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#### **EXTENSION ATTACHED**

					SHOF	RT YEA	R INITIAL	YEAR, HU	JRRICANI	E SAI	NDY				
	ď,	90-PF			R	eturn	of Priva	te Found	dation			OMB No 1545-0052			
						Trea	47(a)(1) None ited as a Priv	ate Foundati	on			2011			
_		ent of the Treasury evenue Service	•			be able to	o use a copy of	this return to	satisfy state		ng requirements	10/31 0011			
<u>F</u>		lendar year 2011	or ta	ix year begir	ning		14	2/07 <b>, 2011</b>	, and end	<del></del> -		12/31, <b>20</b> 11			
		of foundation								^	Employer identific				
_	STU	ART AND NICO	OLE F	KOVENSKY	FAMIL	Y FOU	NDATION_				38-385939				
	Numb	per and street (or P	O box	number if mail is	not delive	ered to stree	et address)		Room/su	ııte   E	3 Telephone number	` ,			
	18 1	LONG POND RO	DAD								(91	4) 273-2057			
_		or town, state, and a		le											
		ONK, NY 1050								, c	If exemption application pending, check here				
_		ck all that apply	Х	Initial retur	n		Initial return	of a former	public cha	rity	) 1 Foreign organizat	shaak haa			
	00	on an inat apply		Final return			Amended re	•			2 Foreign organiza				
				Address ch			Name chang				85% test, check h	ere and attach			
_	Cho	ck type of organ	zation			'c)(3) ev					computation				
ï	_	ection 4947(a)(1)					her taxable pr		ition	E	If private foundation				
		market value of					nethod X C		crual			)(1)(A), check here			
•		ear (from Part II, o				ther (sp		a311 AC	cruai			in a 60-month termination (1)(1)(B), check here			
	-			128.			(d) must be or	cash basis			under section ber(b	ATABA CHECK HOTE .			
<b>.</b>		Analysis of Re			<del></del>	1	(4)					(d) Disbursements			
	alti	total of amounts ii	n colun	nns (b), (c), and	d (d)		evenue and	(b) Net inv		(c)	Adjusted net	for charitable			
		may not necessar			s in	exp	enses per books	incor	ne		income	purposes			
_	T	column (a) (see in					900,128.					(cash basis only)			
?	ı	Contributions, gifts, gran	nts, etc., i	received (attach sch fation is <b>not</b> requ	edule) . ured to	<u> </u>	900,120.								
<b>CI</b>	2	Check ▶ atta	ch Sch	В		ļ	1001								
	3	Interest on savings a		•		<u> </u>									
<b>∂</b>	4	Dividends and inte					· <del></del>								
	5 a	Gross rents										<del></del>			
מ	b	Net rental income or	(loss) _									·			
nue -	6a b	Net gain or (loss) fro Gross sales price for assets on line 6a	om sale all	n sale of assets not on line 10											
7 %	7	Capital gain net in		(from Part IV, I	ine 2) .				0			`			
Ź	8	Net short-term ca		•	•							, in the second			
SCANNED Reve	9	Income modificati Gross sales less retur	ons •												
7		and allowances • • Less Cost of goods s	!												

b Less Cost of goods sold . c Gross profit or (loss) (attach schedule) 11 Other income (attach schedule) . . . . . . 900,128. Total Add lines 1 through 11 . . . . . . 13 Compensation of officers, directors, trustees, etc . . 14 Other employee salaries and wages . . . . . Expenses Pension plans, employee benefits . . . . . 15 16a Legal fees (attach schedule) . . . . . . . . RECEIVED b Accounting fees (attach schedule) . . . . . and Administrative c Other professional fees (attach schedule). . . FEB 0 4 2013 Taxes (attach schedule) (see instructions) . . . . . 19 Depreciation (attach schedule) and depletion. <del>OGD</del>₽N, UT 21 Travel, conferences, and meetings . . . . . 22 Printing and publications . . . . . . . . . . Operating 23 Other expenses (attach schedule) . . . . . 24 Total operating and administrative expenses. Add lines 13 through 23 .....

900,128.

25 Contributions, gifts, grants paid . . . . . . Total expenses and disbursements Add lines 24 and 25

a Excess of revenue over expenses and disbursements . . . b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-). .

