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

OMB No 1545-0052

		the Treasury	eateo as a Priva	erc	oungation		2011
			y be able to use a copy of the	s returr	n to satisfy state reporting re	quirements	
		dar year 2011 or tax year beginning	, and ending			-lavor of -stiff -st	
1401	ille or lo	BINABOT			A Em	ployer identification number	
M	кн	OFFMAN FAMILY FOUNDATION			5:	1-0448896	
Nu	mber an	d street (or P O box number if mail is not delivered to street address)		R		ephone number (see instruction	s)
		S. EMERSON STREET	·		8:	<u> 13-837-4448</u>	
	y or town	n, state, and ZIP code A FL 3362	q		C If e	kemption application is pending	, check here
			l return of a former pu	blic c	hanty D 1.	Foreign organizations, should be	
•	, icon		nded return	DIIC C		Foreign organizations, check h	
			e change			Foreign organizations meeting 85% test, check here and attac	_
_	hock	type of organization. X Section 501(c)(3) exempt p					
			laxable private founda	hon		nvate foundation status was ten tion 507(b)(1)(A), check here	minated under
		rket value of all assets at J Accounting met			•		
		ear (from Part II, col. (c),		, ,,,,,	1	e foundation is in a 60-month to er section 507(b)(1)(B), check I	
	-		must be on cash basis	:)		(-/\dagger/h-/	
	art i	Analysis of Revenue and Expenses (The total of	(a) Revenue an				(d) Disbursements
		amounts in columns (b), (c), and (d) may not necessarily equal	expenses per books		(b) Net investment income	(c) Adjusted net income	for chantable purposes
_	1 4	the amounts in column (a) (see instructions))		<i></i>			(cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)	***************************************	698			
	3	Check ▶ X If the foundation is not required to attach S Interest on savings and temporary cash investment		272	5,22	4	
	4	Dividends and interest from securities		543			
	5a	Gross rents	20,	343	10,74		
	Ь	Net rental income or (loss)					
	6a	Net gain or (loss) from sale of assets not on line 10	102,	061			
	Ь	Gross sales price for all assets on line 6a 581,77	***************************************	001			` `
	7	Capital gain net income (from Part IV, line 2)		••••	102,06	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 	37
•	8	Net short-term capital gain			202,00	0	
	9	Income modifications				(Biding	2 (
	10a	Gross sales less returns & allowances					,
	Ь	Less. Cost of goods sold		****			
	С	Gross profit or (loss) (attach schedule)					
	11	Other income (attach schedule) STMT 1	1,	672	1,67	2	
	12	Total. Add lines 1 through 11	131,				
	13	Compensation of officers, directors, trustees, etc.	50,	000	10,00	0	40,000
	14	Other employee salanes and wages					
	15	Pension plans, employee benefits	3,	129	31:	3	2,816
•	16a	Legal fees (attach schedule)					
	ь	Accounting fees (attach schedule) STMT 2		584			
	С	Other professional fees (attach schedule) STMT	3 25,	393	25,39	3	
	17	Interest					
	18	, , , , ,	4 1,	892	19:	2	
	19	Depreciation (attach schedule) and depletion					
	20	Occupancy					
	21	Travel, conferences, and meetings					
	22	Printing and publications	<u> </u>	036			
,	23 24	Other expenses (att sch) STMT 5		836		-	836
	44	Total operating and administrative expenses.	92	224	37 40		4
	25	Add lines 13 through 23 Contributions, grifts, grants paid	82, 165,		37,48	2 0	43,652
<u> </u>	26	Total expenses and disbursements. Add lines 24 and 25			37,48	2 0	165,597
_	27	Subtract line 26 from line 12:	, 230,		3/,40	<u>- </u>	209,249
	a	Excess of revenue over expenses and disbursements	-117,	185		‡	
	b	Net investment income (if negative, enter -0-)			90,21	5	
	c	Adjusted net income (if negative, enter -0-)				0	
				لــــــــــــــــــــــــــــــــــــــ			<u> </u>

