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# Form **990-PF**Department of the Treasury Internal Revenue Service

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

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

2011 2011

For calendar year 2011 or tax year beginning and ending Name of foundation A Employer identification number R AND M FINK FAMILY TRUST 54-6466359 Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number 202 737 1977 5873 IRON STONE COURT City or town, state, and ZIP code C If exemption application is pending, check here CENTREVILLE, 20120 G Check all that apply: Initial return Initial return of a former public charity D 1. Foreign organizations, check here Final return Amended return Foreign organizations meeting the 85% test, 2. check here and attach computation Address change Name change H Check type of organization: Section 501(c)(3) exempt private foundation E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust X Other taxable private foundation under section 507(b)(1)(A), check here I Fair market value of all assets at end of year | J | Accounting method: | X | Cash If the foundation is in a 60-month termination Other (specify) (from Part II, col. (c), line 16) under section 507(b)(1)(B), check here 5,353,389. (Part I, column (d) must be on cash basis.) ▶\$ **Analysis of Revenue and Expenses** Part I (d) Disbursements (a) Revenue and (c) Adjusted net (b) Net investment (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).) charitable purposes (cash basis only) expenses per books income ıncome 1,200,000 Contributions, gifts, grants, etc., received if the foundation is not required to attach Sch. B. Interest on savings and temporary cash investments 54,705. 54,705.Statement 54,705 4 Dividends and interest from securities 5a Gross rents b Net rental income or (loss) <11,396.b 6a Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a 2,418,556. 0. 7 Capital gain net income (from Part IV, line 2) N/A Net short-term capital gain Income modifications 10a Gross sales less returns and allowances b Less Cost of goods sold c Gross profit or (loss) 11 Other income 243,309 54,705 54,705 12 Total. Add lines 1 through 11 0 0 0 13 Compensation of officers, directors, trustees, etc. 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees 607 8 **b** Accounting fees <del>NOV 1 9 2012</del> က် c Other professional fees 17 Interest 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 4 0 0 Stmt 2 0. 23 Other expenses 24 Total operating and administrative 0 0 expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 126,745 126,745. 26 Total expenses and disbursements. Add lines 24 and 25 126,749 126,745. 27 Subtract line 26 from line 12: 1,116,560. a Excess of revenue over expenses and disbursements 54,705 b Net investment income (if negative, enter -0-) 54,705. C Adjusted net income (if negative, enter -0-)

R AND M FINK FAMILY TRUST

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126,745.

See the Part VI instructions.

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.

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Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	instru	ıctio	ns)
1a Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1.			
Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)			
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 🗶 and enter 1%		5	<u>547.</u>
of Part I, line 27b			
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0.
3 Add lines 1 and 2		5	47.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5	547.
6 Credits/Payments:			
a 2011 estimated tax payments and 2010 overpayment credited to 2011 6a 580.			
b Exempt foreign organizations - tax withheld at source			
c Tax paid with application for extension of time to file (Form 8868)			
d Backup withholding erroneously withheld 6d			
7 Total credits and payments. Add lines 6a through 6d		5	80.
8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			33.
11 Enter the amount of line 10 to be: Credited to 2012 estimated tax			0.
Part VII-A Statements Regarding Activities			
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in		Yes	No
any political campaign?	1a		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?	1b		Х
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or			<u> </u>
distributed by the foundation in connection with the activities.			
c Did the foundation file Form 1120-POL for this year?	1c		Х
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			<u> </u>
(1) On the foundation. ▶ \$ \$ 0 . (2) On foundation managers. ▶ \$			
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			
managers. ▶ \$ 0.			
2 Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		x
If "Yes," attach a detailed description of the activities.			<del></del>
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or			
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		x
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		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		х
If "Yes," attach the statement required by General Instruction T.			_ <del>_</del> _
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			1
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		х
7 Did the foundation have at least \$5,000 in assets at any time during the year?	7	х	
If "Yes," complete Part II, col. (c), and Part XV.	<u> </u>		
8a Enter the states to which the foundation reports or with which it is registered (see instructions)	1 1		
8a Enter the states to which the foundation reports or with which it is registered (see instructions)	; !		
VA			
<b>VA b</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)	86	x	
<b>VA b</b> If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	х	
<ul> <li>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</li> <li>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</li> </ul>		х	x
<b>VA b</b> If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation	8b 9	х	X

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Pa	art 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		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13		<u>X</u>
	Website address ► N/A			
14	The books are in care of ▶ JOSEPH B. SPRUNG, CPA'S  Telephone no. ▶			_
	Located at ► 444 MADISON AVENUE, FLOOR 22, NEW YORK, NY ZIP+4 ►1	0022		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		▶[	
	and enter the amount of tax-exempt interest received or accrued during the year		/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		<u>X</u>
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign	1	- 1	
	country			
Pa	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.		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)		ļ	
	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?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available	1 1	ŀ	
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	If the foundation agreed to make a grant to or to employ the official for a period after	1 1	ľ	
	termination of government service, if terminating within 90 days.)	1 1		
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	ii	į	
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?  N/A	1ь		
	Organizations relying on a current notice regarding disaster assistance check here			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected	1 1		
Ť	before the first day of the tax year beginning in 2011?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	10		
-	defined in section 4942(j)(3) or 4942(j)(5)):			
а	At the end of tax year 2011, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
	before 2011? Yes X No			
	If "Yes," list the years ▶ , ,			
ь	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			
U	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach	1 1		
	statement - see instructions.)	0.		
	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	2b		
U				
2.	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	• — • — •		ŀ	
	If "Yes," did it have excess business holdings in 2011 as a result of (1) any purchase by the foundation or disqualified persons after			
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			
	of holdings acquired by gift or bequest, or (3) the lapse of 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		
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		<u>X_</u>
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	1.1		3.7
	had not been removed from leopardy before the first day of the tax year beginning in 2011?	I 4b	1 1	X

