

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Department of the Treasury

Internal Revenue Service

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

OMB No 1545-0052

▶ Do not enter Social Security numbers on this form as it may be made public.
 ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

Open to Public Inspection

For	calend	dar year 2013 or tax year beginning , a	and ending				
		undation			A Empl	oyer identification number	
		S & ELIZABETH J CANAVATI FAM	ILY				
		DATION				-2106616	
		d street (or P O box number if mail is not delivered to street address)	Ro	om/suite	B Telep	hone number (see instruction	5)
		AMBER RD a, state or province, country, and ZIP or foreign postal code					
		WAYNE IN 46814			C If exe	mption application is pending,	check here
			rn of a former public ch	narity	D 1. Fo	oreign organizations, check he	
	, nook	Final return Amended	•	iaiity			_
		Address change Name cha			ı	oreign organizations meeting t i% test, check here and attach	
					~~	W tost, a lock flore and attack	Computation
		type of organization X Section 501(c)(3) exempt private				ate foundation status was terr n 507(b)(1)(A), check here	ninated under
			e private foundation		1		
		rket value of all assets at J Accounting method:	Cash X Acc	rual		foundation is in a 60-month te	
	-	ear (from Part II, col (c), United Specify)			under	section 507(b)(1)(B), check h	ere
	e 16)				l		(d) Disbursements
Pi	art i	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal	(a) Revenue and expenses per	(b) Net inv		(c) Adjusted net	for charitable
		the amounts in column (a) (see instructions))	books	incor	me	income	purposes (cash basis only)
	1	Contributions, gifts, grants, etc , received (attach schedule)	150,900				
	2	Check ▶ ☐ if the foundation is not required to attach Sch B					
	3	Interest on savings and temporary cash investments	1		1		
	4	Dividends and interest from securities	18,411		18,411		H
	5a	Gross rents	·				
ø.	Ь	Net rental income or (loss)					
Revenue	6a	Net gain or (loss) from sale of assets not on line 10 STMT 1	13,308				
	Ь	Gross sales price for all assets on line 6a 68,032	· · ·			-111	
	7	Capital gain net income (from Part IV, line 2)			0		
	8	Net short-term capital gain				0	
	9	Income modifications					
	10a	Gross sales less returns and allowances				***************************************	
	ь	Less. Cost of goods sold					
	C	Gross profit or (loss) (attach schedule)					
	11	Other income (attach schedule)					
	12	Total. Add lines 1 through 11	182,620		18,412	0	
S	13	Compensation of officers, directors, trustees, etc	0				
xpenses	14	Other employee salaries and wages					
ē	15	Pension plans, employee benefits					
ᄎ	16a	Legal fees (attach schedule)					· -
ш	b	Accounting fees (attach schedule) STMT 2	650				
Ě	С	Other professional fees (attach schedule)					
Operating and Administrative E	17	Interest					
is.	18	Taxes (attach schedule) (see instructions) STMT 3	894				
늘	19	Depreciation (attach schedule) and depletion					
Ē	20	Occupancy					
7	21	Travel, conferences, and meetings					
Ē	22	Printing and publications					
Ð	23	Other expenses (att sch) STMT 4	51		51		
Ē	24	Total operating and administrative expenses.					
و		Add lines 13 through 23	1,595		51	0	0
å	25	Contributions, gifts, grants paid	109,400				109,400
	26	Total expenses and disbursements. Add lines 24 and 25	110,995		51	0	109,400
	27	Subtract line 26 from line 12					
	а	Excess of revenue over expenses and disbursements	71,625	1		-t	
,	b	Net investment income (if negative, enter -0-)			18,361		
	С	Adjusted net income (if negative, enter -0-)				0	