1	Part I	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End of	year
		should be for end-or-year amounts only (See Instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
ı	1	Cash—non-interest-bearing			
	2	Savings and temporary cash investments	954,796	15,978	15,978
1	3	Accounts receivable >	1	İ	
ł	_	Less: allowance for doubtful accounts			
ļ	4	Pledges receivable >		1	
	_	Less allowance for doubtful accounts ▶			
	5	Grants receivable			
- 1	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see			
	_	instructions)			
	7	Other notes and loans receivable (att schedule)	-		
		Less¹ allowance for doubtful accounts ▶ 0			
ş	8	Inventones for sale or use			
Assets	9	Prepaid expenses and deferred charges			
4	10a	Investments—U.S. and state government obligations (attach schedule) STMT 6	63,657		
	b	Investments—corporate stock (attach schedule) SEE STMT 7	207,365		
	С	Investments—corporate bonds (attach schedule) SEE STMT 8	119,420		
	11	Investments—land, buildings, and equipment basis ▶	1		
		Less accumulated depreciation (attach sch.) ▶			
	12	Investments—mortgage loans			
ı	13	Investments—other (attach schedule) SEE STATEMENT 9	805,701	2,017,636	2,103,505
	14	Land, buildings, and equipment. basis ▶			
		Less accumulated depreciation (attach sch.)			
ł	15	Other assets (describe ▶)			
- 1	16	Total assets (to be completed by all filers—see the			
4		instructions. Also, see page 1, item I)	2,150,939	2,033,614	2,119,483
	17	Accounts payable and accrued expenses	694	554	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	18	Grants payable			
	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
ॿ	21	Mortgages and other notes payable (attach schedule)			
7	22	Other liabilities (describe ▶)			
4	23	Total liabilities (add lines 17 through 22)	694	554	
- 1		Foundations that follow SFAS 117, check here			
nces		and complete lines 24 through 26 and lines 30 and 31.			
밁	24	Unrestricted			
賣	25	Temporarily restricted			
뜅	26	Permanently restricted			
Net Assets or Fund Bala		Foundations that do not follow SFAS 117, check here			
뜁		and complete lines 27 through 31.			
8	27	Capital stock, trust principal, or current funds			
set	28	Paid-in or capital surplus, or land, bldg., and equipment fund			
As	29	Retained earnings, accumulated income, endowment, or other funds	2,150,245	2,033,060	
ᇹ	30	Total net assets or fund balances (see instructions)	2,150,245	2,033,060	
Z	31	Total liabilities and net assets/fund balances (see			
Д		instructions)	2,150,939	2,033,614	
	Part I				
1		net assets or fund balances at beginning of year—Part II, column (a), line 30 (mus	t agree with	IT	
		f-year figure reported on pnor year's return)		1	2,150,245
		amount from Part I, line 27a		2	-117,185
3	Other	increases not included in line 2 (itemize) ▶		3	
4		nes 1, 2, and 3		4	2,033,060
5		eases not included in line 2 (itemize)		5	
6	Total	net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	2,033,060

