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Form **990-PF**Department of the Treasury

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

Treated as a Private Foundation

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

OMB No 1545-0052

For calendar year 2011 or tax year beginning JUL 1, 2011 , and ending JUN 30, 2012 Name of foundation A Employer identification number WEINTRAUB FAMILY FOUNDATION 14-1878788 Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number 14 GRASMERE COURT 212-503-8800 City or town, state, and ZIP code C If exemption application is pending, check here 07039 LIVINGSTON, NJ 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, check here and attach computation Address change Name change Section 501(c)(3) exempt private foundation H Check type of organization: E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here 1 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 95,504. (Part I, column (d) must be on cash basis) ▶\$ Part I | Analysis of Revenue and Expenses (d) Disbursements for charitable purposes (cash basis only) (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)) expenses per books ıncome 285,236 N/A Contributions, gifts, grants, etc., received 2 Check If the foundation is not required to attach Sch. B. Interest on savings and temporary cash investments 2. 2. STATEMENT 4 Dividends and interest from securities 7. 7. STATEMENT 5a Gross rents b Net rental income or (loss) 5,537 STATEMENT 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 290,216. 79,588 7 Capital gain net income (from Part IV, line 2) 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 290,782. 79,597 12 Total Add lines 1 through 11 0 0. Compensation of officers, directors, trustees, etc. 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees **b** Accounting fees c Other professional fees DEPENIER 17 Interest 18 Taxes 2013 O 1 19 Depreciation and depletion 20, Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses 24 Total operation STMT 4 150 150. 0. 24 Total operating and administrative 150 150 expenses Add lines 13 through 23 199,475 25 Contributions, gifts, grants paid 1<u>99,475.</u> 26 Total expenses and disbursements. Add lines 24 and 25 199,625 150 199,475. 27 Subtract line 26 from line 12: 91,157 a Excess of revenue over expenses and disbursements

23501 2-02-11 LHA For Paperwork Reduction Act Notice, see instructions.

b Net investment income (if negative, enter -0-)

c Adjusted net income (if negative, enter -0-)

Form **990-PF** (2011)

79,447.

N/A

| Р | art l | Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only | Degilling of year | Elia Oi | yeai |
|-----------------------------|-------|--|--|----------------|---------------------------------------|
| ÷ | | column should be for end-of-year amounts only | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| | 1 | Cash - non-interest-bearing | 4,347. | 4,049. | 4,049. |
| | 2 | Savings and temporary cash investments | | 91,455. | 91,455. |
| | 3 | Accounts receivable ► | | | |
| | | Less: allowance for doubtful accounts ▶ | | | |
| | | Pledges receivable | | | |
| | | Less: allowance for doubtful accounts ▶ | | | |
| | i . | Grants receivable | | | 1 |
| | 1 ~ | Receivables due from officers, directors, trustees, and other | | | |
| | 1 | disqualified persons | | | |
| | 1 | Other notes and loans receivable | | | |
| | 1 ' | | | | |
| | 1 | Less: allowance for doubtful accounts | | | |
| Assets | 1 - | Inventories for sale or use | | | |
| SS | 1 | Prepaid expenses and deferred charges | | | · · · · · · · · · · · · · · · · · · · |
| • | 10a | Investments - U.S. and state government obligations | | | |
| | b | Investments - corporate stock | | | |
| | С | Investments - corporate bonds | | | |
| | 11 | investments - land, buildings, and equipment basis | | | |
| | | Less accumulated depreciation | | | |
| | 12 | Investments - mortgage loans | | | |
| | 13 | Investments - other | | | |
| | 14 | Land, buildings, and equipment; basis ▶ | | | |
| | | Less accumulated depreciation | | | |
| | 15 | Other assets (describe ► | | - | |
| | ' | Other about (00001100 P | | | |
| | 16 | Total assets (to be completed by all filers) | 4,347. | 95,504. | 95,504. |
| _ | | Accounts payable and accrued expenses | 4,54/• | 95,504. | 93,304. |
| | | Grants payable | | | |
| | | | | | |
| Liabilities | | Deferred revenue | | | |
| Ē | 1 | Loans from officers, directors, trustees, and other disqualified persons | | | |
| <u> </u> | i . | Mortgages and other notes payable | | | |
| _ | 22 | Other liabilities (describe) | | | |
| | | | | _ | |
| _ | 23 | Total liabilities (add lines 17 through 22) | 0. | 0. | |
| | | Foundations that follow SFAS 117, check here | | | |
| G | | and complete lines 24 through 26 and lines 30 and 31. | | | |
| ë | 24 | Unrestricted | | | |
| lan | 25 | Temporarily restricted | | | |
| Net Assets or Fund Balances | 26 | Permanently restricted | | | |
| 멑 | | Foundations that do not follow SFAS 117, check here | | | |
| Ę | | and complete lines 27 through 31 | | | |
| S | 27 | Capital stock, trust principal, or current funds | 0. | 0. | |
| set | | Paid-in or capital surplus, or land, bldg., and equipment fund | 0. | 0. | |
| As | | Retained earnings, accumulated income, endowment, or other funds | 4,347. | 95,504. | |
| et | 1 | Total net assets or fund balances | 4,347. | 95,504. | |
| _ | | | | 2373011 | |
| | 31 | Total liabilities and net assets/fund balances | 4,347. | 95,504. | |
| | | | | 30,0010 | |
| <u> </u> | art | Analysis of Changes in Net Assets or Fund B | aidi ICC3 | | |
| 1 | Total | net assets or fund balances at beginning of year - Part II, column (a), line | 30 | | |
| | (mus | t agree with end-of-year figure reported on prior year's return) | | 1 | 4,347. |
| 2 | Enter | amount from Part I, line 27a | | 2 | 91,157. |
| 3 | Other | increases not included in line 2 (itemize) | | 3 | 0. |
| | | nes 1, 2, and 3 | | 4 | 95,504. |
| | | ases not included in line 2 (itemize) | | 5 | 0. |
| | | net assets or fund balances at end of year (line 4 minus line 5) - Part II, co | olumn (b), line 30 | 6 | 95,504. |
| 100 | | | | | Form 990-PF (2011) |

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Page 2

WEINTRAUB FAMILY FOUNDATION

Form 990-PF (2011)