Subtract line 26 from line 12

Page 2

Part.ll Bal	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	End	of year
Dai	amounts only (See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
1 Cash -	non-interest-bearing		150,000.	150,000
	s and temporary cash investments			
3 Accoun	nts receivable	- + w - v	0.00	on .
Less a	illowance for doubtful accounts ▶			
	s receivable			· · · · · · · · · · · · · · · · · · ·
	illowance for doubtful accounts ▶			
	receivable			
	ables due from officers, directors, trustees, and other	•		
disqual	ified persons (attach schedule) (see instructions)			
1	notes and loans receivable (attach schedule)	**		
	illowance for doubtful accounts ▶			
9 100010	ories for sale or use			
اذ	d expenses and deferred charges			
10 a Investme	ents - U S and state government obligations (attach schedule)	<del>-</del>		
7	nents - corporate stock (attach schedule) ATCH. 1.	<u>-</u>	150,128.	150,128
	nents - corporate bonds (attach schedule)	<del></del>		
11 Investme	ents - land, buildings, ipment basis cumulated depreciation schedule)	-		
12 Investm	nents - mortgage loans			
13 Investm	nents - other (attach schedule) ATCH 2		600,000.	600,000
14 Land, bu	oildings, and		_	
Less ac	ont basis cumulated depreciation schedule)			_
15 Other a	assets (describe  )			
	assets (to be completed by all filers - see the			
instruct	tions Also, see page 1, item I)	C	900,128.	900,128
17 Accoun	nts payable and accrued expenses			
1	payable			
19 Deferre	ed revenue			
20 Loans fr	rom officers, directors, trustees, and other disqualified persons			*
<del>-</del>	ges and other notes payable (attach schedule)			
22 Other li	ıabılıtıes (describe ▶)			
23 Total II	abilities (add lines 17 through 22)			d'
Found	lations that follow SFAS 117, check here  omplete lines 24 through 26 and lines 30 and 31.			-    -
I .	ricted			
21			<del> </del>	1
26 Permer	rarily restricted			1
5 Ferman	lations that do not follow SFAS 117,			
check	here and complete lines 27 through 31.			
27 Capital	stock, trust principal, or current funds		900,128.	
28 Bardun	or capital surplus, or land, bldg , and equipment fund		1	1
20 Potano	d earnings, accumulated income, endowment, or other funds			
افت	et assets or fund balances (see instructions)	(	900,128.	
31 Total	liabilities and net assets/fund balances (see			;
1	tions)	(	900,128	
	alysis of Changes in Net Assets or Fund			1
	ssets or fund balances at beginning of year - Part		(must agree with	T
	figure reported on prior year's return)			
				900,128
				300,120
Add lines 1,			<del></del>	900,128
	, 2, and 3not included in line 2 (itemize) ▶	• • • • • • • • • • • • • • • • • • • •		1 300,120
	ssets or fund balances at end of year (line 4 minus	ine 5) - Part II, column (		900,128

Page	3

Part IV Capital Gains	and Losses for Tax on Inv	estment Income			
(a) List an	(b) How acquired P-Purchase	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )		
	prick warehouse, or common stock, 200	SIIS WILC CO }	D-Donation	(IIIO, uay, yi)	<del>                                     </del>
<u>1a</u> b			<u> </u>		<del> </del>
C	· · · · · · · · · · · · · · · · · · ·			-	
d					-
e		-			
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) mine	
_a			ļ		
<u>b</u>					
<u>c</u>			<del> </del>		
<u>d</u>		ļ	<del>                                     </del>		<del></del>
e Occupation and of the constant		and but the few addition on 12/21/60	-		
Complete only for assets	showing gain in column (h) and owned			Gains (Col (h) g (k), but not less	
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (ı) over col (j), if any		Losses (from co	
a					
b					
c					
d					
е		<u> </u>	<u> </u>		
2 Capital gain net income oi		f gain, also enter in Part I, line 7			
2. Not about form constal you		f (loss), enter -0- in Part I, line 7	2		
	n or (loss) as defined in sections 1	tructions) If (loss), enter -0- in $igl)$			
_		•	2		
		educed Tax on Net Investment I	ncome		
		ne section 4940(a) tax on net invest		me \	
(i or optional acc by democi.	o pa.o .oaa.oo 0a2,000 to t.			,,,,	
If section 4940(d)(2) applies,	leave this part blank NO	T AVAILABLE FOR INITIAL	YEAR R	ETURNS	
		butable amount of any year in the b	ase perio	d?	Yes No
	not qualify under section 4940(e)				
1 Enter the appropriate am (a)		r, see the instructions before making	g any entr	les (d)	
Base period years	(b) Adjusted qualifying distributions	(c) Net value of nonchantable-use assets		Distribution r	
Calendar year (or tax year beginning in)	//djusted qualifying distributions	THE VALUE OF THE HOTEL MADE AND ADDRESS.		(col (b) divided by	y coi (c))
2010					
2008		<del></del>			
2007					
2006					
2 Total of line 1, column (d	)		2		
3 Average distribution ratio	for the 5-year base period - divid	e the total on line 2 by 5, or by the			
•		ss than 5 years	3		
•					
4 Enter the net value of no	ncharitable-use assets for 2011 fr	om Part X, line 5	4	· · · · · · · · · · · · · · · · · · ·	
5 Multiply line 4 by line 3			5		
6 Enter 1% of net investme	ent income (1% of Part I, line 27b)		6		
7 Add lines 5 and 6			7		
O Fotos qualificas distalliciti	one from Bort VII has 4				
If line 8 is equal to or gr Part VI instructions	reater than line 7, check the box	in Part VI, line 1b, and complete	that part	using a 1% ta	x rate See the
104					000 DE