	Part I	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End of	year
_	* 36473+ R	should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash – non-interest-bearing	97,073	6,831	6,831
	2	Savings and temporary cash investments			
	3	Accounts receivable ▶			
		Less allowance for doubtful accounts ▶			
1	4	Pledges receivable ▶			
		Less allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see			
		instructions)			
	7	Other notes and loans receivable (att. schedule)			
		Less allowance for doubtful accounts ▶ 0			
Ø	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
AS	10a	Investments – U.S. and state government obligations (attach schedule)			
	b	Investments – corporate stock (attach schedule) SEE STMT 5	472,680	634,547	781,800
	С	Investments – corporate bonds (attach schedule)			
	11	Investments – land, buildings, and equipment basis			
		Less accumulated depreciation (attach sch.)			
	12	Investments – mortgage loans			
	13	Investments – other (attach schedule)			
	14	Land, buildings, and equipment basis			i
		Less accumulated depreciation (attach sch.)		1	
	15	Other assets (describe ▶			
	16	Total assets (to be completed by all filers – see the			
		instructions Also, see page 1, item I)	569,753	641,378	788,631
	17	Accounts payable and accrued expenses			
	18	Grants payable			
es	19	Deferred revenue			
픨	20	Loans from officers, directors, trustees, and other disqualified persons			
Liabilities	21	Mortgages and other notes payable (attach schedule)			
ᄀ	22	Other liabilities (describe >)			
	23	Total liabilities (add lines 17 through 22)	0	0	
╛		Foundations that follow SFAS 117, check here		<u>-</u>	
Ş		and complete lines 24 through 26 and lines 30 and 31.		Į	
nces	24	Unrestricted			
횰	25	Temporarily restricted			
Net Assets or Fund Bala	26	Permanently restricted			
밀		Foundations that do not follow SFAS 117, check here			
뢰		and complete lines 27 through 31.			
히	27	Capital stock, trust principal, or current funds		1	
윎	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
SS	29	Retained earnings, accumulated income, endowment, or other funds	569,753	641,378	
tΑ	30	Total net assets or fund balances (see instructions)	569,753	641,378	
影	31	Total liabilities and net assets/fund balances (see	2077.23	3227373	
	٠.	instructions)	569,753	641,378	
_	Part I		30377331	012/3/00	
_		net assets or fund balances at beginning of year – Part II, column (a), line 30 (mu	st agree with		
٠		riet assets of fulld balances at beginning of year — Part II, column (a), line 50 (mu of-year figure reported on prior year's return)	ot agree with	1	569,753
2		amount from Part I, line 27a		2	71,625
3		r increases not included in line 2 (itemize)		3	. 1,025
		ines 1, 2, and 3		4	641,378
		eases not included in line 2 (itemize)		5	311,370
		net assets or fund balances at end of year (line 4 minus line 5) – Part II, column (h) line 30	6	641,378
_0	rotal	net assets of fund paranices at end of year (fine 4 minus line 3) - ran II, column (u), iiile su	101	041,370

Part IV Capital Gains a	and Losses for Tax on Investme	ent Income			
(a) List and desi	cribe the kind(s) of property sold (e.g., real estate, varehouse, or common stock, 200 shs MLC Co.)	(b) How acquired P – Purchase D – Donation	(c) Date ac (mo , day		
1a N/A					
_b		• • • • • • • • • • • • • • • • • • • •			
_c					, ,
d					
<u>e</u>		•			
(e) Gross sales price	(f) Depreciation allowed (or allowable)		other basis nse of sale		(h) Gain or (loss) (e) plus (f) minus (g)
_a					
<u>b</u>					
С					
<u>d</u>					
<u>e</u>	<u> </u>				
Complete only for assets showing	ng gain in column (h) and owned by the fo	·			Gains (Col. (h) gain minus
(I) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	1	s of col (i) (j), if any	COI ((k), but not less than -0-) or Losses (from col. (h))
<u>a</u>					
<u>b</u>	-				
С					
		· · · · · · · · · · · · · · · · · · ·		···	
е		Deat I has 7 7		₁	
2 Capital gain net income or (net o	capital loss) If gain, also enter in If (loss), enter -0- in			2	
3 Net short-term capital gain or (lo	oss) as defined in sections 1222(5) and (6	_	ŀ		
	B, column (c) (see instructions) If (loss), e	·		1	
Part I, line 8	o, column (c) (see instructions) in (loss), e	eriter -0- iii		3	
	nder Section 4940(e) for Reduc	ed Tay on Net	Investment Inco		
	e foundations subject to the section 4940			1110	
	•	(a) tax on not invest	ment moonie ,		
If section 4940(d)(2) applies, leave t	nis part biank				
	ction 4942 tax on the distributable amoun	• •	pase period?		Yes X No
	alify under section 4940(e). Do not comple	·			
1 Enter the appropriate amount in	each column for each year, see the instr	uctions before makii	ng any entries		(d)
Base period years	(b) Adjusted qualifying distributions	Net value	(c) of noncharitable-use asset		Distribution ratio
Calendar year (or tax year beginning ii	", , , ,				(col (b) divided by col (c))
2012		, 020 700	528,3		0.217764
2011		<u>,790</u>	458,4		0.213328
2010		,000 ,390	383,1 294,3		0.057426 0.093051
2009 2008		,009	259,4		0.050141
		, 009	209,5	** 7	0.030141
2 Total of line 1, column (d)				2	0.631710
	5-year base period – divide the total on l	ing 2 by 5 or by the		<u>-</u>	0.031/10
	has been in existence if less than 5 years			3	0.126342
number of years the foundation	nas been in existence il less than 5 years	•		<u> </u>	0.120342
4 Enter the net value of noncharita	able-use assets for 2013 from Part X, line	5		4	655,095
5 Multiply line 4 by line 3				5	82,766
6 Enter 1% of net investment inco	ime (1% of Part I, line 27h)			6	184
	(170 Ot 1 dit 1, line 210)				
7 Add lines 5 and 6				7	82,950
8 Enter qualifying distributions from		and seminted the f	mant (1915 - 40/ to	8 See the	109,400
if line o is equal to or greater that	an line 7, check the box in Part VI, line 1b	. and complete that	part usino a 1% tax ra	ate see the	<u> </u>