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Part VII-B   Statements Regarding Activities for Which Form 4720 May Be Required (continued)	Port VILB Statements Regarding Activities for Which		Poguirod (	<u>54-6466.</u>	<u> 359</u>	Page 6
(1) Carry on propagatals, or otherwise alternation of mancal legislation (section 4955); or to carry on, directly, any voter registration of the any specific public election (see section 4955); or to carry on, directly, any voter registration of the any specific public decision (see section 4955); or to carry on, directly, any voter registration of the any purpose of the than estignation, control (4) Provide a grant to an individual for travel, study, or other similar purposes?  (3) Provide a grant to an individual for travel, study, or other similar purposes?  (4) Provide a grant to an individual for travel, study, or other similar purposes?  (5) Provide a grant to an individual for travel, study, or other similar purposes?  (6) Provide a grant to an individual for a representation of the provided of t	<del></del>	FORM 4720 Way be	nequired (contil	nuea)		
(2) Influence the eutrome of any spectic pubble election (see section 4955); or to carry on, directly or indirectly, any voter regulation drive?  (3) Provide a grant to an individual for travel, study, or other similar purposes?  (4) Provide a grant to an organization other than a chantalbit, etc., organization described in section 505(qt; (2), or (3), or section 495(dt; (2)).  (5) Provide for any purpose other than relipious, charatable, seembin, literary, or educational purposes, or for the prevention of cruelly to children or animals?  b I any answer is "Yes" to \$6,1)-(5), did any of the transactions fall to qualify under the exceptions described in Regulations section \$6.496 for in a current notice regarding disaster assistance laces instructions)?  Organizations relying on a current notice regarding disaster assistance case instructions?  Organizations relying on a current notice regarding disaster assistance assistance as instructions?  Organizations relying on a current notice regarding disaster assistance assistance as instructions?  Organizations relying on a current notice regarding disaster assistance ass		- 404E(=)\0		👽		
any voter registration drive?  (3) Provide a grant to an individual for travel, study, or other similar purposes?  (4) Provide a grant to an organization other than a chantable, etc., organization described in section  \$505(a)(1), (2), or (3), or section 4940(d)(2)?  (5) Provide or any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelly to children or animals?  If any answer is 'Yes' to \$41, (5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding desaster assistance (see instructions)?  Organizations relying on a current notice regarding desaster assistance check here  If the answer is 'Yes' to question \$54(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  If 'Yes' statisch the statement required by Plegulations section 53.4945-5(d).  3 Did the foundation, duming the year, receive any funds, directly or indirectly, to pay preniums on a personal benefit contract?  If 'Yes' 50, the Form 8577.  A Rany time during the tax year, was the foundation aperty to a prohibited tax shelter transaction?  If 'Yes' 50, the Form 8577.  If If the foundation receive my proceeds or have any ret more attributable to the tansaction?  N/A 7b    Part VIII   Information About Officers, Directors, Trustees, Foundation Managers, Highly    Part VIII   paid Employees, and Contractors   Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (a) Name and address of each employee pad more than \$50,000   the thin the same and address of each employee pad more than \$50,000   the time and the compensation of the highest-paid employees (other than those included on line 1). If none, enter "NONE."  (b) Title, and swrapt   (c) Compensation   (d)				ו או באו es		
(3) Provide a grant to an individual for travel, study, or other similar purposes?  (4) Provide a grant to an organization other than a charitable, etc., organization described in section  509(g11), (2), or (3), or section 4940(g(2)?  (5) Provide for any purpose other than religious, charitable, scienthic, literary, or educational purposes, or for the prevention of trellety to children or animals?  1 Hay answer is "Yes" to Sa(1)-(3), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current inotes regarding descalar assistance (see instructions)? Organizations relying on a current notice regarding descalar assistance check here  c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  If "Yes," attach the statement required by Regulations section 53.4945-5(cf).  By Other the foundation, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit conteat?  1 Hayes to 60, the Form 8870.  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  1 Hayes to 60, the Form 8870.  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  1 Hayes to 60, the Form 8870.  7a Information About Officers, Directors, Trustees, Foundation Managers, Highly  2 List all officers, directors, trustees, foundation managers and their compensation.  (a) Name and address  (b) Title, and average flouring the tax sequences of each employee pad more than \$50,000  (c) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (b) Title, and average flouring the sequences of each employee pad more than \$50,000  (c) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (c) Compensation of five highest-paid employees (other than those included on line 1). If	• • • • • • • • • • • • • • • • • • • •	or to carry on, directly or indi		<del>V</del>		
(4) Provide a grant to an organization offer than a charitable, etc., organization described in section \$90(a)(1), (2), or (3), or section 490(d)(2)?  (5) Provide for any purpose other than religious, charitable, scientific, literary, or adicational purposes, or for the prevention of cruelty to children or animals?  If any answer is "Yes" to \$41,00 at any of the transactions fall to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance check here  c if the answer is "yes" to question \$440,00 as the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  If "Yes," attach the statement required by Regulations section 53.4945-5(d).  8a Did the foundation, during the year, review any funds, directly or indirectly, on a personal benefit contract?  If "Yes is of by, the Form 897.  If "Yes is of by, the Form 897.  The state of the form 897.  If I state all officers, directors, trustees or have any net nonce attributable to the transaction?  Information About Officers, Directors, Trustees, Foundation Managers, Highly  I List all officers, directors, trustees, foundation managers and their compensation.  (a) Name and address of each employees (other than those included on line 1). If none, enter "NONE."  (b) Tig, and average hours provided the provided and address of each employees (other than those included on line 1). If none, enter "NONE."  (c) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (d) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (e) Tig, and average hours are appropriately a compensation of the paid employees and control of the paid employees (other than those included on line 2). If none, enter "NONE."  (e) Compensation of five highest-paid employees (other than those included on		~O				
SS(s)(1), (2), or (3), or section 494(0)(2)?  (S) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of crelety to children or animals?  b If any answer is Yes' to 5s(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance (see instructions)?  N/A  State of the foundation of the graph of the graph of the seed of	• •		T	ן מא באם es		
(a) Provide for any purpose other than relapous, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?  If any answer is Yes' to 5a(1)+(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance (see instructions)?  If Yes is to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  If Yes is a did the foundation, during the year, reverse any funds, directly or indirectly, to pay premiums on a personal benefit contract?  If Yes is to 8b, the Form 8870.  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly  Information About Officers, Directors, Directors, Trustees, Foundation Managers, Directors, Directors, Directo	• •	on described in section		VIN-		
