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## Form **990-PF**

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

Department of the Treasury Internal Revenue Service

For	alen	idar year 2011 or tax year beginning MA	Y 4, 2011	, and ending	DEC 31, 2011	
Nar	ne of	foundation			A Employer identification	
G	ER'	TRUDE FLICKER GOULD FO	UNDATION INC.		45-2212452	2
		and street (or P O box number if mail is not delivered to stre	et address)	Room/suite	B Totophone number	5076
	_	BREWSTER STREET			<b>1</b>	-5876
		own, state, and ZIP code DGEPORT, CT 06605			C If exemption application is p	pending, check here
G (	heck	all that apply X Initial return	Initial return of a fo	ormer public charity	D 1. Foreign organization	s, check here
		Final return	Amended return			
		Address change	Name change		2. check here and attach of	eeting the 85% test, omputation
H C	heck	type of organization X Section 501(c)(3)	exempt private foundation		E If private foundation sta	atus was terminated
<u>L</u>		ction 4947(a)(1) nonexempt charitable trust	Other taxable private found		under section 507(b)(1	)(A), check here
		arket value of all assets at end of year   J   Accour	•	L Accrual	F If the foundation is in a	
			Other (specify)	hasia l	under section 507(b)(1	)(B), check here
<b>D</b>	irt i	<del>,,</del>	lumn (d) must be on cash	1	<del>                                     </del>	(d) p .
_	irt i	(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(0) Disbursements for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc , received	50,950.		N/A	
	2	Check If the foundation is not required to attach Sch. B. Interest on savings and temporary				<u> </u>
	3	cash investments				
	4	Dividends and interest from securities				
	5a					
	B Ra	`	<del></del>			<del></del>
Revenue	h	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all				
e e	7	assets on line 6a Capital gain net income (from Part IV, line 2)	·	(	) <b>.</b>	<del></del>
ď	8 Net short-term capital gain					
	g	Income modifications				
	10a	Gross sales less returns and allowances				
	þ	Less Cost of goods sold				
	C	Gross profit or (loss)			<b>.</b>	#
	11	Other income	E0 050			
	12	Total. Add lines 1 through 11	50,950.		).	0.
	13 14	Compensation of officers, directors, trustees, etc Other employee salaries and wages	<u> </u>	<u> </u>	, ,	0.
	15	Pension plans, employee benefits				-
968	1	Legal fees				
, e	ı	Accounting fees		RE	CEIVED	
<u>~</u> ~	1	Other professional fees			AEIAED	
Solution IIN L % 6016 Operating and Administrative Expenses	17	Interest		20	N D & 2012 8	
Tator	18	Taxes		8  JU	N 0 3 2012 6	
	19	Depreciation and depletion				
<b>⊒</b> {{\bar{2}}	20	Occupancy		LUG	DEN, UT	
<b>ک</b> ور	21	Travel, conferences, and meetings				
<u>. j</u>	22	Printing and publications Other expenses STMT 1	633.	ļ ,	) <b>.</b>	200
	23 24	Other expenses STMT 1  Total operating and administrative	033.		<i>'</i> •	200.
	24	expenses. Add lines 13 through 23	633.		o <b>.</b>	200.
Ö	25	Contributions, gifts, grants paid	0.			0.
90	26	Total expenses and disbursements.				<u> </u>
		Add lines 24 and 25	633.		o <b>.</b>	200.
	27	Subtract line 26 from line 12				
	a	Excess of revenue over expenses and disbursements	50,317.			
	b	Net investment income (if negative, enter -0-)			) <b>.</b>	
	ء ا	Adjusted not income (translate enter 0.)	E	į.	N/A	1

6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

50,317

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			Ī	D - Dollation				•
1a								
b NO	NE							
С								
_d								
<u> </u>		<del>,</del>						
(e) Gross sales price	(f) Depreciation allowed (or allowable)		or other basis pense of sale			ain or (loss) (f) minus (		
а								
b								
С		ļ						
<u>d</u>								
<u>e</u>	<u></u>	1	10/04/00		<del> </del>			
Complete only for assets show	ng gain in column (h) and owned by	T		(	I) Gains (C I /k) but r	ol. (h) gain iot less thai	minus n -0-1 or	
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		ess of col (i) ol (j), if any		Losses	(from col (	h))	
<u>a</u>								
<u>b</u>								
С		ļ						
<u>d</u>		<del> </del>				_		
<u>e</u>				_				
2 Capital gain net income or (net c	apıtal loss) {   If gain, also ente   If (loss), enter =			} 2				
3 Net short-term capital gain or (lo If gain, also enter in Part I, line 8 If (loss), enter -0- in Part I, line 8	, column (c) 3			} 3				
Part V Qualification l	Jnder Section 4940(e) fo	r Reduced	Tax on Net	Investment In	come			
(For optional use by domestic prival	te foundations subject to the section	4940(a) tax on	net investment ind	come )			N/A	
If section 4940(d)(2) applies, leave	this part blank							
Was the foundation liable for the sec	ction 4942 tax on the distributable ai	mount of any yea	ar in the base peri	od?			Yes	) No
If "Yes," the foundation does not qua								
1 Enter the appropriate amount in	each column for each year, see inst	ructions before	making any entrie	S			/ 10	
(a) Base period years Calendar year (or tax year beginn	(b) ning in) Adjusted qualifying di	stributions	Net value of nor	(c) ncharitable-use asset	s	Distrit (col (b) div	(d) oution ratio vided by col (c))	
2010								
2009								
2008					_			
2007								
2006					_			
2 Total of line 1, column (d)				-4	2			
3 Average distribution ratio for the		on line 2 by 5, 6	or by the number	of years				
the foundation has been in exist	ence if less than 5 years				3			
A Fatar the net value of seachants	able use exects for 2011 from Bart V	line E				]		
• Enter the net value of nonchanta	able-use assets for 2011 from Part X	, 1118 3			4			_
5 Multiply line 4 by line 3					5			
o manpy me a by me o	•				<u> </u>			
6 Enter 1% of net investment inco	me (1% of Part I, line 27b)				6	]		
Interest in the second i	(					i		