Part VI instructions

Form	990-PF(2013) ISA S & ELIZABETH J CANAVATI FAMILY 35-2106616				P	age 4
Pa	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instruction	s)				
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1					
	Date of ruling or determination letter (attach copy of letter if necessary—see instructions)					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	1				<u> 184</u>
	here ▶ X and enter 1% of Part I, line 27b					
C	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of					
	Part I, line 12, col (b)		1			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	2				0
3	Add lines 1 and 2	3				<u> 184</u>
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				0
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5				184
6	Credits/Payments·	ļ				
а	2013 estimated tax payments and 2012 overpayment credited to 2013 6a 6a	_				
b	Exempt foreign organizations – tax withheld at source 6b	_				
C	Tax paid with application for extension of time to file (Form 8868) 6c	_				
d	Backup withholding erroneously withheld 6d					
7	Total credits and payments Add lines 6a through 6d	7				
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9				<u> 184</u>
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 2014 estimated tax ▶ Refunded ▶	11				
Pa	rt VII-A Statements Regarding Activities					
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it				Yes	No
	participate or intervene in any political campaign?			1a		<u> </u>
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see					
	Instructions for the definition)?			1b	, , ,	X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials					
	published or distributed by the foundation in connection with the activities					
С	Did the foundation file Form 1120-POL for this year?			1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year					
	(1) On the foundation ▶ \$ (2) On foundation managers ▶ \$					
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed					
	on foundation managers > \$					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		X
	If "Yes," attach a detailed description of the activities					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of					
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3_		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		/_	4a		<u> </u>
b	If "Yes," has it filed a tax return on Form 990-T for this year?		N/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		X
	If "Yes," attach the statement required by General Instruction T					
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either					
	By language in the governing instrument, or					
	By state legislation that effectively amends the governing instrument so that no mandatory directions that				٠,,	
_	conflict with the state law remain in the governing instrument?			6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and F	art XV		7	X	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ► IN					
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General					
	(or designate) of each state as required by General Instruction G? If "No," attach explanation			8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or					
	4942(j)(5) for calendar year 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? If "Yes,"				1	
	complete Part XIV			9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	_				
	names and addresses STMT	' 6		10	X	L

Form 990-PF (2013)

,		<u>LIZABETH J CANAVATI</u>					Page 6
P		arding Activities for Which Fo	<u>orm 4720 May Be F</u>	lequired (con	tinued)		
5a	During the year did the foundation p	pay or incur any amount to					
	(1) Carry on propaganda, or otherv	vise attempt to influence legislation (se	ction 4945(e))?		Yes X No		
	(2) Influence the outcome of any s	pecific public election (see section 495	5), or to carry on,				
	directly or indirectly, any voter r	_		<u> </u>	Yes X No		
		for travel, study, or other similar purpo			Yes 🗓 No		
	· · · · · · · · · · · · · · · · · · ·	on other than a charitable, etc , organi	zation described in				
		section 4940(d)(2)? (see instructions)			Yes X No		
		han religious, charitable, scientific, liter	ary, or educational				
	·	of cruelty to children or animals?			Yes X No		
b		did any of the transactions fail to qualif			/_		
		current notice regarding disaster assis	•	>	N/A	5b	
		otice regarding disaster assistance ch			▶ [_]		
С		a(4), does the foundation claim exempt	ion from the tax	,- (1
	because it maintained expenditure	•		N/A 📙	Yes No		
	•	ed by Regulations section 53 4945–5(•				
6a		receive any funds, directly or indirectly	, to pay premiums				
	on a personal benefit contract?				Yes X No		
b	, ,	pay premiums, directly or indirectly, or	n a personal benefit conti	ract?		6b	X
_	If "Yes" to 6b, file Form 8870						
7a		the foundation a party to a prohibited			Yes X No		
		any proceeds or have any net income a			N/A	7b	
F		t Officers, Directors, Trustees	s, Foundation Man	agers, Highly	Paid Employ	ees,	
	and Contractors						
7 L	ist all officers, directors, trustees,	foundation managers and their con	pensation (see instruc	tions). I	<u> </u>	т	
			(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit	(e) Exc	ense account,
	(a) Name	and address	hours per week devoted to position	(If not paid, enter -0-)	plans and deferred		r allowances
					compensation		
	A CANAVATI	FORT WAYNE	TRUSTEE				
	30 AMBER RD	IN 46814	1 00	0	0	 	0
	IZABETH CANAVATI	FORT WAYNE	TRUSTEE			l	
66	30 AMBER RD.	IN 46814	0.00	0	9	 	0
]		
						ļ	
						ŀ	
				_	L		
2		d employees (other than those inclu	ided on line 1 – see ins	tructions). If nor	e, enter		
	"NONE."			T			
			(b) Title, and average	_	(d) Contributions to employee benefit	(a) Eyr	ense account,
	(a) Name and address of each emp	loyee paid more than \$50,000	hours per week devoted to position	(c) Compensation	plans and deferred		r allowances
			devoted to position		compensation	<u> </u>	
NO	NE					ŀ	
						├ ─	
					1		
						ļ	
					ļ	<u> </u>	
					1		
					ļ	1	
					1		
]	
ota	number of other employees paid ov	er \$50,000				<u> </u>	0
					F	om 99	0-PF (2013)