| (a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.) | | | | | (b) Ho | ow acquired Purchase Donation | (c) Date acc (mo., day, | quired , yr.) | (d) Date sold (mo., day, yr.) |
|--|--------------------|--|--|--------------------------------------|-------------------------|-------------------------------------|--------------------------------|--|---|
| 1a 1,856 SHS SPDR GOLD TRUST | | | | | | P | VARIO | US | VARIOUS |
| <u>b</u> | | | | | | | | | |
| <u>c</u> | | | | | | | | | |
| <u>d</u> | | | | | | | | | |
| (e) Gross sales price (f) Depreciation allowed (g) Cost or other basis plus expense of sale | | | | | | (h) Gain (e) plus (f | | | |
| a 290,216. | | | | 210,62 | 28. | | | | 79,588. |
| <u>b</u> | | | | | | | | | |
| <u>C</u> | | | | | | | | | |
| <u>d</u> e | | | | | | | | | |
| Complete only for assets showing | ng gain in colum | nn (h) and owned by | the foundation | on 12/31/69 | | | I) Gains (Col. | (h) gain | minus |
| (i) F.M.V. as of 12/31/69 | (j) Ad | justed basis f 12/31/69 | (k) Ex | cess of col. (i) col. (j), if any | | | l. (k), but not Losses (fro | less tha | n -0-) or |
| a | | | | | | | | | 79,588. |
| b | | | | - | | | | | |
| <u>C</u> | | | | | | | | | |
| <u>d</u> | | | | | | | | | |
| <u>e</u> | | | | | | | | | |
| 2 Capital gain net income or (net ca | apıtal loss) | If gain, also enter of the lift (loss), enter of the lift (loss) | r in Part I, line - in Part I, line | 7 7 | } | 2 | | ·· · · · · · · · · · · · · · · · · · · | 79,588. |
| 3 Net short-term capital gain or (los | | sections 1222(5) ar | ıd (6): | | ٦ | | | | |
| If gain, also enter in Part I, line 8, If (loss), enter -0- in Part I, line 8 | column (c). | | | | • | a | | N/A | |
| Part V Qualification U | Inder Sect | ion 4940(e) for | Reduced | Tax on Net | Inve | stment Inc | come | 14/13 | |
| (For optional use by domestic private | e foundations si | ubject to the section | 4940(a) tax on | net investment ir | ncome. |) | | | |
| | | • | ` ' | | | , | | | |
| If section 4940(d)(2) applies, leave to | nis part biank. | | | | | | | | |
| Was the foundation liable for the sec | | | | • | riod? | | | | Yes X No |
| If "Yes," the foundation does not qua 1 Enter the appropriate amount in | | | | | 00 | | | _ | |
| | each column lo | | uctions perore | making any enur | | | 1 | | (d) |
| (a) Base period years Calendar year (or tax year beginni | na in) A | (b) djusted qualifying dis | tributions | Net value of no | (c) oncharit | able-use assets | (co | Distrit J. (b) div | (d) oution ratio vided by col. (c)) |
| 2010 | g, | 10 | 9,149. | | | 40,375 | _ | (5) 5 | 2.703381 |
| 2009 | | | 5,948. | | | 105,715 | | | .718422 |
| 2008 | | | 7,675. | | | 185,421 | | | .472843 |
| 2007 | | | 9,913. | | | 327,174 | | | .611030 |
| 2006 | | 26 | 1,146. | | | 133,075 | 5. | | 1.962397 |
| 2 Total of line 1, column (d) | | | | | | | 2 | | 6.468073 |
| 3 Average distribution ratio for the the foundation has been in existe | | | on line 2 by 5, | or by the number | of yea | rs | _3 | | 1.293615 |
| 4 Enter the net value of noncharitat | ole-use assets f | or 2011 from Part X, | line 5 | | | | 4 | | 69,028. |
| 5 Multiply line 4 by line 3 | | | | | | | 5 | | 89,296. |
| 6 Enter 1% of net investment incom | ne (1% of Part i | , line 27b) | | | | | 6 | | 794. |
| 7 Add lines 5 and 6 | | | | | | | 7 | | 90,090. |
| 8 Enter qualifying distributions from | n Part XII, line 4 | l . | | | | | 8 | | 199,475. |
| If line 8 is equal to or greater than See the Part VI instructions. | | | 1b, and comp | lete that part usin | ng a 1% | tax rate. | <u> </u> | | |

| | art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see | 3/88 | | Page 4 |
|----|--|----------|-------|----------------|
| _ | | instru | ICTIO | 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% | | | 94. |
| | of Part I, line 27b | | | |
| | e All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b). | | | |
| | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | | | 0. |
| 3 | Add lines 1 and 2 | | 7 | 94. |
| 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- | | 7 | 94. |
| 6 | Credits/Payments: | | | |
| a | 2011 estimated tax payments and 2010 overpayment credited to 2011 6a 77. | | | |
| | Exempt foreign organizations - tax withheld at source | | | |
| | Tax paid with application for extension of time to file (Form 8868) | | | |
| (| 1 Backup withholding erroneously withheld 6d | | | |
| 7 | Total credits and payments. Add lines 6a through 6d | | | <u>77.</u> |
| 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 SEE STATEMENT 5 > 9 | | 7 | 17. |
| 10 | Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | | | |
| 11 | Enter the amount of line 10 to be: Credited to 2012 estimated tax | | | |
| Pa | art VII-A Statements Regarding Activities | | | |
| 18 | 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 |
| t | 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 | | | |
| | distributed by the foundation in connection with the activities. | | | |
| C | Did the foundation file Form 1120-POL for this year? | 1c | | x |
| | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: | ' | | |
| | (1) On the foundation. \blacktriangleright \$ 0 . (2) On foundation managers. \blacktriangleright \$ 0 . | | | |
| 6 | 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. | _ | | |
| 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 |
| | o If "Yes," has it filed a tax return on Form 990-T for this year? | 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 | х | |
| 7 | Did the foundation have at least \$5,000 in assets at any time during the year? | 7 | X | |
| • | If "Yes," complete Part II, col. (c), and Part XV. | ' | _47 | |
| 82 | Enter the states to which the foundation reports or with which it is registered (see instructions) | | | |
| - | NJ | | | |
| ь | of the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) | | | |
| 4 | of each state as required by General Instruction G? If "No," attach explanation | 0. | - T | |
| 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 | 8b | _X_ | |
| J | year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes," complete Part XIV | _ | | v |
| 10 | Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses | 9 | | X |
| | | 10 | 1 | Δ |

| | 990-PF (2011) WEINTRAUB FAMILY FOUNDATION 14-18 | <u> 78788</u> | _ | Page 5 |
|----|--|---------------|--|--------------|
| Pa | rt VII-A Statements Regarding Activities (continued) | | | |
| 11 | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of | | | |
| | section 512(b)(13)? If "Yes," attach schedule (see instructions) | 11 | | X |
| 12 | Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? | | | |
| | If "Yes," attach statement (see instructions) | 12 | | X |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? | 13 | Х | |
| | Website address ► N/A | | | |
| 14 | The books are in care of ► ARTHUR BLOOM Telephone no. ►212- | 503-8 | 800 | |
| | | 10017 | | |
| 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 | N | /A | |
| 16 | At any time during calendar year 2011, did the foundation have an interest in or a signature or other authority over a bank, | | Yes | No |
| | securities, or other financial account in a foreign country? | 16 | | Х |
| | See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign | | <u>. </u> | |
| | country • | | | |
| Pa | art VII-B Statements Regarding Activities for Which Form 4720 May Be Required | | | ١ |
| | 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 |
| | (1) Engage in the sale or exchange, or leasing of property with a disqualified person? | 1 | | |
| | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) | | | |
| | a disqualified person? | | | |
| | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? | | | |
| | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? | | | |
| | (5) Transfer any income or assets to a disqualified person (or make any of either available | | | |
| | for the benefit or use of a disqualified person)? | . | | |
| | (6) Agree to pay money or property to a government official? (Exception. Check "No" | | | |
| | if the foundation agreed to make a grant to or to employ the official for a period after | ŀ | | |
| | termination of government service, if terminating within 90 days.) | | [| |
| h | of fany answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations | | | |
| | section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? N/A | 1b | | |
| | Organizations relying on a current notice regarding disaster assistance check here | 1 10 | | |
| | E 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 | | |
| · | before the first day of the tax year beginning in 2011? | 1. | | х |
| 2 | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation | 1c | | |
| _ | defined in section 4942(j)(3) or 4942(j)(5)): | | | |
| 9 | the end of tax year 2011, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning | | | |
| a | before 2011? Let the end of tax year 2011, and the foundation have any undistributed income (lines of and be, Fart XIII) for tax year(s) beginning Yes X No. | | | |
| | The state of the s | | | |
| h | If "Yes," list the years \(\sum_{\text{in}} \), If "Yes," list the years \(\sum_{\text{in}} \), If the years \(\sum_{\text{in}} \), Are there any years listed in 2a for which the foundation is not 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 | | | |
| | | ا مد | | |
| | statement - see instructions.) If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. | 2b | | |
| Ü | | | | |
| 2- | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time | | | |
| Ja | | | | |
| L | during the year? | | | |
| D | of "Yes," did it have excess business holdings in 2011 as a result of (1) any purchase by the foundation or disqualified persons after | | | |
| | May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose | [| | |
| | of holdings acquired by 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_ | ļ | |
| | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | 4a_ | ļ | <u>X</u> |
| b | Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that | | | |
| | had not been removed from jeopardy before the first day of the tax year beginning in 2011? | 4b |] | X |

