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Return of Private Foundation
or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation
Note The foundation may be able to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0052

For selement year 2012 or las year beginning and ending  THE FINN FAMILY FOUNDATION, INC.  O6-1405387  Remplayer identification number  (203) 532-1520  City of term, stifts, and 20 code  GREENVICH, CT 06830  GREENVICH, CT 06830  GREENVICH, CT 06830  India return of a former public chartly  India return of a former public chartl			t of the Treasury renue Service Note Th	ne foundation may l	reated as a Privat be able to use a copy of this	e Founda return to sati	sty state repo	rting requirements	Open to public Inspection
THE FINN PAMILY FOUNDATION, INC.    Number of the contribute of th				ning		, and e	nding		
Part   Analyses of Revenue and Expenses   Part   Analyses of Revenue and expenses positions of the state of revenue and expenses per looks and therest from securing of the state of revenue and expenses per looks and therest from securing and the state provided in the state of the state of revenue and expenses per looks and the state of the state of revenue and expenses per looks and the state of the state of revenue and expenses per looks and the state of the state of revenue and expenses per looks and the state of the state of revenue and expenses per looks and the state of revenue and expenses per looks and the state of revenue and expenses per looks and the state of revenue and expenses per looks and the state of revenue and expenses per looks and the state of revenue and revenue an	Nar	ne of	foundation					A Employer identification	n number
C/O THOMAS E . FINN P.C, 35 MASON ST  City for town, state, and 2IP code GREENWICH, CT  O6830  G Check all that apply  Instal return  Address change  Nume change  H Check type of organization  Section 397(3)(1) nonexempt character trust  Address change  Section 397(3)(1) nonexempt character trust  Other trustel provide foundation  I star market what of all seases at end of year 1  Accountal (from Part I), core (6), line 16)  S 5  5, 215, 743, (Part L. counting mathod  The section 397(3)(1) nonexempt character trust  (1) navigus of Revenue and Expenses  (2) navigus of Revenue and Expenses  (3) Navigus of Revenue and Expenses  (4) Navigus of Revenue and Expenses  (5) Navigus of Revenue and Expenses  (6) Navigus of Revenue and Expenses  (1) Navigus of Revenue and Expenses  (2) Navigus of Revenue and Expenses  (3) Navigus of Revenue and Expenses  (4) Navigus of Revenue and Expenses  (5) Navigus of Revenue and Expenses  (6) Navigus of Revenue and Expenses  (7) Navigus of Revenue and Expenses  (8) Navigus of Revenue and Expenses  (9) Navigus of Revenue and Expenses  (1) Navigus of Revenue and Expenses  (2) Navigus of Revenue and Expenses  (3) Navigus of Revenue and Expenses  (4) Navigus of Revenue and Expenses  (5) Navigus of Revenue and Expenses  (6) Navigus of Revenue and Expenses  (7) Navigus of Revenue and Expenses  (8) Navigus of Revenue and Expenses  (9) Navigus of Revenue and Expenses  (9) Navigus of Revenue and Expenses  (1) Navigus of Revenue and Expenses  (1) Navigus of Revenue and Expenses  (2) Navigus of Revenue and Expenses  (3) Navigus of Revenue and Expenses  (4) Navigus of Revenue and Expenses  (6) Nav									<u> </u>
Compared to the control of the contr			•				Room/suite		.520
G Check all that apply   Initial return   Andrease change   Name change   Principle chang							<del></del> -		
Final return				330					
Address change   Section 501(c)(3) exampt private foundation   Section 4947(a)(1) nonexampt chantable frust   Other tissable private foundation   Tari market value of all assets at end of year   Accounting method   Cash   Cas	G C	heck				rmer public o	harity	D 1 Foreign organization	s, check here
Check kpg of organization   School soft (s)(3) exempt private foundation   Train market value of all assets at end of year   J. Accounting method   School   School   School   Accounting method   School			= -					2 Foreign organizations m	eeting the 85% test,
Section 4947(a)(1) nonexempt charitable trust	ш с	hook						1	
Fair market value of all assets at end of year   Cotter (speech)	n (	-1	• •			ition			
Control Part	I Fa						ual	1	
Part     Analysis of Revenue and Expenses (a) Revenue and expenses (b) Revenue and expenses per books   (c) Adjusted net income   (c) Adjusted net   (c) Adjus			Part II, col (c), line 16)	Ot	her (specify)				
Check that all amounts in colournes (6), (6), and (6) may not		<u> </u>	<del></del>		mn (d) must be on cash t	basis)			
1 Contributions, gifts, grants, etc., received 2 check ► IX   Title boundaries in discussion 8 streams on awaring and emproperal years of the boundaries in discussion 8 streams on awaring and emproperal years of the boundaries	Pa	<u>ırt l</u>	If the total of amounts in columns (b).	(c), and (d) may not					for chantable purposes
Interest on asony and serropropage and temporary westerning		1	Contributions, gifts, grants, etc.	, received			···	N/A	
