed by all filers – Also, see page 1, item I)	180,000.	344,670.	344,670.
T	17		nd accrued expenses	200,0001	311,0700	321,0,0
A	18	Grants payable	·			* > 1
B	19	Deferred revenue				****
ļ.	20	Loans from officers, direc	tors, trustees, & other disqualified persons			
Ī	21	Mortgages and other note	s payable (attach schedule)			
Ţ	22	Other liabilities (des	scribe ► )			
Ė S	22	*	Library 17 Manager 200			
	23		I lines 17 through 22)			
		and complete lines	ollow SFAS 117, check here 24 through 26 and lines 30 and 31.	-		
NF		Unrestricted		180,000.	344,670.	
ÊÜ	25	Temporarily restricte				
ΔD	26	Permanently restric	_	,		
A B S A L T A		Foundations that de and complete lines	o not follow SFAS 117, check here > 27 through 31.	1		
E L T A S N	27	Capital stock, trust	principal, or current funds			
S N	28	Paid-in or capital surplus	, or land, building, and equipment fund			
O E	29	Retained earnings, accum	ulated income, endowment, or other funds			
ŔŠ	30		fund balances (see instructions)	180,000.	344,670.	
	31	Total liabilities and (see instructions)	net assets/fund balances	180,000.	344,670.	
Par	+ 1111	<u>' ' ' ' ' ' ' '</u>	nges in Net Assets or Fund Balanc		344,070.	- , (88.39) * /
		-			roo with	
1	end-	of-year figure reporte	alances at beginning of year – Part II, coluid on prior year's return)	min (a), line 30 (must ay	1	180,000.
2		er amount from Part I,			2	164,670.
3	Other	increases not included in I	ine 2 (itemize)		3	
4		lines 1, 2, and 3			4	344,670.
5	Decre	ases not included in line 2	(ıtemıze) •		5	
6	Tota	I net assets or fund b	alances at end of year (line 4 minus line 5)	- Part II, column (b), lir	ne 30 <b>6</b>	344,670.

<u> ar</u>	(a) List and describe	the kind(s) of property sold (e.g., ree; or common stock, 200 shares ML(	al estate,	(b) How acquired P — Purchase	(C) Date acquired (month, day, year)	(d) Date sold (month, day, year)
		o, e. common stoom, 200 chares make		D - Donation	ļ	ļ
<u>1 a</u> 	<del></del>				<u> </u>	
				<del></del>		
<u>c</u>					<del> </del>	<del> </del>
	<u> </u>	·				<b>-</b>
e	(a) Cross sales area	(A Description allowed	(a) Cook or other box	<u> </u>	(12) (2)	(1)
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other bas plus expense of sal		(h) Gain or (e) plus (f) m	(IOSS) INUS (a)
		, , , , , , , , , , , , , , , , , , , ,			(-)  - ()	
$\frac{a}{b}$						·
<u>c</u>				<del></del>		
d						
<u>u</u>						<del></del>
	Complete only for assets show	I ing gain in column (h) and owned by	the foundation on 12/21/60			
	(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column		(I) Gains (Coli Jain minus column (k	), but not less
	as 01 12/31/09	as 01 12/31/09	over column (j), if a	iy u	an -0-) <b>or</b> Losses (fr	om corumn (n))
a						
b						
c						
d						
e						
2	Capital gain net income or (net	capital loss) — If gain, also If (loss), en	enter in Part I, line 7 ter -0- in Part I, line 7	. 2		
3	Net short-term capital gain or (	loss) as defined in sections 1222(5)	and (6)		<del>-  </del>	
	, -	•	· · ·			
	ir gain, aiso enter in Part I, line in Part I, line	e 8, column (c) (see instructions) If (	loss), enter -0-	- 3		
Part	·	r Section 4940(e) for Reduce	d Tax on Net Investme			
(For c		foundations subject to the section 4				
				,		
If sec	tion 4940(d)(2) applies, leave th	nis part blank				
Was t	he foundation liable for the sec	tion 4942 tax on the distributable am	ount of any year in the base	period?	∏Yes	ΠNo
		ify under section 4940(e) Do not cor			لــا ٠٠٠	
		n each column for each year, see the	<del></del>	any entries.		
	(a)	(b)	(c)		(d)	
(	Base periód years Calendar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of noncharitable-use ass	sets (col	Distributión umn (b) divided l	
	2011	0.	· · · · · · · · · · · · · · · · · · ·			
	2010					
	2009			1		*-
	2008					-
	2007					
	<del></del>				Τ	<del></del> -
2	Total of line 1, column (d)			2		
3	Average distribution ratio for th	e 5-year base period – divide the to	tal on line 2 by 5 or by the		<u> </u>	··· <del>-</del>
		has been in existence if less than 5		3		
	·		• • • • • • • • • • • • • • • • • • • •			
4	Enter the net value of nonchari	table-use assets for 2012 from Part	X. line 5	4		0.
			•		· ·	
5	Multiply line 4 by line 3			5		
6	Enter 1% of net investment inc	ome (1% of Part I, line 27b)		6		
-		. (		<u> </u>	<del> </del>	
7	Add lines 5 and 6			7		
-	······- <del>-</del>			<del>                                     </del>	<del>                                     </del>	·
8	Enter qualifying distributions fro	om Part XII, line 4		8		
	If line 8 is equal to or greater the Part VI instructions	han line 7, check the box in Part VI,	line 1b, and complete that p	art using a 1%	tax rate. See the	