| | | • | 14 10505 | 00 - |
|--|--|-----------------------------|--|---|
| Form 990-PF (201.1) WEINTRAUB FAMILY FOUNDAT Part VII-B Statements Regarding Activities for Which | | | <u>14-18787</u> | 88 Page 6 |
| 5a During the year did the foundation pay or incur any amount to: | TOTAL TO MAY DO I | required (contin | | |
| (1) Carry on propaganda, or otherwise attempt to influence legislation (section | n 4945(e\\? | | s X No | |
| (2) Influence the outcome of any specific public election (see section 4955); (| | - | .5 (24) 140 | |
| any voter registration drive? | or to carry on, unecting or music | | s X No | |
| (3) Provide a grant to an individual for travel, study, or other similar purposes | . 2 | | s X No | |
| (4) Provide a grant to an individual for travel, study, or other similar purposes | | L 16 | S ZZ NU | |
| 509(a)(1), (2), or (3), or section 4940(d)(2)? | ni aescribea ili section | □ v _e | s X No | |
| (5) Provide for any purpose other than religious, charitable, scientific, literary | or advectional numbers or i | | is LALINU | |
| the prevention of cruelty to children or animals? | , or educational purposes, or i | | s X No | |
| b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un | dar the eventions described | | יאו בבו אי | |
| section 53.4945 or in a current notice regarding disaster assistance (see instri | | iii negulations | N/A | 5b |
| Organizations relying on a current notice regarding disaster assistance check I | • | | | 30 |
| c If the answer is "Yes" to question 5a(4), does the foundation claim exemption i | | ınad | | |
| expenditure responsibility for the grant? | | illeu I∕A ∐ Ye | s No | |
| · · · · · · · · · · · · · · · · · · · | | I/A 16 | S L NO | |
| If "Yes," attach the statement required by Regulations section 53.494 6a Did the foundation, during the year, receive any funds, directly or indirectly, to | • • | | | |
| a personal benefit contract? | pay premiums on | | s X No | |
| b Did the foundation, during the year, pay premiums, directly or indirectly, on a | norconal hanofit contract? | L | | eh v |
| | personal benefit contract? | | - | 6b X |
| If "Yes" to 6b, file Form 8870. | chalter transaction? | | s X No | |
| 7a At any time during the tax year, was the foundation a party to a prohibited tax: | | T6 | | 7b |
| b If "Yes," did the foundation receive any proceeds or have any net income attrib Information About Officers, Directors, Trust | | nagere Highly | | 70 |
| Part VIII Paid Employees, and Contractors | lees, i outivation wa | mayers, mymy | , | |
| 1 List all officers, directors, trustees, foundation managers and their | compensation. | | | |
| | (b) Title, and average hours per week devoted | (c) Compensation | (d) Contributions to | (e) Expense account, other |
| (a) Name and address | hours per week devoted to position | (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | account, other allowances |
| JOSHUA B. WEINTRAUB | PRESIDENT | 0.11.07 0 7 | ac in poil action | |
| 14 GRASMERE COURT | | | | |
| LIVINGSTON, NJ 07039 | 1.00 | 0. | 0. | 0. |
| SHARON R. WEINTRAUB | SECRETARY/TRE | | <u> </u> | |
| 14 GRASMERE COURT | | | | |
| LIVINGSTON, NJ 07039 | 1.00 | 0. | 0. | 0. |
| DANIEL WEINTRAUB | MANAGER | | | |
| 14 GRASMERE COURT | | | | |
| LIVINGSTON, NJ 07039 | 0.50 | 0. | 0. | 0. |
| | | | | |
| | | i | | |
| | | | | |
| 2 Compensation of five highest-paid employees (other than those in | T | enter "NONE." | | |
| (a) Name and address of each employee paid more than \$50,000 | (b) Title, and average | (c) Compensation | (d) Contributions to employee benefit plans and deferred | (e) Expense account, other allowances |
| | hours per week devoted to position | (c) componsulation | compensation | allowances |
| NONE | | | | |
| | | | | |
| | _ | | | |
| | | | | |
| | _ | | | |
| | | | | <u> </u> |
| | 4 | | | |
| | | | | |
| | - | | | |
| Total number of other employees paid over \$50,000 | <u> </u> | L | | 0 |
| TOTAL HUMBEL OF OTHER CHIMOVESS DAID OVEL 9907.000 | | | | U |

| | <u>4-18/8/88 Page 7</u> |
|---|---------------------------|
| Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued) | |
| 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 | e (c) Compensation |
| NONE | |
| | |
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| | |
| Fotal number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities | <u>▶</u> 0 |
| List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the | |
| number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. | Expenses |
| ı N/A | |
| | _ |
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| 3 | |
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| | <u></u> |
| | |
| Part IX-B Summary of Program-Related Investments | |
| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. | Amount |
| 1 N/A | 7 WHOUNE |
| 11/11 | |
| | 0. |
| 2 | |
| | |
| | |
| All other program-related investments. See instructions. | |
| 3 | |
| | |
| | |
| Total. Add lines 1 through 3 | D . |
| | Form 990-PF (2011) |