Comparison of officers of of		2	- <u> </u>	equired to attach Sch 8					
A Gloss internal income or (loss)   B Net trental income or (loss)   Capacity   Capaci	<u>~</u>	3	Interest on savings and temporary cash investments		0.45		150		1
A Gloss internal income or (loss)   B Net trental income or (loss)   Capacity   Capaci	201	4		unties	243,450.	20	2,150.		STATEMENT 1
Sample   S									
Description	N				64.558.				
11 Other income	₩	l da h			31/330.				
11 Other income	Ş.	7				6	4,558.		
11 Other income	Š	8	Net short-term capital gain						
11 Other income	y	9							
11 Other income	Z	10a	and allowances	<del></del>					
11 Other income	Š	b					·····		
12   Total Add lines 1 through 11   308,722.   267,422.	O	1	, , ,		714	<u> </u>	714		STATEMENT 2
13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees b Accounting fees 17 Interest 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses 24 Total operating and administrative expenses Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12 3 Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)		1	•••••			26			
15 Pension plans, employee benefits 16a Legal fees b Accounting fees C Other professional fees 17 Interest 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses STMT 4 3,123. 2,760.  C Other professional fees 7.  T.  T.  T.  T.  T.  T.  T.  T.  T.		<del></del>		rustees, etc					0.
16a Legal fees b Accounting fees Cother professional fees 17 Interest 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses 24 Total operating and administrative expenses Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)		14	Other employee salaries and wa	ges				-	
b Accounting fees STMT 3 c Other professional fees 17 Interest 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses STMT 4 24 Total operating and administrative expenses Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)	ιn.	15	Pension plans, employee benefi	ts			·	RECEN	
23 Other expenses STMT 4 24 Total operating and administrative expenses Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements.  Add lines 24 and 25 27 Subtract line 26 from line 12  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)	JSe	1	•	amvm 2	4 072		2 027	1/2 CELL	EU
23 Other expenses STMT 4 24 Total operating and administrative expenses Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements.  Add lines 24 and 25 27 Subtract line 26 from line 12  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)	Ď	,	•	STMT 3	4,0/3.		2,037.	ICO. MAY CO	02,030.
23 Other expenses STMT 4 24 Total operating and administrative expenses Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements.  Add lines 24 and 25 27 Subtract line 26 from line 12  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)	e Ü	ì	·		7		7.	MAI 25	<del>4013   9   0   0   0   0   0   0   0   0   0</del>
23 Other expenses STMT 4 24 Total operating and administrative expenses Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements.  Add lines 24 and 25 27 Subtract line 26 from line 12  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)	ativ	1							- C
23 Other expenses STMT 4 24 Total operating and administrative expenses Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements.  Add lines 24 and 25 27 Subtract line 26 from line 12  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)	iistr	l					<del></del>	LUGDEN	UT
23 Other expenses STMT 4 24 Total operating and administrative expenses Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements.  Add lines 24 and 25 27 Subtract line 26 from line 12  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)	<u>Ē</u>	20	Occupancy						
23 Other expenses STMT 4 24 Total operating and administrative expenses Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements.  Add lines 24 and 25 27 Subtract line 26 from line 12  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)	l Ad	21	Travel, conferences, and meeting	igs					
24 Total operating and administrative expenses Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)	auc			amum 4	2 122		2.760		
25 Contributions, girs, grants paid 26 Total expenses and disbursements.  Add lines 24 and 25  295,660.  4,804.  290,493.  290,493.  290,493.  13,062.  b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-)  N/A	ing				3,123.		2,760.	<del> </del>	0.
25 Contributions, girs, grants paid 26 Total expenses and disbursements.  Add lines 24 and 25  295,660.  4,804.  290,493.  290,493.  290,493.  13,062.  b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-)  N/A	era	24			7.203		4 804		2.036.
26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)  N/A	o	25	·				1,001.		288,457.
Add lines 24 and 25  27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)  N/A			• •						
27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)  N/A				_	295,660.		4,804.		290,493.
b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-)  N/A		27							
C Adjusted net income (if negative, enter -0-)		1	·		13,062.		2 (12		
						26	2,618.	NI / N	-
	2235				instructions	L	·····	I N/A	Form <b>990-PF</b> (2012)