Form	990-PF (2012) THE ZAJAC FAMILY FOUNDATION INC	90-0781	755	Р	age 4
Par	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 -				
	Exempt operating foundations described in section 4940(d)(2), check here	143		<b></b>	*
	Date of ruling or determination letter (attach copy of letter if necessary – see instrs)	-			
b	Domestic foundations that meet the section 4940(e) requirements in Part V,	-   1 .			
	check here ▶ and enter 1% of Part I, line 27b	<b>*</b>	14.0	56	3.3
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, column (b)			200	
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			0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0	-) 4			
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5			0.
6	Credits/Payments.		1		1.
а	2012 estimated tax pmts and 2011 overpayment credited to 2012 6 a			e production of the second of	
b	Exempt foreign organizations – tax withheld at source 6 b				
С	Tax paid with application for extension of time to file (Form 8868) 6 c	0.			
d	Backup withholding erroneously withheld 6 d	10			
7	Total credits and payments Add lines 6a through 6d	7			0.
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here	8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	<b>►</b> 9			0.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	▶ 10			0.
11	Enter the amount of line 10 to be Credited to 2013 estimated tax	▶ 11			
Par	t VII-A   Statements Regarding Activities				
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did participate or intervene in any political campaign?	ıt	1 a	Yes	No X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)?		1 b		х
	If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any material	s published	400.54	1632.	
_	or distributed by the foundation in connection with the activities.				عثث
	Did the foundation file <b>Form 1120-POL</b> for this year?  Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year.		I C	5000 400	X
	(1) On the foundation \$\\$\$ \$ \$ \$				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax impo	sed on			
	foundation managers • \$				مشكش
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		Х
	If 'Yes,' attach a detailed description of the activities.			ية سروي	,
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, ar of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	ticles	3	/ · · · · · · · · · · · · · · · · · · ·	×
4 a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a		x
	If 'Yes,' has it filed a tax return on Form 990-T for this year?		4 b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		х
	If 'Yes,' attach the statement required by General Instruction T		ST.	33	1633
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			36	
	By language in the governing instrument, or			13.36	
	By state legislation that effectively amends the governing instrument so that no mandatory directions the state of th	at conflict			
	with the state law remain in the governing instrument?	iat connict	6	X	2.00
7	Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV		7	х	
8 a	Enter the states to which the foundation reports or with which it is registered (see instructions)	•	3 3 3 3	Mari	, t
					"
b	If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General		_		اگذشت
_	(or designate) of each state as required by General Instruction G? If 'No,' attach explanation		8 b	х	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)( for calendar year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If 'Yes,' com	3) or 4942(j	)(5) 3 Y	ن شند	
	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing the		,, y	<del> </del>	Х
_	and addresses		10	l x	