| P | art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four | ndations, se | e 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 | 57,979. |
| b | Average of monthly cash balances | 1b | 57,979. 12,100. |
| С | Fair market value of all other assets | 1c | |
| d | Total (add lines 1a, b, and c) | 1d | 70,079. |
| 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 | 70,079. |
| 4 | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) | 4 | 1,051. |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 | 5 | 69,028. |
| 6 | Minimum investment return Enter 5% of line 5 | 6 | 3,451. |
| P | Part 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.) | nd certain | |
| 1 | Mınımum investment return from Part X, line 6 | 1 | 3,451. |
| 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 | 794. |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1 | 3 | 2,657. |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | 0. |
| 5 | Add lines 3 and 4 | 5 | 2,657. |
| 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 | 2,657. |
| P | Part 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 | 199,475. |
| 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 | 199,475. |
| 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_ | 794. |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | 198,681. |
| | Note The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of | qualifies for th | ne 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 | (d) 2011 |
| 1 Distributable amount for 2011 from Part XI, | | | | |
| line 7 | | | | 2,657. |
| 2 Undistributed income, if any, as of the end of 2011 | | | | 2,00,,0 |
| a Enter amount for 2010 only | | | 0. | |
| b Total for prior years: | | | | |
| | | 0. | | |
| 3 Excess distributions carryover, if any, to 2011: | | | | |
| a From 2006 256,037. | | | | |
| b From 2007 183,675. | | | | |
| c From 2008 78,404. | | | | |
| d From 2009 70,662. | | | | |
| e From 2010 107,134. | 605 010 | | | |
| f Total of lines 3a through e | 695,912. | | | |
| 4 Qualifying distributions for 2011 from | | | | |
| Part XII, line 4: ► \$ 199, 475. | | | | |
| a Applied to 2010, but not more than line 2a | | | 0. | |
| b Applied to undistributed income of prior | | 0. | | |
| years (Election required - see instructions) c Treated as distributions out of corpus | | 0. | | |
| (Election required - see instructions) | 0. | | | |
| d Applied to 2011 distributable amount | | | | 2,657. |
| e Remaining amount distributed out of corpus | 196,818. | | | 2,037. |
| 5 Excess distributions carryover applied to 2011 | 0. | | | 0. |
| (If an amount appears in column (d), the same amount must be shown in column (a)) | | | | |
| 6 Enter the net total of each column as indicated below: | | | | |
| a Corpus Add lines 3f, 4c, and 4e Subtract line 5 | 892,730. | | | |
| b Prior years' undistributed income. Subtract | | | | |
| line 4b from line 2b | | 0. | | |
| c Enter the amount of prior years' | | | | |
| undistributed income for which a notice of | | | i | |
| 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) 8 Excess distributions carryover from 2006 | 0. | | | |
| not applied on line 5 or line 7 | 256,037. | | | |
| 9 Excess distributions carryover to 2012 | 230,037. | | | |
| Subtract lines 7 and 8 from line 6a | 636,693. | | | |
| O Analysis of line 9: | 030,033. | | | |
| a Excess from 2007 183,675. | | | | |
| b Excess from 2008 78,404. | | | | |
| c Excess from 2009 70,662. | | | | |
| d Excess from 2010 107, 134. | | | | |
| e Excess from 2011 196,818. | | | | |
| | | | | |

| Form 99Q-PF (2011) WEINTRA | UB FAMILY F | OUNDATION | | | 378788 Page 10 |
|---|-----------------------------|--|---------------------------------------|---|--|
| Part XIV Private Operating F | | | | N/A | |
| 1 a If the foundation has received a ruling of | | | | | |
| foundation, and the ruling is effective for | · | _ | . ▶ ∟_ |] .a.aa. | |
| b Check box to indicate whether the foun | | ng foundation described | | 4942(<u>j)(3)</u> or4 | 942(j)(5) |
| 2 a Enter the lesser of the adjusted net | Tax year (a) 2011 | /h) 2010 | Prior 3 years | (4) 2000 | - (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 | | : | | | |
| each year listed | | | | | |
| b 85% of line 2a | | | | <u> </u> | |
| c Qualifying distributions from Part XII, | | | | | |
| line 4 for each year listed | | | | | <u> </u> |
| 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 | n= | | | | |
| 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 | if the foundation | had \$5,000 or m | ore in assets |
| at any time during | | | ii dio iodiladdoi | | ore in assets |
| 1 Information Regarding Foundation | | | | | |
| a List any managers of the foundation wh | | than 20/, of the total con | tributions rossived by the | a foundation hafara the alo | on of any toy |
| year (but only if they have contributed i | nore than \$5,000). (See s | ection 507(d)(2).) | minumons received by the | e toutiuation before the GO | se of any tax |
| JOSHUA B. WEINTRAUB | | , , , , , | | | |
| b List any managers of the foundation wh | no own 10% or more of th | a stock of a cornoration | (or an equally large port | ion of the ownership of a n | eartnership or |
| other entity) of which the foundation ha | is a 10% or greater interes | st. | (or arr equally large port | ion of the ownership of a p | armership or |
| NONE | 3 | | | | |
| 2 Information Regarding Contribut | ion Crent Cift Lean | Cabalanahin ata D | | | |
| Check here X if the foundation of | | | | not assent uponlinited was | unata fau funda. If |
| the foundation makes gifts, grants, etc. | (see instructions) to indiv | io preselecteu chantable iiduals or ornanizations | under other conditions of | not accept unsolicited requ omniete items 2a h c and | Jests for fullus. If |
| a The name, address, and telephone num | ···· | | | omploto ttorno za, b, c, ant | , u. |
| a The hame, address, and telephone hun | ibei of the person to who | ii applications snould be | e auuresseu. | | |
| b The form in which applications should | be submitted and informa | tion and materials they s | hould include: | . | |
| c Any submission deadlines: | | | | | |
| - Any supmission deadines. | | | | | |
| d Any restrictions or limitations on award | s, such as by geographic | al areas, charitable fields | , kınds of institutions, or | other factors: | |
| | | | | | |

Page 11

Supplementary Information (continued) Part XV 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Purpose of grant or contribution Foundation status of recipient show any relationship to Amount any foundation manager Name and address (home or business) or substantial contributor a Paid during the year BIG BROTHERS/ SISTERS OF BUCKS CO. NONE 501(C)(3) CHARITABLE 2875 YORK RD. JAMISON, PA 18929 6,400. NONE 501(C)(3) CHARITABLE BRIDGES P.O. BOX 1444 SUMMIT, NJ 07902 500. CITY MEALS ON WHEELS NONE 501(C)(3) CHARITABLE 355 LEXINGTON AVENUE NEW YORK, NY 10017 10,000. CONGREGATION BNAI JESHURUN NONE 501(C)(3) CHARITABLE 1025 SOUTH ORANGE AVENUE SHORT HILLS, NJ 07078 25,050. CYSTIC FIBROSIS FOUNDATION 501(C)(3) NONE CHARITABLE 6931 ARLINGTON RD. BETHESDA MD 20814 1 000. SEE CONTINUATION SHEET(S) <u> 3a</u> Total 199 475. **b** Approved for future payment NONE Total

| Part XVI-A | Analysis of Income-Producing | Activities |
|------------|------------------------------|------------|
|------------|------------------------------|------------|