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8

7 Add lines 5 and 6

See the Part VI instructions

8 Enter qualifying distributions from Part XII, line 4

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Part IV

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate

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	rt VI Excise Tax Based on Investment Income (Section 494)			0(e), or 4	948	- see i	nstru	ctior	ns)
	Exempt operating foundations described in section 4940(d)(2), check here 🕨 🔲 and ei			)					
	Date of ruling or determination letter (attach copy of letter if nec			) [					^
	Domestic foundations that meet the section 4940(e) requirements in Part V, check here	• 📖	and enter 1%	P	1	ļ		<del></del>	0.
	of Part I, line 27b								
	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4%			) )	_				^
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Of	thers ent	ter -0-)		2	ļ		-	<u>0.</u>
	Add lines 1 and 2				3	<del> </del>			0.
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only O	thers en	iter -0-)		4				0.
	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-				5	ļ			
	Credits/Payments	1 1	l						
	2011 estimated tax payments and 2010 overpayment credited to 2011	6a							
	Exempt foreign organizations - tax withheld at source	6b							
	Tax paid with application for extension of time to file (Form 8868)	6c 6d			1				
	Backup withholding erroneously withheld  Total codits and payments. Add lines for through fid.	_ ou_	L		7	1			0.
	Total credits and payments Add lines 6a through 6d  Enter any penalty for underpayment of estimated tax. Check here	chad			8				<del>••</del>
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	Cileu		•	9				0.
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid				10	1			
	Enter the amount of line 10 to be Credited to 2012 estimated tax		R	efunded 🕨	11	·			
	rt VII-A Statements Regarding Activities	-		olalia da P				,	
	During the tax year, did the foundation attempt to influence any national, state, or local legis	slation of	r did it participat	or intervene	ın			Yes	No
	any political campaign?						1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purpor	ses (see	instructions for	definition)?			1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities an	nd copie	es of any mater	als publish	ed or				
	distributed by the foundation in connection with the activities.								
C	Did the foundation file Form 1120-POL for this year?						10		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the	e year							
	(1) On the foundation $\blacktriangleright$ \$ (2) On foundation managers	s <b>▶</b> \$		0.	_				
8	Enter the reimbursement (if any) paid by the foundation during the year for political expend	iture tax	imposed on fou	ndation					
	managers > \$								
2	Has the foundation engaged in any activities that have not previously been reported to the l	RS?					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		ent, articles of in	corporation,	pr		_		τ,
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the change						3		X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year	ar?			N.	1/A	4a		X
	If 'Yes,' has it filed a tax return on Form 990-T for this year?	n			ľ	N/ A	4b		X
	Was there a liquidation, termination, dissolution, or substantial contraction during the year's	•					5		
	If "Yes," attach the statement required by General Instruction T.	utho-					Ì		
0	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied e	10101							
	<ul> <li>By language in the governing instrument, or</li> <li>By state legislation that effectively amends the governing instrument so that no mandator</li> </ul>	ni directi	ions that conflict	with the state	e law		}		
	remain in the governing instrument?	, y u 1100l	iono mat comilici	with the state	. iu 11		6	Х	]
7	Did the foundation have at least \$5,000 in assets at any time during the year?						7	X	
•	If "Yes," complete Part II, col. (c), and Part XV.								<b></b>
8a	Enter the states to which the foundation reports or with which it is registered (see instruction	ons) 🕨					1		
- <b>u</b>	CT	• •			•				
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the A	Attornev	General (or desi	gnate)					
_	of each state as required by General Instruction G? If "No," attach explanation	•	,	- ,			8b	Х	
9	Is the foundation claiming status as a private operating foundation within the meaning of se	ection 49	942(j)(3) or 494	2(j)(5) for cal	endar				
	year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes," of						9		X
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a sched	ule listing	their names and ac	idresses C	CMT		10	Х	<u> </u>
						For	m <b>990</b>	-PF	(2011)

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Pa	rt 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		_X_
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
	If "Yes," attach statement (see instructions)	12		<u>X</u>
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► N/A		_	
14	The books are in care of ► DAVID M. ZIEFF Telephone no ► (203)	366	-58	76
	Located at ▶855 MAIN STREET, BRIDGEPORT, CT ZIP+4 ▶06	604		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		<b></b>	
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16	At any time during calendar year 2011, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		Х
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 If "Yes," enter the name of the foreign			
	country			
Pŧ	art 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.	1	Yes	No
1a	During the year did the foundation (either directly or indirectly)			
-	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(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 the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"	İ		
	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 )			
	of the any answer is "Yes" to 1a(1)-(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations			
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?  N/A	1b		]
	Organizations relying on a current notice regarding disaster assistance check here	1	· · · · · · · · · · · · · · · · · · ·	
	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			
	before the first day of the tax year beginning in 2011?	10	i	X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			
-	defined in section 4942(j)(3) or 4942(j)(5)).	1		
	1 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			٠.
	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			7
	statement - see instructions )  N/A	2b		
	to the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.			
3:	2 Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year?			
ı	of "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 grift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,			
	Form 4720, to determine if the foundation had excess business holdings in 2011)  N/A	3b		
A	2 Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	1	X
	Did the foundation mivest during the year any amount in a manner that would jeopardize its charitable purpose that Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that		1	<del> </del>
	had not been removed from jeopardy before the first day of the tax year beginning in 2011?	4b		x
_		rm <b>99</b> (	)-PF	

