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Form 990-PF Department of the Treasury Internal Revenue Service

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

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0052

For	caler	idar year 2011 or tax year beginning			, and ending		
Na	me of	foundation		•		A Employer identification	number
_ F	'IR	ST BROKERS GOOD SAI	MARIT	AN_FUND		13-7298341	
Nu	mber a	and street (or P O box number if mail is not delive	red to street	address)	Room/suite	B Telephone number	
H	<u>IAR</u>	BORSIDE FINANCIAL	CENTE	R, PLAZA 5	1500	(212)513-4	466
Crt	y or t	own, state, and ZIP code	_			C if exemption application is p	ending, check here
_J	ER	SEY CITY, NJ 0731	1				
G	Check	all that apply: Initial return		Initial return of a fo	ormer public charity	D 1. Foreign organizations	s, check here
		Final return		Amended return			
		Address chang	je	Name change		Foreign organizations me 2. check here and attach co	eting the 85% test, pmputation
Н (Check	type of organization: X Section 5	01(c)(3) ex	cempt private foundation		E If private foundation sta	tus was terminated
	Se	ction 4947(a)(1) nonexempt charitable tri	ıst 🔙	Other taxable private founda	ntion	under section 507(b)(1)	
I F	air ma	arket value of all assets at end of year J	Account	ng method: Cash	X Accrual	F If the foundation is in a	60-month termination
(fi	rom l	Part II, col. (c), line 16)		ther (specify)		under section 507(b)(1)	. (*** 1
	\$		art I, colu	mn (d) must be on cash l	basis)		
Pi	art I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d)) may not	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements for charitable purposes
		necessarily equal the amounts in column (a)	, may not	expenses per books	income	income	(cash basis only)
	1	Contributions, gifts, grants, etc., received		50,000.			
	2	Check if the foundation is not required to atta	ich Sch B				
	3	Interest on savings and temporary cash investments		173.	173.		STATEMENT 1
	4	Dividends and interest from securities					
	5a	Gross rents					
	b	Net rental income or (loss)					
Revenue	6a b	Net gain or (loss) from sale of assets not on line Gross sales price for all assets on line 6a	10				
ě	7	Capital gain net income (from Part IV, line 2)	_		0.		
ď	8	Net short-term capital gain					- ""
	9	Income modifications			· · · · · · · · · · · · · · · · · · ·		
	10a	Gross sales less returns and allowances					
	b	Less Cost of goods sold					
1	C	Gross profit or (loss)					
,	11	Other income					. ,
d 	12	Total. Add lines 1 through 11		50,173.	<u> 173.</u>	0.	
2	13	Compensation of officers, directors, trustees, et	C	0.	0.	0.	0.
<i>3</i> ⊇	14	Other employee salaries and wages					
ວັ ທ	15	Pension plans, employee benefits					
ses	16a	Legal fees	_				
Expense	b	Accounting fees STM	Г 2	14,500.	0.	0.	0.
ũ		Other professional fees					
₹	17	Interest					
Administrative	18	Taxes STM	l' 3	220.	0.	0.	0.
<u>:</u>	19	Depreciation and depletion	1				<u> </u>
퉏	20	Occupancy RECEIVED	اه				
Ψp	21	Travel, conferences, and meetings	121				
and	22	Printing and publications Other expenses CER 1 1 2013	18.03C				
Operating	23	Other cybriles b E'l'	一層				
e e	24	Total operating and administrative		14 700	•		
ŏ	-	expenses. Add lines-13/through 23		14,720.	0.	0.	0.
_	25	Contributions, girts, grants paid		93,325.		<u> </u>	93,325.
	26	Total expenses and disbursements.		100 045	^		03 305
	07	Add lines 24 and 25		108,045.	0.	0.	93,325.
	ŀ	Subtract line 26 from line 12:		E7 070			
		Excess of revenue over expenses and disbursen		-57,872.	177		
		Net investment income (if negative, enter -	;-)		173.		
	<u>c</u>	Adjusted net income (if negative, enter -0-)		<u> </u>	· · · · · · · · · · · · · · · · · · ·	0.	<u> </u>

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123501 12-02-11 LHA For Paperwork Reduction Act Notice, see instructions.