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10 x Form 990-PF (2012)

	orm 990-PF (2012) THE ZAJAC FAMILY FOUNDATION INC Part VII-A   Statements Regarding Activities (continued)	90-0	78175	5	P	age <b>5</b>
	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 padvisory privileges? If 'Yes,' attach statement (see instructions)	erson I	had	12		
13	13 Did the foundation comply with the public inspection requirements for its annual returns and exemption app	lication	1?	12 13	х	X
14	Website address ► N/A  The books are in care of ► KANAREK & CO, CPA Telephone no	- <del>-</del>	 (732)	942	 - 710	
	Located at 212 2ND ST, STE 402B LAKEWOOD NJ ZIP + 4	0870		. <u></u>	_ <u></u>	′≚ · ·
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	►  15	s			Ш
16	At any time during calendar year 2012, did the foundation have an interest in or a signature or other author bank, securities, or other financial account in a foreign country?	ity over	ra I	16	Yes	No X
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1. If 'Yes,' enter the name foreign country	of the		*		,
Pa	Part VII-B   Statements Regarding Activities for Which Form 4720 May Be Required			* .*	3.3	<u> </u>
	File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.			× . fr.	Yes	No
1	1 a During the year did the foundation (either directly or indirectly).  (1) Engage in the sale or exchange, or leasing of property with a disqualified person?	v [	]Na	W 53	, .	
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a	Yes	X No	y - 35 \	* , ` '	
	<u>-</u>		X No X No		, , , , , , ,	\$ *
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?		X No	; ;		* *
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	Yes	x No	. 43	,	
	(6) Agree to pay money or property to a government official? Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)	Yes	x No			, 9
	<b>b</b> If any answer is 'Yes' to 1a(1)-(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?		_	1 b		i.é.
	Organizations relying on a current notice regarding disaster assistance check here	▶ [			1 🐧	* %
	c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2012?			1 c	~5.	X
2	2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)).			lyw X Graci		*/
	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?	Yes	x No	ight The Maria	` `~ \&	, , ,
	If 'Yes,' list the years 20 , 20 , 20 , 20		•		\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	* * * * * * * * * * * * * * * * * * * *
	<b>b</b> Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) <b>all</b> years listed, answer 'No' and attach statement – see instructions.)			2 b		***************************************
	c If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.  20, 20, 20, 20			*****	*	, 3 ; 8 ; 8
3	3 a Did the foundation hold more than a 2% direct or indirect interest in any business	Yes [	X No		,	· * * * * * * * * * * * * * * * * * * *
	b If 'Yes,' did it have excess business holdings in 2012 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose phological acquired by gift or period 2015, or 13) the lapse of the 10.15. Or 2019 the first phase boldings of the 10.15. Or 2019 the first phase boldings of the 10.15.				2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	* *
	(3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2012.)			3 b		
4	<b>4 a</b> Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?			4 a		x

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?

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Form 990-PF (2012) THE ZAJAC FAMILY 1		4720 May Be Reg		781755	Page 6
5 a During the year did the foundation pay or incur		1 47 20 may Do neq	and (commuca)		<del>-</del>
(1) Carry on propaganda, or otherwise attempt	-	(section 4945(e))?	∏Yes 🔀	No 🦠	,,
(2) Influence the outcome of any specific publi on, directly or indirectly, any voter registral		4955); or to carry	☐ Yes 🔀	ONO S	
(3) Provide a grant to an individual for travel,		urposes?	Yes	— ાજા	
(4) Provide a grant to an organization other th in section 509(a)(1), (2), or (3), or section	an a charitable, etc, orç 4940(d)(2)? (see instruc	janization described ctions)	Yes	No   i	
(5) Provide for any purpose other than religiou educational purposes, or for the preventior	us, charitable, scientific, n of cruelty to children c	literary, or or animals?	Yes	No 📑	
b If any answer is 'Yes' to 5a(1)-(5), did any of the described in Regulations section 53 4945 or in (see instructions)?	he transactions fail to q a current notice regard	ualify under the exceptions of the control of the c	ons		5 b
Organizations relying on a current notice regar	ding disaster assistance	e check here	<b>•</b> [		
c If the answer is 'Yes' to question 5a(4), does to tax because it maintained expenditure response		mption from the	☐ Yes ☐	_ □No ↓	* * * * *
If 'Yes,' attach the statement required by Regu	lations section 53.4945	·5(d).		<b>-</b>	
6a Did the foundation, during the year, receive an on a personal benefit contract?	•			Σ Νο	
<b>b</b> Did the foundation, during the year, pay premile If 'Yes' to 6b, file Form 8870.	ums, directly or indirect	y, on a personal benefi	t contract?	· *	6 b X
7 a At any time during the tax year, was the found	ation a party to a prohit	oited tax shelter transac	tion? Yes	₹ No	* *
b If 'Yes,' did the foundation receive any proceed Part VIII. Information About Officers, D					7 b
and Contractors	nectors, musices,	i oundation manaç	gers, riigiliy raiu	Lilipioy	- <del></del>
1 List all officers, directors, trustees, foundation	n managers and their c	ompensation (see instr	uctions).		
(a) Name and address	(b) Title, and average hours per week devoted to position	(c)Compensation (If not paid, enter -0-)	(d)Contributions to employee benefit plans and deferred compensation	othe	ense account, er allowances
DAVID ZAJAC 105 IVORY CT	FOUNDER				
LAKEWOOD NJ 08701	0.25	0.	0		0.
SHULAMITH ZAJAC 105 IVORY CT	TRUSTEE				
LAKEWOOD NJ 08701	0.25	0.	0		0.
SAUL MIZRAHI 21 CORNELIUS ST	TRUSTEE				·
LAKEWOOD NJ 08701	0.25	0.	0		0.
CHANA MIZRAHI 21 CORNELIUS ST	TRUSTEE				
LAKEWOOD NJ 08701	0.25	0.	0		0.
2 Compensation of five highest-paid employee			structions). If none, e	nter 'NONE	E.'
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d)Contributions to employee benefit plans and deferred compensation	othe	ense account, er allowances
NONE					
	1				
					<del>, , , , , , , , , , , , , , , , , , , </del>
	1	1			
	1			<del>                                     </del>	
	]				
<del></del>	1		L		
Total number of other employees paid over \$50,000		2/25/12		Form	None 990-PF (2012)