(a) Lini and december the Londrick of property field (in process) and (in	Part IV Capital Gains a	nd Losses for Tax on Investme	ent Income	1				
b G Gross sales price (f) Description stitlwest (g) Court or other hase (p) Court or (rect)					P—Purchase			
(e) Groves selves pince (f) Departs above and (or all ownship) (pril a	1a SEE WORKSHEET							
(i) Gross sales ance (i) Deprecention arisment (in) Exercise of sale (in) Cours of the harm plus outcomes of sale (in) Cours of the sales period (in) Exercise of sale (in) Exer	b		·					
(ii) Gross sales proce (iii) Gross sales proce (iii) Gross sales proce (iii) Gross sales proce (iii) Gross sales proce (iv) Gross sales sal	_c	·				_		
(i) Gross sales proce (ii) Gross sales proce (iii) Gross sales proce (iii) Gross sales proce (iv) Gross sales proceed to Gross sales proceed and Gross sales proceed and Gross sales proced (iv) Gross sales procedure p	<u>d</u>						···	
(c) Under Based arises (c) Under Based arises (c) Under Based arises (c) Under Based arises (c) Garra (Coll (n) gam monse or (not special bases as an indication on 12/31/69 (d) Garra (Coll (n) gam monse or (not special bases as an indication on 12/31/69 (d) Garra (Coll (n) gam monse or (not special bases as an indication on 12/31/69 (d) Garra (Coll (n) gam monse or (not special bases as an indication on 12/31/69 (d) Garra (Coll (n) gam monse or (not special bases as an indication on 12/31/69 (d) Garra (Coll (n) gam monse or (not special bases as an indication on 12/31/69 (d) Garra (Coll (n) gam monse or (not special bases) (e) PMV as an indication on 12/31/69 (b) Garra (Coll (n) gam monse or (not special bases as an indication on 12/31/69 (d) Garra (Coll (n) gam monse or (not special bases as an indication on 12/31/69 (d) Garra (Coll (n) gam monse or (not special bases) (d) Garra (Col	_e	· · · · · · · · · · · · · · · · · · ·	1					
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (i) F M V as of 12/31/69 (ii) F M V as of 12/31/69 (iii) F M V as of 12/31/	(e) Gross sales price							
General section (1) and owned by the foundation on 12/31/69 (i) FMV as of 12/21/89 (ii) Adjusted basis as of 12/21/89 (iii) Adjusted basis as of 12/21/89 (_a							
Complete only for assets showing gain in column (in) and owned by the foundation on 12/31/69 (i) F MV as of 12/31/69 (i) Adjusted exists (ii) Adjusted exists (iii) Adjusted exists	<u>b</u>							
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (i) FMV as of 12/31/69 (ii) Games (col (h)-gain minus col (h), if any column (h) and owned by the foundation on 12/31/69 a b c c c c c c c c c c c c c c c c c c								<u>.</u> .
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (i) FM V as of 12/31/69 (ii) Adjusted basis as of 12/31/69 (iii) Cares (foot (iii)) Adjusted basis as of 12/31/69 (iii) Cares (foot (iii)) Adjusted basis as of 12/31/69 (iii) Cares (foot (iii)) Adjusted basis as of 12/31/69 (iii) Cares (foot (iii)) Adjusted basis as of 12/31/69 (iii) Cares (foot (iii)) Adjusted basis as of 12/31/69 (iii) Cares (foot (iii)) Adjusted basis as of 12/31/69 (iii) Cares (foot (iii)) Adjusted basis as of 12/31/69 (iii) Cares (foot (iii)) Adjusted basis as of 12/31/69 (iii) Cares (foot (iii)) Adjusted basis as of 12/31/69 (iii) Cares (foot (iii)) Adjusted basis as of 12/31/69 (iii) Cares (foot (iii)) Adjusted basis as of 12/31/69 (iii) Cares (foot (iii)) Adjusted basis as of 12/31/69 (iii) Cares (foot (iii)) Adjusted basis as of 12/31/69 (iii) Cares (foot (iii)) Adjusted basis as of 12/31/69 (iii) Cares (foot (iii)) Adjusted basis as of 12/31/69 (iii) Cares (foot (iii)) Adjusted basis as on the restrict of 1/60 (iii) Cares (foot (iii)) Adjusted basis as on the restrict of 1/60 (iii) Cares (foot (iii)) Adjusted basis as on the restrict of 1/60 (iii) Cares (foot (iii)) Adjusted basis as on the restrict of 1/60 (iii) Cares (foot (iii)) Adjusted basis as on the restrict of 1/60 (iii) Cares (foot (iii)) Adjusted basis as on the restrict of 1/60 (iii) Cares (foot (iii)) Adjusted basis as on the restrict of 1/60 (iii) Cares (foot (iii)) Adjusted basis as on the restrict of 1/60 (iii) Cares (foot (iii)) Adjusted basis as on the restrict of 1/60 (iii) Cares (foot (iii)) Adjusted basis as on the restrict of 1/60 (iii) Cares (foot (iii)) Adjusted basis								
(i) F M V as of 1231/69 (ii) F M V as of 1231/69 (ii) F M V as of 1231/69 (iii) F M V as of 1231/69		ig gain in column (h) and owned by the f	nundation on 1	2/31/69				
Capital gain net income or (net capital loss) If gain, also enter in Part I, line 7 2 102, 061	Complete only for assets shown							
b c d d d d d d d d d d d d d d d d d d	(i) F M V as of 12/31/69	,		-	* *			•
b c d d d d d d d d d d d d d d d d d d	а					-		
Capital gain net income or (net capital loss) If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 If gain, also enter in Part I, line 7 If gain, also enter in Part I, line 7 If gain, also enter in Part I, line 8 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8 Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income (For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.) If section 4940(d)(2) applies, leave this part blank Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? If Yes, The foundation dison to qualify under section 4940(e). Do not complete this part. 1 Enter the appropriate amount in each column for each year, see the instructions before making any entnes. (a) Calledary year (or ab-year beginning in) Adjusted qualifying distributions Adjusted qualifying distributions Adjusted qualifying distribution ratio for the S-year base period? If yes (b) Adjusted qualifying distribution ratio for the 5-year base period year (or ab-year beginning in) Adjusted qualifying distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years Add lines 5 and 6 Enter 1% of net investment income (1% of Part I, line 27b) Add lines 5 and 6 Enter qualifying distributions from Part XII, line 4 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. See the					-		 	• • • • • • • • • • • • • • • • • • • •
Capital gain net income or (net capital loss) If gain, also enter in Part I, line 7 If (loss), enter -0 - in Part I, line 7 If (loss), enter -0 - in Part I, line 7 If (loss), enter -0 - in Part I, line 7 If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0 - in Part I, line 8 Part I, line 8 Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income (For optional use by domestic private foundation subject to the section 4940(a) tax on net investment income.) If section 4940(d)(2) applies, leave this part blank Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part. I Enter the appropriate amount in each column for each year, see the instructions before making any entnes. (a) Part V (c) Passe period years (b) Passe period years (c) Passe period years (c) Passe period years (d) Passe period years (e) Passe period years (e) Passe period years (a) Part V (e) Passe period? If yes X No If "Yes X No If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part. I Enter the appropriate amount in each column for each year, see the instructions before making any entnes. (a) Passe period years (b) Passe period years (c) Passe period years (a) Passe period years (b) Passe period years (c) Passe period? (c) Passe period? (c) Passe period? (d) Passe period? (e) Passe years (e) Pas	c							
2 Capital gain net income or (net capital loss)	d							
2 Capital gain net income of (net capital loss) If (loss), enter -0- in Part I, line 7 2 102,061 3 Net short-term capital gain or (loss) as defined in sections 122(5) and (6): 3 2,853 Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income (For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.) If section 4940(d)(2) applies, leave this part blank Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? Yes X No (if Yes; the foundation does not qualify under section 4940(e). Do not complete this part. 1 Enter the appropriate amount in each column for each year; see the instructions before making any entries.	е							
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Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income	If gain, also enter in Part I, line 8	i, column (c) (see instructions). If (loss),	enter -0- in	٦.				
(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.) If section 4940(d)(2) applies, leave this part blank Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? If Yes, the foundation does not qualify under section 4940(e). Do not complete this part. I Enter the appropriate amount in each column for each year; see the instructions before making any entries. Callendar year for the year beginning in	Part I, line 8			<u></u>		3		2,853
## Section 4940(d)(2) applies, leave this part blank Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? Yes X No No No No No No No	Part V Qualification U	nder Section 4940(e) for Reduc	ced Tax on	Net Ir	<u>rvestment Inco</u>	me		
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Figure The foundation does not qualify under section 4940(e). Do not complete this part. Enter the appropriate amount in each column for each year; see the instructions before making any entires. Callendar year (or tax year beginning in) Adjusted qualifying distributions Net value of nonchantable-use assets Distribution ratio (col. (b)) divided by col. (c)	Was the foundation liable for the see	ation 4042 tax on the distributable amoun	nt of any year in	n the ha	see period?			Vos 🗓 No
Enter the appropriate amount in each column for each year, see the instructions before making any entries.				n we ba	ise perioo?			Tes A No
Calendar year (or tax year beginning in)		<u> </u>		makını	any entres			
Net value of nonchantable-use assets Coll (b) divided by coll (c)			detoris before	makin				(d)
140,863 2,221,301 0.063415	Base period years	Advented avalifiant distributions		Net value o	• •	ls		ribution ratio
121,612		<u>, , , , , , , , , , , , , , , , , , , </u>					(cor (b) (
2008 149,947 2,632,810 0.056953 2007 265,861 3,298,654 0.080597 2006 113,228 2,522,041 0.044895 2 Total of line 1, column (d) 2 0.317787 3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years 3 0.063557 4 Enter the net value of nonchantable-use assets for 2011 from Part X, line 5 4 2,208,696 5 Multiply line 4 by line 3 5 140,378 6 Enter 1% of net investment income (1% of Part I, line 27b) 6 902 7 Add lines 5 and 6 7 141,280 8 Enter qualifying distributions from Part XII, line 4 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. See the	G-0	121	,612					
2007 265, 861 3,298,654 0.080597 2006 113,228 2,522,041 0.044895								
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6 Enter 1% of net investment income (1% of Part I, line 27b) 6 902 7 Add lines 5 and 6 7 141,280 8 Enter qualifying distributions from Part XII, line 4 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. See the	4 Enter the net value of nonchanta	able-use assets for 2011 from Part X, line	e 5				4	2,208,696
6 Enter 1% of net investment income (1% of Part I, line 27b) 6 902 7 Add lines 5 and 6 7 141,280 8 Enter qualifying distributions from Part XII, line 4 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. See the						Γ		
7 Add lines 5 and 6 8 Enter qualifying distributions from Part XII, line 4 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. See the	5 Multiply line 4 by line 3					L	5	140,378
7 Add lines 5 and 6 8 Enter qualifying distributions from Part XII, line 4 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. See the								
8 Enter qualifying distributions from Part XII, line 4 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. See the	6 Enter 1% of net investment inco	me (1% of Part I, line 27b)				L	6	902
8 Enter qualifying distributions from Part XII, line 4 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. See the								
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. See the	7 Add lines 5 and 6					L	7	141,280
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. See the								
						L		209,249
MOT VI INOTITIOTORS	If line 8 is equal to or greater that	in line 7, check the box in Part VI, line 1b	o, and complet	e that p	art using a 1% tax r	ate. Se	e the	