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Part VII-B Statements Regarding Activities for Which	Form 4720 May Be F	Required (contin	ued)		
5a During the year did the foundation pay or incur any amount to					
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	on 4945(e))?	Ye	s X No		
• (2) Influence the outcome of any specific public election (see section 4955),	or to carry on, directly or indire	ectly,			
any voter registration drive?			s X No		
(3) Provide a grant to an individual for travel, study, or other similar purpose	s <sup>?</sup>	Y6	s X No		
(4) Provide a grant to an organization other than a charitable, etc., organization					
509(a)(1), (2), or (3), or section 4940(d)(2)?		Ye	s X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary	, or educational purposes, or f	for			1
the prevention of cruelty to children or animals?	,,		s X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify ur	nder the exceptions described i				
section 53 4945 or in a current notice regarding disaster assistance (see instr	•		N/A	5b	1
Organizations relying on a current notice regarding disaster assistance check					
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption		ined	_		
expenditure responsibility for the grant?			s No		
If "Yes," attach the statement required by Regulations section 53.494		.,	,,,		
6a Did the foundation, during the year, receive any funds, directly or indirectly, to a personal benefit contract?	y pay promiumo un		es X No		
·	namenal banefit contractO			6b	x
b Did the foundation, during the year, pay premiums, directly or indirectly, on a	personal denetit contract?		<del> </del>	ON	
If "Yes" to 6b, file Form 8870.			<b>□</b>		
7a At any time during the tax year, was the foundation a party to a prohibited tax		Ye	es X No	<del></del>	
b If "Yes," did the foundation receive any proceeds or have any net income attrib				7b	<del></del> -
Part VIII Information About Officers, Directors, Trus Paid Employees, and Contractors	tees, Foundation Ma	inagers, Highl	y		
List all officers, directors, trustees, foundation managers and their	roomponsation				
List all Officers, directors, trustees, foundation managers and their		(c) Compensation	(d) Contributions to	(0)	Evnanca
(a) Name and address	(b) Title, and average hours per week devoted	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred	acco	Expense unt, other
· · · · · · · · · · · · · · · · · · ·	to position	enter -0-)	compensation	allo	wances
JAMES P. GOULD	PRESIDENT				
155 BREWSTER STREET					•
BRIDGEPORT, CT 06605	0.00	0.	0.		0.
PETER B. O'CONNELL	_VP SECRETARY				
L087 BROAD STREET			_		_
BRIDGEPORT, CT 06604	0.00	0.	0.		0.
DAVID M. ZIEFF	TREASURER				
355 MAIN STREET					
BRIDGEPORT, CT 06604	0.00	0.	0.		0.
Compensation of five highest-paid employees (other than those in	ncluded on line 1). If none,	enter "NONE."			
	(b) Title, and average		(d) Contributions to employee benefit plans	(e)	Expense unt, other
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deferred compensation		unt, otner owances
NONE		<del>                                     </del>		<u> </u>	
			<del> </del>	t	•
	1		1		
	<del>                                     </del>	+	<del> </del>	<del>                                     </del>	
	$\dashv$				
		<del> </del>		+	
	-	İ			
	1		L	.1	0
Fotal number of other employees paid over \$50,000					U

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Part VIII Information About Officers, Directors, Trustees, Foundar Paid Employees, and Contractors (continued)	tion Managers, H	ighly 	
3. Five highest-paid independent contractors for professional services. If none, enter	"NONE."		
(a) Name and address of each person paid more than \$50,000	<b>(b)</b> Type o	of service	(c) Compensation
NONE			
		-	
			<del></del>
	_		0
Total number of others receiving over \$50,000 for professional services  Part IX-A Summary of Direct Charitable Activities		<u> </u>	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statist number of organizations and other beneficiaries served, conferences convened, research papers prod	tical information such as the	ne E	xpenses
1 N/A	luced, etc		
I N/A			
2			
3			
4			
Part IX-B   Summary of Program-Related Investments  Describe the two largest program-related investments made by the foundation during the tax year on	lines 1 and 2		Amount
1 N/A			
2			
All other program-related investments. See instructions		_	
Total. Add lines 1 through 3		<b>•</b>	0.