Form 990-PF (2012) THE ZAJAC FAMILY FOUNDATION INC  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Enand Contractors (continued)	1755 Page 7 nployees,
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter 'NONE.'	<del>-</del>
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE	
	<del></del>
Total number of others receiving over \$50,000 for professional services	None
Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1	•
2	
3	
4	
Part IX-B Summary of Program-Related Investments (see instructions)	
	<del></del>
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
'	
2	
All other program-related investments. See instructions	
3	
Total. Add lines 1 through 3 ▶	·- <del></del>
BAA	Form <b>990-PF</b> (2012)

Page 8

Part Minimum Investment Return (All domestic foundations must complete this part. F see instructions.)	oreign founda	tions,
1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes  a Average monthly fair market value of securities	1 a	
<b>b</b> Average of monthly cash balances	1 b	_
c Fair market value of all other assets (see instructions)	1 c	
d Total (add lines 1a, b, and c)	1 d	
e Reduction claimed for blockage or other factors reported on lines 1a and 1c		
(attach detailed explanation)		
2 Acquisition indebtedness applicable to line 1 assets	2	
3 Subtract line 2 from line 1d	3	0.
4 Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	0.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	0.
6 Minimum investment return. Enter 5% of line 5	6	0.
Particles Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private oper and certain foreign organizations check here ► ☐ and do not complete this part.)	ating foundation	
1 Minimum investment return from Part X, line 6	1	0.
2a Tax on investment income for 2012 from Part VI, line 5	. 313	
b Income tax for 2012 (This does not include the tax from Part VI)	5 & F	
c Add lines 2a and 2b	2 c	0.
3 Distributable amount before adjustments Subtract line 2c from line 1	3	0.
4 Recoveries of amounts treated as qualifying distributions	4	
5 Add lines 3 and 4	5	0.
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	0.
PartiXIII Qualifying Distributions (see instructions)		
1 Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes a Expenses, contributions, gifts, etc – total from Part I, column (d), line 26	1 a	
<b>b</b> Program-related investments — total from Part IX-B	1 b	
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.		
a Suitability test (prior IRS approval required)	3 a	
<b>b</b> Cash distribution test (attach the required schedule)	3 b	
4 Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	
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	0.