	990-PF (2011) MK HOFFMAN FAMILY FOUNDATION 51-0448896			Р	age 4		
	TVI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)	·					
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ and enter "N/A" on line 1.						
	Date of ruling or determination letter (attach copy of letter if necessary—see instructions)						
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	1			<u>902</u>		
here X and enter 1% of Part I, line 27b							
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of						
	Part I, line 12, col. (b).				_		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	2			<u>0</u> 902		
-	3 Add lines 1 and 2						
4 5	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5	-		<u>0</u> 902		
6	Credits/Payments	3			902		
а	2011 estimated tax payments and 2010 overpayment credited to 2011 6a 1,932						
b	Exempt foreign organizations—tax withheld at source						
c	Tax paid with application for extension of time to file (Form 8868) 6c 500						
d	Backup withholding erroneously withheld 6d						
7	Total credits and payments. Add lines 6a through 6d	7		2	432		
8	——————————————————————————————————————						
9							
10	taran da antara da a						
11		11			530		
Pa	rt VII-A Statements Regarding Activities			-			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it			Yes	No		
	participate or intervene in any political campaign?		1a		Х		
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)?						
	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		
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year						
	(1) On the foundation. ▶ \$ (2) On foundation managers ▶ \$						
0	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? If "Yes," attach a detailed description of the activities.		2		X		
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of						
Ū	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3		х		
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a		X		
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	4b				
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	,	5		X		
	If "Yes," attach the statement required by General Instruction T						
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either.						
	By language in the governing instrument, or						
	 By state legislation that effectively amends the governing instrument so that no mandatory directions that 						
	conflict with the state law remain in the governing instrument?		6	X			
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part X	(V	7	X			
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ FL						
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General						
	(or designate) of each state as required by General Instruction G? If "No," attach explanation		8ь	x			
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or						
	4942(j)(5) for calendar year 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 and addresses		10		X		
			om 99	0-PF	(2011)		