Form 990-PF (26	013) ISA S & ELIZABETH J CANAVATI FAMI	ILY 35-2106616	Page 7
Part VIII	Information About Officers, Directors, Trustees, Foundation		
	and Contractors (continued)		
3 Five highe	est-paid independent contractors for professional services (see instr		- · · · · · · · · · · · · · · · · · · ·
NONE	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
110112			
Total number of	others receiving over \$50,000 for professional services		<u> </u>
Part IX-A	Summary of Direct Charitable Activities		
	s four largest direct charitable activities during the tax year. Include relevant statistical information other beneficiaries served, conferences convened, research papers produced, etc.	such as the number of	Expenses
1 N/A			
2			
3			
4			
Part IX-B	Summary of Program-Related Investments (see instru	uctions)	
	rgest program-related investments made by the foundation during the tax year on lines 1 and 2		Amount
1 N/A			
2			
. •	elated investments. See instructions		
3			
Total. Add lines	1 through 3		1

Forn	1990-PF(2013) ISA S & ELIZABETH J CANAVATI FAMILY 35-2106616		Page 8
P	Minimum Investment Return (All domestic foundations must complete this part. Foreig	n foun	dations,
	see instructions.)	······	
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	654,107
b	Average of monthly cash balances	1b	10,964
C	Fair market value of all other assets (see instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	665,071
0	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0	1 1	
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	665,071
4	Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see	1 1	
	instructions)	4	9,976
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	655,095
6	Minimum investment return. Enter 5% of line 5	6	32,7 <u>55</u>
P	IFT XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating		
	foundations and certain foreign organizations check here ▶ ☐ and do not complete this part)		· - · - ·
1	Minimum investment return from Part X, line 6	1	32,755
2a	Tax on investment income for 2013 from Part VI, line 5		
b	Income tax for 2013 (This does not include the tax from Part VI)]	
С	Add lines 2a and 2b	2c	184
3	Distributable amount before adjustments Subtract line 2c from line 1	3	32,571
4	Recoveries of amounts treated as qualifying distributions	4	-
5	Add lines 3 and 4	5	32,571
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	32,571
-	WH. O. U.S. D. A. H. A. L. A.		
M	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	109,400
b	Program-related investments – total from Part IX-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		•
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	109,400
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	184
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	109,216
-	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

			MVAIT PANTI	<u> </u>	10	1 age 0
	rt X間 Undistributed Income	(see instructions)			 	
			(a)	(b)	(c)	(d)
1	Distributable amount for 2013 from Part X	(I,	Corpus	Years prior to 2012	2012	2013
	line 7	ļ				32,571
2	Undistributed income, if any, as of the en	d of 2013				
а	Enter amount for 2012 only					
b	Total for prior years 20 , 20	, 20				
3	Excess distributions carryover, if any, to 2	2013 [.]				
а	From 2008	181				
b	From 2009	12,892				
C	From 2010	3,025				
d	From 2011	75,090				
е	From 2012	88,921				
f	Total of lines 3a through e		180,109			
4	Qualifying distributions for 2013 from Par	t XII,				
	line 4 ▶ \$ 109,400					
а	Applied to 2012, but not more than line 2	a l				
	Applied to undistributed income of prior y					
	(Election required – see instructions)					
С	Treated as distributions out of corpus (Ele	ection	, , , , , , ,			
	required – see instructions)					
d	Applied to 2013 distributable amount			······································		32,571
	Remaining amount distributed out of corp	ous	76,829			
5	Excess distributions carryover applied to		, , , , , ,	 		
•	(If an amount appears in column (d), the					
	amount must be shown in column (a)	Jame				
6	Enter the net total of each column as					
•	indicated below:					
а	Corpus Add lines 3f, 4c, and 4e Subtrac	t line 5	256,938			
	Prior years' undistributed income Subtrac	1	250,550			1.611.111114661111.1.1.1.1
_	line 4b from line 2b	J.				
_	Enter the amount of prior years' undistribe	uted	·			
٠	income for which a notice of deficiency ha					
	been issued, or on which the section 494					
	tax has been previously assessed	2(a)				
d	Subtract line 6c from line 6b Taxable	ŀ				
u	amount – see instructions				İ	
_	Undistributed income for 2012 Subtract I	lno.				
٠	4a from line 2a Taxable amount – see	iiie				
	Instructions Undistributed income for 2013 Subtract I					[
,	4d and 5 from line 1. This amount must b					
	distributed in 2014	e l				0
7	Amounts treated as distributions out of co	20010				
•	to satisfy requirements imposed by section	· ·				
	, ,					
	170(b)(1)(F) or 4942(g)(3) (see instruction	·				
8	Excess distributions carryover from 2008		101			
	applied on line 5 or line 7 (see instruction	· ·	181			
9	Excess distributions carryover to 2014	•	256 757			
	Subtract lines 7 and 8 from line 6a	ŀ	256,757			
10	Analysis of line 9	10 000				
a	Excess from 2009	12,892				
b	Excess from 2010	3,025				
C	Excess from 2011	75,090				
d	Excess from 2012	88,921				
е	Excess from 2013	76,829			1	l