Par	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see i	nstruc	ctions	<u>s)</u>
``1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1 )		·	
	Date of fuling or determination letter (attach copy of letter if necessary - see instructions)	,	. ,	
, p	Domestic foundations that meet the section 4940(e) requirements in Part V, check			0
	here and enter 1% of Part I, line 27b	w		
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col. (b)	1 . 3		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 2			
3	Add lines 1 and 2			0
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			0
6	Credits/Payments			
а	2011 estimated tax payments and 2010 overpayment credited to 2011 6a	*à.		
b	Exempt foreign organizations - tax withheld at source	, i	, ×	* * *
С	Tax paid with application for extension of time to file (Form 8868) 6c 6c			
d	Backup withholding erroneously withheld			
7	Total credits and payments Add lines 6a through 6d			0
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			0
10	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
11	Enter the amount of line 10 to be Credited to 2012 estimated tax ▶ Refunded ▶ 11			
Par	t VII-A Statements Regarding Activities			,
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate		Yes	No
	or intervene in any political campaign?	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the			-
	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			
	distributed by the foundation in connection with the activities			
C	Did the foundation file Form 1120-POL for this year?	1c		X
<b>d</b> ,	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
	(1) On the foundation $\blacktriangleright$ \$(2) On foundation managers $\blacktriangleright$ \$			
е	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
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		X
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		^
_	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 language in t		*,	
	By state legislation that effectively amends the governing instrument so that no mandatory directions that	```	X	
-	conflict with the state law remain in the governing instrument?	7	X	
7	Enter the states to which the foundation reports or with which it is registered (see instructions)		À	
va	2777	* 4	*	
h	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General	- 3	-	
ь	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	Х	l '
9	Is the foundation claiming status as a private operating foundation within the meaning of section $4942(j)(3)$ or	90		
9	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		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names			<del></del>
10		10	Х	
_		Form <b>9</b> 9		(2011)

Form	<del>09</del> 0-PF(2011) STUART AND NICOLE KOVENSKY FAMILY FOUNDATION 38-385	9398		Page :
Par	t VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		Х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified	1		
	person had advisory privileges? If "Yes," attach statement (see instructions)	12	<u> </u>	Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address    N/A			
14	The books are in care of ► STUART R KOVENSKY ' Telephone no ► 914-273	3-205	7	
	Located at ▶18 LONG POND ROAD ARMONK, NY ZIP+4 ▶ 10504-2	2625	<b>_</b>	
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		▶	• 🔲
	and enter the amount of tax-exempt interest received or accrued during the year			,
16	At any time during calendar year 2011, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16	<u> </u>	X
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1 If "Yes," enter the name of		,	ς.
	the foreign country	*	-	
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	,	Yes	No
1 a	During the year did the foundation (either directly or indirectly)	** **	, X , X	'
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No	, ,	**	
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a		,	1
	disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			1
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for	1		
	the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception Check "No" if the			
	foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days )			
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		—
	Organizations relying on a current notice regarding disaster assistance check here			
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that		×	l
	were not corrected before the first day of the tax year beginning in 2011?	1c	-	X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private		١.	
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))		,	
а	At the end of tax year 2011, did the foundation have any undistributed income (lines 6d and			
	6e, Part XIII) for tax year(s) beginning before 2011? Yes X No			
	If "Yes," list the years ▶,,			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)	1		
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to	1		U
	all years listed, answer "No" and attach statement - see instructions )	2b		X
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here	×		
	<u> </u>		1	
3 a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
	at any time during the year?	, ,		
b	If "Yes," did it have excess business holdings in 2011 as a result of (1) any purchase by the foundation or	* *		
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the	* *		*
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of	12		*
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the	× «	· *-	** *
	foundation had excess business holdings in 2011)	3 b	-	X
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its		327.8	X
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2011?	4b	n_pe	

STUART AND NICOLE KOVENSKY FAMILY FOUNDATION 38-3859398 Page **7** Form 990-PF (2011) Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, . and Contractors (continued) Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE." 3 (b) Type of service (c) Compensation (a) Name and address of each person paid more than \$50,000 NONE Total number of others receiving over \$50,000 for professional services . **Summary of Direct Charitable Activities** Part IX-A List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficianes served, conferences convened, research papers produced, etc. Expenses Part IX-B Summary of Program-Related Investments (see instructions) Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 1 NONE

Form 990-PF (2011)