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

BAA

Form **990-PF** (2012)

## Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2011	<b>(c)</b> 2011	<b>(d)</b> 2012
1 Distributable amount for 2012 from Part XI, line 7		/ *	, 6 8 8	0.
2 Undistributed income, if any, as of the end of 2012			/ * `	· · · · · · · · · · · · · · · · · · ·
a Enter amount for 2011 only		< × < · · ·	0.	* * * * * * * * * * * * * * * * * * * *
<b>b</b> Total for prior years 20 , 20 , 20	* * /		3 3 8 7	* ·> · > * *
3 Excess distributions carryover, if any, to 2012.	* * *	£	3 : 2 "	
a From 2007 0.	> % 9	\$ 1 4 4 1	* * *	
<b>b</b> From 2008 0.	, , ,	, ,		
c From 2009 0.		÷ *		* , * * *
<b>d</b> From 2010 0.	, , , ,	, *	* * * * * * * * * * * * * * * * * * * *	4 1
<b>e</b> From 2011 0.		4 4	* * * * * * * * * * * * * * * * * * * *	* '
f Total of lines 3a through e	0.			* *
4 Qualifying distributions for 2012 from Part XII, line 4. ► \$		* } * * *	,	*
a Applied to 2011, but not more than line 2a	*	, , ,		
<b>b</b> Applied to undistributed income of prior years (Election required — see instructions)	, , , , , , , , , , , , , , , , , , ,		* * * *	>
c Treated as distributions out of corpus (Election required – see instructions)		, , , , , , ,	x	^
d Applied to 2012 distributable amount	* • ^ -	4 ( • ^ ^ *	. , , , ,	L <u> </u>
e Remaining amount distributed out of corpus	0.	>	` ×	* *
5 Excess distributions carryover applied to 2012		, ,	٠.	
(If an amount appears in column (d), the same amount must be shown in column (a).)	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$			*
6 Enter the net total of each column as	***		> \ *	* * * *
indicated below:		* * * *	,	, , , , , , , , , , , , , , , , , , , ,
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.	* * * * * * * * * * * * * * * * * * * *		<u> </u>
b Prior years' undistributed income Subtract line 4b from line 2b		0.	, , , , , , , , , , , , , , , , , , ,	4 ×
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed	,			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
<b>d</b> Subtract line 6c from line 6b Taxable amount — see instructions	* * * * * * * * * * * * * * * * * * * *	0.	* * * * * * * * * * * * * * * * * * *	* * * * * * * * * * * * * * * * * * * *
e Undistributed income for 2011 Subtract line 4a from	* * * * * * *	, , , , , ,		/ \$ *
line 2a Taxable amount — see instructions		`	0.	,
f Undistributed income for 2012 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2013.	A 2 X 5 *	* *		
7 Amounts treated as distributions out of			» <sup>‡</sup>	<b>0.</b>
corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions)		· · · · · · · · · · · · · · · · · · ·	* * * · / * * · /	\$ 2 3 4 1 \$ 2 4 4 1
8 Excess distributions carryover from 2007 not applied on line 5 or line 7 (see instructions)	0.	* * * * *	, , % , % , % , 4 , 4 , 4 , 4 , 4 , 4 ,	* * * * * * * * *
9 Excess distributions carryover to 2013. Subtract lines 7 and 8 from line 6a	0.	,	* * * * * *	* *
10 Analysis of line 9	,		,	·
a Excess from 2008 0.			* * * * * * * *	•
<b>b</b> Excess from 2009 0.		* * *		
c Excess from 2010 0.		. , , * *	* * *	
d Excess from 2011 0.			* * * * * * * * * * * * * * * * * * * *	*
e Excess from 2012 0.	,	/ \ * *		. ( % ) ,
BAA				Form 990-PF (2012)

art XIV Private Operating Foundat	ions (see instru	ictions and Pa	rt VII-A. questior	90-0781755 19)	N/A
la If the foundation has received a ruling or do	etermination letter			<del></del>	11/11
<b>b</b> Check box to indicate whether the foundation	•	rating foundation c	lescribed in section	4942(j)(3) or	4942(j)(5)
2a Enter the lesser of the adjusted net	Tax year		Prior 3 years	1 145420)(0) 01	1 +3+2()(3)
income from Part I or the minimum investment return from Part X for each year listed	(a) 2012	<b>(b)</b> 2011	(c) 2010	(d) 2009	(e) Total
<b>b</b> 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon:					
a 'Assets' alternative test – enter					
(1) Value of all assets (2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed			<u> </u>		
c 'Support' alternative test — enter.					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income			<u> </u>		
Supplementary Information assets at any time during the	(Complete this e year — see in	part only if the structions.)	e foundation had	1 \$5,000 or more	in
Information Regarding Foundation Manag     List any managers of the foundation who had close of any tax year (but only if they have     b List any managers of the foundation who or	ave contributed mo contributed more t	han \$5,000). (See	section 507(d)(2).)  poration (or an equa		
a partnership or other entity) of which the f	oundation has a 10	0% or greater inter	est.		
2 Information Regarding Contribution, Gran Check here   X if the foundation only m requests for funds If the foundation makes complete items 2a, b, c, and d	akes contributions gifts, grants, etc (	to preselected chasee instructions) to	aritable organizations o individuals or organ	nizations under other	t unsolicited conditions,
a The name, address, and telephone number	or e-mail of the pe	erson to whom app	olications should be a	addressed.	
<b>b</b> The form in which applications should be s	ubmitted and inforn	nation and materia	als they should includ	le.	
c Any submission deadlines:					