Form 990-PF (2013)

	08/05/2014 9 35 AM 1 990-PF (2013) ISA S & ELIZ	ABETH J CA	NAVATI FAMI	<u>LY 35-2106</u>	616	Page
	art XIV Private Operating Fou					
1a	If the foundation has received a ruling or	determination letter th	nat it is a private opera	tıng		
	foundation, and the ruling is effective for	2013, enter the date of	of the ruling	_		
b	Check box to indicate whether the founda		ating foundation descri	ibed in section 4	1942(j)(3) or 4942	(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		(e) Total
	income from Part I or the minimum	(a) 2013	(b) 2012	(c) 2011	(d) 2010	
	investment return from Part X for					
	each year listed					
b	85% of line 2a				1	
С	Qualifying distributions from Part XII,]		
	line 4 for each year listed					
đ	Amounts included in line 2c not used directly			i		
	for active conduct of exempt activities				 	
е	Qualifying distributions made directly					
	for active conduct of exempt activities			ľ		
	Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the					
	alternative test relied upon			1		
а	"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				1	
С	"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				1	
	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					
P	art XV Supplementary Inform	nation (Complete	this part only if	the foundation I	nad \$5.000 or more	in assets at
,	any time during the ye					
1	Information Regarding Foundation Ma		<u>-</u>			
а	List any managers of the foundation who	-	re than 2% of the total	contributions received	by the foundation	
	before the close of any tax year (but only					
	ISA & ELIZABETH CANA	•	,	(-, ,	\$150,90
b	List any managers of the foundation who		the stock of a corporat	tion (or an equally larg	e portion of the	
_	ownership of a partnership or other entity		-		,- ,- ,- ,- ,- ,- ,- ,- ,- ,- ,- ,- ,- ,	
	N/A	,				
2	Information Regarding Contribution, G	irant. Gift. Loan. Sc	nolarship, etc., Progr	ams:	 :	
_	Check here ► X if the foundation only				does not accept	
	unsolicited requests for funds If the foun					
	other conditions, complete items 2a, b, c			, 12		
а	The name, address, and telephone number		of the person to whom	applications should h	e addressed	
a	ISA CANAVATI	o. or c-mail addices	or the person to million	. applications should b		
	6630 AMBER RD FORT W	AVNE TN 46	814			
b	The form in which applications should be			ev should include:	<u> </u>	
	NO SPECIFIC	Submitted and iniom	iation and materials th	cy should include		
С	Any submission deadlines					
	NO DEADLINES					

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

factors

NO RESTRICTIONS

Part XV Supplementary Information (continued)

Grants and Contributions Paid During the Year or Approved for Future Payment								
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount				
Name and address (home or business)	or substantial contributor	recipient						
a Paid during the year ST. JOHN CHRYSOSTOM ANTIO 639 PUTNAM FORT WAYNE IN 46808-2430	NONE	PUBLIC	OPERATING	79,000				
ANTIOCHIAN ORTHODOX CHRIST 358 MOUNTAIN RD ENGLEWOOD NJ 07631-5238	IAN ARCHD NONE	PUBLIC	OPERATING	17,900				
COMMUNITY HARVEST FOOD BANK 999 E TILLMAN RD. FORT WAYNE IN 46816	K NONE	PUBLIC	OPERATING	10,000				
HOLY LAND CHRISTIAN ECUMENT 6935 WISCONSIN AVE BETHESDA MD 20815	ICAL FND NONE	PUBLIC	OPERATING	2,500				
Total			▶ 3a	109,400				
b Approved for future payment	<u> </u>			•				
N/A								
Total		<u> </u>	▶ 3b	_				