0

3 NONE

Total. Add lines 1 through 3

All other program-related investments See instructions

Page 8

Pa	Minimum Investment Return (All domestic foundations must complete this part. Foreign see instructions)	ın foundations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,	
	purpòses	**
а	Average monthly fair market value of securities	1a 1,028.
b	Average of monthly cash balances	<b>1b</b> 1,027.
С	Fair market value of all other assets (see instructions)	1c 822.
d	Total (add lines 1a, b, and c)	1d 2,877.
е	Reduction claimed for blockage or other factors reported on lines 1a and	
	1c (attach detailed explanation)1e	
2	Acquisition indebtedness applicable to line 1 assets	2
3		3 2,877.
4	Subtract line 2 from line 1d  Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see	
		4 43.
5	Instructions)  Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5 2,834.
	Minimum investment return. Enter 5% of line 5	6 142.
	Tt 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 p	part )
		1 142.
1	Minimum investment return from Part X, line 6	142.
2 a	Tax on investment income for 2011 from Fart VI, into 0	
	Income tax for 2011 (This does not include the tax from Part VI) 2b	
	Add lines 2a and 2b	2c 142.
3	Distributable amount before adjustments Subtract line 2c from line 1	
4	Recoveries of amounts treated as qualifying distributions	<b>4 5</b> 142.
5	Add lines 3 and 4	<b>5</b> 142.
6	Deduction from distributable amount (see instructions)  Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,	6
7		140
	line 1	7 142.
Pa	rt XII 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
b	·	1b
2	Program-related investments - total from Part IX-B  Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.	
		2
3	purposes Amounts set aside for specific charitable projects that satisfy the	to.
a	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
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
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6 0
•	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when cal qualifies for the section 4940(e) reduction of tax in those years	culating whether the foundation

	990-PF (2011)				Page 9
Pa	rt XIII · Undistributed Income (see instru	ctions)			
1	Distributable amount for 2011 from Part XI,	(a) Corpus	(b) Years prior to 2010	(c) 2010	( <b>d</b> ) 2011
•	line 7				142.
•	Undistributed income, if any, as of the end of 2011		·		
2	Enter amount for 2010 only				
d L	Total for pnor years 20 09 ,20 08 ,20 07			<del></del>	
	Excess distributions carryover, if any, to 2011				
3	i i		*		
	From 2006	* \ <sub>\</sub>	,		
	From 2007	×			
С	From 2008				
d	From 2009				
	From 2010				
	Total of lines 3a through e		<del></del>		
4	Qualifying distributions for 2011 from Part XII,			ļ ,	
	line 4 ▶ \$	ŧ			
а	Applied to 2010, but not more than line 2a			<u></u>	
b	Applied to undistributed income of prior years (Election required - see instructions)				
С	Treated as distributions out of corpus (Election				
	required - see instructions)	·			
	Applied to 2011 distributable amount	`			
е	Remaining amount distributed out of corpus				<del></del>
5	Excess distributions carryover applied to 2011				
	(If an amount appears in column (d), the same amount must be shown in column (a))				
6	Enter the net total of each column as				,
	indicated below:	** ****			
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5				
b	Prior years' undistributed income Subtract	• 1			
	line 4b from line 2b				
С	Enter the amount of prior years' undistributed income for which a notice of deficiency has been	***			
	issued, or on which the section 4942(a) tax has	, **.			ì
	been previously assessed	<u>```</u>			
d	Subtract line 6c from line 6b Taxable amount - see instructions	***			
е	Undistributed income for 2010 Subtract line				
	4a from line 2a Taxable amount - see	»,	,		, ,
	instructions	* *	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
f	Undistributed income for 2011 Subtract lines	,	',', '		
	4d and 5 from line 1. This amount must be	· •	<b>₹</b>		142.
	distributed in 2012	-			
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions)				
	Excess distributions carryover from 2006 not				
8	applied on line 5 or line 7 (see instructions)				
9	Excess distributions carryover to 2012.				
•	Subtract lines 7 and 8 from line 6a	0	1		
10	Analysis of line 9	*****	_		
	Excess from 2007	•			
ь					
c					
d					
	Excess from 2011				

STUART AND NICOLE KOVENSKY FAMILY FOUNDATION

38-3859398

Page 10

Part XV	Supplementary Information (	continued)	_		
3 Grai	nts and Contributions Paid Durin Recipient e and address (home or business)	ng the Year or Appr	oved for F	uture Payment	
•	Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or contribution	Amount
Nam	e and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	Amount
a Paid	during the year				-
	, ,				
				!	
			1		
				1	
		<u> </u>		<b>.</b>	NONE
Tota		<del> </del>	<del></del>	▶ 3a	NONE
<b>b</b> Appr	oved for future payment				
				<u> </u>	
Tota	<u> </u>			▶ 3b	NONE