the prevention of cruelty to children or animate?  If yes X No  If any answer is 'Yes' to \$4(1)-(3), did any of the transactions fall to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding dissater assistance (see instructions)?  Organizations relying on a current notice regarding dissater assistance (see instructions)?  Organizations relying on a current notice regarding dissater assistance theck here  of It the answer is 'Yes' to guestion 54(4), does the foundation claim exemption from the fax because it maintained expenditure responsibility for the gran?  If 'Yes, 'Attach the statement required by Regulations section 53.4945-5(d).  5a Did the foundation, during the year, preceive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  If 'Yes' to 50, the Form 8870.  A lary time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  If 'Yes' did the foundation receive any proceeds or have any net income attributable to the transaction?  Information About Officers, Directors, Trustees, Foundation Managers, Highly  Part VIII   Information About Officers, Directors, Trustees, Foundation Managers, Highly  1 List all officers, directors, trustees, foundation managers and their compensation.  (a) Name and address   (b) Title, and everage holds of viewel devoted (finance) and the compensation of the highest-paid employees (other than those included on line 1). If none, enter "NONE."  2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (b) Title, and everage holds of the season of the compensation of the highest-paid employees and more than \$50,000   (b) Title, and everage compensation of the highest-paid employees and more than \$50,000   (b) Title, and everage compensation of the highest-paid employees (other than those included on line 1). If none, enter "NONE."  (c) Compensation of five highest-paid employees (other than those included on line 1)		or advectional aurages or		וועריש		
b If any answer is Yes' to Set 1)-(5), did any of the transactions sail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance check here  of If the answer is Yes' to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  If Yes, "attach the statement required by Regulations section 53.4945-5(d).  6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  If Yes, "attach the statement required by Regulations section 53.4945-5(d).  6b Did the foundation, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  If Yes, "attach the statement required by Regulations section 53.4945-5(d).  6b If Yes, "of the form 8870.  7a At any time during the tax year, was the foundation aparty to a prohibited at shelter transaction?  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly  1 List all officers, directors, trustees, of the promote attributable to the transaction?  (a) Name and address  (b) Tite, and average hours of the statement of the highest-paid employees (other than those included on line 1). If none, enter "NONE."  (c) Compensation (d) Compen	• • • • • • • • • • • • • • • • • • • •	, or educational purposes, or		V		l
section 53.4945 or in a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance check here  of if the answer is Yes' to question 54(4), does the foundation dame exemption from the tax because it maintained expenditure responsibility for the grant?  If Yes' attach the statement required by Regulations section 53.4945-5(d).  Sa Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  If Yes' to 6b, file Form 8870.  7 At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  If Yes' to 6b, file Form 8870.  7 At at any time during the tax year, was the foundation aparty to a prohibited tax shelter transaction?  If Yes' did the foundation receive any proceeds or have any net income attributable to the transaction?  If Yes' did the foundation about Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1. List all officers, directors, trustees, foundation managers and their compensation.  (a) Name and address    (a) Name and address   (b) Title, and average hours per week devoted entire (b) Title, and average hours per week devoted entire (c) Compensation (file to paid, entire (b) the transaction (c) Compensation (c) Co		ider the eventions described		ואונאם ציי		
Criganizations relying on a current notice regarding dissaster assistance check here  c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  If "Yes," attach the statement required by Regulations section 53.4945-5(d).  So Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If "Yes To Bo, file Form 8870.  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1. List all officers, directors, trustees, foundation managers and their compensation.  (a) Name and address  (b) Title, and average hours per week devoted for position of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (c) Compensation (d) Compensation (fill not paid, enter -0-) and of the party permitted of the position of the highest-paid employees (other than those included on line 1). If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week. Orolded to position (c) Compensation			ili negulations	NT / N	E.	ŀ
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  If "Yes," attach the statement required by Regulations section 53.4945-5(d).  8a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If "Yes" to 6b, file Form 8870.  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  A It any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly  Paid Employees, and Contractors  1 List all officers, directors, trustees, foundation managers and their compensation.  (a) Name and address  (a) Name and address  (b) Title, and average hours ger week devoted to position of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (b) Title, and average hours ger week devoted to position of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (c) Compensation (d) Carabatigns to enter the devoted to position of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (c) Compensation (d) Carabatigns to enter the devoted to position of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (d) Carabatigns to enter the devoted to position of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (d) Carabatigns to enter the devoted to position of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (d) Carabatigns to enter the devoted to position of five highest-paid employees.  (e) Expense advantage to the devoted to position of the devoted to position of the			•		<del>"</del>	
expenditure responsibility for the grant?  If "Yes," attach the statement required by Regulations section 53.4945-5(d).  6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  If "Yes" to 6b, file Form 8870.  7a At any time during the tax year, was the foundation a party to a prohibited tax shetter transaction?  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly  Part VIII Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly  1 List all officers, directors, trustees, foundation managers and their compensation.  (a) Name and address  (b) Tills, and average hours per week devoled by position  (b) Tolls, and average hours per week devoled by position  (c) Compensation (c) Compensation  (d) Compensation  (			amad			
If "Yes," attach the statement required by Regulations section 53.4945-5(d).   Sa Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			. —	na 🗀 Na		
Ba Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  # Personal benefit contract?  # Yes * To 6b, file Form 8870.  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  # If Yes, did the foundation receive any proceeds or have any net income attributable to the transaction?  # If Yes, did the foundation receive any proceeds or have any net income attributable to the transaction?  # If Yes, did the foundation receive any proceeds or have any net income attributable to the transaction?  # It Is all officers, directors, trustees, foundation managers and their compensation  # It Is all officers, directors, trustees, foundation managers and their compensation  # It Is all officers, directors, trustees, foundation managers and their compensation  # It Is all officers, directors, trustees, foundation managers and their compensation  # It Is all officers, directors, trustees, foundation managers and their compensation  # It Is all officers, directors, trustees, foundation managers and their compensation  # It Is all officers, directors, trustees, foundation managers and their compensation  # It Is all officers, directors, trustees, foundation managers and their compensation  # It Is all officers, directors, trustees, foundation managers and their compensation  # It Is all officers, directors, trustees, foundation managers and their compensation  # It Is all officers, directors, trustees, foundation managers, Highly  ## It Is all officers, directors, trustees, foundation managers, Highly  ## It Is all officers, directors, directors, trustees, foundation managers, Highly  ## It Is all officers, directors, directo	, , , , , , , , , , , , , , , , , , , ,		N/A1	*	İ	