F	age

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations, see	instructions.)
1.	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
	Average monthly fair market value of securities	1a	0.
b	Average of monthly cash balances	1b	6,250.
C	Fair market value of all other assets	10	2,817.
d	Total (add lines 1a, b, and c)	1d	9,067.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) . 1e 0 •		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	9,067.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	136.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	8,931.
6	Minimum Investment return. Enter 5% of line 5 ADJUSTED FOR SHORT TAX PERIOD	6	296.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here  and do not complete this part )	nd certain	,
1	Minimum investment return from Part X, line 6	1	296.
2a	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)	]	
C	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	296.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	296.
6	Deduction from distributable amount (see instructions)	6	0.
7_	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	296.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		200
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	200.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
b	· · · · · · · · · · · · · · · · · · ·	3b	200
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	200.
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	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	200.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation 4940(e) reduction of tax in those years	qualifies for the	section

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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				296.
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				
b From 2007				
<b>c</b> From 2008				
d From 2009				
e From 2010				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2011 from				
Part XII, line 4 ►\$ 200.				
a Applied to 2010, but not more than line 2a			0.	
b Applied to undistributed income of prior	· · · · · · · · · · · · · · · · · · ·	<u> </u>		, 11;, 1;,111; 111 11111111111111111111
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				**************************************
(Election required - see instructions)	0.			
d Applied to 2011 distributable amount		**************************************	**************************************	200.
e Remaining amount distributed out of corpus	0.		<b></b>	*****
5 Excess distributions carryover applied to 2011	0.	<del>                                      </del>		0.
(if an amount appears in column (d), the same amount must be shown in column (a) )				-
6 Enter the net total of each column as indicated below:			***************************************	
a Corpus. Add lines 3f, 4c, and 4e Subtract line 5	0.			
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 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				96.
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				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2012.		<u></u>		
Subtract lines 7 and 8 from line 6a	0.			4.
10 Analysis of line 9			<b>†</b>	
a Excess from 2007				
b Excess from 2008	1			
c Excess from 2009	1			
d Excess from 2010	1			
e Excess from 2011	1			
5		1	<u>*</u>	Form <b>990-PF</b> (2011)

	E FLICKER G			45-22	12452 Page 10
Part XIV Private Operating F	oundations (see in:	structions and Part VII-	A, question 9)	N/A	
1 a If the foundation has received a ruling of	or determination letter that	it is a private operating			
<ul> <li>foundation, and the ruling is effective for</li> </ul>	or 2011, enter the date of t	the ruling	<b>▶</b>		
<b>b</b> Check box to indicate whether the foun	dation is a private operatir	g foundation described in	n section	4942(j)(3) or 494	42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2011	(b) 2010	(c) 2009	(d) 2008	(e) Total
investment return from Part X for					
each year listed					
b 85% of line 2a					<del></del>
c Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities			<u> </u>		<del> </del>
e Qualifying distributions made directly	İ				
for active conduct of exempt activities					
Subtract line 2d from line 2c 3 Complete 3a, b, or c for the		<u> </u>			
alternative test relied upon					
a "Assets" alternative test - enter					
(1) Value of all assets	-				
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" atternative test - enter 2/3 of minimum investment return					
shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter					
(1) Total support other than gross			İ		
investment income (interest, dividends, rents, payments on					
securities loans (section					
512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt					
organizations as provided in					
section 4942(j)(3)(B)(III)				<del></del>	
(3) Largest amount of support from					
an exempt organization (4) Gross investment income		-	-		·
Part XV Supplementary Inf	ormation (Comple	te this part only	if the foundation	had \$5,000 or mo	ore in assets
at any time during	the year-see inst	ructions.)			•
1 Information Regarding Foundat					
a List any managers of the foundation w		than 2% of the total cont	tributions received by the	foundation before the clos	se of any tax
year (but only if they have contributed			-		
JAMES P. GOULD					
b List any managers of the foundation w other entity) of which the foundation h			(or an equally large port	ion of the ownership of a p	artnership or
NONE		_			
2 Information Regarding Contribu	tion, Grant, Gift, Loan	, Scholarship, etc., P	rograms:		
Check here X if the foundation the foundation makes gifts, grants, etc.	only makes contributions	to preselected charitable	organizations and does	not accept unsolicited requ complete items 2a, b, c, and	ests for funds If I d
a The name, address, and telephone nu					
b The form in which applications should	he submitted and inform	ation and materials they s	hould include	<del></del>	
c Any submission deadlines					
d Any restrictions or limitations on awai	ds, such as by geographic	cal areas, charitable fields	, kinds of institutions, or	other factors	

Form 990-PF (2011) GERTRUDE FLICKER GOULD FOUNDATION INC.

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Ye	ar or Approved for Future I	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	Contribution	
a Paid during the year				
NONE				
				-
T-1-1			<b>▶</b> 3a	0,
Total  b Approved for future payment				,
2 / pproved for lottere payment				
NONE				
NONE				
		<del>                                     </del>		
Tatal	<u> </u>	<u> </u>		0

Part XVI-A Analysis of Income-Producing Activities

	_				
nter gross amounts unless otherwise indicated	(a) Business	ousiness income (b) Amount	(C) Exclu- sion	(d)	(e) Related or exempt function income
Program service revenue.	code	AITIOUIIL	code	Amount	Tunction income
ā	<del>-</del>   -		<del>  </del>		
b	_		<del>                                     </del>		
<u> </u>	_				<del>-</del>
de	t I				
1					
g Fees and contracts from government agencies					
Membership dues and assessments					
Interest on savings and temporary cash					
investments					
Dividends and interest from securities		·····			
Net rental income or (loss) from real estate			ļ		
a Debt-financed property			<b> </b>		<del></del>
b Not debt-financed property			$\vdash$		
Net rental income or (loss) from personal					
property		<del>.</del>	<del>  -</del>		
Other investment income			<del>  -</del>		
Gain or (loss) from sales of assets other					
than inventory Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory	<del></del>				
Other revenue				-	
ab		·-···			
c					
d		•			
8					
Subtotal Add columns (b), (d), and (e)		0.		0.	
Total. Add line 12, columns (b), (d), and (e)				13	
ee worksheet in line 13 instructions to verify calculations	s)			<del></del>	·
art XVI-B Relationship of Activitie	es to the Accon	nplishment of E	kempt	Purposes	
ne No. Explain below how each activity for which			contribut	ted importantly to the accom	plishment of
▼ the foundation's exempt purposes (other t	han by providing fund	s for such purposes)			
		<u></u>			
	<del></del>				
					-
		<del></del>			
	<u> </u>				
					==
					_