Part XVI-A Analysis of Income-Produ	icing Activ	/ities			
Enter gross amounts unless otherwise indicated	Unrela	ated business income	Excluded by	y section 512, 513, or 514	(e)
•	(a)	(b)	(c)	(d)	Related or exempt function income
1 Program service revenue	Business code	Amount	Exclusion code	Amount	(See instructions)
a					
b					
с				-	
d			<u> </u>		
е					
f					
g Fees and contracts from government agencies			<u> </u>		
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments					<del></del>
4 Dividends and interest from securities				·	
5 Net rental income or (loss) from real estate					
a Debt-financed property				-	
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income			_	·	
			i	-	
8 Gain or (loss) from sales of assets other than inventory			<del> </del>		
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory			<del>                                     </del>		
11 Other revenue a					
b					
c	-				
d					
e					<u> </u>
12 Subtotal Add columns (b), (d), and (e)			<u> </u>		<u> </u>
13 Total. Add line 12, columns (b), (d), and (e)				<sup>13</sup>	
(See worksheet in line 13 instructions to verify calc		as well above and of Fre	D		
Part XVI-B Relationship of Activities	to the Ac	complishment of Ex	empt Purp	oses	
Line No. Explain below how each activit	y for which	h income is reported ii	n column (	e) of Part XVI-A contrib	uted importantly to the
▼ accomplishment of the foundation	on's exemp	t purposes (other than I	by providing	funds for such purpose	s) (See instructions)
					<del></del>
					<del></del>
			<del></del>		
		····			
			<u>-</u> .		
				· · · · · · · · · · · · · · · · · · ·	
				<del></del>	
					<del></del> -

### Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations Part XVII

		-/.ob. 4.3										
1				engage in any of the							Yes	No
٠			de (other than	section 501(c)(3) orga	anızatıons	) or in :	section 527, r	elating to	political			
	-	zations?										
а	Transf	fers from the reporting	g foundation to	o a noncharitable exem	ipt organi	zation o	f			-	-	
										1a(1)		X
										1a(2)		X
b		transactions										1
				empt organization						1b(1)		X
				able exempt organizatio						1b(2)		X
				r assets						1b(3)		X
										1b(4)		X
										1b(5)		X
				hip or fundraising solicit						1b(6)		X
				sts, other assets, or par						1c		X
d				es," complete the follo vices given by the repo								
				gement, show in colu								
		(b) Amount involved										
(a) L	ne no	N/A	(c) Name of	noncharitable exempt organiz	ation	N/A	scription of transfe	ers, transact	ons, and shar	ing arra	ingeme	nis
_		N/A				N/A			<u> </u>			
-												
				<del></del>			-					
				·								
	-	<del></del> _	-									
		<del></del> -										
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					ŀ							
	descri	bed in section 501(c)	of the Code (d	ffiliated with, or relate other than section 501(				-			es X	No
U	11 1 63	s," complete the follow (a) Name of organization		(b) Type of orga	nızatıon	— I		c) Descripti	on of relations	hip		
		.,		(1, ),			···········			<del>-</del>		
		· · · · · · · · · · · · · · · · · · ·							·····			
	_								•			
	Unde	er penalties of penjury, I decip	re that I have exam	nined this return, including acco taxpayer) is based on all informati	mpanying sch	nedules an	d statements, and t	o the best o	f my knowledg	e and b	oeli <b>e</b> f, it	is true,
Sigı	J Coure	ect, and complete Doctaration of	proparer (other than		onjoi wilich p		, ,	ı				$\overline{}$
Her	e 🕨	$\sim$		1/29	<u>    5                                 </u>	1	res lent.		May the IRS with the pr			
	177	nature of officer or rustee		Date	,	Title			(see instruction	s)? X	Yes	No
 Paid	1	Print/Type preparer's	name	Preparer's signature	LN	,	Date	Che		PTIN		
		TIMOTHY P. SPI		<u> </u>	7		1/25/20		-employed			55
	parer	Firm's name ► EI	SNERAMPER	LLP V V.				Firm's Ell	<b>▶</b> 13-16	5398:	26	
Use	Only			/ENUE								
		NE NE	W YORK, N	1Y		10	0017-2703	Phone no	212-89	91-40	087	
									_			

## 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

Name of the organization		Employer identification number
STUART AND NICOLE KO	38-3859398	
Organization type (check one	2)	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)( ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private for	undation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private found	ation
	501(c)(3) taxable private foundation	
<del>_</del>	n filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 one contributor. Complete Parts I and II	or more (in money or
Special Rules	·	
under sections 509	c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support $(a)(1)$ and $170(b)(1)(A)(v_i)$ and received from any one contributor, during t 5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form d II	he year, a contribution of
during the year, tot	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from all contributions of more than \$1,000 for use <i>exclusively</i> for religious, charit poses, or the prevention of cruelty to children or animals. Complete Parts I, I	able, scientific, literary,
during the year, co not total to more th year for an exclusiv applies to this orga	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from ntributions for use <i>exclusively</i> for religious, charitable, etc., purposes, but the san \$1,000. If this box is checked, enter here the total contributions that we rely religious, charitable, etc., purpose. Do not complete any of the parts unlimization because it received nonexclusively religious, charitable, etc., contributions.	nese contributions did are received during the less the <b>General Rule</b> ributions of \$5,000 or
Caution. An organization that 990-EZ, or 990-PF), but it mu	t is not covered by the General Rule and/or the Special Rules does not file ist answer "No" on Part IV, line 2, of its Form 990, or check the box on line -PF, to certify that it does not meet the filing requirements of Schedule B (F	Schedule B (Form 990, H of its Form 990-EZ or on