Fo	rm 99	0-PF(2011) FIRST BROKERS GOOD SAMA	RITAN FUND	13-	7298341 Page 2
	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of	
	art	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing			
	2	Savings and temporary cash investments	190,848.	182,976.	182,976.
	3	Accounts receivable -			
		Less; allowance for doubtful accounts			
	4	Pledges receivable ► 50,000.			
		Less; allowance for doubtful accounts ▶	100,000.	50,000.	50,000.
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable			
		Less: allowance for doubtful accounts			
ets	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges	-		
•	1	Investments - U.S. and state government obligations			
	1	Investments - corporate stock			_
	C	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment basis			
		Less accumulated depreciation			- · · · · · · · · · · · · · · · · · · ·
	12	Investments - mortgage loans			
	13	Investments - other			
	14	Land, buildings, and equipment basis			
	İ	Less accumulated depreciation			
	15	Other assets (describe)			
	l		000 040	030 076	020 056
		Total assets (to be completed by all filers)	290,848.	232,976.	232,976.
	17	Accounts payable and accrued expenses			
	18	Grants payable			· ·
ies	19	Deferred revenue			i i
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			1
Lia	21	Mortgages and other notes payable			1 8
_	22	Other liabilities (describe			i
		Table 11-billator (and lines 17 through 20)	0.	0.	•
_	23	Total liabilities (add lines 17 through 22) Foundations that follow SFAS 117, check here	0.	<u>U.</u>	1
		Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.			‡ !
S	24	Unrestricted	290,848.	232,976.	;
Š	25	Temporarily restricted	230,040.	232,310.	1
3ala	26	Permanently restricted			1
Net Assets or Fund Balances	20	Foundations that do not follow SFAS 117, check here			1
Ē		and complete lines 27 through 31.			
þ	27	Capital stock, trust principal, or current funds			
ets	28	Paid-in or capital surplus, or land, bldg., and equipment fund			
Ass	29	Retained earnings, accumulated income, endowment, or other funds			
et/	30	Total net assets or fund balances	290,848.	232,976.	,
Z	30	Total liet 255615 of Juliu Dalatices	250,040.	252,570.	
	31	Total liabilities and net assets/fund balances	290,848.	232,976.	1
				20273701	
	art	Analysis of Changes in Net Assets or Fund B	alances		
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line	30		
	(mus	st agree with end-of-year figure reported on prior year's return)		1	290,848.
2	Ente	amount from Part I, line 27a		2	-57,872.
3	Othe	r increases not included in line 2 (itemize)		3	0.
4	Add	lines 1, 2, and 3		4	232,976.
5	Decr	eases not included in line 2 (itemize)		5	0.
6	Tota	net assets or fund balances at end of year (line 4 minus line 5) - Part II, c	olumn (b), line 30	6	232,976.
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	1990-PF (2011) FIRST BROKERS GOOD SAMARITAN FUND 13-72	29834	1	Page 4
Pa	irt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - se	ee instr	uctio	ns)
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)	_		i
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 🗶 and enter 1%			2.
	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).			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0.
3	Add lines 1 and 2			2.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	_		0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			2.
6	Credits/Payments:			
a	2011 estimated tax payments and 2010 overpayment credited to 2011 6a 20.			,
b	Exempt foreign organizations - tax withheld at source			
C	Tax paid with application for extension of time to file (Form 8868)			
d	Backup withholding erroneously withheld 6d 6d			r
7	Total credits and payments. Add lines 6a through 6d			20.
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			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			18.
11	Enter the amount of line 10 to be: Credited to 2012 estimated tax ▶ 18. Refunded ▶ 11			0.
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 participate or intervene in		Yes	No
	any political campaign?	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for 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			Т.
	distributed by the foundation in connection with the activities.			,
C	Did the foundation file Form 1120-POL for this year?	10	1	X
đ	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
	(1) On the foundation. \triangleright \$ 0 . (2) On foundation managers. \triangleright \$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation	l		
	managers. ► \$0.			
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?	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		1	Ι.
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law			
	remain in the governing instrument?	6	<u> </u>	X
7	Did the foundation have at least \$5,000 in assets at any time during the year?	7	X	<u> </u>
	If "Yes," complete Part II, col. (c), and Part XV.			1
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)			,
	NJ,NY			
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	<u> </u>
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar			'
	year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes," complete Part XIV	9	<u> </u>	X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10	X	
		Form 99	0-PF	(2011)