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30		
	(must agree with end-of-year figure reported on prior year's return)	1	4,660,914.
2	Enter amount from Part I, line 27a	2	13,062.
3	Other increases not included in line 2 (itemize)	3	0.
4	Add lines 1, 2, and 3	4	4,673,976.
5	Decreases not included in line 2 (itemize)	5	0.
<u>6</u>	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	4,673,976.

3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)
If gain, also enter in Part I, line 8, column (c)
If (loss), enter -0- in Part I, line 8

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

If gain, also enter in Part I, line 7

If (loss), enter -0- in Part I, line 7

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank

2 Capital gain net income or (net capital loss)

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year, see the instructions before making any entries.

	,		
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2011	240,657.	4,949,564.	.048622
2010	169,927.	4,947,931.	.034343
2009	167,716.	4,549,693.	.036863
2008	239,114.	4,473,676.	.053449
2007	284,239.	4,656,669.	.061039

2 Total of line 1, column (d)

d e

Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years

4 Enter the net value of noncharitable-use assets for 2012 from Part X, line 5

5 Multiply line 4 by line 3

6 Enter 1% of net investment income (1% of Part I, line 27b)

7 Add lines 5 and 6

8 Enter qualifying distributions from Part XII, line 4

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

2

3

5

6

7

Form **990-PF** (2012)

744.

64,558.

Yes X No

.234316

.046863

5,073,027.

237,737.

240,363.

290,493.

2,626.

N/A

2

	1990-PF(2012) THE FINN FAMILY FOUNDATION, I			<u>405387</u>		Page 4
Pa	rt VI Excise Tax Based on Investment Income (Section 494	10(a), 4940(b), 4940(e), o	r 4948 - s	ee instru	ıctio	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here and exempt operating foundations described in section 4940(d)(2), check here	enter "N/A" on line 1				
	Date of ruling or determination letter (attach copy of letter if ne					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here $-1$	► X and enter 1%	1		2,6	26.
	of Part I, line 27b	<b>†</b>				
C	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 49	% of Part I, line 12, col (b) 🤳 🥏				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only	Others enter -0-)	2			0.
3	Add lines 1 and 2		3		2,6	26.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only	Others enter -0-)	4			0.
5	Tax based on investment income Subtract line 4 from line 3 If zero or less, enter -0-		5		2,6	26.
6	Credits/Payments -					
а	2012 estimated tax payments and 2011 overpayment credited to 2012	6a 7,53	4.			
b	Exempt foreign organizations - tax withheld at source	6b	_			
C	Tax paid with application for extension of time to file (Form 8868)	6c	_			
d	Backup withholding erroneously withheld	6d	_			
7	Total credits and payments Add lines 6a through 6d		7		7,5	34.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is atta	ached	8			
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	I	<b>▶</b> g			
	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		▶ 10		<u>4,9</u>	08.
	Enter the amount of line 10 to be Credited to 2013 estimated tax	4,908. Refunded l	<b>▶</b> 11			0.
	ert VII-A Statements Regarding Activities				T	
1a	During the tax year, did the foundation attempt to influence any national, state, or local legi-	slation or did it participate or interv	ene in		Yes	No
	any political campaign?			<u> 1a</u>		X
þ	Did it spend more than \$100 during the year (either directly or indirectly) for political purpo		•	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities ar	nd copies of any materials publ	ished or			
	distributed by the foundation in connection with the activities			ŀ		
	Did the foundation file Form 1120-POL for this year?			1 c	ļ	X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the		•			
	(1) On the foundation > \$ 0 • (2) On foundation manager		<u>o</u> .			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expend	diture tax imposed on foundation				
_	managers ▶\$ 0.				1	.,
Z	Has the foundation engaged in any activities that have not previously been reported to the	IH2.5		2	ļ	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		n, or			v
4.	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the change			3		X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year.  If "Yes," has it filed a tax return on Form 990-T for this year?	di '	N/A	4a		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year	3	14 / 1		<del> </del>	X
J	If "Yes," attach the statement required by General Instruction T	•		5	<del>                                     </del>	
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied e	aither				
٠	By language in the governing instrument, or	situei				
	By state legislation that effectively amends the governing instrument so that no mandato	ny directions that conflict with the	tata law			
	remain in the governing instrument?	ry directions that connect with the s	itate law	6	Х	1
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				<del>                                     </del>	-
8a	Enter the states to which the foundation reports or with which it is registered (see instruction	ons) ►				
	CT			-		
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the A	Attorney General (or designate)		<del></del>		
	of each state as required by General Instruction G? If "No," attach explanation	actions denoted (of designate)		8b	х	1
9	Is the foundation claiming status as a private operating foundation within the meaning of se	ection 4942(i)(3) or 4942(i)(5) for	calendar	00	<del>                                     </del>	
•	year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If "Yes," or		outonudl	9		х
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a sched			10	<del> </del>	X
	and the four parties, attach a screen	ere rearried ariest trainings and addresses		1.0	1	