Form 990-PF (2011)

DAA

Form 990-PF (2011)

Form 990-PF (2	2011) MK HOFFMAN FAMILY FOUNDATION	51-0448896	Page 1
Part VIII	Information About Officers, Directors, Trustees, Fou and Contractors (continued)	ndation Managers, Highly Paid E	mployees,
3 Five high	nest-paid independent contractors for professional services (see ins	structions). If none, enter "NONE."	
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE			
	•		
Total number o	f others receiving over \$50,000 for professional services		<u> </u>
Part IX-A	Summary of Direct Charitable Activities		
	n's four largest direct chantable activities during the tax year. Include relevant statistical informati other beneficianes served, conferences convened, research papers produced, etc.	on such as the number of	Expenses
1 N/A			
2			
3			
4			
	····	- <u>-</u>	
Part IX-B	Summary of Program-Related Investments (see inst	tructions)	
	argest 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		
3			
Total. Add lines	1 through 3	<u> </u>	

Form **990-PF** (2011)

Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating

4	33,635
5	2,208,696
	110 425

0

3

3а

3b

4

5

1e

Page 8

1,839,511

2,242,331

402,820

foundations and certain foreign organizations check here | and do not complete this part.) 110,435 Minimum investment return from Part X, line 6 902 2a Tax on investment income for 2011 from Part VI, line 5 2a ь Income tax for 2011. (This does not include the tax from Part VI.) 2b Add lines 2a and 2b C 2c 109,533 3 Distributable amount before adjustments. Subtract line 2c from line 1 3 4 Recovenes of amounts treated as qualifying distributions 4 109,533 5 Add lines 3 and 4 5 Deduction from distributable amount (see instructions) 6 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, 109,533 line 1 Part XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: 209,249

a Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26
b Program-related investments—total from Part IX-B

2 Amounts paid to acquire assets used (or held for use) directly in carrying out chantable, etc., purposes

purposes

3 Amounts set aside for specific charitable projects that satisfy the

Cash deemed held for chantable activities. Enter 11/2% of line 3 (for greater amount, see

Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4

1c (attach detailed explanation)

Subtract line 2 from line 1d

instructions)

Acquisition indebtedness applicable to line 1 assets

Minimum investment return. Enter 5% of line 5

Suitability test (prior IRS approval required)

2

3

5

Part XI

Cash distribution test (attach the required schedule)
Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 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)

Adjusted qualifying distributions. Subtract line 5 from line 4

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

Form 990-PF (2011)

209,249

	(ii aii aiii aiii appaala iii aalaiiii (a); iila aaliia	F	3	Ŧ	1
	amount must be shown in column (a).)			1	
6	Enter the net total of each column as	_			
	indicated below:				
а	Corpus Add lines 3f, 4c, and 4e. Subtract line 5	229,276			
b	Prior years' undistributed income. Subtract				
	line 4b from line 2b		•		
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	<u> </u>			
d	Subtract line 6c from line 6b. Taxable				
	amount—see instructions				
e	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				
	distributed in 2012	<u> </u>			0
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (see instructions)				
В	Excess distributions carryover from 2006 not				
	applied on line 5 or line 7 (see instructions)				
9	Excess distributions carryover to 2012.				
	Subtract lines 7 and 8 from line 6a	229,276			
0	Analysis of line 9				
а	Excess from 2007 41,66				
b	Excess from 2008 19,87	- 1			
С	Excess from 2009 37,76	9			

30,254

99,716

7

10

Excess from 2010

Excess from 2011

Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient show any relationship to any foundation manager Purpose of grant or status of Amount contribution recipient Name and address (home or business) or substantial contributor Paid during the year SEE STATEMENT 10 165,597 Total 3a 165,597 **b** Approved for future payment N/A Total **▶** 3b

Part YVI-A	Analysis of Income-Producing Act	ivities				1 age 12
	ounts unless otherwise indicated		d business income	Excluded t	by section 512, 513, or 514	
-		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income (See instructions)
1 Program se				++		
				+		
				 		·
				++		
				++		
e						
T				++		
•	nd contracts from government agencies			++		
	p dues and assessments	<u> </u>		14	5,272	
	savings and temporary cash investments and interest from securities		· · · · · · · · · · · · · · · · · · ·	14	20,543	
	ncome or (loss) from real estate:			 	20,343	
	nanced property				•••••••••••••••••••••••••••••••••••••••	······································
	ot-financed property	<u> </u>		++		
	ncome or (loss) from personal property			 	 	
7 Other inves				14	1,672	-
	ss) from sales of assets other than inventory			18	102,061	
•	e or (loss) from special events			 		
	t or (loss) from sales of inventory			 		
11 Other rever		<u> </u>				
				1		
_						
е						
	dd columns (b), (d), and (e)			0	129,548	0
	line 12, columns (b), (d), and (e)	<u> </u>			13	129,548
	t in line 13 instructions to verify calculations)					· -
Part XVI-E		ccomplishm	ent of Exempt I	urposes	;	.
Line No. ▼	Explain below how each activity for which income accomplishment of the foundation's exempt purport					
N/A						
		-				
	· · · · · · · · · · · · · · · · · · ·					