orm 990-PF (20		BROKERS GO				<u>13-72983</u>	<u>341</u>	F	Page <u>6</u>
Part VII-B	Statements Re	garding Activitie	s for Which F	orm 4720 May Be	Required (contin	ued)			
5a During the	year did the foundation p	pay or incur any amount	to:		_				
` '	on propaganda, or other	•	•	` ''		es X No		ĺ	
• •	-	pecific public election (se	ee section 4955); o	r to carry on, directly or indi	· · —				
_	ter registration drive?			•		es X No			
	le a grant to an individual	• • • • • • • • • • • • • • • • • • • •	• •	•	Y₁	es 🗶 No			İ
٠,	le a grant to an organizat		e, etc., organizatio	n described in section]	ļ
)(1), (2), or (3), or section					es X No			ĺ
			, scientific, literary,	or educational purposes, or					l
	evention of cruelty to chil					es X No	- [
=	• • • • •	•	• •	ler the exceptions described	in Regulations	22.42			
	.4945 or in a current noti	•	•	•		N/A	5b	-	
-	ons relying on a current n								
			claim exemption fr	om the tax because it mainta					
•	e responsibility for the gr				1/A Y	es L No		ŀ	
	ttach the statement re							1	
	ndation, during the year,	receive any funds, direct	uy or indirectly, to p	oay premiums on	┌┐	. .			
	benefit contract?	nov promumo discosti.	or indirectly	araanal hanasii aa-i	Y	es X No	٠. ا		
		pay premiums, directly (on monectly, on a p	ersonal benefit contract?			6b	\longrightarrow	X
	6b, file Form 8870.	the foundation a party to	a a prohibited toy o	holter transportion?		es X No		İ	
	e during the tax year, was			table to the transaction?	T(N/A	7b		
				ees, Foundation Ma	anagers Highl		70		
Part VIII	Paid Employee:	s, and Contracto	rs	oo, i oundation in	anagers, riigin	•			
List all offi	cers, directors, trust	ees, foundation man	agers and their	compensation.		•			
				(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans	(е) Ехр	enșe
	(a) Name	and address		hours per week devoted to position	(If not paid, enter -0-)	and deterred compensation	40	count, allowar	
					1				
-									
SEE STA	TEMENT 4				0.	l o.	,		0.
					1				
,									
					<u> </u>		<u> </u>		
2 Compensa	tion of five highest-p	aid employees (othe	r than those inc	luded on line 1). If none	, enter "NONE."	(d) Contributions to	Τ.		
(a) Nar	ne and address of each e	employee paid more than	\$50,000	(b) Title, and average hours per week	(c) Compensation	employee benefit plans and deferred	ac	e) Expe	other
				devoted to position	(-)	compensation	-	allowan	ices
N(ONE		_						
							1		
	 						1		
							1		
					 		 		
		· · · · ·					1		
		-					+		
									
Catal number -	f other employees and a	vor \$50,000							
otal number 0	f other employees paid o	ARI 430'000							U

FIRST BROKERS GOOD SAMARITAN FUND 13-7298341 Page 8 Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions) 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 1a b Average of monthly cash balances 1b 220.456. c Fair market value of all other assets 1 c 220,456. d Total (add lines 1a, b, and c) 14 e Reduction claimed for blockage or other factors reported on lines 1a and 1e 1c (attach detailed explanation) Acquisition indebtedness applicable to line 1 assets 3 220,456. Subtract line 2 from line 1d 3,307. Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) 4 217,149. Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 5 Minimum investment return. Enter 5% of line 5 10.857 Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain Part XI foreign organizations check here \(\neq \mathbb{X} \) and do not complete this part.) Minimum investment return from Part X, line 6 1 Tax on investment income for 2011 from Part VI, line 5 b Income tax for 2011. (This does not include the tax from Part VI.) 2c c Add lines 2a and 2b Distributable amount before adjustments. Subtract line 2c from line 1 3 Recoveries of amounts treated as qualifying distributions 4 5 Add lines 3 and 4 Deduction from distributable amount (see instructions) 6 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 Part XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: 93,325. a Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 1a b Program-related investments - total from Part IX-B 1b Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes 2 Amounts set aside for specific charitable projects that satisfy the: a Suitability test (prior IRS approval required) 3a **b** Cash distribution test (attach the required schedule) 3h 93,325. Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

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

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6

income. Enter 1% of Part I, line 27b

Adjusted qualifying distributions. Subtract line 5 from line 4

4940(e) reduction of tax in those years.

Part XIII 'Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2010	(c) 2010	(d) 2011
1 Distributable amount for 2011 from Part XI,				
line 7				0.
2 Undistributed income, if any, as of the end of 2011				
a Enter amount for 2010 only			0.	
b Total for prior years:	+	_		
		0.		
3 Excess distributions carryover, if any, to 2011:				,
a From 2006 239,377.				
b From 2007 117,000.				ŧ
c From 2008 96,000.				s.
d From 2009 182,383.				
e From 2010 127,700.	7.00 4.00			t
f Total of lines 3a through e	762,460.		*	
4 Qualifying distributions for 2011 from				,
Part XII, line 4: > \$ N/A				,
a Applied to 2010, but not more than line 2a			0.	
b Applied to undistributed income of prior		0		,
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus	0.			ì
(Election required - see instructions)	U •			
d Applied to 2011 distributable amount e Remaining amount distributed out of corpus	0.			0.
5 Excess distributions carryover applied to 2011	0.	·		0.
(If an amount appears in column (d), the same amount must be shown in column (a))	0.1			
6 Enter the net total of each column as indicated below:				,
8 Corpus Add lines 3f, 4c, and 4e Subtract line 5	762,460.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
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				1
assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2010. Subtract line				,
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2011. Subtract				
lines 4d and 5 from line 1. This amount must				_
be distributed in 2012	-			0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				_
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2006	220 255			,
not applied on line 5 or line 7	239,377.			
9 Excess distributions carryover to 2012.	E22 002			
Subtract lines 7 and 8 from line 6a	523,083.			
10 Analysis of line 9:				,
a Excess from 2007 b Excess from 2008				
b Excess from 2008 96,000. c Excess from 2009 182,383.				
d Excess from 2010 127,700.				
e Excess from 2011	ļ			:
♥ E700000 O E0		<u> </u>	<u> </u>	Form QQD_DE (2011)