a personal benefit contract?  b Dd the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  l' Y'es' to 6b, the Form 8870.  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  b If Y'es', did the foundation receive any proceeds or have any not income attributable to the transaction?  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  (a) Name and address  (a) Name and address  (b) Title, and average hours proceeds devoted for position of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (b) Title, and average hours proceeds devoted for position of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (c) Compensation  (d) Contractors compensation  (e) Compensation  (f) Contractors compensation  (g) Title, and average hours give a compensation  (hours give a compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (b) Title, and average hours give a compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (c) Compensation  (d) Contractors compensation  (d) Contractors compensation  (e) Compensation  (d) Contractors compensation  (e) Compensation  (f) Title, and average hours give a compensation  (e) Compensation  (f) Title, and average hours give a compensation  (hours give a compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (b) Title, and average hours give a compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (c) Compensation  (d) Contractors (d) Contracto	· · · · · · · · · · · · · · · · · · ·				ļ	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If 'Yes' to 6b, the Form 8870.  7 At At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  If 'Yes' to 6b, the Form 8870.  7 At A tany time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  If yes, 'did the foundation receive any proceeds or have any net income attributable to the transaction?  Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustees, foundation managers and their compensation  (a) Name and address  (b) Title, and average thous position  (c) Compensation (d) Compensation (d) Compensation (enter 4-)  (a) Name and address of each employees (other than those included on line 1). If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000  (b) Title, and average hours pay a very limited to the position of five highest-paid employees and more than \$50,000  (c) Compensation (e) Compensation (d) Compensation (e) Compensatio		pay premiums on	[ ] v	. VI No	ľ	
If "Yes" to 6b, file Form 8870.  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  bit "Yes" to 6b, file Form 8870.  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  N/A  7b    N/A  7b   N/A  7b   N/A  7b   N/A  7b   N/A  7b   N/A  7b   N/A  7b   N/A  7c   N/A  (c) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (d) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (d) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (d) Compensation of five highest-paid employees (o	·	norganal hanafit contract?		S LALINO	e b	v
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  b if Yes, did the foundation receive any proceeds or have any net mome attributable to the transaction?  Part VIII   Paid Employees, and Contractors  1. List all officers, directors, trustees, foundation managers and their compensation.  (b) Title, and average hours per week devoted to position  (c) Compensation (ffind paid, enter-0-)  2. Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000  (b) Title, and average hours per week devoted to position  (c) Compensation (ffind paid, enter-0-)  (d) Conteadings to definite allowances.  (e) Compensation (ff) Conteadings to the same transaction?  (d) Conteadings to the properties of the p		personal benefit contract?		<u> </u>	00	^
b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?    Part VIII	•	cholter transaction?		. V No		
Part VIII					7h	
1 List all officers, directors, trustees, foundation managers and their compensation.  (b) Title, and average hours per week devoted to position  (c) Compensation (If not paid, enter "0-)  (d) Compensation (If not paid, enter "0-)  (d) Compensation (If not paid, enter "0-)  (enter -0-)  (d) Compensation (If not paid, enter "0-)  (enter -0-)  (a) Name and address of each employees (other than those included on line 1). If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Compensation  (e)	Information About Officers Directors Tweet		anagers Highly		10 1	
(a) Name and address  (b) Title, and average hours per week devoted to position  (c) Compensation (II not paid, enter -0-)  (d) Combustions and account, other all covernments and address and deterior everywheath pass and deterior everywheath pass and devoted to position  2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000  (b) Title, and average hours per week devoted to position  (c) Compensation (II not paid, enter -0-)  (d) Combustions account, other allowances  (e) Expense account, other shows per week devoted to position  (d) Combustions account, other allowances account, other allowances.	Part VIII Paid Employees, and Contractors	ccs, i canaadon iii	anagers, mgm			
(a) Name and address  (b) Title, and average hours per week devoted to position  (c) Compensation (II not paid, enter -0-)  (d) Combustions and account, other all covernments and address and deterior everywheath pass and deterior everywheath pass and devoted to position  2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000  (b) Title, and average hours per week devoted to position  (c) Compensation (II not paid, enter -0-)  (d) Combustions account, other allowances  (e) Expense account, other shows per week devoted to position  (d) Combustions account, other allowances account, other allowances.	1 List all officers, directors, trustees, foundation managers and their	compensation.				
2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000  NONE  (c) Compensation  (d) Contributions to employee herefit plans and deterring and deterring to employee herefit plans account, other compensation  (e) Expense account, other compensation	***************************************	(b) Title, and average		(d) Contributions to	(e)	Expense
2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000  NONE  (c) Compensation  (d) Contributions to employee herefit plans and deterring and deterring to employee herefit plans account, other compensation  (e) Expense account, other compensation	(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	and deferred compensation	accc	ount, otner owances
(a) Name and address of each employee paid more than \$50,000  NONE  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee hereif plans account, other allowances		l permen				
(a) Name and address of each employee paid more than \$50,000  NONE  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee hereif plans account, other allowances	**************************************	1				
(a) Name and address of each employee paid more than \$50,000  NONE  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee hereif plans account, other allowances	•	- -	i			
(a) Name and address of each employee paid more than \$50,000  NONE  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee hereif plans account, other allowances						
(a) Name and address of each employee paid more than \$50,000  NONE  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee hereif plans account, other allowances		1				
(a) Name and address of each employee paid more than \$50,000  NONE  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee hereif plans account, other allowances						
(a) Name and address of each employee paid more than \$50,000  NONE  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee hereif plans account, other allowances						
(a) Name and address of each employee paid more than \$50,000  NONE  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee hereif plans account, other allowances		1				
(a) Name and address of each employee paid more than \$50,000  NONE  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee hereif plans account, other allowances						
(a) Name and address of each employee paid more than \$50,000  NONE  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee hereif plans account, other allowances					†	
(a) Name and address of each employee paid more than \$50,000  NONE  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee hereif plans account, other allowances					1	
(a) Name and address of each employee paid more than \$50,000  NONE  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee hereif plans account, other allowances		1			İ	
(a) Name and address of each employee paid more than \$50,000  NONE  (c) Compensation employee benefit pais account, other allowances    Compensation   Compe	2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none,	enter "NONE."			
NONE    Compensation	( ) No	(b) Title, and average		(d) Contributions to employee benefit plans	(e)	Expense
	(a) Name and address of each employee paid more than \$50,000		(c) Compensation	and deferred	acco	owances
	NONE					
Total number of other employees paid over \$50,000 ▶ 0						
Total number of other employees paid over \$50,000 ▶ 0						
Total number of other employees paid over \$50,000 ▶ 0		1				
Total number of other employees paid over \$50,000 ▶ 0					İ	
Total number of other employees paid over \$50,000 ▶ 0		1				
Total number of other employees paid over \$50,000 ▶ 0						
Total number of other employees paid over \$50,000 ▶ 0						
Total number of other employees paid over \$50,000 ▶ 0	· · · · · · · · · · · · · · · · · · ·				T	
Total number of other employees paid over \$50,000						
	Total number of other employees paid over \$50,000			<b>•</b>		0