Page 11

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment recipient is an individual, Recipient how any relationship to any foundation manager or Purpose of grant or status of Amount contribution recipient Name and address (home or business) substantial contributor a Paid during the year BAIS MEDRASH OF ELMWOOD 2 TOVA DR LAKEWOOD NJ 08701 SYNAGOGUE FOR A SYNAGOGUE 300. BAIS TOVA INC 555 OAK ST FOR A RELIGIOUS LAKEWOOD NJ 08701 PC HIGH SCHOOL 15,000. CHABAD OF MONTVILLE TOWNSHIP 10 CAIN CT MONTVILLE NJ 07045 SYNAGOGUE FOR A SYNAGOGUE 1,000. CHAI LIFELINE FOR SUPPORT FOR 151 W 30TH ST CHILDREN WITH NEW YORK NY 10001 PC CANCER 1,000. CONG KOL ARYEH OF LAKEWOOD 521 HOPE CHAPEL RD LAKEWOOD NJ 08701 PC FOR A SYNAGOGUE 8,600. CONG TOLDOS AHARON 135 RODNEY ST BROOKLYN NY 11211 PC FOR A SYNAGOGUE 500. HATZALOH EMS OF LAKEWOOD PO BOX 256 FOR EMERGENCY LAKEWOOD NJ 08701 PC MEDICAL SERVICES 5,000. KESSER BAIS YAAKOV FOR A RELIGIOUS 199 PROSPECT ST ELEMENTARY LAKEWOOD 08701 PC SCHOOL NJ 260. KHAL BAIS YISROEL INC 232 RIDGE AVE LAKEWOOD NJ 08701 SYNAGOGUE FOR A SYNAGOGUE 200. See Line 3a statement 1,120. **Total** 3 a 32,980. **b** Approved for future payment

Total

3 b

#### 90-0781755

Part XVI-A	Analy	sis of	Income-	Producing	Activities

nter gross amounts unless otherwise indicated	Unrelate	ed business income	Excluded	by section 512, 513, or 514	(e)
1 December 1	(a) Business code	(b) Amount	(c) Exclu- sion	<b>(d)</b> Amount	Related or exempt function income (See instructions)
1 Program service revenue			code		
a b		· · · · · · · · · · · · · · · · · · ·	<b></b>		
	+		<del></del>		
d	<del></del>				
e	+			<del></del>	
1					
g Fees and contracts from government agencies					<del></del>
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments					<del> </del>
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate	* *	THE LETTERS	\$3500 B	A COMPANY OF THE PARTY OF THE P	\$50,850 S.
a Debt-financed property		1			
<b>b</b> Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory					
9 Net income or (loss) from special events					
O Gross profit or (loss) from sales of inventory					
1 Other revenue:	3*1070E1		默特点:	7 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
a					
b				,	
c					
d					
•				· ·	
e		1			1
Subtotal. Add columns (b), (d), and (e)				13	
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)	·			13	
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  See worksheet in line 13 instructions to verify calculate	ions.)	lishment of Exemp			
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) see worksheet in line 13 instructions to verify calculated at XVI*B Relationship of Activities to the	ne Accomp	· · · · · · · · · · · · · · · · · · ·	t Purp	oses	
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  See worksheet in line 13 instructions to verify calculate  Part XVI=B  Relationship of Activities to the line No.  Explain below how each activity for which	ne Accomp	orted in column (e) of Pa	t Purp	oses	to the
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  See worksheet in line 13 instructions to verify calculated at XVI*B* Relationship of Activities to the Line No. Explain below how each activity for which	ne Accomp	orted in column (e) of Pa	t Purp	oses	to the structions )
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  See worksheet in line 13 instructions to verify calculate  Part XVI=B  Relationship of Activities to the line No.  Explain below how each activity for which	ne Accomp	orted in column (e) of Pa	t Purp	oses	to the structions )
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Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  See worksheet in line 13 instructions to verify calculate  Part XVI=B  Relationship of Activities to the line No.  Explain below how each activity for which	ne Accomp	orted in column (e) of Pa	t Purp	oses	to the structions )
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Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  we worksheet in line 13 instructions to verify calculated at XVI=B  Relationship of Activities to the line No.  Explain below how each activity for which	ne Accomp	orted in column (e) of Pa	t Purp	oses	/ to the structions )
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 at XVI=B Relationship of Activities to the line No. Explain below how each activity for which	ne Accomp	orted in column (e) of Pa	t Purp	oses	to the structions )
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  See worksheet in line 13 instructions to verify calculate  Part XVI=B  Relationship of Activities to the line No.  Explain below how each activity for which	ne Accomp	orted in column (e) of Pa	t Purp	oses	to the structions )
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  See worksheet in line 13 instructions to verify calculate  Part XVI=B  Relationship of Activities to the line No. Explain below how each activity for which	ne Accomp	orted in column (e) of Pa	t Purp	oses	to the structions )
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  See worksheet in line 13 instructions to verify calculate  Part XVI2B  Relationship of Activities to the line No. Explain below how each activity for which	ne Accomp	orted in column (e) of Pa	t Purp	oses	to the structions )