Part XV Supplementary Informa				
3 Grants and Contributions Paid During t		Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
LUCAS GLADING	NONE	INDIVIDUAL	UNRESTRICTED - GENERAL PURPOSE	25,000
THE RONALD MCDONALD HOUSE	NONE	CHARITABLE	UNRESTRICTED - GENERAL	
		DRGANIZATION	PURPOSE	3,325
JAMES BARRY TROTTER	NONE	INDIVIDUAL	UNRESTRICTED - GENERAL PURPOSE	10,000
PHYLIS ROONEY	NONE	INDIVIDUAL	UNRESTRICTED - GENERAL PURPOSE	20,000
JERICHO ROAD	NONE	CHARITABLE ORGANIZATIO	UNRESTRICTED - GENERAL PURPOSE	25,000
Total SEE	CONTINUATION SHE		▶ 3a	93_325
b Approved for future payment				
NONE				
Total		 	<u> </u>	n 990-PF (2011

FUIII 990-PF (2011) FIRST DROKEN	S GOOD SHIP	TKIIVN LOI	עט	13=	149C
Part XVI-A Analysis of Income-Pro	oducing Activitie	es			
Enter gross amounts unless otherwise indicated.	Unrelated b	usiness income	Excluded b	by section 512, 513, or 514	
1 Program service revenue:	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Re fu
a					
b					
c					
d					
e	f				ĺ

- g Fees and contracts from government agencies2 Membership dues and assessments
- 3 Interest on savings and temporary cash investments
- 4 Dividends and interest from securities
- 5 Net rental income or (loss) from real estate:
 - a Debt-financed property
 - **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
- 10 Gross profit or (loss) from sales of inventory
- 11 Other revenue:

U	
C	
d	
e	

12 Subtotal. Add columns (b), (d), and (e)
13 Total. Add line 12, columns (b), (d), and (e)

(See worksheet in line 13 instructions to verify calculations.)

(a) Business code	(b) Amount	Exclusion code	(d) Amount	Related or exempt function income
		+		
		1	-	
		14	173.	<u> </u>
				
	0		173.	
			13	(

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).
123821	000 00

123621 12-02-11

Part					and Transactions		hips With Nonch			ge 13
		Exempt Organ		10.010 10 0			inpo man monor	idi itabi	•	
1 Dic	the org			of the following	ig with any other organization	on described in sec	tion 501(c) of		Yes	No
the	Code (other than section 501(c)(3) organizations) (or in section 52	27, relating to political organ	nizations?				
a Tra	ansfers	from the reporting found	ation to a noncharita	able exempt or	ganization of:					
(1)	Cash							1a(1)		X
(2)	Other	assets						1a(2)	ļ	X
b Oth	ner trans	sactions:							_	
(1)	Sales	of assets to a noncharita	ble exempt organiza	ation				1b(1)		X
(2)	Purch	ases of assets from a no	ncharitable exempt	organization				1b(2)	ļ	X
٠-,		l of facilities, equipment,						1b(3)	ļ	X
٠,		oursement arrangements						1b(4)		X
		or loan guarantees						1b(5)		X
		mance of services or me						1b(6)	-	X
	_	facilities, equipment, ma				way about the form	madest universities and	1c	L	X
		-		_	edule. Column (b) should al ed less than fair market vali				seis,	
) the value of the goods,				de ili aliy dansaciloi	ii or shariliy arrangemen	L SHOW III		
(a) Line r	 -	(b) Amount involved	· · · · · · · · · · · · · · · · · · ·		e exempt organization	(d) Description	n of transfers, transactions, a	nd sharing a	rangeme	nts
(=)=	-	(2) / 4	(0)	N/A		(2) 2000.19.10			- Lango	
										