Form **990-PF** (2011)

Form 990-PF (2011) R AND M FINK FAMILY TRUST	54-6	466359 Page 7
Part VIII Information About Officers, Directors, Trustees, Founda Paid Employees, and Contractors (continued)	tion Managers, Highly	
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) Type of service	(c) Compensation
NONE	_	
·		
Total number of others receiving over \$50,000 for professional services  Part IX-A   Summary of Direct Charitable Activities		▶ 0
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistic		Expenses
number of organizations and other beneficiaries served, conferences convened, research papers productions in N/A	ucea, etc.	
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 life.	nes 1 and 2.	Amount
1 N/A		
2		
All other program-related investments. See instructions.		•
Total. Add lines 1 through 3		0.

F	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations	, see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	2,150,505
b	Average of monthly cash balances	1b	
C	Fair market value of all other assets	1c	
ď	Total (add lines 1a, b, and c)	1d	2,150,505
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	2,150,505
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	32,258
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	2,118,247
6	Minimum investment return. Enter 5% of line 5	6	105,912
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and foreign organizations check here  and do not complete this part.)	ıd certaın	
1	Minimum investment return from Part X, line 6	1	105,912.
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	547.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	105,365
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	105,365.
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	105,365.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	126,745.
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	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	126,745.
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	547.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	126,198.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation q	ualifies fo	or the section

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4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2010	(c) 2010	( <b>d)</b> 2011
1 Distributable amount for 2011 from Part XI, line 7				105,365.
2 Undistributed income, if any, as of the end of 2011	-			103/303.
a Enter amount for 2010 only			0.	
b Total for prior years:	-			
p rotation prior yours.		0.		
3 Excess distributions carryover, if any, to 2011:		· ·		
<b>a</b> From 2006				
b From 2007 17,129.				
c From 2008 46,200.				
d From 2009 42,687.				
e From 2010				
f Total of lines 3a through e	106,016.			
4 Qualifying distributions for 2011 from				
Part XII, line 4: ► \$ 126,745.				
a Applied to 2010, but not more than line 2a			0.	
<b>b</b> Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2011 distributable amount				105,365.
e Remaining amount distributed out of corpus	21,380.			
5 Excess distributions carryover applied to 2011 (if an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 31, 4c, and 4e Subtract line 5	127,396.			
b Prior years' undistributed income. Subtract	127,330.			
line 4b from line 2b		0.	İ	
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				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2006				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2012.				
Subtract lines 7 and 8 from line 6a	127,396.			
10 Analysis of line 9:				
a Excess from 2007 17,129.				
b Excess from 2008 46,200.				
c Excess from 2009 42,687.				
d Excess from 2010				
e Excess from 2011 21,380.				- 000 DE

	I FINK FAMIL			54-64	66359 Page 1
Part XIV   Private Operating F	<del></del>		I-A, question 9)	N/A	
1 a if the foundation has received a ruling o					
foundation, and the ruling is effective fo			▶∟	1	
b Check box to indicate whether the found		ng foundation described i		4942(j)(3) or49	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	(1) 0010	Prior 3 years	(4) 0000	(a) Tatal
income from Part I or the minimum	(a) 2011	(b) 2010	(c) 2009	(d) 2008	(e) Total
investment return from Part X for	1				
each year listed					
<b>b</b> 85% of line 2a					
c Qualifying distributions from Part XII,		ļ			
line 4 for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the					
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" alternative 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					
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)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income					•
Part XV   Supplementary Info	rmation (Comple	te this part only i	f the foundation	had \$5,000 or mo	re in assets
at any time during tl	he year-see instr	uctions.)			
1 Information Regarding Foundation	n Managers:				
a List any managers of the foundation who			butions received by the	foundation before the clos	e of any tax
year (but only if they have contributed m	ore than \$5,000). (See se	ection 507(d)(2).)			
None					
b List any managers of the foundation who			or an equally large portic	on of the ownership of a pa	rtnership or
other entity) of which the foundation has	a 10% of greater interes	L.			
None					
2 Information Regarding Contribution		• • • •	•		
				ot accept unsolicited requi	
the foundation makes gifts, grants, etc. (				impiete items za, b, c, and	<u>u.                                    </u>
a The name, address, and telephone numb	er of the person to whom	n applications should be a	addressed:		
RICHARD FINK			0.0		
5873 IRON STONE COUR					
b The form in which applications should be LETTER REQUEST WITH I		·			
c Any submission deadlines:		<u> </u>			
NONE					<del></del>
d Any restrictions or limitations on awards,	, such as by geographical	l areas, charitable fields, l	kinds of institutions, or o	ther factors:	
NONE					

Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to any foundation manager or substantial contributor Recipient Purpose of grant or contribution Foundation Amount status of Name and address (home or business) recipient a Paid during the year AICR - CANCER RESEARCH CENTER brg CHARITABLE 20. AMERICAN LIFE LEAGUE DRG CHARITABLE 300. A WOMAN'S CHOICE ORG CHARITABLE 300. CARE NET ORG CHARITABLE 300. CENTREVILLE VOLUNTEER FIRE DEPARTMENT ORG CHARITABLE 100. See continuation sheet(s) Total **▶** 3a 126 745. b Approved for future payment None Total

Part XVI-A	Analysis of Income-Producing Activities
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Enter gross amounts unless otherwise indicated.	Unrelate	ed business income		uded by section 512, 513, or 514	(e)
Program service revenue:	(a) Business code	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income
_	Code		10000		
a b		<u>-</u>	+		<u>'</u>
C					
d	1				
e					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments			ľ		
4 Dividends and interest from securities					54,705.
5 Net rental income or (loss) from real estate:		1			_
a Debt-financed property					
b Not debt-financed property					·
6 Net rental income or (loss) from personal					· .
property			l		
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory					<11,396.
9 Net income or (loss) from special events					
O Gross profit or (loss) from sales of inventory					
1 Other revenue:					-
a			ļ		
b				-	
c					
d	1 1				
e					
2 Subtotal. Add columns (b), (d), and (e)		0.		0.	43,309.
3 Total. Add line 12, columns (b), (d), and (e)			•	13	
See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities t	to the Acco	mplishment of Ex	emp	t Purposes	
				· ·	
Explain below how each activity for which income the foundation's exempt purposes (other than			contrib	outed importantly to the accom	plishment of
the foundation's exempt purposes (other than	by providing for	ius for such purposes).			
				<del>.</del>	<del></del>
				<del>.</del>	
				<del></del>	
					<del>.</del>
	<del></del>				
					<del></del>
				<del></del>	
		<del></del>		<del></del>	
	<del></del> -	<del> </del>			<del></del>
					<del> </del>
				<del>_</del>	
		· ·		<del></del>	
	<del></del>	<del></del> .			