Pa	rt XVII	Information Re Exempt Organ	_	sfers To a	nd Transaction	s and Relati	onships With Nonch	aritable	В	
1	Did the org	anization directly or indir		of the following	with any other organiz	vation described i	n section 501(c) of		Yes	No
•	-	other than section 501(c)								
а		rom the reporting founda			-	<b>4</b>				ĺ
Ī	(1) Cash			,				1a(1)	[	Х
	(2) Other	assets			•			1a(2)		X
b	Other trans	sactions								
	(1) Sales	of assets to a noncharital	ble exempt organiza	ition				16(1)		X
	(2) Purch	ases of assets from a no	ncharitable exempt	organization				1b(2)	<u> </u>	X
	(3) Rental	of facilities, equipment,	or other assets					1b(3)		X
	(4) Reimt	oursement arrangements						1b(4)	ļ	X
	(5) Loans	or loan guarantees						1b(5)	ļ	X
		mance of services or me						1b(6)	-	X
C	_	facilities, equipment, ma	-					10	Ļ	X
d		•		-	• •	•	e fair market value of the good saction or sharing arrangemen		sets,	
		) the value of the goods,						.,		
(a) L		(b) Amount involved			exempt organization	(d) Des	cnption of transfers, transactions, a	nd shanng a	mangeme	ents
			<u> </u>	N/A						
		<u>.</u>								
					<del> </del>					
					<del></del>					
					<del> </del>					
	<del></del>		<del>-</del>			-				
_										
	ın section	ndation directly or indirection 501(c) of the Code (other	r than section 501(			ganizations descr	nbed	Yes	<u> </u>	□ No
<u>D</u>	It "Yes," co	mplete the following sch (a) Name of org			(b) Type of organizati	on I	(c) Description of relation	nehin		
-		N/A	janization		(b) Type of Organizati	000	(e) bescription of felatio			
		IV/ A							-	
_				-	-					
_										
	•		1							
	gn and be	elief, it is true, correct, and col	mplate Declaration of p	his retum, includir preparer (other tha	n taxpayer) is based on all i	nformation of which	d to the best of my knowledge preparer has any knowledge	May the IRS return with t shown below	he prepa w (see in:	rer
	Sign	ature of officer or trustee		D	Date /	Title	Chack Total	AI		
		Print/Type preparer's	ame /	Preparer's s	ignature /	Date	Check if PTi	14		
P:	aid	DAVID ZIEF	<b>₩</b>		2~ JU1/1	151301	1. 1	01236	5646	;
	reparer	Firm's name FRI		SMITH &	co.\ \ \.c.	<del></del>	Firm's EIN ▶ 06-			
	se Only				7 1 7	•		=	_	
	<b>,</b>	Firm's address ▶ 85	5 MAIN S	TREET,	6TH FLOOR			· · · -		
		BR	RIDGEPORT	, ст 06	604-4915		Phone no (20	3)366	<u>5–5</u> 8	176
								Form <b>99</b>	_	

# chedule B

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

**Employer identification number** 

45-2212452

GERTRUDE FLICKER GOULD FOUNDATION INC. Organization type (check one): Filers of: Section: Form 990 or 990-EZ 501(c)( ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 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** X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. Special Rules For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (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, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or 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

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)

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

### GERTRUDE FLICKER GOULD FOUNDATION INC.

45-2212452

Part I Co	ontributors	(see instructions).	Use duplicate cop	oles of Part I if a	ditional space is needed.
-----------	-------------	---------------------	-------------------	---------------------	---------------------------

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JAMES GOULD  155 BREWSTER STREET  BRIDGEPORT, CT 06605	\$\$0,950.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		-   <b>\$</b>	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
		<b>\$</b>	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
		<b>\$</b>	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

Part II	Noncash Property (see instructions). Use duplicate copies of Part	t 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
		 \$	
(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
		<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
! 		<u></u>	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

Name of orga	nization			Employer Identification nun	nber					
	DE FLICKER GOULD FOUNDA	ATION INC.	V=\	45-2212452						
Part III	Exclusively religious, charitable, etc., indivi year. Complete columns (a) through (e) and the the total of exclusively religious, charitable, etc	e following line entry For organization, contributions of \$1,000 or less for	)(7), (8), or (10) ns completing the year (Enterth	organizations that total more than \$1,00 Part III, enter sinformation once.)	IV for the					
(a) No. from	Use duplicate copies of Part III if additiona			(d) Description of how sitt is half	<del></del>					
Part I	(b) Purpose of gift	(c) Use of gift	<u>.   .                                   </u>	(d) Description of how gift is held						
-										
		(e) Transfer of gif	<u> </u>							
	Transferee's name, address, an	d 71D . <i>A</i>	Polatio	nship of transferor to transferee						
-	Transferee 3 name, address, an	0217 4 4		isinp of transferor to transferee						
-										
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	t					
-										
-										
		(e) Transfer of gif	t							
-	Transferee's name, address, an	d ZIP + 4	Relatio	nship of transferor to transferee						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	d					
	<del></del>									
	(e) Transfer of gift									
	Transferee's name, address, ar	nd ZIP + 4	Relatio	nship of transferor to transferee						
					<del>.</del>					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	d					
-		(e) Transfer of gi	ft		<u> </u>					
		-								
	Transferee's name, address, ar	nd ZIP + 4	Relatio	nship of transferor to transferee						