orm 990	-PF (201	1) MK HOFFM	AN FAM	LY FOUND	ATION	51-04	48896		Pag	ge 13
Part X				ansfers To an	d Transactio	ns and Relation	ships With Noncharita	ıble		
		Exempt Organiz								
		nization directly or inc						4	es	No
		01(c) of the Code (other	er than section	on 501(c)(3) organ	izations) or in se	ction 527, relating to	political			
_	anızation									
		om the reporting found	dation to a no	nchantable exem	pt organization o	f·				
, ,	Cash							1a(1)		<u>X</u>
` '	Other as							1a(2)		X
	er transa							1 1		
		assets to a nonchant	-	•				1b(1)	-	<u> </u>
		es of assets from a ne			on			1b(2)	-	X
		of facilities, equipment rsement arrangement		sets				1b(3)	-	X
		r Ioan guarantees	•					1b(4)		$\frac{\mathbf{x}}{\mathbf{x}}$
		ance of services or m	embershin o	r fundraising solici	tatione			1b(5)	\dashv	X
		acilities, equipment, m	•	_				1b(6) 1c		$\frac{\mathbf{x}}{\mathbf{x}}$
	-		•			mn (h) should always	show the fair market	16		
d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market										
							ets, or services received.			
(a) Line		(b) Amount involved		e of nonchantable exemp			of transfers, transactions, and shaning	arrangement		
N/A										
,										
				•						
							· · · · · · · · · · · · · · · · · · ·			
										
				_						
										
						<u></u>				
			L							
		ation directly or indired	•			. •	s		(==)	
		section 501(c) of the		than section 501(d	c)(3)) or in sectio	n 527?		Yes	X	No
b If "Y		nplete the following so	hedule.							
N/A) Name of organization		(b) Type of o	rganization		(c) Description of relationship			
IN/ F							 -			
	-						· <u> </u>			
	-									
	Under pen	alties of perjury, I declare th	at I have examir	ned this return, including	g accompanying sche	dules and statements, and	to the best of my knowledge and beli	ef. it is true.		
İ	correct, an	nd complete Declaration of p	preparer (other t	han taxpayer) is based	on all information of	which preparer has any kno	wledge May the IRS di			\neg
							with the prepar			
ian		/ 1 . 1	0	1100	.	1//2/	(see instruction	ns)? X Ye	s [No
ign Iere		KIMBONLI	XUM	M-HOUN	naku	113117	PRESIDENT			
1616	Sygna	ure of officer or trustee	· ·	- // /// /	Date	/ - / - / - / - / - / - / - / - / - / -	Title			
	Print/Tvr	e preparer's name		(, '	Preparer's signator	· · · · · · · · · · · · · · · · · · ·	Date			_
aid				_	41.	1. 101	Date		heck (elf-emp	if
	MICHA	VET DOMDA			- young	Only, Cott	· 10/	8/12 "		,
se Only	Firm's n		ON, BIS	HOFF & DO	DWDY, PLI	ic /	PTIN PC	02727	83	
	Firm's a	ddress ► 201 E			STE 520			-0745		5

813-229-0800

Phone no

Use Only Firm's name ▶

TAMPA, FL 33602

Statement 1 - Form 990-PF, Part I, Line 11 - Other Income

Description	Reve	Revenue per Books	Net I	let Investment Income	Adjusted Net Income
INVESTMENT COST ADJUSTMENTS	\$	1,672	တ	1,672	w
TOTAL	w	1,672	sp.	1,672	\$

Statement 2 - Form 990-PF, Part I, Line 16b - Accounting Fees

Charitable Purpose	w	w.
Adjusted Net	w	\$
Net vestment	1,584	1,584
<u>=</u>	₩.	w
Total	1,584	1,584
	ស	w
Description	ACCOUNTING FEES	TOTAL

Statement 3 - Form 990-PF, Part I, Line 16c - Other Professional Fees

Charitable Purpose	\$	\$
Adjusted Net	\$	w
Net vestment	25,393	25,393
=	w	w
Total	25,393	25,393
	δ	က
Description	INVESTMENT MANAGEMENT FEES	TOTAL

Statement 4 - Form 990-PF, Part I, Line 18 - Taxes

Charitable Purpose	ن	\$
Adjusted Net	v.	٠
Net Investment	192	192
In	ᡐ	φ.
Total	192 1,700	1,892
	ស	ω
Description	FOREIGN TAXES WITHHELD INCOME TAXES PAID	TOTAL

		Charitable Purpose	\$38 838	\$ 836
	er Expenses	Adjusted Net	w.	ν-
Federal Statements	Part I, Line 23 - Othe	Net Investment	w.	w
Federal	Statement 5 - Form 990-PF, Part I, Line 23 - Other Expenses	Total	\$ 836	\$ 836
51-0448896		Description	EXPENSES MISCELLANEOUS	TOTAL

Investments	
Government	
S and State	
ne 10a - U	
Part II. Li	
n 990-PF, Pa	
ent 6 - For	
Statem	