| Enter gross amounts unless otherwise indicated. | | O.III G.III. | ed business income | | ded by section 512, 513, or 514 | (e) | | |
|---|--|-----------------------|--------------------|-------------------------------|---------------------------------------|---------------------------------------|--|--|
| Enter gross amounts unless otherwise indicated. 1 Program service revenue: | | Business Amount s | | (C) Exclu- sion code | (d) Amount | Related or exempt function income | | |
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| - | cts from government agencies | | | | | | | |
| 2 Membership dues a | and assessments | | | | | | | |
| 3 Interest on savings | and temporary cash | | | | | | | |
| investments | | | | 14 | 2. | | | |
| 4 Dividends and inter | est from securities | | | 14 | 7. | | | |
| 5 Net rental income o | or (loss) from real estate: | | * *** | | · · · · · · · · · · · · · · · · · · · | | | |
| a Debt-financed p | | | | | | | | |
| b Not debt-finance | | | | | | | | |
| | | - | | | - | | | |
| | or (loss) from personal | | | | | | | |
| property | | | | - | | | | |
| 7 Other investment in | | | | | | | | |
| 8 Gain or (loss) from | sales of assets other | | | | | | | |
| than inventory | | | | 18 | 5,537. | | | |
| 9 Net income or (loss | s) from special events | | | | | | | |
| | s) from sales of inventory | | | | | | | |
| 11 Other revenue: | • | | | | | | | |
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| е | | - | | | F F 4 C | | | |
| | | | 0 | • | 5,546. | 0. | | |
| | | 1 | | | | | | |
| 13 Total. Add line 12, | columns (b), (d), and (e) | 1 | | | 13 | 5,546. | | |
| 13 Total. Add line 12, | | 1 | | | 13 | 5,546. | | |
| 13 Total. Add line 12, (See worksheet in line | columns (b), (d), and (e) 13 instructions to verify calculations.) | to the Acc | | xemp | | 5,546. | | |
| 13 Total. Add line 12, (See worksheet in line Part XVI-B | columns (b), (d), and (e) 13 instructions to verify calculations.) Relationship of Activities | | omplishment of E | | t Purposes | | | |
| 13 Total. Add line 12, (See worksheet in line Part XVI-B | columns (b), (d), and (e) 13 instructions to verify calculations.) Relationship of Activities n below how each activity for which income | ome is reported | omplishment of E | | t Purposes | | | |
| 13 Total. Add line 12, (See worksheet in line Part XVI-B Line No. Explair the fou | columns (b), (d), and (e) 13 instructions to verify calculations.) Relationship of Activities | ome is reported | omplishment of E | | t Purposes | | | |
| 13 Total. Add line 12, (See worksheet in line Part XVI-B | columns (b), (d), and (e) 13 instructions to verify calculations.) Relationship of Activities n below how each activity for which income | ome is reported | omplishment of E | | t Purposes | | | |
| 13 Total. Add line 12, (See worksheet in line Part XVI-B Line No. Explair the fou | columns (b), (d), and (e) 13 instructions to verify calculations.) Relationship of Activities n below how each activity for which income | ome is reported | omplishment of E | | t Purposes | | | |
| 13 Total. Add line 12, (See worksheet in line Part XVI-B Line No. Explair the fou | columns (b), (d), and (e) 13 instructions to verify calculations.) Relationship of Activities n below how each activity for which income | ome is reported | omplishment of E | | t Purposes | | | |
| 13 Total. Add line 12, (See worksheet in line Part XVI-B Line No. Explair the fou | columns (b), (d), and (e) 13 instructions to verify calculations.) Relationship of Activities n below how each activity for which income | ome is reported | omplishment of E | | t Purposes | | | |
| 13 Total. Add line 12, (See worksheet in line Part XVI-B Line No. Explair the fou | columns (b), (d), and (e) 13 instructions to verify calculations.) Relationship of Activities n below how each activity for which income | ome is reported | omplishment of E | | t Purposes | | | |
| 13 Total. Add line 12, (See worksheet in line Part XVI-B Line No. Explair the fou | columns (b), (d), and (e) 13 instructions to verify calculations.) Relationship of Activities n below how each activity for which income | ome is reported | omplishment of E | | t Purposes | | | |
| 13 Total. Add line 12, (See worksheet in line Part XVI-B Line No. Explair the fou | columns (b), (d), and (e) 13 instructions to verify calculations.) Relationship of Activities n below how each activity for which income | ome is reported | omplishment of E | | t Purposes | | | |
| 13 Total. Add line 12, (See worksheet in line Part XVI-B Line No. Explair the fou | columns (b), (d), and (e) 13 instructions to verify calculations.) Relationship of Activities n below how each activity for which income | ome is reported | omplishment of E | | t Purposes | | | |
| 13 Total. Add line 12, (See worksheet in line Part XVI-B Line No. Explair the fou | columns (b), (d), and (e) 13 instructions to verify calculations.) Relationship of Activities n below how each activity for which income | ome is reported | omplishment of E | | t Purposes | | | |
| 13 Total. Add line 12, (See worksheet in line Part XVI-B Line No. Explair the fou | columns (b), (d), and (e) 13 instructions to verify calculations.) Relationship of Activities n below how each activity for which income | ome is reported | omplishment of E | | t Purposes | | | |
| 13 Total. Add line 12, (See worksheet in line Part XVI-B Line No. Explair the fou | columns (b), (d), and (e) 13 instructions to verify calculations.) Relationship of Activities n below how each activity for which income | ome is reported | omplishment of E | | t Purposes | | | |
| 13 Total. Add line 12, (See worksheet in line Part XVI-B Line No. Explair the fou | columns (b), (d), and (e) 13 instructions to verify calculations.) Relationship of Activities n below how each activity for which income | ome is reported | omplishment of E | | t Purposes | | | |
| 13 Total. Add line 12, (See worksheet in line Part XVI-B Line No. Explair the fou | columns (b), (d), and (e) 13 instructions to verify calculations.) Relationship of Activities n below how each activity for which income | ome is reported | omplishment of E | | t Purposes | | | |
| 13 Total. Add line 12, (See worksheet in line Part XVI-B Line No. Explair the fou | columns (b), (d), and (e) 13 instructions to verify calculations.) Relationship of Activities n below how each activity for which income | ome is reported | omplishment of E | | t Purposes | | | |
| 13 Total. Add line 12, (See worksheet in line Part XVI-B Line No. Explair the fou | columns (b), (d), and (e) 13 instructions to verify calculations.) Relationship of Activities n below how each activity for which income | ome is reported | omplishment of E | | t Purposes | | | |
| 13 Total. Add line 12, (See worksheet in line Part XVI-B Line No. Explair the fou | columns (b), (d), and (e) 13 instructions to verify calculations.) Relationship of Activities n below how each activity for which income | ome is reported | omplishment of E | | t Purposes | | | |
| 13 Total. Add line 12, (See worksheet in line Part XVI-B Line No. Explair the fou | columns (b), (d), and (e) 13 instructions to verify calculations.) Relationship of Activities n below how each activity for which income | ome is reported | omplishment of E | | t Purposes | | | |
| Part XVI-B Line No. Explair the fou | columns (b), (d), and (e) 13 instructions to verify calculations.) Relationship of Activities n below how each activity for which income | ome is reported | omplishment of E | | t Purposes | | | |
| 13 Total. Add line 12, (See worksheet in line Part XVI-B Line No. Explair the fou | columns (b), (d), and (e) 13 instructions to verify calculations.) Relationship of Activities n below how each activity for which income | ome is reported | omplishment of E | | t Purposes | | | |
| 13 Total. Add line 12, (See worksheet in line Part XVI-B Line No. Explair the fou | columns (b), (d), and (e) 13 instructions to verify calculations.) Relationship of Activities n below how each activity for which income | ome is reported | omplishment of E | | t Purposes | | | |