Form 990-PF (2013) ISA S & ELIZABETH J CANAVATI FAMILY 35-2106616

	ZOIO TOM D & HHIZHHUHIII O CA		HALLI JJ 2	<u> </u>		rage 12
	Analysis of Income-Producing Ac			T e	5	
_	nounts unless otherwise indicated	(a) Business code	d business income (b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income
-	ervice revenue					(See instructions)
		-		+-+		
	-	-		 		
<u> </u>		-	_	 		· · · · · · · · · · · · · · · · · · ·
		-		+ +		
e		-		++		
	and contracts from sourcement or annual	-		+ +		
	and contracts from government agencies up dues and assessments			+ +		
	savings and temporary cash investments			14	1	
	and interest from securities			14	18,411	
	income or (loss) from real estate:			+**	10,411	
	inanced property			†		
	bt-financed property			1 1		
	income or (loss) from personal property			1		
	stment income					•
	ss) from sales of assets other than inventory			18	13,308	
	e or (loss) from special events					
	it or (loss) from sales of inventory		-			
	nue a					
	· · · · · · · · · · · · · · · · · · ·		_			
c						
е						
	Add columns (b), (d), and (e)		(31,720	0
13 Total. Add	line 12, columns (b), (d), and (e)				13	31,720
	et in line 13 instructions to verify calculations.)					
Part XVI-I						
Line No.	Explain below how each activity for which income					
▼	accomplishment of the foundation's exempt purp	ooses (other than	by providing funds for	or such pur	poses) (See instruction	ons)
N/A	· · · · · · · · · · · · · · · · · · ·					
			-			

	·		· · ·			
						
			•		-	
					· · · · ·	
			•			

FORT WAYNE, IN 46805

orm 9	90-PF (201	13) ISA S & 1	ELIZABI	ETH J CAN	AVATI FA	MILY 35-1	2106616			Pad	ge 13
	XVII	Information Reg Exempt Organiz	arding Tr					th Noncharita	ble	: =:=	
1 D		inization directly or ind		ge in any of the foll	lowing with anv	other organization	described			Yes	No
ın	section 50	01(c) of the Code (other				-					
	rganization										ĺ
		om the reporting found	dation to a no	oncharitable exemp	ot organization of	of			ļ	1	7.5
•) Cash								1a(1)		<u>X</u>
(2) Other a	ssets							1a(2)	<u> </u>	Х
ЬΟ	ther transa	actions								1	İ
(1) Sales of	f assets to a noncharit	able exempt	organization					1b(1)	ļ	X
(2	Purchas	ses of assets from a no	oncharitable	exempt organization	on				1b(2)		X
(3) Rental o	of facilities, equipment	, or other ass	sets					1b(3)		X
(4) Reimbu	rsement arrangements	S						1b(4)		X
(5) Loans o	r loan guarantees							1b(5)		X
(€) Perform	ance of services or m	embership o	r fundraising solici	tations				1b(6)		X
c S	haring of fa	acilities, equipment, m	ailing lists, o	ther assets, or pai	d employees				1c		X
d If	the answe	er to any of the above i	s "Yes," com	plete the following	schedule Colu	mn (b) should alv	vays show the fa	aır market			
V	alue of the	goods, other assets, o	or services g	iven by the reporti	ng foundation If	the foundation re	ceived less that	n faır market			
(a)	Line no	(b) Amount involved	1	e of noncharitable exemp				ansactions, and sharing	arrangem	ents	
<u>1/A</u>			<u> </u>								
				_							
							· ·- · · · - ·				
						 		<u></u>			
		- -			· ·	1					
d	escribed in	ation directly or indirectly section 501(c) of the	Code (other			· -	itions			es X	No
ו מ		nplete the following so	neaule	I							
37		a) Name of organization		(b) Type of o	rganization	 	(c) Descrip	otion of relationship			
N/	A										
						ļ					
				-		!					
											
	<u> </u>			L		<u> </u>					
		nalties of perjury, I declare the nd complete Declaration of p						my knowledge and belie			
ign				,				with the prepare		elow	_
lere		\nearrow 1	/2	ρ \	_			(see instruction	s)?	Yes	No
			// .		18	1/11/14	for	sdent		•	
	Signa	ature of officer or trustee		<u> </u>	Date	p.1. • / _	Title				
	<u> </u>				I		1				
	PHINTY	pe preparer's name			Preparer's signatu	")		Date		Check	
aid	MYDA	T ANDOPEED	CDV		1 cm	1() x		00/0	5/14	self-em	ployed
repare	MARK			ANDORFER	& CO!	LLP)		001		
se On	ly Firm's n		LAKE A		« CO[/	TITE (, <u></u>		<u>-167</u>		
	Firm's a	ddress ► 2410	TWVC Y	- ^ むれ∩む				Firm's EIN ▶ 35	<u>- ⊥o</u> /	220	<u> </u>

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

FOUNDATION

Schedule of Contributors

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

▶ Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Name of the organization ISA S & ELIZABETH J CANAVATI FAMILY