orm 990-PF (2012) THE FINN FAMILY FOUNDATI			06-14053	887	Page 6
Part VII-B Statements Regarding Activities for Which	Form 4720 May Be I	Required (contin	ued)		
5a During the year did the foundation pay or incur any amount to					
(1) Carry on propaganda, or otherwise attempt to influence legislation (sectio	n 4945(e))?	Y	es X No		
(2) Influence the outcome of any specific public election (see section 4955),	or to carry on, directly or indir	ectly,			
any voter registration drive?		Y	es X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes	32	Yı	es X No		
(4) Provide a grant to an organization other than a charitable, etc., organization	on described in section				
509(a)(1), (2), or (3), or section 4940(d)(2)?		Y	es X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary	, or educational purposes, or	for			
the prevention of cruelty to children or animals?		Y <sub>0</sub>	es X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un	der the exceptions described	ın Regulations	į		
section 53 4945 or in a current notice regarding disaster assistance (see instri	uctions)?		N/A	<b>5</b> b	
Organizations relying on a current notice regarding disaster assistance check i	nere				
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f					
expenditure responsibility for the grant?	N	1/A 🔲 Ye	es 🔲 No		
If "Yes," attach the statement required by Regulations section 53 494	5-5(d)				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on				
a personal benefit contract?		Y <sub>0</sub>	es X No		
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a p	personal benefit contract?			6b	X
If "Yes" to 6b, file Form 8870.					
7a At any time during the tax year, was the foundation a party to a prohibited tax s		Ye	es X No		
b If "Yes," did the foundation receive any proceeds or have any net income attrib				7b	
Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors	ees, Foundation Ma	anagers, Highly	У		
List all officers, directors, trustees, foundation managers and their	compensation.				
	(b) Title, and average	(c) Compensation	(d) Contributions to	(e)	Expense
(a) Name and address	hours per week devoted	(If not paid,	(d) Contributions to employee benefit plans and deferred	acco	unt, other
PHYLLIS FINN	to position PRESIDENT	`enter'-0-)	compensation	dill	owances
6945 MOURNNG DOVE WAY	I KEOIDENI				
HOBE SOUND, FL 33455	2.00	0.	0.		0.
DANIEL R. FINN, JR.	SECRETARY			<u> </u>	<u> </u>
5945 MOURNNG DOVE WAY	DECKETTER				
HOBE SOUND, FL 33455	2.00	0.	0.		0.
	2.00	† · · · · · · · ·			
Compensation of five highest-paid employees (other than those inc	luded on line 1). If none,	enter "NONE."	<u> </u>	•	
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average		(d) Contributions to employee benefit plans		Expense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deferred compensation		ount, other owances
NONE					
		<u>                                     </u>			
		1			
Total number of other employees paid over \$50,000			▶		0

The FINN FAMILY FOUNDATION, INC.  Date Vill Information About Officers, Directors, Trustees, Foundation		405387 Page 7
Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none, ente		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE	_	
	_	
	<del></del>	
Fotal number of others receiving over \$50,000 for professional services  Part IX-A Summary of Direct Charitable Activities		<b>▶</b> 0
List the foundation's four largest direct charitable activities during the tax year. Include relevant statis		Fynances
number of organizations and other beneficiaries served, conferences convened, research papers produced	duced, etc	Expenses
N/A		
2		
3		
Part IX-B   Summary of Program-Related Investments		<del>5                                    </del>
Describe the two largest program-related investments made by the foundation during the tax year on	lines 1 and 2	Amount
N/A		
		-4
2		
All other program-related investments. See instructions		
3		
Total. Add lines 1 through 3		0.
	▶	n

P	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	5,058,089.
	Average of monthly cash balances	1b	5,058,089. 92,192.
	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	5,150,281.
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	5,150,281.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	77,254.
5	Net value of noncharitable-use assets Subtract line 4 from line 3 Enter here and on Part V, line 4	5	5,073,027.
6	Minimum investment return. Enter 5% of line 5	6	253,651.
P	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.)	d certain	
1	Minimum investment return from Part X, line 6	1	253,651.
2a	Tax on investment income for 2012 from Part VI, line 5		
b	Income tax for 2012 (This does not include the tax from Part VI)		
C	Add lines 2a and 2b	2¢	2,626.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	2,626. 251,025.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	251,025.
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	251,025.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes	•	
	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	290,493.
	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		
3	Suitability test (prior IRS approval required)	3a	
þ	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	290,493.
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	2,626. 287,867.
6	Adjusted qualifying distributions Subtract line 5 from line 4	6	<del></del>
	Note The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of 4940(e) reduction of tax in those years	ualifies fo	r the section

## Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2011	(c) 2011	(d) 2012
1 Distributable amount for 2012 from Part XI,	55.755	10010 1101 10 2011	2011	2012
line 7				251,025.
2 Undistributed income, if any, as of the end of 2012				······································
a Enter amount for 2011 only			0.	
<b>b</b> Total for prior years		0.		
3 Excess distributions carryover, if any, to 2012				
a From 2007 59,534.				
b From 2008 19,537.				
c From 2009				
d From 2010				
e From 2011				
f Total of lines 3a through e	79,071.			
4 Qualifying distributions for 2012 from	13/0120	······································		
Part XII, line 4 ►\$ 290, 493.	1			
a Applied to 2011, but not more than line 2a			0.	
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.	j		
d Applied to 2012 distributable amount				251,025.
e Remaining amount distributed out of corpus	39,468.			231,023.
5 Excess distributions carryover applied to 2012	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a))				<u> </u>
6 Enter the net total of each column as indicated below				
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	118,539.			
b Prior years' undistributed income Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which				
the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b Taxable				
amount - see instructions		0.		
e Undistributed income for 2011 Subtract line				
4a from line 2a Taxable amount - see instr			0.	
f Undistributed income for 2012 Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2013				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 2007	50 504			
not applied on line 5 or line 7	59,534.	····		
9 Excess distributions carryover to 2013	FO 00F			
Subtract lines 7 and 8 from line 6a	59,005.			·····
10 Analysis of line 9				
a Excess from 2008 19,537.				
b Excess from 2009			1	
c Excess from 2010				
d Excess from 2011 e Excess from 2012 39,468.				
e Excess from 2012 39, 468.				50-m 000 DE (0010)

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THE FINN FAMILY FOUNDATION, INC.