| Part) | (VII | Information Re Exempt Organ | egarding Trans | sfers To a | ınd T | ransactions a | nd Re | lations | hips With No | ncharitabl | е | .go 10 |
|----------------|----------|--|-----------------------|------------------|---------------|---------------------------------------|--------------|---------------|---------------------------|---------------------------------------|----------------|---------------------|
| 1 Did | the ord | panization directly or indi | | of the following | n with : | any other organization | on describ | ed in sect | on 501(c) of | | Yes | No |
| | _ | other than section 501(c) | | | _ | | | 00 111 5000 | 1011 00 1(0) 01 | | 1.00 | |
| | | from the reporting found | • | | | • . | | | | | | |
| | Cash | | | | | | | | | 1a(1 | | X |
| (2) | Other | assets | | | | | | | | 1a(2 | | X |
| b Oth | er trans | sactions: | | | | | | | | | | |
| | | of assets to a noncharita | - | | | | | | | 1b(1 | | X |
| | | ases of assets from a no | • | rganization | | | | | | 1b(2 | | X_ |
| | | I of facilities, equipment, | | | | | | | | 1b(3 | | _X |
| | | oursement arrangements | | | | | | | | 1b(4 | | X |
| | | or loan guarantees | | | | | | | | 1b(5 | | X |
| | | rmance of services or me | | | | | | | | 1b(6 |) | X |
| | | facilities, equipment, ma ver to any of the above is | | | | | wave chow | u the four n | narket value of the | 1c | coto | X |
| | | s given by the reporting fo | | | | | | | | | seis, | |
| | |) the value of the goods, | | | | | • | | 0 . 0 | | | |
| (a) Line ni | 5 | (b) Amount involved | (c) Name of | noncharitable | exemp | t organization | (d) | Description | of transfers, transaction | ons, and sharing a | rrangeme | nts |
| | | <u></u> . | | N/A | | | | | | " | | |
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| ın s | ection | idation directly or indirect 501(c) of the Code (other | r than section 501(c) | | | · · · · · · · · · · · · · · · · · · · | zations de | escribed | | Yes | X |] No |
| וו ע | 100, UC | mplete the following sch (a) Name of org | | | (b) Ty | pe of organization | 1 | | (c) Description of re | elationshin | | |
| | | N/A | ,-··· <u>-</u> | | (4) 13 | , po or or germent | | | (0) 5000 | <u> </u> | | |
| | | =: 2, | | | | | | | | | | |
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| | | \mathcal{A} | | | | | | | | | | |
| Sign Here | | penalties of perjury, Vaeclare Hief, it is true, correct, and cor | | | | | nation of wh | | has any knowledge | May the IRS return with t shown below | v (see ins | this er tr)? |
| | Sign | ature of officer or trustee |) | | | Date | Title | | | | _ | • • |
| | | Print/Type preparer's na | ame | Preparêr's si | gnature | | Date | | Check if | PTIN | | |
| _ | | " | | | () | TL 0 | 1 - 1 | /_ | self- employed | | | |
| Paid | | ARTHUR BLO | | una | n l | ve_ | 144 | 413 | - ₁ | P00287 | | |
| Prepa Use (| | Fırm's name ► MAR | | & SHR | ON : | LLP | | 1 | Firm's EIN ► 1 | 1-35188 | 342 | |
| | | Firm's address ▶ 68 | | VENUE | | | | | | | | |
| | | NE | W YORK, N | Y 1001 | 7 | | | | Phone no. 2 | 12 503- | 880 | 0 |

Form **990-PF** (2011)

Schedule E (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

Employer identification number Name of the organization WEINTRAUB FAMILY FOUNDATION 14-1878788 Organization type (check one): Filers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF X 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor Complete Parts I and II **Special Rules** ☐ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year \$ Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

WEINTRAUB FAMILY FOUNDATION

14-1878788

| Part i | Contributors (see instructions). Use duplicate copies of Part I if additiona | al space is needed | |
|-----------------|--|----------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | JOSHUA B. WEINTRAUB 14 GRASSMERE COURT LIVINGSTON, NJ 07039 | \$ 285,236. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Oncash Complete Part II if there is a noncash contribution) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Oncash Complete Part II if there is a noncash contribution) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | 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) |

Employer identification number

WEINTRAUB FAMILY FOUNDATION

14-1878788

| N | Noncash Property (see instructions) Use duplicate copies of Part | II if additional space is needed | |
|----|--|--|----------------------|
| | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| ί, | ,856 SHS SPDR GOLD TRUST | | |
| | | sss | VARIOUS |
| | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | \$ | |
| | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | | |
| | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | | |
| | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | \$ | |
| | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | | |
| | | | ıle B (Form |

Schedule B (Form 990, 990-EZ, or 990-PF) (2011) Page 4 Name of organization Employer identification number WEINTRAUB FAMILY FOUNDATION

Part III

Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once)

**Supplies that total more than \$1,000 for the year. (Enter this information once)

**Supplies that total more than \$1,000 for the year. (Enter this information once) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

| FORM 990-PF | OTHER E | XPENSES | S' | STATEMENT 4 | | |
|-----------------------------|------------------------------|-----------------------------------|-------------------------------|-------------------------------|--|--|
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES | | |
| INVESTMENT FEES | 150. | 150. | | 0. | | |
| TO FORM 990-PF, PG 1, LN 23 | 150. | 150. | , | 0. | | |

| FORM 990-PF GAIN | OR (LOSS) | FROM SALE | OF . | ASSETS | | STAT | EMENT | 1 |
|--------------------------------|-----------------------------|------------------------|------|-------------------|--------------|------|-------------------|-----------|
| (A) DESCRIPTION OF PROPERTY | | | | MANNER CQUIRED | DAT ACQUI | | DATE S | OLD |
| 1,856 SHS SPDR GOLD TRUST | | | PU | RCHASED | VARIO | วบร | VARIO | us |
| | (C) COST OR HER BASIS | (D) EXPENSE SALE | OF | (E) DEPRE | | | F) OR LOS | S |
| 290,216. | 284,679 | • | 0. | | 0. | | 5,5 | 37. |
| CAPITAL GAINS DIVIDENDS FR | | | | | - | | 5,5 | 0. 37. |
| FORM 990-PF INTEREST ON S | SAVINGS AND | TEMPORARY | CAS | H INVEST | MENTS | STAT | EMENT | 2 |
| SOURCE | | | | | | P | TRUOM | |
| US TRUST | | | | | | | | 2. |
| TOTAL TO FORM 990-PF, PART | I, LINE 3 | , COLUMN A | | | | | | 2. |
| FORM 990-PF DIVI | DENDS AND II | NTEREST FRO | OM S | ECURITIE | S | STAT | EMENT | 3 |
| SOURCE | G | ROSS AMOUN | | CAPITAL DIVIDE | | | A) MMU. TMUOMA | .) |
| UBS | | • | 7. | | 0. | | | 7. |
| TOTAL TO FM 990-PF, PART I | | • | 7. | | 0. | • | | 7. |