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

Employer identification number

35-2106616

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Organization type (check one	
Filers of:	Section:
Form 990 or 990-EZ	501(c)() (enter number) organization
	4947(a)(1) nonexempt charitable trust not 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 private foundation
	501(c)(3) taxable private foundation
	overed by the General Rule or a Special Rule . (8), or (10) organization can check boxes for both the General Rule and a Special Rule See
General Rule	
	ng Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or contributor. Complete Parts I and II
Special Rules	
under sections 509(a)(organization filing Form 990 or 990-EZ that met the 33 ¹ / ₃ % support test of the regulations 1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of 10 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1
during the year, total co	, (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, ontributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, s, or the prevention of cruelty to children or animals. Complete Parts I, II, and III
during the year, contrib not total to more than \$ year for an exclusively	, (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, outions for use exclusively for religious, charitable, etc., purposes, but these contributions did \$1,000. If this box is checked, enter here the total contributions that were received during the religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule stront because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or
990-EZ, or 990-PF), but it mus	s not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, t 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 its certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization

Employer identification number

ISA S & ELIZABETH J CANAVATI FAMILY 35-2106616 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 ISA CANAVATI Person 6630 AMBER RD. Payroll X 150,900 Noncash FORT WAYNE IN 46814 (Complete Part II for noncash contributions) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll \$ Noncash (Complete Part II for noncash contributions) (a) (b) (c) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** Person **Payroll** \$ Noncash (Complete Part II for noncash contributions) (a) (b) (c) No. **Total contributions** Type of contribution Name, address, and ZIP + 4 Person Pavroll \$ Noncash (Complete Part II for noncash contributions) (a) (b) (c) (d) No. Type of contribution Name, address, and ZIP + 4 **Total contributions** Person **Payroll** Noncash \$ (Complete Part II for noncash contributions) (a) (b) (c) (d) No. Type of contribution Name, address, and ZIP + 4 **Total contributions**

\$

Person Payroll

Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization
TSA S & ELIZABETH J CANAVATT FAMILY

Employer identification number 35 - 2106616

ISA S	S & ELIZABETH J CANAVATI FAMILY		35-2106616
Part II	Noncash Property (see instructions). Use duplicate	copies of Part II if addition	nal space is needed.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	20,000 SHARES RITE AID		
		\$ 104,800	12/23/13
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	3,270 SHARES FORD		
		\$ 45,450	12/23/13
(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
		\$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

_
_
₹
~
-
_
34
נים
ത
-
4
•
~
Ξ
5
5
2
Ñ
Ñ
Ñ
5/2
5/2
5/2
Ñ
5/2
5/2

Federal Statements 168610 ISA S & ELIZABETH J CANAVATI FAMILY 35-2106616 FYE: 12/31/2013

		Net Gain / Loss	\$ 12,037	1,271	\$ 13,308		Charitable Purpose	0
		Depreciation	৵		\$		Adjusted Net	w w
le of Assets		Expense			0	counting Fees	Adju N	w w
t I, Line 6a - Sa		Cost	46,232 \$	8,492	54,724 \$, Line 16b - Acc	Net Investment	0 8
Statement 1 - Form 990-PF, Part I, Line 6a - Sale of Assets	How Received	Sale Price	PURCHASE 58,269 \$	PURCHASE 9,763	68,032 \$	Statement 2 - Form 990-PF, Part I, Line 16b - Accounting Fees	Total	650
Statement 1		Date Sold	VARIOUS \$	4/25/97 7/08/13	_v ,	atement 2 - F		
9 21	Description	Date Acquired	3/20/09 VARIOUS	4/25/97				
	De	Whom Sold	FORD MOTOR COMPANY	NESTLE	TOTAL		Description	TAX PREPARATION TOTAL

Charitable Purpose	ស	w
Adjusted Net	w	w o
Net Investment	w	٠ 0
Total	729 165	894
F	৵	w
Description	FOREIGN TAX EXCISE TAX ON INVESTMENT INCOME	TOTAL

Statement 3 - Form 990-PF, Part I, Line 18 - Taxes

Description EXPENSES INVESTMENT FEES TOTAL	Statement 4 - Form 990-PF, Part I, Line 23 - Other Expenses Net Net Net Adj \$ 5 5 5 5 5 5 5 5 5 6 Companies and the companies are already an	Net Investment \$	usted Net	Charitable Purpose	Se Se
Jo.	Total	Net Investmen	Adjusted	_W	
			w w		0
					4