Fair Market Value	₩.	\$
Basis of Valuation	COST	
End of Year	₩.	\$
Beginning of Year	\$ 63,657	\$ 63,657
Description	FIDELITY ACCT. #609943	TOTAL

Statement 7 - Form 990-PF, Part II, Line 10b - Corporate Stock Investments

Fair Market Value	ئ	v.
Basis of Valuation	COST	
End of Year	€.	\cdot \cdot
Beginning of Year	\$ 19,416	\$ 207,365
Description	FIDELITY ACCT. #609943 FIDELITY ACCT. #612510	TOTAL

Statement 8 - Form 990-PF, Part II, Line 10c - Corporate Bond Investments

Fair Market Value	₩	\$
Basis of Valuation	COST	
End of Year	₩.	\$
Beginning of Year	\$ 119,420	\$ 119,420
Description	FIDELITY ACCT. #609943	TOTAL

Statement 9 - Form 990-PF, Part II, Line 13 - Other Investments

		Seginning		Basis of	Fair Market
Description		of Year		Valuation	Value
FIDELITY #609943 MUTUAL FUND	₩	310,508	· ያ	COST	w
CONVERT DEBT-CLOUD COVER MUSIC		50,000		COST	50,000
FIDELITY ACCT. #612642 MUTUAL FUNDS		200,000		COST	1,566,460
FIDELITY ACCT. #612510 MUTUAL FUNDS		245,193		COST	
FIDELITY ACCT #612642 CORE CLASS LP				COST	487,045
TOTAL	တူ	805,701	\$ 2,017,636		\$ 2,103,505

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Federal Statements

Statement 10 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year

	Amount		10,495	40,945	25 500		750	500	1,500		1,500	1,250		1,500		200	1	250	C C L	1,500	500		250	0	2	500		1,016		006	2,500	•
	Purpose		SUPPORT ORGANIZATION	ORT ORGNANIZATION	RT CHIRCH ACTIVITIES		ORT ORGANIZATION	RT ORGANIZATION	NT ORGANIZATION		OKI OKGANIZATION	RT ORGANIZATION		RT ORGANIZATION		RT ORGANIZATION		ORT ORGANIZATION		KI CHUKCH ACTIVITES	RT CHURCH ACTIVITIES		RT ORGANIZATION	NOTH&SINISH HON		RT ORGANIZATION		RT ORGANIZATION		KI CHUKCH ACIIVIIIES	RT ORGANIZATION	
Address	Relationship Status	отн кр	EXEMPT SUPPO 4811 KELLY RD	EXEMPT SUPPORT	SILL MOKKLSON AVE EXEMPT STIPPORT	~		4202 E. FOWLER AVE EXEMPT SUPPORT	EXEMPT SUPPORT		1485 S SEMORAN BLVD #1448	EXEMP	PO BOX 567 2001 WAUKEGAN				NOH		210 MASSACHUSETTS AVENUE	EXEMPT SOPPORT	EXEMPT			F.O. BOA 10691 EXEMPT STIDEODE	STH STREET SOUTH	EXEMPT SUPPORT	AD TAD	6		3910 WEST FATE CAKE AVE	EXEMPT	
Name	Address Rela		CLEARWATER FL 33759 NONE BERKELEY PREP SCHOOL	NONE NONE	BAISHOKE BAFILSI CHOKCH TAMPA FI, 33629 NONE	CCER	TAMPA FL 33626 NONE	UNIV OF SOUTH FLOKILDA TAMPA FL 33620 NONE	r 05753 NONE	LINCIN	CHILDREN'S HOME SOCIETY OF FLORIDA 14	WINTER PARK FL 32792 NONE	o, inc.	TECHNY IL 60082 NONE	JUNDN, INC.	501-1289 NONE	Tik Oit	NONE	FIRST CHURCH OF CHRIST, SCIENTIST 21	NONE TENTIST TO	ST. PETERSBURG FL 33702 NONE	SOCIATION	BRIDGTON ME 04009 NONE	NONE	FLORIDA HOLOCAUST MUSEUM 55	1 NONE	FONNA	HARRISON ME 04040 NONE	TINOM	SE.	FL 33611 NONE	

10

9888	
04488	
51-	

Federal Statements

Statement 10 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year (continued)

	Amount	200	,	1,200		200		71,441	165,597
	Purpose	0 SUPPORT ORGANIZATION		SUPPORT ORGANIZATION	0	SUPPORT ORGANIZATION		SUPPORT ORGANIZATION	
Address	Status	BRYN MAWR AVE #550 EXEMPT S	AVE	EXEMPT	AVENUE NORTH #420	EXEMPT	325	EXEMPT	
Ad	Relationship	8550 W NE			244 2ND AVE	NONE	INC. P.O. BOX 10825	NONE	
Name	Address	AMERICAN BRAIN TUMOR ASSOCIATION CHICAGO IL 60631	E COUNCIL		THE FLORIDA ORCHESTRA	ST. PETERSBURG FL 33701	LAWS 2 LIVE BY INTERNATIONAL, IN	TAMPA FL 33679	TOTAL

Form **8868**(Rev January 2012)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No. 1545-1709