2011 DEPRECIATION AND AMORTIZATION REPORT FORM  $990-PF\ PAGE\ 1$ 

990-PF

Description   Description   Date   Description   Date   Description   Date   Description   Date   Description   Date   Description   Descrip	$\overline{}$	<u> </u>
Description   Data   Method   Life   Live   Cost Of Bass   Excl   Reduction in   Deprecation   Dep	Current Year Deduction	44 44 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8
Description   Date	Current Sec 179	Ć
Depte & AMORT  Description  Description  Life No. Cost Of Bass & Reduction in Description  Acquired Method Life No. Cost Of Bass & Cost Of Ba	Accumulated Depreciation	¢
DEPR & AMORT  Description  DEPR & AMORT  DEP	Basis For Depreciation	
Date   Method   Life   Life   Cost Of Basis	Reduction in Basis	<b>O</b>
DEFR & AMORT	Bus % Excl	
DEFR & AMORT  Description    Description   Date   Description   Descript	Unadjusted Cost Or Basis	3,250.
DEPR & AMORT  Description  Acquired Method Life  Acquired Method L	No	15
DEPR & AMORT  Date  Acquired  Acquired  Method  Acquired  Acquired  Method  Acquired	Life	
DEPR & AMORT	Method	
DEPR & AMORT	Date Acquired	050411
	Description	ORGANIZATION COSTS * TOTAL 990-PF PG 1 DEPR & AMORT
	Asset	

(D) - Asset disposed

128102 05-01-11

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

FORM 990-PF	OTHER E	XPENSES		STATEMENT 1
DESCRIPTION		(B) NET INVEST- MENT INCOME		CHARITABLE
FILING FEES AMORTIZATION	200. 433.			200.
TO FORM 990-PF, PG 1, LN 23	633.	0 .	-	200.
FORM 990-PF	OTHER LIA	BILITIES		STATEMENT 2
DESCRIPTION		ВС	Y AMOUNT	EOY AMOUNT
DUE TO JAMES P. GOULD			0.	2,500.
TOTAL TO FORM 990-PF, PART II	LINE 22		0.	2,500.
	SUBSTANTIA PART VII-A,	L CONTRIBUTO	RS	STATEMENT 3
NAME OF CONTRIBUTOR	ADDR	ESS		,
JAMES P. GOULD		BREWSTER STRI		

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

**Depreciation and Amortization** 990-PF (Including Information on Listed Property)

**▶** See separate instructions. ► Attach to your tax return. OMB No 1545-0172

Business or activity to which this form relates

Identifying number

GERTRUDE FLICKER GOUL					PF PAGE		45-2212452
Part 1 Election To Expense Certain Prope	rty Under Section 1	79 Note: <i>If yo</i>	u have any lis	ted property	, complete Part	V before yo	
1 Maximum amount (see instructions)						1	500,000.
2 Total cost of section 179 property place	ed in service (see	instructions)	1			2	
3 Threshold cost of section 179 property	before reduction	in limitation				3	2,000,000.
4 Reduction in limitation. Subtract line 3	from line 2. If zero	or less, ente	er -0-			4	
5 Dollar limitation for tax year Subtract line 4 from line	e 1 If zero or less, enter	-0- If married file	ng separately, see	instructions	,	5	
6 (a) Description of pr	operty		(b) Cost (busin	ess use only)	(c) Elected	cost	
							-
7 Listed property. Enter the amount from	ine 29			7			
8 Total elected cost of section 179 proper	erty. Add amounts	ın column (d	c), lines 6 and	7		8	
9 Tentative deduction. Enter the smaller	of line 5 or line 8					9	
10 Carryover of disallowed deduction from	n line 13 of your 20	010 Form 45	62			10	
11 Business income limitation. Enter the s	maller of business	s income (no	t less than zer	ro) or line 5		11	
12 Section 179 expense deduction. Add I	ines 9 and 10, but	do not ente	r more than lir	ne 11		12	
13 Carryover of disallowed deduction to 2	012. Add lines 9 a	and 10, less l	ine 12	▶ 13			
Note: Do not use Part II or Part III below fo	r listed property. I	nstead, use i	Part V.				
Part II Special Depreciation Allows	nce and Other D	epreciation	(Do not inclu	de listed pro	perty.)		
14 Special depreciation allowance for qua	dified property (oth	ner than liste	d property) pl	aced in serv	ice during		
the tax year						14	
15 Property subject to section 168(f)(1) el	ection					15	
16 Other depreciation (including ACRS)						16	
Part III MACRS Depreciation (Do no	ot include listed pi	operty.) (See	instructions.	.)	····		<u> </u>
		Se	ection A				
17 MACRS deductions for assets placed	ın service in tax ye	ears beginnin	ng before 201	1		_   17	
18 If you are electing to group any assets placed in se							<u> </u>
Section B - Assets	Placed in Service	<del></del>		Using the G	eneral Deprecia	tion Syste	em
(a) Classification of property	(b) Month and year placed in service	(business/ii	or depreciation investment use instructions)	(d) Recove релоd	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property							
<b>b</b> 5-year property							
c 7-year property							
d 10-year property					]		
e 15-year property	-						
f 20-year property			_				
g 25-year property	7			25 yrs.		S/L	
	7			27.5 yrs	. MM	S/L	
h Residential rental property	/			27.5 yrs	. MM	S/L	
	/			39 yrs.		S/L	
i Nonresidential real property	/				MM	S/L	
Section C - Assets	Placed in Service	During 201	1 Tax Year U	sing the Alt	ernative Depre	iation Sys	item
20a Class life						S/L	
b 12-year	$\neg$			12 yrs.		S/L	
c 40-year				40 yrs.	MM	S/L	
Part IV Summary (See instructions.)		<del>.</del>					
21 Listed property. Enter amount from lin	e 28					21	
22 Total. Add amounts from line 12, lines		es 19 and 2	0 ın column (c	), and line 2	1.		
Enter here and on the appropriate line						22	0.
23 For assets shown above and placed in	-	· ·					·
nortion of the basis attributable to sec	-			23			