	Unrelated b	usiness income		y section 512, 513, or 514	(e)
nter gross amounts unless otherwise indicated  1 Program service revenue	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
a	<u> </u>				
b		<del></del>			<del></del>
C		<del></del>			
d	1 1	<del></del>			
е	1 1		<del></del>		
1			<del></del>	<u>-</u>	
g Fees and contracts from government agencies			<del></del>		
2 Membership dues and assessments					
3 Interest on savings and temporary cash		· · · · · · · · · · · · · · · · · · ·	<del></del>		
investments					
Dividends and interest from securities			14	243,450.	·
5 Net rental income or (loss) from real estate		· · · · · · · · · · · · · · · · · · ·	+	213/1301	· · · · · · · · · · · · · · · · · · ·
a Debt-financed property		······································			
b Not debt-financed property			<del></del>		
6 Net rental income or (loss) from personal			+		
property			1	Ì	
7 Other investment income	-		14	714.	
8 Gain or (loss) from sales of assets other			13	713.	<del></del>
than inventory			18	64,558.	
Net income or (loss) from special events			1-4	04,330.	
O Gross profit or (loss) from sales of inventory					
1 Other revenue			<del></del>		·
a					
b		<del>-</del> · · · · · · · · · · · · · · · · · · ·	<del></del>		
<u>c</u>	j				
d					
e				308,722.	
9 Cubtotal Add columns (b) (d) and (c)	<u> </u>		<u>'•11</u>		308,72
				13	300,72
2 Subtotal Add columns (b), (d), and (e) 3 Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculation	ne )				
3 Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculation				<u> </u>	<del></del>
3 Total Add line 12, columns (b), (d), and (e)		plishment of l	Exempt Pu	ırposes	
3 Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculation	es to the Accom				olishment of
3 Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculation  Part XVI-B Relationship of Activiti	es to the Accom	olumn (e) of Part XVI			lishment of
3 Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculation  Part XVI-B Relationship of Activiti  Line No. Explain below how each activity for which	es to the Accom	olumn (e) of Part XVI			olishment of
B Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculation  Part XVI-B Relationship of Activiti  Line No. Explain below how each activity for which	es to the Accom	olumn (e) of Part XVI			ilishment of
3 Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculation  Part XVI-B Relationship of Activiti  Line No. Explain below how each activity for which	es to the Accom	olumn (e) of Part XVI			ilishment of
3 Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculation  Part XVI-B Relationship of Activiti  Line No. Explain below how each activity for which	es to the Accom	olumn (e) of Part XVI			lishment of
3 Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculation  Part XVI-B Relationship of Activiti  Line No. Explain below how each activity for which	es to the Accom	olumn (e) of Part XVI			olishment of
B Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculation  Part XVI-B Relationship of Activiti  Line No. Explain below how each activity for which	es to the Accom	olumn (e) of Part XVI			olishment of
B Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculation  Part XVI-B Relationship of Activiti  Line No. Explain below how each activity for which	es to the Accom	olumn (e) of Part XVI			olishment of
B Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculation  Part XVI-B Relationship of Activiti  Line No. Explain below how each activity for which	es to the Accom	olumn (e) of Part XVI			olishment of
B Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculation  Part XVI-B Relationship of Activiti  Line No. Explain below how each activity for which	es to the Accom	olumn (e) of Part XVI			olishment of
B Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculation  Part XVI-B Relationship of Activiti  Line No. Explain below how each activity for which	es to the Accom	olumn (e) of Part XVI			olishment of
B Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculation  Part XVI-B Relationship of Activiti  Line No. Explain below how each activity for which	es to the Accom	olumn (e) of Part XVI			olishment of
B Total Add line 12, columns (b), (d), and (e) Gee worksheet in line 13 instructions to verify calculation  Part XVI-B Relationship of Activiti  Line No. Explain below how each activity for which	es to the Accom	olumn (e) of Part XVI			olishment of
B Total Add line 12, columns (b), (d), and (e) Gee worksheet in line 13 instructions to verify calculation  Part XVI-B Relationship of Activiti  Line No. Explain below how each activity for which	es to the Accom	olumn (e) of Part XVI			olishment of
B Total Add line 12, columns (b), (d), and (e) Gee worksheet in line 13 instructions to verify calculation  Part XVI-B Relationship of Activiti  Line No. Explain below how each activity for which	es to the Accom	olumn (e) of Part XVI			elishment of
B Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculation  Part XVI-B Relationship of Activiti  Line No. Explain below how each activity for which	es to the Accom	olumn (e) of Part XVI			olishment of
B Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculation  Part XVI-B Relationship of Activiti  Line No. Explain below how each activity for which	es to the Accom	olumn (e) of Part XVI			olishment of