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 STUART AND NICOLE KOVENSKY FAMILY FOUNDATION Employer identification number 38-3859398

Part.I	Contributors (see instructions). Use duplicate copies of Par	t I if additional space is need	led.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	STUART R & NICOLE GREENE KOVENSKY  18 LONG POND ROAD  ARMONK, NY 10504-2625	\$150,000.	Person X 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
2_	STUART R & NICOLE GREENE KOVENSKY  18 LONG POND ROAD  ARMONK, NY 10504-2625	\$100,000.	Person X Payroll X Noncash  (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3_	STUART R & NICOLE GREENE KOVENSKY  18 LONG POND ROAD  ARMONK, NY 10504-2625	\$ <u>50,128.</u>	Person X Payroll X Noncash X  (Complete Part II if there is a noncash contribution )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4_	STUART R & NICOLE GREENE KOVENSKY  18 LONG POND ROAD  ARMONK, NY 10504-2625	\$300,000.	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
5_	STUART R & NICOLE GREENE KOVENSKY  18 LONG POND ROAD  ARMONK, NY 10504-2625	\$300,000.	Person X Payroll X Noncash X  (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)

Name of organization STUART AND NICOLE KOVENSKY FAMILY FOUNDATION

Employer identification number

38-3859398 Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. Part.II (a) No. (c) (d) (b) from FMV (or estimate) Date received Description of noncash property given Part I (see instructions) 22,026.44 SHS LORD ABBETT SHORT DURATION INCOME F (LDLFX) 2 (CUSIP 543916464) 100,000. 12/29/2011 (a) No. (c) (d) (b) from FMV (or estimate) Date received Description of noncash property given Part I (see instructions) 4,240.89 SHS PIMCO REAL RETURN P(PRLPX) (CUSIP 72201M636) 3 50,128. 12/29/2011 (a) No. (c) (d) (b) from FMV (or estimate) Date received Description of noncash property given Part I (see instructions) OWNERSHIP INTEREST IN OCP DEBT OPPORTUNITY PARTNERS LP 4 (EIN: 20-3996590) 300,000. 12/31/2011 (a) No. (c) (d) FMV (or estimate) from Date received Description of noncash property given Part I (see instructions) OWNERSHIP INTEREST IN OCP SENIOR CREDIT PARTNERS LP (EIN: 26-1431117) 5 300,000. 12/31/2011 (a) No. (c) (d) (b) from FMV (or estimate) Date received Description of noncash property given Part I (see instructions) (a) No. (c) (d) FMV (or estimate) from Description of noncash property given Date received Part I (see instructions)

Schedule B (Form 990, 990-EZ, or 990-PF) (2011) Page 4 Employer identification number Name of organization STUART AND NICOLE KOVENSKY FAMILY FOUNDATION 38-3859398 Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶\$ Use duplicate copies of Part III if additional space is needed (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift

Relationship of transferor to transferee

Transferee's name, address, and ZIP + 4

DESCRIPTION

LORD ABBETT SHORT DURATION INCOME F PIMCO REAL RETURN P

ENDING BOOK VALUE

ENDING FMV

100,000.

100,000. 50,128. 150,128.

TOTALS

150,128.

ATTACHMENT

- OTHER INVESTMENTS

PART II

FORM 990PF,

DESCRIPTION

OCP DEBT OPPORTUNITY
PARTNERS LP
OCP SENIOR CREDIT PARTNERS LP

TOTALS

BOOK VALUE ENDING

ENDING FMV

300,000.

300,000.

600,000.

600,000.

ATTACHMENT 2

ATTACHMENT 3

AND TRUSTEES	
AND	
LIST OF OFFICERS, DIRECTORS,	
OFFICERS,	
OF	
LIST	
1	
VIII	
PART	
FORM 990PF,	
FORM	

EXPENSE ACCT AND OTHER ALLOWANCES	0	0	0	0
CONTRIBUTIONS F TO EMPLOYEE BENEFIT PLANS	0	0	0	
COMPENSATION	0	0	0	0
TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	DIRECTOR, PRESIDENT & TREASURER 1.00	DIRECTOR, CHAIRMAN & SECRETARY 1.00	ASSISTANT SECRETARY	GRAND TOTALS
NAME AND ADDRESS	STUART R KOVENSKY 18 LONG POND ROAD ARMONK, NY 10504	NICOLE GREENE KOVENSKY 18 LONG POND ROAD ARMONK, NY 10504	HUME R. STEYER ONE BATTERY PARK PLAZA NEW YORK, NY 10004	