| Part XV Supplementary Information | · | | | 78788 |
|--|--|----------------------|----------------------------------|--------|
| Grants and Contributions Paid During the Y | | | | |
| Recipient Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager | Foundation status of | Purpose of grant or contribution | Amount |
| Marile and address (nome of business) | or substantial contributor | recipient | | |
| | | | | |
| DELAWARE VALLEY POLICE CHARITIES | NONE | 501(C)(3) | CHARITABLE | |
| 60 WENTZ RD BLUE BELL, PA 19422 | | | | 5 |
| | | | | |
| DIABETES RESEARCH INSTITUTE | NONE | 501(C)(3) | CHARITABLE | |
| OUNDATION OO S. PARK RD. SUITE 100 | | | | |
| OLLYWOOD, FL 33021 | | | | 1,70 |
| | | | | |
| YAR BROOK SCHOOL | NONE | 501(C)(3) | CHARITABLE | |
| 52 GREAT HILLS ROAD | HOHE | 501(0)(3) | CIDICLIABUD | |
| SHORT HILLS, NJ 07078 | | | | 2,5 |
| | | | | |
| SENOCIDE SURVIVORS SUPPORT NETWORK | NONE | 501(C)(3) | CHARITABLE | |
| P.O. BOX 812 | | | | |
| SOUTH ORANGE, NJ 07079 | | ļ | | 1,5 |
| | | | | |
| GIVE KIDS THE WORLD | NONE | 501(C)(3) | CHARITABLE | |
| 210 SOUTH BASS ROAD | | | | |
| KISSIMMEE, FL 34746 | | | | 2 |
| | | | | |
| GLOBAL CONNECTIONS- KENYA EXPERIENCE | NONE | 501(C)(3) | CHARITABLE | |
| 132 SAMDIN BLVD. | | | | |
| HAMILTON, NJ 08610 | | | | 2,00 |
| | | | | |
| GRACE COUNSELING CENTER | NONE | 501(C)(3) | CHARITABLE | |
| L6 MADISON AVENUE 4ADISON, NJ 07940 | | | | 56 |
| | | | | |
| AND DE VILLAGE AGADEMEN | NONE | E01(G)(2) | CHARTMARI | |
| HARLEM VILLAGE ACADEMIES 15 PENN PLAZA #15 | NONE | 501(C)(3) | CHARITABLE | |
| NEW YORK NY 10001 | | | | 5,0 |
| | | | | |
| INTERFAITH HOSPITALITY NETWORK OF | NONE | 501(C)(3) | CHARITABLE | |
| 46 PARK ST. | | | | |
| MONTCLAIR, NJ 07042 | | | | 30,7 |
| | | | | |
| MATT'S PROMISE FOUNDATION | NONE | 501(C)(3) | CHARITABLE | |
| P.O. BOX 854 | | | | |
| 41LLBURN NJ 07041 Total from continuation sheets | | <u> </u> | | 19,50 |

| Part XV Supplementary Informati | <u>AUB FAMILY FOUNI</u> on | | <u> </u> | 78788 |
|--|---|----------------------|----------------------------------|--------|
| 3 Grants and Contributions Paid During the | | | | |
| Recipient | If recipient is an individual, show any relationship to | Foundation status of | Purpose of grant or contribution | Amount |
| Name and address (home or business) | any foundation manager or substantial contributor | recipient | | |
| | | | | |
| EMORIES LIVE | NONE | 501(C)(3) | CHARITABLE | |
| 65 MOUNTAIN AVENUE BOX 249 PRINGFIELD, NJ 07081 | | | | 5,0 |
| | | | | |
| ETRO REGIONAL DIAGNOSTIC AND REATMENT CENTER | NONE | 501(C)(3) | CHARITABLE | |
| 01 LYONS AVE. AT OSBOURNE TERR. | | | | |
| EWARK NJ 07112 | 1 | | | 5,0 |
| | | | | |
| IS HOPE FOR A CURE | NONE | 501(C)(3) | CHARITABLE | |
| 250 BROADWAY, SUITE 1K EW YORK, NY 10024 | | | | 2,0 |
| | | | | |
| EWARK ACADEMY | NONE | 501(C)(3) | CHARITABLE | |
| 1 SOUTH ORANGE AVENUE | | | | |
| IVINGSTON, NJ 07039 | | | | 21,0 |
| IINJA | NONE | 501(C)(3) | CHARTMAN D | |
| 205 VENTNOR AVENUE | NONE | 501(0)(3) | CHARITABLE | |
| VENTNOR CITY, NJ 08406 | | | | 1.0 |
| SAINT BARNABAS MEDICAL CENTER | NONE | 501(C)(3) | CHARITABLE | |
| COUNDATION | | | | |
| DLD SHORT HILLS RD. LIVINGSTON, NJ_07039 | | | | 7.5 |
| 11VINGSTON, NO 07035 | | | | 7,5 |
| SAMUEL WAXMAN CANCER RESEARCH | NONE | 501(C)(3) | CHARITABLE | |
| FOUNDATION 1249 FIFTH AVENUE, SUITE 907 | | | | |
| YEW YORK NY 10029 | | | 10 | 6,2 |
| | | | | |
| SBMC FOUNDATION-MIRACLE WALK | NONE | 501(C)(3) | CHARITABLE | |
| 05 OLD SHORT HILLS ROAD WEST ORANGE, NJ 07052 | | | | 5 |
| 222 SAGINGE, NO VIVOZ | | | | 3 |
| T. HUBERTS ANIMAL WELFARE CENTER | NONE | 501(C)(3) | CHARITABLE | |
| 75 WOODLAND AVE. P.O. BOX 159 | | | | |
| MADISON, NJ 07940 | | | | 2 |
| HE ISRAEL CHILDRENS CENTER- | NONE | 501(C)(3) | CHARITABLE | |
| ELLINGER | | | | |
| 275 W HILLSBORO BLVD. EERFIELD BEACH FL 33442 | | | | 1 |
| Total from continuation sheets | | | | † * |

| Part XV Supplementary Informatio Grants and Contributions Paid During the | **- | | - | |
|---|---|---------------------|----------------------------------|--------|
| 3 Grants and Contributions Paid During the Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation | Purpose of grant or contribution | Amount |
| Name and address (home or business) | any foundation manager or substantial contributor | status of recipient | contribution | Amount |
| | | | | |
| HE VALERIE FUND | NONE | 501(C)(3) | CHARITABLE | |
| 101 MILLBURN AVE. APLEWOOD, NJ 07040 | | | | 40.5 |
| AFILEWOOD, NO 07040 | | _ | | 42,7 |
| NIVERSITY OF MARYLAND COLLEGE PARK | NONE | 501(C)(3) | CHARITABLE | |
| 511 KNOX RD., STE. 205 | | | | |
| OLLEGE PARK, MD 20740 | | | | 1,0 |
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Form **8868** (Rev. January 2012)

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

OMB No. 1545-1709

Form 8868 (Rev. 1-2012)