# Form 990-PF (2012) THE ZAJAC FAMILY FOUNDATION INC 90-0781755 Part XVII

de re a Tr (1) (2) b Ot (1) (2) (3) (4) (5) (6) c St	escribed ansfers (ansfers) Cash (ansfers) Cash (ansfers) Cash (ansfers) Purciple (ansfers) Reim (ansfers) Loan (ansfers) Performating (ansfers) Cash (ansfer	r assets insactions: s of assets to a no hases of assets fro al of facilities, equ ibursement arrang s or loan guarante ormance of service of facilities, equipr swer to any of the s, other assets, or	of the Code (ot ations?  In foundation to oncharitable exercises or membershipment, mailing list above is 'Yes,' or services given in the ation of t	ther than section a noncharitable mpt organization ble exempt orga r assets  p or fundraising ts, other assets, complete the foll by the reporting	exempt organizes exempt organizes or paid employ lowing schedule foundation. If the	vees  Column(	or in section 5	ys show the	market v	1 b (1) 1 b (2) 1 b (3) 1 b (4) 1 b (5) 1 b (6) 1 c	Yes	X X X X X X X
		saction or sharing										
(a) Line	no	(b) Amount involved	(c) Name o	of noncharitable exem	npt organization	(d)	Description of tran	isfers, transactio	ons, and sh	aring arrang	ements	
	_				wr 1.41							
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		<del></del>										
de	scribed	undation directly or d in section 501(c) complete the follow	of the Code (ot	ated with, or rela her than section	ted to, one or i 501(c)(3)) or i	more tax-e n section 5	exempt organiz 527?	ations		Yes	x	No
	(a)	Name of organiza	tion	<b>(b)</b> Type	e of organizatio	n	(0	) Description	of relat	ionship		
					-					· · ·		
					-							
									•			
Sign	Under pe	enalties of perjury, H-declaration	are that I have exami on of preparer (other t	ined this return, including than taxpayer) is base	ding accompanying s ed on all information	schedules and of which prep	statements, and to parer has any knowl	the best of my k ledge	nowledge a	May the IF	RS disci	uss ne
Here		1		- 	08/18/13		RUSTEE			preparer s (see instru	shown b	elow
	Signat	ure of officer or trustee		15.	Date	Tit					Yes	No
		Print/Type preparer's n	ame	Preparer's	signature		Date	Check	if	PTIN		
Paid		DAVID B. ZI	EMBLE, CPA	DAVID	B. ZEMBL	E, CPA	<u> </u>	self-emplo	yed [	P01628	<u> 293</u>	
Prepai	rer	Firm's name	KANAREK AN	ND CO				Firm's EIN	22-35	67086		
Use O	nly	Firm's address	212 2ND ST	r. STE 402	В			]				
			LAKEWOOD			NJ 08'	701	Phone no	(732)	942-7	100	
BAA							<u> </u>			Form <b>990</b>	-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