Form 990-PF (2011) R AND M FINK FAMILY TRUST 54-6466359

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

1	Did the o	rganization directly or indi	rectly engage in any of the followir	ng with any other organizati	on described in secti	on 501(c) of		Yes	No
1	the Code	(other than section 501(c)	)(3) organizations) or in section 52	27, relating to political organ	nizations?	.,			
		,	ation to a noncharitable exempt or						
	(1) Cash		2001 10 U 101101121112110 011 <b>0</b> 111 <b>p</b> 1 01	g			1a(1)		х
	(1) Othe		-	٠		•	1a(2)		X
	٠,	nsactions:					10(2)		
									v
	, ,	s of assets to a noncharital	, ,				1b(1)		<u> </u>
	• •		ncharitable exempt organization		•		1b(2)		<u> </u>
(	( <b>3)</b> Rent	ial of facilities, equipment, i	or other assets			I	1b(3)		<u> </u>
(	( <b>4)</b> Rein	nbursement arrangements				• •	1b(4)		_X_
(	( <b>5)</b> Loar	ns or loan guarantees					1b(5)		_X_
(	( <b>6)</b> Perfo	ormance of services or me	mbership or fundraising solicitation	ons			1b(6)		<u>_X</u>
c S	Sharing o	of facilities, equipment, mai	ılıng lısts, other assets, or paid em	ployees			1c		_X_
d l	f the ans	wer to any of the above is	"Yes," complete the following sche	edule. Column (b) should al	ways show the fair m	arket value of the goods, of	her ass	ets,	
(	or service	es given by the reporting fo	oundation. If the foundation receiv	ed less than fair market valu	ue in any transaction	or sharing arrangement, sh	ow in		
(	column (	d) the value of the goods, o	other assets, or services received.		-				
a) Lin	e no	(b) Amount involved	(c) Name of noncharitable	e exempt organization	(d) Description	of transfers, transactions, and sh	aring arr	angemer	nts
			N/A	<del></del>					
			11/11						
			<del> </del>						
						,			
			<del></del>	<del></del>		<del></del>			
				· · · · · · · · · · · · · · · · · ·					
				·					
9a	s the fou	ndation directly or indirect	ly affiliated with, or related to, one	or more tay-eyempt organi	zations described				
			than section 501(c)(3)) or in sect		zationo described		Yes	X	l No
		omplete the following sche	· / · //	1011 327 1			] 163		) NO
י ט	1 165, 0	omplete the following sche (a) Name of orga		(b) Type of organization	1	c) Description of relationship			
		• • • • • • • • • • • • • • • • • • • •	inzation	(b) Type of organization		7) Description of relationship			
		N/A							
		<del> </del>				<del></del>			
					!				
	·					<del></del>			
	and h		hat I have examined this return, includin plete Declaration of preparer (other than			has any knowledge May ti		scuss th	
Sigr	3   👠				<b>L</b>	shown	<u>ı</u> below (	prepare see instr	
Her		here h	. Tur	11/6/12		X	Yes	L	No
	Sıgı	nature of officer or trustee		Date *	Title				
		Print/Type preparer's nar	me Preparer's si	gnature	Date	Check X If PTIN			
		]	Ι Λ	ا ۸ ۱، ۱		self- employed			
Paid	t	İ	1 m	$\mathcal{W}_{\mathcal{J}}$ ,	11/14/12	P01	4448	840	
Pre	parer	Firm's name ► Jose	eph B. Sprung,	CPA's	. , , = :=1	Firm's EIN ▶ 11-29			
Use	Only		<u> </u>					-	
	•	Firm's address > 44	4 Madison Avenu	e. 22nd FL	<del></del>			-	
			W York, NY 1002			Phone no. 212-9	35-1	1559	5
		1464	·	<del></del>				-PF (2	
						1 0111		14	

# Schedule B

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

Department of the Treasury Internal Revenue Service

### **Schedule of Contributors**

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

OMB No 1545-0047

2011

Name of the organizat	Employer identification numbe		
	54-6466359		
Organization type (chec	:k one):		
Filers of:	Section:		
Form 990 or 990-EZ	501(c)( ) (enter number) organization		
	4947(a)(1) nonexempt charitable trust <b>not</b> 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		
	X 501(c)(3) taxable private foundation		
General Rule  X For an organiza	I(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special F ition filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in implete Parts I and II.		
Special Rules			
509(a)(1) and 1	01(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the re 70(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.	=	
total contribution	01(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contents of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or each of cruelty to children or animals. Complete Parts I, II, and III.		
contributions fo If this box is che purpose. Do no	01(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one conforuse exclusively for religious, chantable, etc., purposes, but these contributions did not tecked, enter here the total contributions that were received during the year for an exclusivation to the parts unless the <b>General Rule</b> applies to this organization because able, etc., contributions of \$5,000 or more during the year.	otal to more than \$1,000. vely religious, charitable, etc ,	
but it <b>must</b> answer "No"	n that is not covered by the General Rule and/or the Special Rules does not file Schedule on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Pareet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).		

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

Name of organization

Employer identification number

### R AND M FINK FAMILY TRUST

54-6466359

Part I	Contributors (see instructions). Use duplicate copies of Part I r	f additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	RICHARD AND MARY FINK  5873 IRON STONE COURT  CENTREVILLE, VA 20120	\$ 1,200,000.	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II if there is a noncash contribution )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll 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.)

Name of organization

Employer identification number

#### R AND M FINK FAMILY TRUST

54-6466359

Part II	Noncash Property (see instructions). Use duplicate copies of F	Part 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
		\$	
(a) No. irom Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. rom	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		   \$	

Name of organization

Employer identification number

R AND	M FINK FAMILY TRUST			54-6466359		
Part III	Exclusively religious, charitable, etc., indiv year. Complete columns (a) through (e) and the the total of exclusively religious, charitable, etc Use duplicate copies of Part III if additional	., contributions of \$1,000 or less for	)(7), (8), or (10) organizatio ons completing Part III, enter the year. (Enter this information once	ns that total more than \$1,000 for the		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gıft is held		
-  -						
-	Transferee's name, address, an	(e) Transfer of gif		nsferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held		
-	Transferee's name, address, an	(e) Transfer of gift d ZIP + 4		isferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desci	iption of how gift is held		
-	(e) Transfer of gift					
-	Transferee's name, address, an	d ZIP + 4	Relationship of tran	sferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descr	iption of how gift is held		
-	(e) Transfer of gift					
	Transferee's name, address, and	d ZIP + 4	Relationship of tran	sferor to transferee		
-						

R AND M FINK FAMILY TRUST

Part XV | Supplementary Information

Part XV Supplementary Information				
3 Grants and Contributions Paid During the	(ear (Continuation)	<del></del>		
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		
CHAI LIFELINE		ORG	CHARITABLE	1,800.
COVENANT HOUSE		ORG	CHARITABLE	100.
FR TONY		ORG	CHARITABLE	300.
HERITAGE FOUNDATION		org	CHARITABLE	1,000.
HILLSDALE COLLEGE		ORG	CHARITABLE	1,000.
IHS		ORG	CHARITABLE	25,000,
JAMES MADISON UNIVERSITY FND		ORG	CHARITABLE	25,000.
LAW ENFORCEMENT UNITED		ORG	CHARITABLE	500,
MERCATUS CENTER AT GMU		ORG	CHARITABLE	25,000.
PAUL VI		ORG	CHARITABLE	1,000.
Total from continuation sheets				125,725.