Form **990-PF** (2012)

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Part XVII	Information R Exempt Orgar		sfers To	and Transaction	s and Relation	nships With None	charitable	•	
1 Did the or			of the follows	ng with any other organiz	vation described in s	ection 501/c) of	<del></del>	Yes	No
	•			27, relating to political or		50001 30 1(0) 01		163	140
	from the reporting found			<del>-</del> -	gamzations.				
(1) Cash	nom the reporting round	iation to a nonchanta	ibic exempt of	gamzation of			1a(1)		Х
(2) Other	assets						1a(2)		X
b Other tran							14(2)		
	of assets to a noncharita	able exempt organiza	tion				16/1)		х
• •	nases of assets from a no						1b(1)	_	X
	il of facilities, equipment,	•	organization				1b(2)		X
• •	bursement arrangements	•					1b(3)		X
• •	s or Ioan guarantees	,					1b(4)		X
• •	rmance of services or me	embershin or fundrar	isina salicitatii	nne			1b(5) 1b(6)		X
	f facilities, equipment, ma						10(0)		X
					l always show the fa	ır market value of the goo		ote	
						ion or sharing arrangeme		cis,	
	) the value of the goods,					.o or oneg arrangeme	, 00		
a) Line no	(b) Amount involved			e exempt organization	(d) Descrip	tion of transfers, transactions,	and shanng ar	rangeme	ents
	· · · · · · · · · · · · · · · · · · ·	<del>†                                    </del>	N/A	<u></u>	<u></u>				
				<del> </del>			<del></del>		
	- ··· - · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·					
1									
						<del></del>			
			• •						
							-		-
	-								
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ın section	501(c) of the Code (othe emplete the following sch	er than section 501(c nedule		· · · · · · · · · · · · · · · · · · ·			Yes	X	] No
· · · · · · · · · · · · · · · · · · ·	(a) Name of or	ganization		(b) Type of organization	on	(c) Description of relat	ionship		
	N/A								
	<del></del>			ļ					
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- Library		AL - A							
Sign Here	Phylus (partition of the content of	R Fino	reparer (other tha	ng accompanying schedules in taxpayer) is based on all in 4 130   1	formation of which prepared	arer has any knowledge	May the IRS of return with the shown below Yes	liscuss t e prepare (see inst	this er tr)? No
	Print/Type preparer's n		Preparer's s		Date	Check If P	TIN		
				1 ,		self- employed			
Paid	ARI U. MAU	JNULA .		Nk.L	04/25/13		P00160	551	
Preparer	Firm's name ► THC		NN Z	2./	<u> </u>	Firm's EIN ► 06-			
Use Only						111113 5 114 5 30	12320		
•	Firm's address ▶ 35	MASON ST	REET						
		REENWICH,		30		Phone no 203	3-661-	776	0
	·		<u> </u>			11.110.10 110	Form <b>990</b>		

223622 12-05-12

Part XV Supplementary Informatio				
3 Grants and Contributions Paid During the				
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	Contribution	
AUDUDON CONNECTICUT	NONE	PUBLIC	SUPPORT OF ORGANIZATION	1,600.
	:			= 7,000.
BOYS & GIRLS CLUB OF BEAUFORT	NONE	PUBLIC	SUPPORT OF	
			ORGANIZATION	100.
BOYS & GIRLS CLUB OF MARTIN COUNTY	NONE	PUBLIC	SUPPORT OF	
		-	ORGANIZATION	52,000.
BREAST CANCER ALLIANCE	NONE	PUBLIC	SUPPORT OF	
			ORGANIZATION	5,000.
and b				
CACLD	NONE	PUBLIC	SUPPORT OF ORGANIZATION	3,000.
				•
CHICAGO SYMPHONY ORCHESTRA	NONE	PUBLIC	SUPPORT OF ORGANIZATION	200.
CHILD GUIDANCE CNTR	NONE	PUBLIC	SUPPORT OF	
			ORGANIZATION	2,500.
CHILDREN'S DAY SCHOOL	NONE	PUBLIC	SUPPORT OF	
			ORGANIZATION	500.
CHRISTIAN FOUNDATION FOR CHILDREN &	NONE	PUBLIC	SUPPORT OF	
AGING			ORGANIZATION	360.
CONNECTICUT PUBLIC BROADCASTING	NONE	PUBLIC	SUPPORT OF	
		FOBUIC	ORGANIZATION	100.
Total from continuation sheets				282,607.