,	4 🗫 · s														
For	m 4562 (2011)	GER	RTRUDE	FLICK	ER G	OULD	FOU	<u>NDA</u>	TION	INC.		45-	2212	452 ı	Page 2
P	Listed Proper	ty (include a	utomobiles, d	certain oth	ner vehic	les, cert	ain com	puters	s, and prop	erty use	d for er	tertainm	ent, rec	reation, o	or
	amusement.)  Note: For any	vehicle for w	hich vou are	usina the	standar	d mileagi	e rate or	dedu	ctina lease	expense	e. comp	lete onh	1 24a. 24	4b. colun	nns (a)
_•	through (c) of 3	<u>Section A, ali</u>	l of Section E	, and Sec	ction C if	applicat	ble.								(-4
	Section A	- Depreciati	on and Othe	r Informa	tion (Ca	aution: S	See the I	nstruc	tions for lii	nits for p	asseng	er auton	obiles.)		
<u>24a</u>	Do you have evidence to :	support the bu	usiness/investr	nent use cl	aimed?		es 🗀	No	24b If "Ye	es," is th	e evide	nce writt	en?	Yes [	No
	(a)	(b)	(c)	,	(d)		(e)		(f)	6	g)	(1	h)		i)
	Type of property (list vehicles first )	Date placed in	Business	nt I	Cost or	Ohus	is for depre siness/inve		Recovery		hod/		ciation iction	Elec sectio	
	(list venicles lirst)	service	use percent	age O	ther basis		use only	)	periou	CONV	ention	0000		co	
25	Special depreciation all	owance for c	qualified listed	d property	y placed	ın servic	e dunng	the t	ax year an	d		İ			
	used more than 50% in	a qualified b	ousiness use								25				
26	Property used more that	ın 50% ın a c	qualified busi	ness use:											
		<u> </u>		%											
		<u>l</u>		%											
				%										l	
27	Property used 50% or I	ess in a qual	lified busines	s use:											
				%						S/L·					
				%						S/L·					
				%						S/L·				1	
28	Add amounts in column	n (h), lines 25	through 27.	Enter her	e and or	line 21,	, page 1				28			1	
29	Add amounts in column	n (i), line 26. l	Enter here an	d on line	7, page	1							29		
				Section	B - Infor	mation	on Use	of Vel	hicles						
Cor	mplete this section for vi	ehicles used	by a sole pro	prietor, p	artner. c	r other "	more th	an 5%	6 owner." c	r related	persor	١.			
	ou provided vehicles to												ng this s	section fo	r
tho	se vehicles.														
		-			(a)	1 (	b)		(c)	(6	<del></del> )	16	<del></del>	(f	)
30	Total business/investment	miles driven o	during the	1 '	hicle	1 '	nicle	Ι ,	/ehicle	Veh	•		ııcle	Veh	
•	year (do not include com		•			1		<u> </u>	0111010		1010	10			
31	Total commuting miles	• •				·						<del> </del>			
	Total other personal (no	-	•			<b>†</b> -								¦	
-	driven	on community	g/ 1111103			ŀ									
33	Total miles driven durin	a the year				<u> </u>		<del>                                     </del>			-	<del> </del>		1	
00	Add lines 30 through 32	• •				ļ									
24	Was the vehicle availab		nal uno	Yes	No	Yes	No	Yes	s No	Yes	No	Yes	No	Yes	No
34		ole for persor	naruse	165	NO	162	140	168	140	165	140	162	INO	162	NO
25	during off-duty hours?				<del>                                     </del>	<del> </del> -	┼──	├		l. I	_	<u> </u>	<del></del>	<del>  </del>	
33	Was the vehicle used p		i more							ĺ					
26	than 5% owner or relat		اممما		1	<del> </del>	ļ	<del>                                     </del>		<del></del>		<del> </del>	<b></b>	<del> </del>	
30	Is another vehicle availa	able for pers	ionai				ŀ							1	
_	use?				<u> </u>	<u> </u>	·	٠	<del></del>	<u> </u>	<u> </u>	l	!	لــــــــــــــــــــــــــــــــــــــ	
<b>.</b>			C - Questions	-	_						-		_		50/
	swer these questions to		you meet an	exceptio	n to com	ipleting :	Section	B for v	enicies us	ea by er	npioyee	s wno a	re not n	nore tnan	5%
	ners or related persons.			<del></del>										1,	Т
37	Do you maintain a writt	en policy sta	atement that	prohibits	ali perso	nai use d	ot venici	es, inc	cluding cor	nmuting	, by you	ır		Yes	No
	employees?													<u> </u>	+
38	Do you maintain a writt				•			•			our				
	employees? See the in			•	•	fficers, c	directors	, or 19	% or more	owners				-	
	Do you treat all use of	•		•		_									
40	Do you provide more th		· ·			Informat	tion from	ı your	employees	s about					
	the use of the vehicles,														-
41	Do you meet the requir		• .												1
	Note: If your answer to	37, 38, 39, 4	40, or 41 is "\	es," do n	ot comp	lete Sec	tion B fo	or the	covered ve	hicles.					
P	art VI Amortization			4.										- 10	
	(a) Description	of costs		(b) ate amortization	,	(c) Amortizal	ble		(d) Code		(e) Amortiza		Δ	(f) mortization	
_				begins	<u> </u>	amoun	t		section	L	period or pe		f	or this year	_
	A	hat baaraa d													