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box ► X If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868. Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870. Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits. Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension-check this box and complete All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number, see instructions Type or Name of exempt organization or other filer, see instructions. Employer identification number (EIN) or print MK HOFFMAN FAMILY FOUNDATION X 51-0448896 File by the due date for Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) filing your 3104 S. EMERSON STREET return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. TAMPA FL 33629 Enter the Return code for the return that this application is for (file a separate application for each return) 04 Application Return **Application** Return Is For Code is For Code Form 990 Form 990-T (corporation) 01 07 Form 990-BL Form 1041-A 08 Form 990-EZ 01 Form 4720 09 Form 990-PF Form 5227 04 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) Form 8870 06 12 MATTHEW HOFFMAN 5014 THE RIVIERA The books are in the care of ▶ TAMPA 33609 Telephone No. ▶ 813-837-4448 FAX No. ▶ If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is ▶ ☐. If it is for part of the group, check this box for the whole group, check this box and attach a list with the names and EINs of all members the extension is for. I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08/15/12, to file the exempt organization return for the organization named above. The extension is for the organization's return for ► X calendar year 2011 or tax year beginning , and ending If the tax year entered in line 1 is for less than 12 months, check reason. [_] Initial return Change in accounting period If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 2,432 b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 1,932 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 500 Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Form 8868 (P	Rev. 1-2012)					Page 2
If you are	filing for an Additional (Not Automatic) 3-Month I	Extension, o	complete only Part II and check this t	oox		► X
Note. Only co	omplete Part II if you have already been granted an a	automatic 3-	month extension on a previously filed F	orm 8868	3.	
	filing for an Automatic 3-Month Extension, comp					
Part II	Additional (Not Automatic) 3-Month I	<u>Extensior</u>				
	<u>, </u>		Enter filer's	identifyi	ng number, se	e instructions
Type or	Name of exempt organization or other filer, see in	structions.		Emplo	yer identification	number (EIN) or
print				E2 - 4		_
File by the	MK HOFFMAN FAMILY FOUNDA				<u>-044889</u>	
due date for	Number, street, and room or suite no. If a P.O be	ox, see instr	uctions.	Social	security number	(SSN)
filing your	3104 S. EMERSON STREET		<u> </u>	Ц		
return See instructions	City, town or post office, state, and ZIP code. For					
	TAMPA FI	33629	<u>, </u>			
Enter the Ret	urn code for the return that this application is for (file	e a separate	application for each return)			04
		Between	A	<u> </u>		
Application		Return	Application			Return
Is For		Code_	ls For			Code
Form 990		01				
Form 990-E		02	Form 1041-A Form 4720			08
Form 990-P	. ,	04	Form 5227			09
	(sec. 401(a) or 408(a) trust)	05	Form 6069			10
	(trust other than above)	06	Form 8870			12
STOP! Do no	ot complete Part II if you were not already grante	ed an auton	iatic 3-month extension on a previo	usly filed	Form 8868.	
If this is for the whole dist with the national state of the tax of tax of the tax of tax	anization does not have an office or place of busines or a Group Return, enter the organization's four digit group, check this box If it is for parames and EINs of all members the extension is for. If it is for parames and EINs of all members the extension is for. If it is for parames and EINs of all members the extension is for. If it is for parames and EINs of all members the extension is for. If it is for parames and EINs of all members the extension is for. If it is for parameters and EINs of all members the extension is for. If it is for parameters and EINs of all members the extension is for. If it is for parameters and EINs of all members the extension is for. If it is for parameters and EINs of all members the extension is for. If it is for parameters and EINs of all members the extension is for. If it is for parameters and EINs of all members the extension is for. If it is for parameters and EINs of all members the extension is for. If it is for parameters and EINs of all members the extension is for. If it is for parameters and EINs of all members the extension is for. If it is for parameters and EINs of all members the extension is for. If it is for parameters and EINs of all members the extension is for. If it is for parameters and EINs of all members the extension is for. If it is for parameters and EINs of all members the extension is for. If it is for parameters and EINs of all members the extension is for. If it is for parameters and EINs of all members the extension is for. If it is for parameters and EINs of all members the extension is for. If it is for parameters and EINs of all members the extension is for. If it is for parameters and EINs of all members the extension is for. If it is for parameters and EINs of all members the extension is for. If it is for parameters and EINs of all members the extension is for. If it is for parameters and EINs of all members the extension is for. If it is for parameters and EI	t Group Exert of the ground the g	mption Number (GEN) . If this up, check this box and	attach a	PARE A C	OMPLETE
8a If this ap	ACCURATE RETURN. pplication is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, er	iter the tentative tax, less any			
	ndable credits. See instructions.			8a	\$	319
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	paid previously with Form 8868.			8b	\$	2,432
	e due. Subtract line 8b from line 8a. Include your pa	-	this form, it required, by using EFTPS		_	•
(Electro	onic Federal Tax Payment System). See instructions	.	 	8c	\$	0
	Signature and Verific es of perjury, I declare that I have examined this form and belief, it is true, correct, and complete, and that I are	m, including		-	to the best of m	ny
Signature >		Tit	de 🕨		Date ►	
						868 (Rev 1-2012)