Part XV Supplementary Informati				T
3 Grants and Contributions Paid During the		<del></del>		
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	Contribution	
EAGLE HILL SCHOOL	NONE	PUBLIC	SUPPORT OF ORGANIZATION	1,000.
FAIRFIELD UNIVERSITY	NONE	PUBLIC	SUPPORT OF ORGANIZATION	15,000.
			OKOMIZMION	13,000
FIRST TEE OF CONNECTICUT	NONE	PUBLIC	SUPPORT OF	
			ORGANIZATION	2,500.
EDIENDO OF NAGUANTEL MIGUEDELL	NOVE			
FRIENDS OF NATHANIEL WITHERELL	NONE	PUBLIC	SUPPORT OF ORGANIZATION	400.
GREENWICH LIBRARY	NONE	PUBLIC	SUPPORT OF ORGANIZATION	250.
GUATAMALAN TOMORROW FUND	NONE	PUBLIC	SUPPORT OF ORGANIZATION	1,000.
			OKOANTBATION	1,000.
HAITIAN PROJECT	NONE	PUBLIC	SUPPORT OF	
			ORGANIZATION	5,000.
HOBE SOUND COMMUNITY CHEST	NONE	PUBLIC	SUPPORT OF	
			ORGANIZATION	1,000.
HORIZON'S AT GREENS FARMS ACADEMY	NONE	PUBLIC	SUPPORT OF ORGANIZATION	3,000.
INNER CITY SCHOLARSHIP FUND	NONE	PUBLIC	SUPPORT OF ORGANIZATION	100.
Total from continuation sheets		•		

3 Grants and Contributions Paid During the				L
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	Contribution	
JOHN THEURER CANCER CENTER	NONE	PUBLIC	SUPPORT OF	
THE		- CODDIC	ORGANIZATION	250
TUNIOR LEAGUE OF GREENWICH	NONE	PUBLIC	SUPPORT OF	
			ORGANIZATION	1,678
KIDS IN CRISIS	NONE	PUBLIC	SUPPORT OF ORGANIZATION	25,100
			S. O. L. C.	23,100
LEUKEMIA AND LYMPHONMA SOCIETY	NONE	PUBLIC	SUPPORT OF ORGANIZATION	250
LOBLOLLYPOP	NONE	PUBLIC	SUPPORT OF	
		<u> </u>	ORGANIZATION	2,294
LOBLOLLYPOP FOUNDATION		PUBLIC	SUPPORT OF	10.000
			ORGANIZATION	10,000
MARTIN MEMORIAL FOUNDATION	NONE	PUBLIC	SUPPORT OF ORGANIZATION	10,000
MARY'S SHELTER	NONE	PUBLIC	SUPPORT OF	
			ORGANIZATION	1,000
MASS AUDUBON	NONE	PUBLIC	SUPPORT OF ORGANIZATION	500
				300
WENT CON LINERIC	NONE	DURI TO	SVIDDON'S OF	
MEALS ON WHEELS	NONE	PUBLIC	SUPPORT OF ORGANIZATION	1,000

Part XV Supplementary Informat	INN FAMILY FOUNDA ion		06-14	
3 Grants and Contributions Paid During th				
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	- Contributor	
METROPOLITAN OPERA GUILD	NONE	PUBLIC	SUPPORT OF	
			ORGANIZATION	250
PATHWAYS	NONE	PUBLIC	SUPPORT OF	
TATIONAL D	NONE	POBLIC	SUPPORT OF ORGANIZATION	1,000
REACH PREP	NONE	PUBLIC	SUPPORT OF	
			ORGANIZATION	1,000
SACRED HEART CHURCH	NONE	D		
SACKED REAKT CHOKEN	NONE	PUBLIC	SUPPORT OF ORGANIZATION	8,000
SAINT MARY'S COLLEGE	NONE	PUBLIC	SUPPORT OF ORGANIZATION	10 000
			ONORNIBATION	10,000
SHELTER FOR THE HOMELESS	NONE	PUBLIC	SUPPORT OF	
			ORGANIZATION	2,500.
SHEPHERD'S INC.	NONE	PUBLIC	SUPPORT OF ORGANIZATION	5,000.
SPECIAL OLYMPICS	NONE	PUBLIC	SUPPORT OF	
			ORGANIZATION	100.
ST BENEDICTS PREP	NONE	PUBLIC	SUPPORT OF ORGANIZATION	75,000.
ST CHRISTOPHER CATHOLIC CHURCH	NONE	PUBLIC	SUPPORT OF	
Total from continuation sheets		1	ORGANIZATION	6,000.