ATTACHMENT 4

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

STUART R KOVENSKY, PRESIDENT NICOLE GREENE KOVENSKY, CHAIRMAN

## (Rev January 2011)

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

OMB No. 1545-1709

Internal Revenu	ie Service	► File a sepa	arate applic	ation for each retum.		1			
• if you are	filing for a	ın Automatic 3-Month Extension, c	omplete c	only Part I and check this box		<del></del>		. ▶	Γx
• If you are	filing for a	n Additional (Not Automatic) 3-Mo	nth Exten	sion, complete only Part II (on pa	-		•	3868.	<u></u>
a corporati 8868 to rea Return for	ion require quest an e Transfers	ile). You can electronically file Form of to file Form 990-T), or an additional extension of time to file any of the form Associated With Certain Personal te details on the electronic filing of the	al (not auto orms listed Benefit C	omatic) 3-month extension of time. If in Part I or Part II with the exce contracts, which must be sent to	You can eption of Fo	electro orm 88 in paj	nically 370, In per foi	file Fo formati mat (s	orm tion see
						21,000		P. 0.110.	<u>.                                    </u>
Part I		atic 3-Month Extension of Time							—
Part I only		red to file Form 990-T and reques						. ▶	
All other co to file incor	-	s (including 1120-C filers), partnershi ıms.	ps, REMIC	Ss, and trusts must use Form 7004	to reques	t an e.	ktensic	on of til	me
Type or	Name of	exempt organization		-	Employer	identif	ication	numbe	er
print	STU	ART AND NICOLE KOVENSKY	FAMILY I	FOUNDATION	3 8	3 8	5 9	3 9	8
File by the	Number,	street, and room or suite no. If a P.O. bo	x, see instru	ections.				-	
due date for	18 LC	ONG POND ROAD		TU	S FORM	LIA	c DE	ENI	
filing your return See		n or post office, state, and ZIP code. For	a foreign ad	ddress, see instructions	_				
instructions.	ARM		NY	10504 FIL	ED BY C				
	7 11 1111	••••			N YOUI	BE	<u> IALI</u>	7	
Enter the F	Return code	e for the return that this application is	s for (file a		m) HIS IS YO	L OUR	Ĺ ĊOP		4
Application	on		Return Code	Application Is For				Retur	
Form 990			01	Form 990-T (corporation)			-+	07	
Form 990			02	Form 1041-A			-+	08	
Form 990			03	Form 4720	-		-+	09	
Form 990			04	Form 5227			$\rightarrow$	10	—
		1(a) or 408(a) trust)	05	Form 6069			$\rightarrow$	11	—
		her than above)	06	Form 8870		-	-+	12	
F01111 990	-1 (Bust Di	ner trait above)	00	roin 8070				12	
Telephon • If the org	ne No. ▶ anization o	e care of STUART AND NICO	F. siness in t	AX No. ► the United States, check this box		 · · ·		. •	
	•	Return, enter the organization's fou	-	· · · · · · —			If this		
for the who	ole group,	check this box $\dots$ $ hildsymbol{ riangle}$ . If i	t is for part	t of the group, check this box	🟲		nd atta	ch	
		and EINs of all members the extensi							
unti	ii _	utomatic 3-month (6 months for a co 08/15/2012 to file the exen zation's return for:	-	equired to file Form 990-T) extens zation return for the organization n			exter	ision is	<b>;</b>
	_	year 20 11 or							
•		beginning	/, 20	, and ending			/20 _	<u> </u>	
	-	entered in line 1 is for less than 12 naccounting period	nonths, ch	eck reason: 😡 Initial return 🔃 I	Final return				
		tion is for Form 990-BL, 990-PF, 990 credits. See instructions.	)-T, 4720,	or 6069, enter the tentative tax, le	ss any	s   \$	0		
		ation is for Form 990-PF, 990-T, 4 payments made. Include any prior y					0		
c Bala	ance due.	Subtract line 3b from line 3a. Include your eral Tax Payment System). See instruction	our payment		EFTPS				
		going to make an electronic fund v		with this Form 9969 can Form	3453-EO a		0 0	70.50	fò-
payment in			viu iui aWill	with the collinotte, See FUIII (	MOO-EU B	וני רט	00	1 2-EU	IUf