Name of the organization		Employer identification number
THE ZAJAC FAMILY FOUNDATION	INC	90-0781755
Organization type (check one)		
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a	private foundation
	527 political organization	
Form 990-PF	x 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a pri	vate foundation
	501(c)(3) taxable private foundation	
Check if your organization is covered by the G	ieneral Rule or a Special Rule	
	ganization can check boxes for both the General Rule and a S	Special Rule. See instructions
General Rule	gamzation can check boxes for both the denotal rate and a c	special rate decimendations
	T7 or 000 DE that recovered during the year \$5 000 or more	(in manay as assessed from any and
contributor (Complete Parts I and II.)	Z, or 990-PF that received, during the year, \$5,000 or more	(in money or property) from any one
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 receive	ed from any one contributor, during the year, a contribution of rt VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I a	f the greater of 1) \$5,000 or
	ization filing Form 990 or 990-EZ that received from any one	
total contributions of more than \$1,000 for	r use exclusively for religious, charitable, scientific, literary, or	r educational purposes, or
the prevention of cruelty to children or ani	• • • •	
	ization filing Form 990 or 990-EZ that received from any one us, charitable, etc. purposes, but these contributions did not	
If this box is checked, enter here the total	contributions that were received during the year for anexclus	sively religious, charitable, etc,
religious, charitable, etc. contributions of \$	s unless the <b>General Rule</b> applies to this organization because	e it received nonexclusively  ► \$
religious, charitable, etc, contributions of t	55,000 or more during the year	• •
	General Rule and/or the Special Rules does not file Schedule B (For	
meet the filing requirements of Schedule B (F	heck the box on line H of its Form 990-EZ or on Part I, line 2, of its F orm 990, 990-EZ, or 990-PF)	orm 990-PF, to certify that it does not
BAA For Paperwork Reduction Act Notice, s	ee the Instructions for Form 990, 990EZ. Schedule B	(Form 990, 990-EZ, or 990-PF) (2012)
or 990-PF.		,,,,,,,

Schedule	<b>B</b> (Form 990, 990-EZ, or 990-PF) (2012)	Page	1 of 1 of Part 1
_	AJAC FAMILY FOUNDATION INC	' '	781755
	Contributors (see instructions) Use duplicate copies of Part Lif additional space is nee		
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	YISROEL D ZAJAC  105 IVORY CT  LAKEWOOD NJ 08701	\$2 <u>00</u> ,000.	Person X Payroll
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II if there is a noncash contribution Part II if there is a noncash contrib
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution )
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II if there is
RAA	TEFA0702 11/30/12	Schedule R (Form 9)	à noncash contribution)

Form 990-PF, Page 11, Part XV, line 3a Line 3a statement

Recipient  Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Person or Business Checkbox Amount
a Paid during the year  CONGREGATION KOLLEL KAMENITZ  6014 11TH AVE STE 205  BROOKLYN NY 11219  MESIVTA CHADUSHE  1100 W CROSS ST  LAKEWOOD NJ 08701		SYNAGOGUE	FOR A SYNAGOGUE	Person or Business X  Person or Business X  360.
TZEDUKA V CHESED 4716 17TH AVE BROOKLYN NY 11204		  PC	FOR A FAMILY IN NEED OF MEDICAL CARE	Person or Business X
YESHIVA GEDOLA OF WATERBURY 47 BUCKINGHAM ST WATERBURY CT 06710		 PC	FOR RELIGIOUS POST-SECONDARY STUDIES	Person or Business X

Total

1,120.

Form 990-PF, Page 1, Part I Line 16b - Accounting Fees

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
KANAREK & CO	ACCOUNTING	1,500.				

Total

1,500.

Form 990-PF, Page 1, Part I

Line 16c - Other Professional Fees

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
IRS	FORM 1023	850.			

Total

850.

Form 990-PF, Page 2, Part II, Line 15 Other Assets Stmt

	Beginning	End of Year		
Line 15 - Other Assets:	Year Book Value	Book Value	Fair Market Value	
GEMILUS CHASADIM (GMACH) FUND	0.	10,000.	10,000.	
Total	<u> </u>	10,000.	10,000.	