				•						
								· · · · · · · · · · · · · · · · · · ·		
			_		<u> </u>					
	_ _									
	_									
			<u> </u>							
0- 10:	the four	dation directly or indican	the officiated with or	rolated to one	or more tax-exempt organ	rations described				
		501(c) of the Code (othe	•	•		izations described		Yes	Y	No
		mplete the following sch	=)(U)) OF III SEC	11011 327 :			163		טאו ב
<u> </u>	100, 00	(a) Name of org			(b) Type of organization		(c) Description of relatio	nship		
		N/A					-			
		·								
]				
					ng accompanying schedules and n taxpayer) is based on all inform		r bas any kaoviladas	May the IRS		
Sign	I No.	1 1029 1		Ž	1/2/-/12	N / A .		eturn with the shown below	e prepar	er <u>tr</u>)?
Here	1 2 //	Jeven C	nay!	<u>U</u>	12/1/13		UIST PATINE	X Yes	;	J No
	Sign	ature of officer or trustee	 	T Dec1-	Date	Title	TRUSTEE L	AI		
		Print/Type preparer's na	ame	Preparer's s	ignetur e	Date /	Check if PTI	IV		
Data		DIOWY DIVI	147 17	≰		1/30/13	self- employed	0000		
Paid	arer	RICKY RAHA		<u> </u>		1 (/ /)	Turmin Flat N 2.2	00295	9/1	
Prep Use		Firm's name ► ROT	DOTEIN KA	ASS			Firm's EIN ► 22-	Z1310	UY	

973-994-6666

Firm's address ▶ 4 BECKER FARM ROAD

ROSELAND, NJ 07068

Phone no.

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No 1545-0047

2011

Employer identification number

FIRST BROKERS GOOD SAMARITAN FUND 13-7298341 Organization type (check one): Filers of: Section: 501(c)(Form 990 or 990-EZ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 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 Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions. General Rule K For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. Special Rules For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, chantable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. J For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, chantable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Name of organization

Employer identification number

FIRST BRO	KERS GC	OD SAM	ARITAN .	Γ UND
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13-7298341

Part I	Contributors (see instructions). Use duplicate copies of Part I if addit	tional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	FIRST BROKERS SECURITIES, INC PLAZA 5,SUITE 1500 JERSEY CITY, NJ 07311-4011	\$\$0,000.	Person X Payroll
(a) No.	(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)
(a) No.	(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.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	<u>.</u>		Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II if there is a noncash contribution)

Employer identification number

FIRST BROKERS GOOD SAMARITAN FUND

13-7298341

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(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
:		s	
(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
		s	
(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
122452 04 0		Schedule R (Form 9	90 990-F7 or 990-PF\ (2011)

iame oroiga	inization		Employer identification number
	BROKERS GOOD SAMARITAN	FUND	13-7298341
Part III	Exclusively religious, charitable, etc., individ year. Complete columns (a) through (e) and the	ual contributions to section 501(c) following line entry. For organization	(7), (8), or (10) organizations that total more than \$1,000 for the is completing Part III, enter
	the total of exclusively religious, charitable, etc., Use duplicate copies of Part III if additional	contributions of \$1,000 or less for t	the year. (Enter this Information once) \$
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
] -			
		(e) Transfer of gift	
-	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee
-			
(a) No. from	(h) Durana of sife	(a) the of sife	
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, and		Relationship of transferor to transferee
-	Transfer co o name, ada coo, ana		notational of a director to a director
-			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	- -		
-			
		(e) Transfer of gift	
	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee
-			
(a) No.			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
		(e) Transfer of gift	
	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee
			~ ~

FORM 990-PF INTEREST ON SAVI	INGS AND TEM	PORARY CASH II	NVESTMENTS	STATEMENT	1
SOURCE				AMOUNT	
JP MORGAN CHASE			•	17:	<u> </u>
TOTAL TO FORM 990-PF, PART I,	LINE 3, CO	LUMN A	-	17:	3. —
FORM 990-PF	ACCOUNTI	NG FEES		STATEMENT	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOM		
ROTHSTEIN KASS & CO	14,500.	0.		0.	0.
TO FORM 990-PF, PG 1, LN 16B	14,500.	0.		0.	0.
FORM 990-PF	TAX	ES		STATEMENT	3
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOM		
NY STATE CHAR-500 NJ DIV CONSUMER AFFAIRS	100. 120.	0.			0.
TO FORM 990-PF, PG 1, LN 18	. 220.	0.	-	0. (0.