54-6466359

R AND M FINK FAMILY TRUST

Part XV Supplementary Information				I -
3 Grants and Contributions Paid During the Ye	ear (Continuation)	<del></del>	<del></del>	
Recipient	show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	status of recipient	contribution	Amount
ST. MARY'S INTERFAITH		ORG	CHARITABLE	
SI. MARI S INTERFAITH		DRG .	CHARTTABLE	_25.
-				
YOUTH ENTREPRENEURS KANSAS		ORG	CHARITABLE	
				5,000.
BEAR GIVERS		ORG	CHARITABLE	
			CHARITABLE	40,000.
			-	
Total from continuation sheets				

Part IV   Capital Gains and Los	ses for Tax on Investment Income				
(a) List and 2-story brı	describe the kind(s) of property solo ck warehouse; or common stock, 20	1, e.g., real estate, 00 shs. MLC Co.	(b) How acquired P - Purchase D - Donation	(11101, 443, 311)	(d) Date sold (mo., day, yr.)
1a BB&T			P	Various	Various
b BB&T			P	Various	Various
c MORGAN STANLEY			P		<u>Various</u>
d MORGAN STANLEY			P		<u>Various</u>
e MORGAN STANLEY			P		<u>Various</u>
f MORGAN STANLEY			P	Various	<u>Various</u>
g Capital Gains I	Dividends				
h			-		
<u>i</u>					
_ <b>i</b>					
k					
1					
<u> </u>					
n				<del></del>	_
0				0	
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) (e) p	Gain or (loss) lus (f) mınus (g)	
a 629,501.		645,004.			<15,503.
b 473,196.		456,774.		•	16,422.
c 736,528.		744,046.	•	,	<7,518.
d 332,453.		318,914.			13,539.
e 132,290.		140,789.			<8,499.
f 112,817.		124,425.			<11,608.
g 1,771.					1,771.
h					
1					
i					
k					
1					
m					
n					<u>. ,                                     </u>
0					<del></del>
Complete only for assets showing	gain in column (h) and owned by the	ne foundation on 12/31/69	(I) Los	ses (from col. (h))	1 (1)
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	Gains (excess o but no	f col. (h) gain over ot less than "-0-")	col. (k),
a			**		<15,503.
b					16,422.
С			**	· ·	<7,518.
d			**		13,539.
e			**		<8,499.
f			**		<11,608.
g			<del></del>		1,771.
h					
1					
i					
k					
1					<u> </u>
m					<del></del>
n					
0					
2 Capital gain net income or (net capi	ital loss) { If gain, also enter i	n Part i, line 7	2	,	<11,396.
		S			
If gain, also enter in Part I, line 8, co	) as defined in sections 1222(5) and olumn (c).	) (U).			00 500
If (loss), enter "-0-" in Part I, line 8			3		<29,589 <u>.</u> >

. . .

Form 990-PF Dividends and	l Interest from	Securities	Statement 1
Source	Gross Amount	Capital Gains Dividends	Column (A) Amount
ACCRUED INTEREST & FEES	<28,773.>		<28,773.>
3B&T	9,959.	1,233.	8,726.
3B&T	23,744.	0.	23,744.
MORGAN STANLEY	29,539.	78.	29,461.
1ORGAN STANLEY	9,450.	460.	8,990.
MORGAN STANLEY	7,115.	0.	7,115.
MORGAN STANLEY	3,596.	0.	3,596.
MORGAN STANLEY	72.	0.	72.
MORGAN STANLEY	7.	0.	7.
MORGAN STANLEY	46.	0.	46.
4ORGAN STANLEY	9.	0.	9.
MORGAN STANLEY	1,712.	0.	1,712.
Cotal to Fm 990-PF, Part I, ln 4	56,476.	1,771.	54,705.

Form 990-PF	Other E	xpenses	Statement 2		
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes	
BANK SERVICE CHARGES	4.	0.	0.	0.	
To Form 990-PF, Pg 1, ln 23	4.	0.	0.	0.	

Form 990-PF Other	Investments		Statement
Description	Valuation Method	Book Value	Fair Market Value
EQUITIES	COST	1,196,872.	1,196,872
Fotal to Form 990-PF, Part II, line 3	13	1,196,872.	1,196,872