| Department of | of the Treasury anue Service | ▶ File a sep | arate app | lication for each return. | | | | |
|--------------------------------------|--|---|-------------|-------------------------------------|--------------|-----------------------|---------------|--|
| • If you s | are filing for an Auto | omatic 3-Month Extension, comple | te only P | art I and check this box | | <u> </u> | X | |
| | | itional (Not Automatic) 3-Month Ex | | | | | - | |
| | | less you have already been granted | | | | | | |
| | | u can electronically file Form 8868 if | | | | | oration | |
| | | or an additional (not automatic) 3-mo | | | | | | |
| | | is listed in Part I or Part II with the ex | | | | | | |
| | - | which must be sent to the IRS in pap | | | | | | |
| visit www. | | ck on e-file for Charities & Nonprofits | | | | | | |
| Part I | Automatic | 3-Month Extension of Time | e. Only | submit original (no copies ne | eded). | | | |
| A corpora | tion required to file | Form 990-T and requesting an autor | matic 6-m | onth extension - check this box and | complet | 9 | | |
| Part I only | <i>,</i> | | | | | 🕨 | · [] | |
| | corporations (includ ome tax returns. | ling 1120-C filers), partnerships, REM | IICs, and t | trusts must use Form 7004 to reques | t an exte | ension of time | | |
| Type or | Name of exempt | organization or other filer, see instru | ctions. | | Employ | er identification num | ber (EIN) or | |
| print | WEINTRAU | B FAMILY FOUNDATION | J | | \mathbf{x} | 14-187878 | 38 | |
| File by the due date for filing your | Number, street, | and room or suite no. If a P.O. box, s ERE COURT | | tions. | | ecurity number (SSN | | |
| return See instructions | | t office, state, and ZIP code. For a fo | oreign add | lress, see instructions. | | | | |
| 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 Is For | | | Return | |
| Form 990 | | | 01 | Form 990-T (corporation) | | | 07 | |
| Form 990-I | BI | | 02 | Form 1041-A | | | 08 | |
| Form 990-I | | | 01 | Form 4720 | | | 09 | |
| Form 990-I | · | | 04 | Form 5227 | | | 10 | |
| | T (sec. 401(a) or 40 | 8(a) trust) | 05 | Form 6069 | | | 11 | |
| | T (trust other than a | | 06 | Form 8870 | | | 12 | |
| | | ARTHUR BLOOM | | | | | ' | |
| • The boo | oks are in the care | of ► 622 THIRD AVENU | <u> </u> | NEW YORK, NY 10017 | | | | |
| Telepho | one No.▶ <u>212-</u> | -503-8800 | | FAX No. ▶ | | | | |
| If the or | ganization does no | t have an office or place of business | in the Uni | ited States, check this box | | | | |
| ● If this <u>is</u> | for a Group Return | n, enter the organization's four digit G | roup Exe | mption Number (GEN) If | thıs is fo | r the whole group, cl | neck this | |
| box ▶_L | | of the group, check this box 🕨 🔙 | | | | ers the extension is | for. | |
| | | 3-month (6 months for a corporation 5, 2013, to file the exempt | | | | The extension | | |
| | the organization's | | | | | | | |
| ▶ [| 🚅 calendar year _ | or | | | | | | |
| ►LX | tax year beginni | ng JUL 1, 2011 | , and | ending JUN 30, 2012 | | _ • | | |
| 2 If the | tax year entered in Change in accoun | line 1 is for less than 12 months, chating period | eck reaso | n: Initial return Fi | nai retur | n | | |
| 3a If this | application is for F | Form 990-BL, 990-PF, 990-T, 4720, or | 6069 en | ter the tentative tax lace any | | ····· | | |
| | efundable credits. S | | | | 3a | \$ | 0. | |
| | | orm 990-PF, 990-T, 4720, or 6069, e | nter any r | efundable credits and | | | | |
| estim | ated tax payments | made. Include any prior year overpa | yment allo | owed as a credit. | 3ь | \$ | 77. | |
| | | ine 3b from line 3a. Include your pay | | • | 1 1 | | _ | |
| | | nic Federal Tax Payment System). Se | | | 3c | _\$ | .0 . | |
| aution. If | aution. 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 | | | | | | | |

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

| Form 886 | 68 (Rev. 1-2012) | | | | | Page 2 | |
|---|--|---------------------------------------|---------------------------------------|--------------------------------------|------------------------------|--------------------|--|
| • If you a | are filing for an Additional (Not Automatic) 3-Month E | xtension, | complete only Part II and check th | us box | • | ightharpoons X | |
| Note. On | ly complete Part II if you have already been granted an | automatic | 3-month extension on a previously | filed For | n 8868. | | |
| | are filing for an Automatic 3-Month Extension, comple | | · · · · · · · · · · · · · · · · · · · | | | | |
| Part II | Additional (Not Automatic) 3-Month I | Extensio | on of Time. Only file the original | inal (no | copies ne | eded). | |
| | | | | | | see instructions | |
| Type or | Name of exempt organization or other filer, see instru | uctions | | Employer identification number (EII) | | | |
| print |] | | | | | | |
| File by the | WEINTRAUB FAMILY FOUNDATION | X | 378788 | | | | |
| due date for | Number, street, and room or suite no. If a P.O. box, | | tions | Social | Social security number (SSN) | | |
| filing your return See | 14 GRASMERE COURT | | | | county num | 761 (OOIV) | |
| instructions | City, town or post office, state, and ZIP code. For a f LIVINGSTON, NJ 07039 | oreign add | dress, see instructions. | <u> </u> | | | |
| | | · · · · · · · · · · · · · · · · · · · | | | | | |
| Enter the | Return code for the return that this application is for (fil | e a separa | te application for each return) | | - | 0 4 | |
| Applicati | on | Return | Application | | | Return | |
| is For | | Code | Is For | | | Code | |
| Form 990 | | 01 | | | | | |
| Form 990 | -BL | 02 | Form 1041-A | | | 08 | |
| Form 990 | ·EZ | 01 | Form 4720 | | | 09 | |
| Form 990 | PF | 04 | Form 5227 | | | 10 | |
| Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 | | | | | | 11 | |
| Form 990 | T (trust other than above) | 06 | Form 8870 | | | 12 | |
| STOP! Do | not complete Part II if you were not already granted | an auton | natic 3-month extension on a prev | riously fil | ed Form 886 | 8. | |
| | ARTHUR BLOOM | | | | | | |
| | oks are in the care of > 685 THIRD AVENU | UE - 1 | NEW YORK, NY 10017 | | | | |
| Teleph | one No. ► 212-503-8800 | | FAX No. ► | | | | |
| | rganization does not have an office or place of business | s in the Un | ited States, check this box | | | ▶ □ | |
| If this is | s for a Group Return, enter the organization's four digit | Group Exe | mption Number (GEN) ! | | | roup, check this | |
| box ► [| | | ch a list with the names and EINs of | | | | |
| 4 I rec | uest an additional 3-month extension of time until | | 15, 2013 | | | | |
| 5 For | calendar year, or other tax year beginning | JUL 1, | 2011 , and ending | g JUN | 30, 2 | 012 . | |
| | e tax year entered in line 5 is for less than 12 months, c | | | | return | <u></u> | |
| | Change in accounting period | | | | | | |
| 7 Stat | e in detail why you need the extension | | | | | | |
| AD. | DITIONAL TIME IS NEEDED TO | SATHER | THE INFORMATION I | NECES | SARY TO | 5 | |
| PR | EPARE A COMPLETE AND ACCURAT | re Rei | URN. | | | | |
| | | | | | | | |
| 8a If the | s application is for Form 990-BL, 990-PF, 990-T, 4720, o | or 6069, er | iter the tentative tax, less any | | | | |
| nonr | efundable credits. See instructions. | | , | 8a | s | 54. | |
| | s application is for Form 990-PF, 990-T, 4720, or 6069, | enter any i | refundable credits and estimated | 1.55 | | | |
| | payments made. Include any prior year overpayment alle | - | | | | | |
| • | riously with Form 8868. | | , | 8b | \$ | 77. | |
| | nce due. Subtract line 8b from line 8a. Include your pa | vment with | this form, if required, by using | - | | | |
| | PS (Electronic Federal Tax Payment System) See instru | - | | 8c | \$ | 0. | |
| | | | t be completed for Part II o | | | | |
| Inder nenat | ties of perjury, I declare that I have examined this form, includi | | • | - | f my knowleda | e and belief | |
| is true, coi | rrect and compare, and that am authorized to prepare this fo | rm | A | 5031 0 | ,y miomicug | / Julia Bollot, | |
| ignature 🕨 | Title > | CIR | | Date | DA14 | 1/12 | |
| - MITMENTO | 11110 | | | | 7 77 | 368 (Rev. 1-2012) | |
| | | | | | יווווען ו | ,00 (1101. 1-2012) | |