		OF OFFICERS,			STATI	EMENT
NAME AND ADDRESS		TITLE AND AVRG HRS/WK			EMPLOYEE BEN PLAN CONTRIB	EXPENSE
ANDREW J. O'KEEFE 95 TREADWELL AVENUE MADISON, NJ 07940		DISTRIBUTIVE 1.00	TRUSTEE	0.	0.	0
ROBERT F. CUDEQUEST 115 WOODLAND ROAD MONTVALE, NJ 07645		ADM/DISTRIB 1	TRUSTEE	0.	0.	0
FRANK MORETTI 5 ANPELL DRIVE SCARSDALE, NY 10583		DISTRIBUTIVE 1.00	TRUSTEE	0.	0.	0
SCOTT DUDLEY 322 LUKES WOOD NEW CANAAN, CT 06840		DISTRIBUTIVE 1.00	TRUSTEE	0.	0.	0.
TIMOTHY E. LANE 15 FAIRVIEW LANE MONTVALE, NJ 07645		DISTRIBUTIVE 1.00	TRUSTEE	0.	0.	0
JOHN J. CORCORAN 15 MIDWOOD AVENUE ALLENDALE, NJ 07401		DISTRIBUTIVE 1.00	TRUSTEE	0.	0.	0
DEE LIPKA JONES 18 BIRCH CT OSSINING, NY 10562		DISTRIBUTIVE 1.00	TRUSTEE	0.	0.	0
TOTALS INCLUDED ON 990-PF, PA	GE 6,	PART VIII		0.	0.	0
FORM 990-PF		XV - LINE 1A UNDATION MANA	GERS		STATE	EMEN'T

NAME OF MANAGER

ANDREW J. O'KEEFE ROBERT F. CUDEQUEST FRANK MORETTI SCOTT DUDLEY TIMOTHY E. LANE JOHN J. CORCORAN DEE LIPKA JONES

3 Grants and Contributions Paid During the Y				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
				<u> </u>
PETER CAPPITELLI	NONE	INDIVIDUAL	UNRESTRICTED - GENERAL	
			PURPOSE	10,000.
			<u> </u>	·
·				
·				
				
Total from continuation sheets	<u></u>	L		10.000

Form **8868** (Rev. January 2012) Department of the Treasury

Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

	are filing for an Automatic 3-Month Extension, comple					. X
• If you a	are filing for an Additional (Not Automatic) 3-Month Ex			-		
	omplete Part II unless you have already been granted in ic filing (e-file) . You can electronically file Form 8868 if y		atic 3-month extension on a previous			comoration
	to file Form 990-T), or an additional (not automatic) 3-mo					
	o file any of the forms listed in Part I or Part II with the ex					
	Benefit Contracts, which must be sent to the IRS in pap	•	· ·			
	v.irs gov/efile and click on e-file for Charities & Nonprofits		(see instructions). For more details	on the elec	cuorno ming or	uns iorni,
Part			submit original (no copies nee	eded).		
A corpora	ation required to file Form 990-T and requesting an autor	natic 6-mo	onth extension - check this box and	complete		
Part I onl	у					.▶□
All other	corporations (including 1120-C filers), partnerships, REM	ICs, and t	rusts must use Form 7004 to reques	st an exten	sion of time	
to file inc	ome tax returns.					
Type or print	Name of exempt organization or other filer, see instru	ctions.		Employe	identification	number (EIN) or
File by the	FIRST BROKERS GOOD SAMARITA			X	13-729	8341
due date for filing your return See	Number, street, and room or suite no. If a P.O. box, s HARBORSIDE FINANCIAL CENTE			Social se	curity number	(SSN)
instructions.	City, town or post office, state, and ZIP code. For a for JERSEY CITY, NJ 07311	oreign add	fress, see instructions.			
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)			0141
	Tietam esac for the retain that this application is for this				· ·	·
Applicati	ion	Return	Application			Return
ls For) <u>. </u>	Code	Is For			Code
Form 990)	01	Form 990-T (corporation)			07
Form 990)-BL	02	Form 1041-A			08
Form 990	O-EZ	01	Form 4720			09
Form 990)-PF	04	Form 5227			10
Form 990	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069		·	11
Form 990	O-T (trust other than above)	06	Form 8870			12
	ROBERT F. CUDE				^	7 744
	ooks are in the care of HARBORSIDE FIN	. Г. БГ.		A CLL	Y, NJ U	7311
	none No. > 212-513-4444		FAX No.			. \square
	organization does not have an office or place of busines					
	is for a Group Return, enter the organization's four digit	-			_	oup, check this
box 🕨			ach a list with the names and EINs o		ers the extens	ion is for.
1 re	equest an automatic 3-month (6 months for a corporation AUGUST 15, 2012, to file the exemp		to file Form 990-T) extension of time tion return for the organization name		The extension	
is f	or the organization's return for:	J	.			
	X calendar year 2011 or					
>	tax year beginning	, ar	nd ending		_·	
			<u>г</u>	.		
2 ft	he tax year entered in line 1 is for less than 12 months, o	neck reas	on: L Initial return	Final retur	n	
L	☐ Change in accounting period					
3a If t	his application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	enter the tentative tax, less any	\neg		
no	nrefundable credits See instructions.			3a	\$	0.
	his application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and		1	
	timated tax payments made. Include any prior year over			3b	\$	20.
c Ba	lance due. Subtract line 3b from line 3a. Include your pa	ayment wi	th this form, if required,			
by	using EFTPS (Electronic Federal Tax Payment System).	See instru	ictions.	3с	\$	0.
Caution.	. If you are going to make an electronic fund withdrawal	with this F	orm 8868, see Form 8453 EO and F	orm 8879-	EO for paymer	nt instructions
LHA F	or Privacy Act and Paperwork Reduction Act Notice	, see Instr	uctions.		Form 88	68 (Rev. 1-2012)