168610 ISA S & ELIZABETH J CANAVATI FAMILY 35-2106616 FYE: 12/31/2013

Federal Statements

Statement 5 - Form		Part II, Line 1	0p - Co	990-PF, Part II, Line 10b - Corporate Stock Investments	Investments		
Description	ă	Beginning of Year		End of Year	Basis of Valuation	щ	Fair Market Value
ALTRIA GROUP	 	7.546	ω 	9	COST	ω.	35
AT&T INC	-)	٠	9,275	COST	٠	9,236
BANK OF AMERICA		11,231		.7	COST		, 01
CISCO SYSTEMS		, 84		ف	COST		4,76
CITIGROUP		16,252		7	COST		6, 13
EXXON MOBIL CORPORATION		99		0	COST		4
FORD MOTOR		, 36		5	COST		6,82
FRONTIER COMMUNICATIONS		Ч		Ц,	COST		, 83
GENERAL ELECTRIC		,86		060'6	COST		99′
ISHARES S&P US PFD FD		60,		3	COST		, 27
J P MORGAN CHASE & CO		,51		5	COST		4
MERCK & CO		,61		, 7	COST		, 73
MICROSOFT CORP		, 63		6,857	COST		Ŋ
NESTLE S A REG B ARD F		1,72		Δ,	COST		7,18
PFIZER INC		66,		9	COST		4,50
POWERHSHS QQQ TRUST SER		69′		ω,	COST		, 39
PROCTER & GAMBLE				7,8	COST		0,95
PRUDHOE BAY RLTY TR		14,835		9	COST		3,83
				4,8	COST		1,20
UNILEVER PLC ADR				0,0	COST		0,66
VANGUARD 500 INDEX FUND		, 10		ω,	COST		5,44
VANGUARD EMERGING MKTS		10,908		1,1	COST		0,07
VERIZON		, 08		5	COST		2,44
WAL-MART STORES INC		,86		5	COST		0,04
WORLD WRESTLING ENTMT		, 20		७	COST		, 48
TOTAL	ጭ	472,680	ጭ	634,547		₽.	781,800

166610 15A S & ELIZABE 35-2106616 FYE: 12/31/2013	168610 ISA S & ELIZABETH J CANAVATI FAMILY 35-2106616 FYE: 12/31/2013	atements	8/5/2014 9:34 AM
	Statement 6 - Form 990-PF, Part VII-A, Line 10 - Substantial Contributors	A, Line 10 - Substantial Contributors	•
Name			
	Address	City, State, Zip	
ISA CANAVATI	6630 AMBER RD.	FORT WAYNE IN 46814	
			Œ

168610 ISA S & ELIZABETH J CANAVATI FAMILY 35-2106616 Federal Statements 35-2106616

8/5/2014 9:34 AM

FYE: 12/31/2013

Name of Manager		Amount
SA & ELIZABETH CANAVATI	\$	150,900
TOTAL	\$	150,900
Form 990-PF, Part XV, Line 2b - Applic	ation Format and Re	quired Con
Description		
A ABBATETA		
SPECIFIC		
Form 990-PF, Part XV, Line	2c - Submission Dea	<u>dlines</u>
	2c - Submission Dea	<u>dlines</u>
Form 990-PF, Part XV, Line	2c - Submission Dea	<u>dlines</u>
Form 990-PF, Part XV, Line Description		

168610 ISA S & ELIZABETH J CANAVATI FAMILY 8/5/2014 9:34 AM 35-2106616 Federal Statements FYE: 12/31/2013 12/31/2013
Taxable Interest on Investments
Unrelated Exclusion Postal US Description Amount Business Code Code Code Obs (\$ or %)
CHARLES SCHWAB \$ 1 14 TOTAL \$ 1
Taxable Dividends from Securities
DescriptionAmountUnrelated Business CodeExclusion Postal CodeUS Obs (\$ or %)CHARLES SCHWAB\$ 18,41114TOTAL\$ 18,411

Application for Extension of Time To File an **Exempt Organization Return**

OMB No 1545-1709

(Rev January 2014) File a separate application for each return. Department of the Treasury Information about Form 8868 and its instructions is at www.irs.gov/form8868. Internal Revenue Service If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form) Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868 Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions) For more details on the electronic filing of this form, visit www irs gov/efile and click on e-file for Charities & Nonprofits Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns Enter filer's identifying number, see instructions Type or Name of exempt organization or other filer, see instructions Employer identification number (EIN) or print ISA S & ELIZABETH J CANAVATI FAMILY FOUNDATION 35-2106616 Number, street, and room or suite no. If a P.O. box, see instructions Social security number (SSN) File by the due date for 6630 AMBER RD filing your City, town or post office, state, and ZIP code. For a foreign address, see instructions return See FORT WAYNE IN 46814 instructions 04 Enter the Return code for the return that this application is for (file a separate application for each return) **Application Application** Return Return Is For is For Code Code Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A 80 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 10 Form 5227 Form 990-T (sec 401(a) or 408(a) trust) Form 6069 11 05 Form 990-T (trust other than above) 06 12 Form 8870 ISA CANAVATI 6630 AMBER RD. The books are in the care of ▶ FORT WAYNE IN 46814 Telephone No. ▶ 260-672-3624 FAX No If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) if this is for the whole group, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08/15/14 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ▶ X calendar year 2013 or tax year beginning , and ending If the tax year entered in line 1 is for less than 12 months, check reason Initial return Change in accounting period If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 0 estimated tax payments made. Include any prior year overpayment allowed as a credit 3b c Balance due. Subtract line 3b from line 3a Include your payment with this form, if required, by using

0

EFTPS (Electronic Federal Tax Payment System) See instructions