## **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 a	are filing for an Automatic 3-Month Extension, comple	te only Pa	art I and check this box			
<ul><li>If you a</li></ul>	are filing for an Additional (Not Automatic) 3-Month Ex	tension, e	complete only Part II (on page 2 of	this form)	l <b>-</b>	
Do not co	omplete Part II unless you have already been granted	an automa	atic 3-month extension on a previous	sly filed Fo	orm 8868.	
Electronia	ic filing (e-file). You can electronically file Form 8868 if	you need a	a 3-month automatic extension of tir	ne to file (	6 months for a	corporation
required to	to file Form 990-T), or an additional (not automatic) 3-mo	nth extens	sion of time. You can electronically f	ile Form 8	868 to request	an extension
of time to	file any of the forms listed in Part I or Part II with the ex	ception of	Form 8870, Information Return for	Transfers	Associated With	n Certain
	Benefit Contracts, which must be sent to the IRS in page	-				
	urs.gov/efile and click on e-file for Charities & Nonprofits		(			
Part I	Automatic 3-Month Extension of Time		submit original (no copies ne	eded).		
	tion required to file Form 990-T and requesting an autor					
Part I only			Share Standion Chook this Box and	Complete		
-	r corporations (including 1120-C filers), partnerships, REN	 NCs and t		t an auto	noion of time	
	ome tax returns	iios, ailu t	rusts must use Form 7004 to reques	st an exter	ision or time	
	<del> </del>			Caralana		
Type or	Name of exempt organization or other filer, see instru	ictions.		i ⊨mpioye	er identification r	iumber (EIN) or
print				<u> </u>		
File by the	R AND M FINK FAMILY TRUST			LX	<u>54-6466</u>	359
due date for	Number, street, and room or suite no If a P O box, s	ee instruc	tions.	Social se	ecunty number (	SSN)
filing your return See	5873 IRON STONE COURT		<del></del>			
instructions	City, town or post office, state, and ZIP code For a for	oreign add	lress, see instructions.			
	CENTREVILLE, VA 20120					
Enter the F	Return code for the return that this application is for (file	a separa	te application for each return)			0 4
					_	
Application	on	Return	Application	<del></del>		Return
ls For		Code	Is For			Code
Form 990		01	Form 990-T (corporation)			07
Form 990-		02	Form 1041-A			08
Form 990-		01	Form 4720			09
Form 990-		04	Form 5227			10
		05	Form 6069			11
	T (sec 401(a) or 408(a) trust)	06	Form 8870			12
FOIII 990-	T (trust other than above)  JOSEPH B. SPRU					
• TL.b.				ו או	BZ 10000	
	oks are in the care of   444 MADISON AVI	ZINOE,		RK, N	Y 10022	<del></del>
•	one No		FAX No. 🕨			. —
	rganization does not have an office or place of business					
If this is	s for a Group Return, enter the organization's four digit				-	-
oox 🕨 📘	. If it is for part of the group, check this box				ers the extension	on is for
	quest an automatic 3-month (6 months for a corporation	•	•			
	August 15, 2012 , to file the exemp	t organiza	tion return for the organization name	ed above	The extension	
	r the organization's return for.					
<b>▶</b> [	X calendar year 2011 or					
▶L	tax year beginning	, an	d ending		_	
2 If the	e tax year entered in line 1 is for less than 12 months, c	heck reaso	on Initial return I	Fınal retur	'n	
	Change in accounting period					
3a If the	is application is for Form 990-BL, 990-PF, 990-T, 4720, o	or 6069. e	nter the tentative tax, less any			
	refundable credits See instructions.	, •		3a	\$	0.
	is application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and	-   -   -		
	nated tax payments made. Include any prior year overp	•		24	\$	0.
	ance due. Subtract line 3b from line 3a. Include your pa			3b	Ψ	
		-	•	ء ا		0
	sing EFTPS (Electronic Federal Tax Payment System).			3c	S (20 - 20 - 20 - 20 - 20 - 20 - 20 - 20	0.
	f you are going to make an electronic fund withdrawal v			orm 8879-		
₋HA Fo	or Privacy Act and Paperwork Reduction Act Notice,	see Instru	uctions.		Form <b>886</b> 8	3 (Rev 1.2012)

Form 8868 (Rev. 1-2012)					Page 2
• If you are filing for an Additional (Not Automatic) 3-Month E	xtension,	complete only Part II and check the	s box		▶ X
Note. Only complete Part II if you have already been granted an	automatic	3-month extension on a previously f	iled Forn	n 8868	
• If you are filing for an Automatic 3-Month Extension, comple	ete only Pa	art I (on page 1)			
Part II Additional (Not Automatic) 3-Month I			nal (no	copies ne	eded).
		Enter filer's	identify	rina number	, see instructions
Type or Name of exempt organization or other filer, see instru	uctions				ion number (EIN) or
t					
File by the R AND M FINK FAMILY TRUST			X	54-6	466359
due date for Number, street, and room or suite no. If a P.O. box.	see instruc	tions	Socials	security num	
filing your return See 5873 IRON STONE COURT					20. (20.4)
Instructions City, town or post office, state, and ZIP code. For a	foreign add	Iress, see instructions.			<del></del> -
CENTREVILLE, VA 20120					
Enter the Return code for the return that this application is for (fi	le a cenara	te application for each return)			0 4
and the recam code for the retain that this application is for the	ic a sepaie	te application for each return)			( <u>0   <del>2</del></u> )
Application	Return	Application			Return
Is For	Code	Is For			Code
Form 990	01	15 FOI			Code
Form 990-BL	02	Form 1041-A			08
Form 990-EZ	01	Form 4720			09
Form 990-PF	04	Form 5227			
	05				10
Form 990-T (sec. 401(a) or 408(a) trust)	06	Form 6069		•	11
Form 990-T (trust other than above)		Form 8870			12
STOP! Do not complete Part II if you were not already grante			iousiy ti	lea Form 82	908.
JOSEPH B. SPRU			D. T	100	0.0
• The books are in the care of ▶ <u>444 MADISON AV</u>	ENUE,	_	RK, I	NY TUU.	4.4
Telephone No.		FAX No			. $ abla$
<ul> <li>If the organization does not have an office or place of busines</li> </ul>					<b>&gt;</b>
If this is for a Group Return, enter the organization's four digit	_	· · · · · · · · · · · · · · · · · · ·			•
		ach a list with the names and EINs of	f all mem	bers the ext	ension is for
4 I request an additional 3-month extension of time until	Novem.	<u>ber 15, 2012</u>			
5 For calendar year $2011$ , or other tax year beginning		, and endin	<u>g</u>		
6 If the tax year entered in line 5 is for less than 12 months,	check reas	on· Initial return	Final	return	
Change in accounting period					
7 State in detail why you need the extension		-			
PAYER IS AWAITING THIRD PARTY					
ACCURATE RETURN. ADDITIONALLY	THIS	IS ONE OF 300 RET	URNS	THAT	PREPARER
MUST COMPLETE.					
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	nter the tentative tax, less any			
nonrefundable credits. See instructions			8a	\$	0.
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 a	llowed as a	a credit and any amount paid		_	
previously with Form 8868			8b	\$	0.
c Balance due. Subtract line 8b from line 8a Include your p	ayment wit	th this form, if required, by using			
EFTPS (Electronic Federal Tax Payment System) See insti	ructions	<u> </u>	8c	\$	0.
		st be completed for Part II			
Under penalties of perjury, I declare that I have examined this form, inclu-		panying schedules and statements, and to	the best	of my knowle	dge and belief.
it is true, correct, and complete, and that I am authorized to prepare this t		•		-	- '
Signature ► Title ►			Da	te 🖊	

#### **STATE OF NEW YORK**

County of New York,

THE ANNUAL RETURN OF R and M Fink Family Trust for the calendar year ended 12/31/11 is available at its principal office located at c/o Joseph B Sprung, CPA, 444 Madison Avenue, FL 22, New York, NY 10022 for inspection during regular business hours by any citizen who requests it within 180 days hereof Principal Manager of the Foundation is Richard Fink 1914686 Jy11

Mary Pawlina, being duly sworn, says that she is the PRINCIPAL CLERK of the Publisher of the **NEW YORK LAW JOURNAL**, a Daily Newspaper; that the Advertisement hereto annexed has been published in the said **NEW YORK LAW JOURNAL***one time* on the *11th* day of July, *2012*.

TO WIT: JULY 11, 2012

SWORN BEFORE ME, this 11th day

Of July, 2012.

Cynthia Byrd

Notary Public, State of New York

No. 01BY6056945 Qualified in Kings County

Commission Expires April 09, 2015