(a) Description of costs	(b) Date amortization begins	(C) Amortizable amount	(d) Code section	(e) Amortizati penod or perc		(f) Amortization for this year
42 Amortization of costs that begins durin	g your 2011 tax year:					
ORGANIZATION COSTS	050411	050411 3,250.				433.
	. :					
43 Amortization of costs that began before	your 2011 tax year				43	
44 Total. Add amounts in column (f). See	the instructions for whe	ere to report		Ī	44	433.
		· · · · · ·		•		Fa 4500 (0044)

Form 4562 (2011)

### 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.

• If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

OMB No. 1545-1709

**►** X

Form 8868 (Rev. 1-2012)

<ul><li>If you a</li></ul>	are filing for an Additional (Not Automatic) 3-Month Ext	tension, c	omplete only Part II (on page 2 of t	his form).		
	complete Part II unless you have already been granted a				m 8868.	
Electron	ic filing (e-file). You can electronically file Form 8868 if y	ou need a	3-month automatic extension of time	ne to file (6	months for a corp	oration
required	to file Form 990-T), or an additional (not automatic) 3-mor	nth extens	ion of time. You can electronically fi	le Form 88	868 to request an e	xtension
of time to	file any of the forms listed in Part I or Part II with the exc	eption of	Form 8870, Information Return for T	ransfers A	Associated With Ce	rtain
Personal	Benefit Contracts, which must be sent to the IRS in paper	er format (	(see instructions). For more details o	n the elec	tronic filing of this t	form,
vısit www	urs.gov/efile and click on e-file for Chanties & Nonprofits.	·			·	
Part I	Automatic 3-Month Extension of Time	. Only s	ubmit original (no copies nee	eded).		
A corpora	ation required to file Form 990-T and requesting an auton	natic 6-mo	nth extension - check this box and o	complete		
Part I onl	у				•	· 🗀
	corporations (including 1120-C filers), partnerships, REM ome tax returns.	ICs, and tr	rusts must use Form 7004 to reques	t an exten	sion of time	
Type or	Name of exempt organization or other filer, see instruc	ctions.		Employer	dentification number	ber (EIN) or
print						
_	GERTRUDE FLICKER GOULD FOUR	ITADI	ON INC.	X	45-221245	52
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box, so 155 BREWSTER STREET	ee instruct	tions.	Social se	curity number (SSN	1)
return See instructions	City, town or post office, state, and ZIP code. For a for BRIDGEPORT, CT 06605	oreign add	ress, see instructions.			
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)			0 4
Applicat	ion	Return	Application			Return
Is For		Code	Is For			Code
Form 99	0	01	Form 990-T (corporation)			07
Form 99	D-BL	02	Form 1041-A			08
Form 99	D-EZ	01	Form 4720			09
Form 99	0-PF	04_	Form 5227			10
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 99	0-T (trust other than above)	06	Form 8870			12
	DAVID M. ZIEFF			_		
	ooks are in the care of   855 MAIN STREET	г – В	RIDGEPORT, CT 0660	4		
Telep	hone No. ► (203) 366-5876		FAX No. ► (203) 366-	1924		
	organization does not have an office or place of business				•	• 🗀
<ul><li>If this</li></ul>	is for a Group Return, enter the organization's four digit	•	· · · · · · · · · · · · · · · · · · ·			
box ▶	. If it is for part of the group, check this box				ers the extension is	s for.
1   r	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 nam		The extension	
IS	for the organization's return for:					
	calendar year or		01 0011			
<b>&gt;</b>	X tax year beginning MAY 4, 2011	, an	d ending DEC 31, 2011		_·	
<b>2</b> If (	the tax year entered in line 1 is for less than 12 months, on the control of the	check reas	on: X Initial return	Final retu	m	
3a If t	this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	enter the tentative tax, less any			
	onrefundable credits. See instructions.			3a	\$	0.
b If	this application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and			_
	timated tax payments made. Include any prior year over			3b	\$	0.
	alance due. Subtract line 3b from line 3a. Include your pa				1	_
	using EFTPS (Electronic Federal Tax Payment System).			3c	\$	0.
Caution	. If you are going to make an electronic fund withdrawal	wit <u>h t</u> his F	orm 8868, see Form 8453-EO and F	orm 8879	EO for payment ins	structions.

LHA