Avoide. Only complete Part II if you have airling for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box If you are filing for an Automatic 3-Month Extension, complete only Part II and check this box If you are filing for an Automatic 3-Month Extension, complete only Part II (in page 1). Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed). Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed). Copies needed).	Form 8868	(Rev. 1-2012)					Page 2
Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868. If you are filling for an Automatic 3-Month Extension, complete only Part I (on page 1). Part III Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed). Enter filler's identifying number, see instructions FIRST BROKERS GOOD SAMARITAN FUND Number, street, and room or suite no. if a P.O. box, see instructions. Number, street, and room or suite no. if a P.O. box, see instructions. ARBORSIDE FINANCIAL CENTER, PLAZA 5, NO. 1500 Social secunty number (SSN) ARBORSIDE FINANCIAL CENTER, PLAZA 5, NO. 1500 Social secunty number (SSN) ARBORSIDE FINANCIAL CENTER, PLAZA 5, NO. 1500 Social secunty number (SSN) ARBORSIDE FINANCIAL CENTER, PLAZA 5, NO. 1500 Social secunty number (SSN) ARBORSIDE FINANCIAL CENTER, PLAZA 5, NO. 1500 Social secunty number (SSN) ARBORSIDE FINANCIAL CENTER, PLAZA 5, NO. 1500 Social secunty number (SSN) ARBORSIDE FINANCIAL CENTER, PLAZA 5, NO. 1500 Social secunty number (SSN) ARBORSIDE FINANCIAL CENTER, PLAZA 5, NO. 1500 Social secunty number (SSN) ARBORSIDE FINANCIAL CENTER, PLAZA 5, NO. 1500 Social secunty number (SSN) ARBORSIDE FINANCIAL CENTER, PLAZA 5, NO. 1500 Social secunty number (SSN) ARBORSIDE FINANCIAL CENTER, PLAZA 5, NO. 1500 Social secunty number (SSN) Form 990-BL October Social Soc			tension.	complete only Part II and check this	s box		► X
# you are filing for an automatic 3-Month Extension, complete only Part I (lon page 1). ### Part III							
Rept. Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).							
Enter filer's identifying number, see instructions First Brokers Good SAMARITAN FUND FIRST BROKERS GOOD SAMARITAN FUND FIRST BROKERS GOOD SAMARITAN FUND Winber, street, and room or suite no. If a P.O. box, see instructions. HARBORSIDE FINANCIAL CENTER, PLAZA 5, NO. 1500 City, town or post office, state, and ZIP code. For a foreign address, see instructions. JERSEY CITY, NJ 07311 Enter the Return code for the return that this application is for (file a separate application for each return) Application Return Code Form 990-B. October 101 Form 990-B. October 102 Form 1041-A. October 103 Form 990-F. October 1041-A. October 104-B. Form 990-F. October 1041-A. October 104-B. Form 990-F. October 1041-A. October 104-B. October 1041-A. October	Part II				al (no co	opies needed).
Name of exempt organization or other filer, see instructions Employer identification number (EIN) or wint in the years FIRST BROKERS GOOD SAMARITAN FUND X 13-7298341	Phone Section 1						
FIRST BROKERS GOOD SAMARITAN FUND X 13-7298341							
September PIRST BROKERS GOOD SAMARITAN FUND	print						(2, 2.
Number, street, and room or sulte no. If a P.O. box, see instructions. Social security number (SSN) HARBORSIDE FINANCIAL CENTER, PLAZA 5, NO. 1500 City, town or post office, state, and ZIP code. For a foreign address, see instructions. JERSEY CITY, NJ 07311 City, town or post office, state, and ZIP code. For a foreign address, see instructions. JERSEY CITY, NJ 07311 Code See	-	FIRST BROKERS GOOD SAMARITAI	N FUN	D	X	13-72983	341
### HARBORSIDE FINANCIAL CENTER, PLAZA 5, NO. 1500 City, town or post office, state, and ZiP code. For a foreign address, see instructions.	due date for	Number, street, and room or suite no. If a P.O. box, s	tions.	Social sec	cunty number (S	SN)	
Cry, town or post once, state, and 2P code. For a foreign audicess, see instructions. Description Descriptio						, ,	•
Enter the Return code for the return that this application is for (file a separate application for each return) Application	instructions	City, town or post office, state, and ZIP code. For a fe	oreign add	Iress, see instructions.	_		
Application s For Code Section	:		Ū	·			
Application s For Code Section							
Return Spor Code Sorn 990 BL	Enter the R	Return code for the return that this application is for (file	e a separa	te application for each return)			0 4
Series Code Is For Company Compan			•	,			<u> </u>
Series Code Is For Company Compan	Application	n	Return	Application			Return