If you are filling for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box
Note, Only complete Part II If you have already been granted an automatic 3-month extension on a praviously filed Form 8868.  If you are filling tor an Automatic 3-Month Extension, complete only Part I (on page 1).  Additional (Not Automatic) 3-Month Extension of Time, Only file the original (no copies needed).  Type or roint additional (Not Automatic) 3-Month Extension of Time, Only file the original (no copies needed).  Type or roint (file by the control of the con
Additional (Not Automatic) 3-Month Extension of Time, Only file the original (no copies needed).
Name of exempt organization Form 900-BL Form 990-PF Form 990-T (see, 401(a) or 408(a) trust) Form 990-T (see, 401(a) or 408(a) trust) Form 990-T (rust other than above) Form 99
Name of exempt organization   STUART AND NICOLE KOVENSKY FAMILY FOUNDATION   S 8 3 8 5 9 3 9 8
Number, street, and room or suite no. If a P.O. box, see instructions.  **The return code for the return that this application is for (file a separate application for each return)  ARMONK  NY 10504  **Enter the Return code for the return that this application is for (file a separate application for each return)  Application  Is For Code  Application  Is For Code  Form 990  O1 1
18 LONG POND ROAD   10504
Standard for literature   Standard for lit
Enter the Return code for the return that this application is for (file a separate application for each return)  Application Is For Code Form 990 Form 990-BL O2 Form 1041-A Porm 990-BL O2 Form 1041-A O8 Form 990-FF O4 Form 5227 O3 Form 4720 O3 Form 990-FF Form 990-FF O4 Form 5227 O3 Form 6069 O6 Form 990-T (frust other than above) O6 Form 990-T (frust other than above) O7 Form 990-T (frust other than above) O8 Form 990-T (frust other than above) O9 Form 890-T (frust other than above) O9 Form 890-T (frust other than above) O9 Form 890-T (frust other than above) O9 Form 8870 O9 Form 8860 O9 Form 8870 O9 Form 8860 O9 Form 8870 O9 Form 8870 O9 Form 8860 O9 Form 88
Enter the Return code for the return that this application is for (file a separate application for each return)
Application Is For Code Is For Code  Form 990 01 855
Application Is For Code Is For Code  Form 990 01 855
Application Is For Code Is For Code  Form 990 01 855
Is For Code   Is For Part   Is Form For Part   Is Form Form Form Form Form Form Form
Is For   Code   Is For   Code   Is For   Code   Form 990   Form 990   O1   Form 990   Fo
Form 990-BL 02 Form 1041-A 08 Form 990-EZ 03 Form 4720 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6089 11 Form 990-T (trust other than above) 06 Form 8870 12 STOPI Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 6869.  The books are in the care of STUART AND NICOLE KOVENSKY FAMILY FOUNDATION FAX No. STOPI Do not complete part II if you were not already granted an automatic 3-month extension on a previously filed Form 6869.  If the organization does not have an office or place of business in the United States, check this box STUART AND NICOLE KOVENSKY FAMILY FOUNDATION FAX No. STUART AND NICOLE KOVENSKY FAMI
Form 990-BL 02 Form 1041-A 08 Form 990-EZ 03 Form 4720 09 Form 990-PF 04 Form 5227 10 Form 990-T (see, 401(a) or 408(a) trust) 05 Form 6089 11 Form 990-T (trust other than above) 06 Form 8870 12 STOPI Do not complète Part II if you wère not already granted an automatic 3-month extension on a previously filed Form 8869.  The books are in the care of STUART AND NICOLE KOVENSKY FAMILY FOUNDATION Telephone No. STUART AND NICOLE KOVENSKY FAMILY FOUNDATION  If the organization does not have an office or place of business in the United States, check this box SI this is for the whole group, check this box SI if it is for part of the group, check this box SI and attach a list with the names and EINs of all members the extension is for.  4 I request an additional 3-month extension of time until 11/15/2012 5 For calendar year 2011, or other tax year beginning /, 20 and ending /20 6 If the tax year entered in line 6 is for less than 12 months, check reason: Initial return Awalting third party information necessary for filing a complete and accurate return
Form 990-EZ    C3   Form 4720   09     Form 990-PF   04   Form 5227   10     Form 990-T (sec. 401(a) or 408(a) trust)   05   Form 6069   11     Form 990-T (trust other than above)   06   Form 8870   12     STOPI Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.  In the books are in the care of   STUART AND NICOLE KOVENSKY FAMILY FOUNDATION     FAX No.   FAX No.   FAX No.     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 the whole group, check this box   If this is for part of the group, check this box   If this is for the whole group, check this box   If this is for part of the group, check this box   If this is for the whole group, check this box   If this is for part of the group, check this box   If this is for the whole group, check this box   If this is for part of the group, check this box   If this is for the whole group, check this box   If this is for part of the group, check this box   If this is for the whole group, check this box   If this is for the whole group, check this box   If this is for part of the group, check this box   If this is for the whole group, check this box   If this is for part of the group, check this box   If this is for the whole group, check this box   If this is for part of the group, check this box   If this is for the whole group, check this box   If this is for part of the group, check this box   If this is for the whole group, check this box   If this is for part of the group, check this box   If this is for the whole group, check this box   If this is for part of the group, check this box   If this is for the whole group, check this box   If this is for the whole group, check this box   If this is for the whole group, check this box   If this is for the whole group, check this box   If this is for the whole group, check this box   If this is for the whole group, check this box   If this
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b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and
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amount hald previously with Form 9888
amount paid previously with Form 8868.  Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTP8
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(Electronic Federal Tax Payment System), See Instructions.   8c   \$ 0
Under penalties of perfury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is
true, correct, and complete, and that I am authorized to prepare this form.
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Signature Evan R. Waxman Title (PA Date 8/12/12
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