Part XV Supplementary Informati 3 Grants and Contributions Paid During the				T
Recipient	If recipient is an individual,	<del></del>		<u> </u>
Name and address (home or business)	show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
ivanie and address (nome of dusiness)	or substantial contributor	recipient		
TEACH FOR AMERICA	NONE	PUBLIC	SUPPORT OF ORGANIZATION	5,000
				,,,,,,,
THE BRIDGEPORT ROTARY FOUNDATION	none	PUBLIC	SUPPORT OF	
			ORGANIZATION	2,500.
THE GARRETT B SMITH FD	none	PUBLIC	SUPPORT OF ORGANIZATION	1,000
			CHORNIBATION	1,000
THIRTEEN WNET	NONE	PUBLIC	SUPPORT OF	
		-	ORGANIZATION	100
UNITED WAY OF GREENWICH	NONE	PUBLIC	SUPPORT OF ORGANIZATION	16 175
			ORGANIZATION	16,175.
UNITED WAY OF MARTIN COUNTY	NONE	PUBLIC	SUPPORT OF	
	NONZ		ORGANIZATION	1,250
US SENIORS MEMORIAL FUND	NONE	PUBLIC	SUPPORT OF ORGANIZATION	500.
			ONORWIBATION	300
WGA CADDY MEMORIAL FUND	NONE	PUBLIC	SUPPORT OF	
			ORGANIZATION	250
		ŀ		
YWCA	NONE	PUBLIC	SUPPORT OF ORGANIZATION	300
			PAGE ATTOM	300
Total from continuation sheets				
rosar nom vonunggaph succia	<del></del>			<u> </u>

FORM 990-PF DIVIDEND	S AND	INTER	EST	FROM	SECU	URITIES	STATEMENT	1
SOURCE		GROSS	AMO	UNT		PITAL GAINS DIVIDENDS	COLUMN (. AMOUNT	A)
MS SMITH BARNEY 15534 MS SMITH BARNEY 17486 MS SMITH BARNEY-8036-341 NORTHERN TRUST - 16497 NORTHERN TRUST - 99366			2. 34,256. 51,827. 19. 157,346.		0. 0. 0. 0.		34,256 51,827 19 157,346	
TOTAL TO FM 990-PF, PART I, L	N 4		243,	450.		0.	243,	450.
FORM 990-PF	O'.	THER I	NCON	1E			STATEMENT	2
DESCRIPTION		;	REV	(A) ÆNUE BOOKS	S	(B) NET INVEST- MENT INCOME		
MS SMITH BARNEY 8036-341 MS SMITH BARNEY 8036-341 ACCR PAID					256. 542.>	1,256		<del></del>
TOTAL TO FORM 990-PF, PART I,	LINE	11		•	714.	714	•	
FORM 990-PF	AC	COUNTI	NG E	FEES		170	STATEMENT	3
DESCRIPTION	EXPE	A) NSES 300KS		(B) INVI IT INC	EST-	(C) ADJUSTED NET INCOM		
TAX PREPARATION		4,073.	2		,037.	<del>-</del>	2,	036.
TIME TREETINGS TON		•		_	,		•	

FORM 990-PF	OTHER E	XPENSES		STATEMENT 4	
(A) EXPENSES ESCRIPTION PER BOOK		(B) NET INVE MENT INC			
INVESTMENT FEES	3,123.	2,	760.	0.	
TO FORM 990-PF, PG 1, LN 23	3,123.		760.	0.	
FORM 990-PF U.S. AND S	STATE/CITY G	OVERNMENT	OBLIGATIONS	STATEMENT 5	
DESCRIPTION	U.S GOV'		BOOK VALUE	FAIR MARKET VALUE	
500K CHARLOTTE NC AUTH HSG 4 280K LA CA MULTFAM REV HSG 5 100K PRINCE GEORGES CNTY 175K NBD BK DETROIT MICH 8.25	.5%	X X X X	347,924. 228,480. 102,426. 229,908.	282,481. 112,186.	
TOTAL U.S. GOVERNMENT OBLIGAT	rions	•			
TOTAL STATE AND MUNICIPAL GOVERNMENT OBLIGATIONS			908,738.	1,153,371.	
TOTAL TO FORM 990-PF, PART I	I, LINE 10A	:	908,738.	1,153,371.	
FORM 990-PF	CORPORAT	E STOCK		STATEMENT $\epsilon$	
DESCRIPTION			BOOK VALUE	FAIR MARKET VALUE	
1200 SHS I SHARES TR DOW SELI 1000 SHS ISHARES TR S&P SM CA 600 SHS ISHARES TR S&P SMALLO 1077 SHS GOLDMAN SACHS GRP IN	AP 600 CAP 600 NC DEP SHS		49,680. 72,343. 38,661. 17,254. 90,100.	78,100. 50,424. 22,466.	
5000 SHS US BANCORP DEL DEP S	SHS REPSIG		90,100.	128,000.	

FORM 990-PF CORPORATE BOND	CORPORATE BONDS		
DESCRIPTION	BOOK VALUE	FAIR MARKE	т
200K GS GRP INC FOR FUTURE	189,766.	227,5	73.
100K BS COS INC BS	95,339.	120,10	00.
100K GS GROUP 6.25%	92,593.	117,9	62.
300K GE CAP MD TERM 5.625%	281,385.	356,20	60.
JPMORGAN CHASE FIXED DIV	1,039,984.	1,076,30	60.
102K WELLS FARGO & CO. FIXED	119,821.	117,0	45.
165K NBD BK DETROIT	210,668.	228,7	31.
WACHOVIA CAPTL TRUST	51,706.	54,7	25.
TOTAL TO FORM 990-PF, PART II, LINE 10C	2,081,262.	2,298,7	56.