The books are in the care of ► HARBORS IDE FIN'L PLZA, PLZA 5 - JERSEY CITY, NJ 07311 Telephone No. ► 212-513-444 FAX No. ► If the organization does not have an office or place of business in the United States, check this box If the si for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the si for a Group Return, enter the organization's four digit Group Exemption Number (GEN) 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 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 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 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 a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for part of the group, check this box If this is for part of the group, check this box If this is for part of the group, check this box If this is for part of the group, check this box If this is for part of the group, check this box If this is for part of the group, check this box If this is for part of the group, check this box If this is for part of the group, check this box If this is for part of the group, check this box If this is for part of the group, check this box If this is for part of the group,	is For		Code				Code
Form 990-BL Form 990-EZ Form 990-EZ Form 990-EZ Form 990-EZ Form 990-T (sec. 401(a) or 408(a) trust) Form 9	Form 990	,	01	有可以上还要给了整度原 的		this training	
Form 990-PF D4 Form 5227 10	Form 990-E	3L	02	Form 1041-A			
Form 990-T (sec. 401(a) or 408(a) trust) OS Form 6069 11	Form 990-E	<u></u>	01	Form 4720			09
Form 990-T (trust other than above) 5TOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868. ROBERT F. CUDEQUEST The books are in the care of HARBORSIDE FIN'L PLZA, PLZA 5 - JERSEY CITY, NJ 07311 Telephone No. 212-513-4444 FAX No. Fax N	Form 990-F		04	Form 5227			10
STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868. ROBERT F. CUDEQUEST The books are in the care of ▶ HARBORSIDE FIN'L PLZA, PLZA 5 – JERSEY CITY, NJ 07311 Telephone No.▶ 212-513-4444 FAX No.▶ If the organization does not have an office or place of business in the United States, check this box	Form 990-T	Γ (sec. 401(a) or 408(a) trust)	05	Form 6069			11
ROBERT F. CUDEQUEST The books are in the care of HARBORSIDE FIN'L PLZA, PLZA 5 - JERSEY CITY, NJ 07311 Telephone No. 212-513-4444 FAX No. F If the organization does not have an office or place of business in the United States, check this box	Form 990-T	Γ (trust other than above)	06	Form 8870			12
The books are in the care of HARBORSIDE FIN L PLZA, PLZA 5 - JERSEY CITY, NJ 07311 Telephone No. 212-513-4444 FAX No. FAX No	STOP! Do	not complete Part II if you were not already granted	an autor	natic 3-month extension on a prev	iously file	d Form 8868.	
Telephone No. > 212-513-4444		ROBERT F. CUDE	QUEST	·			
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 this is for a Additional 3-month extension of time until NOVEMBER 15, 2012. For calendar year 2011, or other tax year beginning If the tax year entered in line 5 is for less than 12 months, check reason: Change in accounting period State in detail why you need the extension ALL OF THE INFORMATION NEEDED TO PREPARE A COMPLETE AND ACCURATE RETURN IS NOT YET AVAILABLE 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. Bayenets made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. C Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Signature and Verification must be completed for Part II only. Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, its true, correct, and complete, and that I am authorized to prepare this form.	• The boo	oks are in the care of HARBORSIDE FIN	'L PL	ZA, PLZA 5 - JERSE	Y CIT	Y, NJ 07	311
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	Telepho	one No. ► 212-513-4444		FAX No. ▶			
If it is for part of the group, check this box Independent of the group, check this box Independent of the group, check this box Independent of the group, check this box Independent of the group, check this box Independent of the group, check this box Independent of the group, check this box Independent of the group, check this box Independent of the group of the group, check this box Independent of the group, check this box Independent of the group of the	• If the or	ganization does not have an office or place of business	s in the Ur	nited States, check this box		· · · · · ·	▶ □
I request an additional 3-month extension of time until For calendar year 2011, or other tax year beginning	• If this is	for a Group Return, enter the organization's four digit	Group Exe	emption Number (GEN) I	f this is for	the whole group), check this
For calendar year 2011, or other tax year beginning	box ▶ L	If it is for part of the group, check this box 🕨	and atta	ach a list with the names and EINs of	all membe	ers the extension	ı is for.
If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Change in accounting period State in detail why you need the extension ALL OF THE INFORMATION NEEDED TO PREPARE A COMPLETE AND ACCURATE RETURN IS NOT YET AVAILABLE 8a If this application is for Form 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 Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Signature and Verification must be completed for Part II only. Juder penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, its true, correct, and complete, and that I am authorized to prepare this form.							
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Form 8868 (Rev. 1-2012)