

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



, Form .990-PF

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

OMB No 1545-0052

2012

Department of the Treasury Internal Revenue Service

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

For	cale	nda	year 2012, or ta	ax year beginni	ng		, 2012	, and ending		,	
			ST FAMILY E		, INC				A	Employer identification num 06-1831421	
			STWICKE LAN [LLE, MD 2]						В	Telephone number (see the (410) 938-880	
The state of the s					С	If exemption application is	pending, check here				
G	G Check all that apply Initial return Initial return of a former public charity Amended return					D	1 Foreign organizations, che	ш			
Н	Ch	eck	type of organiza	Address charation.			change exempt private	foundation		2 Foreign organizations mee here and attach computation	
1		Sec	ction 4947(a)(1) ket value of all asset	nonexempt cha	rıtable	trust		private <u>fo</u> undation	Ε	If private foundation status under section 507(b)(1)(A)	
, •			rt II, column (c), lıne			Other (sp	[]		F	If the foundation is in a 60 under section 507(b)(1)(B)	
Pa			nalysis of Re openses (The	venue and	•	(a) R	evenue and	(b) Net investmer	nt	(c) Adjusted net	(d) Disbursements for charitable
		co sa	lumns (b), (c), a rily equal the an ee instructions).	and (d) may not nounts in colum	neces-	exper	nses per books	Income		income	purposes (cash basis only)
		1		grants, etc, received	(att sch)		60,000.				
	-	2	Ck ► If the fo	oundn is not req to at	t Sch B	· 3	· · · · · · · · · · · · · · · · · · ·	3,	X,	`	
€5.	!	3	Interest on savi cash investment Dividends and inter	nts	rary	`					
2013		4	Gross rents	est from securities							*
€			Net rental income					water to the state of the state of	×	· · · · · · · · · · · · · · · · · · ·	× ^
			or (loss)			.		, , , , , , , , , , , , , , , , , , ,	9,550	Anny in a contract of the cont	× ~**
F R			Net gain/(loss) from Gross sales price for		line 10	<u> </u>		- 100 - 100	. ≪ %.		
		_	assets on line 6a		_	986c . 38000	a water an				
DE DE		7	Capital gain net inco		e 2).	444 Ayr.	·			5/8 m 5 " "	
■ N	- 1	8	Net short-term	, •		0000					
脲받		9	Income modific	ations		* *	` .				
爱 5	Ī	10 a	Gross sales less returns and				**************************************		\$	5 , 5,	w/s » .
SCANNED ACN			allowances.			·	- <u> </u>	V 2 2 2		<u> </u>	
\lesssim		D	Less Cost of goods sold			, , 40			Time,	\$.4	^ ~ .
(C)		С	Gross profit/(loss)	(att sch)				195 18 16. 36) alexanoraliganoscolonos, spilosos	200	,	
60	ı	11	Other income (a	attach schedule)	-			***********		
		12	Total. Add lines	1 through 11			60,000.		0.	0.	
	-	13	Compensation of offi		es. etc		0.		<u> </u>	<u> </u>	<u>'</u> '
	- [14	Other employee sala		,						
		15	Pension plans.	-	fits						
		16a	Legal fees (attach s	chedule)							
	A				State	- I	3,000.	3,00	าก		
	M	c	Accounting fees (atta	ach schRECE	IVE		2,000.	3,00			
Ō	N		Interest								· · · · · · · · · · · · · · · · · · ·
	S		IL.	عليمجم م م			· · · · · · · · · · · · · · · · · · ·				
R	R	19	Taxes (attach schedule Kse Depreciation (a	Hach EC 0 2	2013						
Ĵ	A		sch) and deplet	iion		100					
N G	<u>ا</u> ا	20	Occupancy	AARE	ag nat	9					
	E	21	Travel, conferer		ngs 🖰						
A N D	E X P	22	Printing and pu								
		23	Other expenses	s (attach schedu	ie)						
	E N										
	S	24	Total operating expenses. Add	and administra	itive		2 000	2 00	١٨		
	S	25	Contributions, gifts,	nrants hald Part	: XV	ļ	3,000. 20,100.	3,00	, U .		20 100
							20,100.		<u> </u>	*/ +-	20,100.
		26	Total expenses Add lines 24 an	anu dispursem id 25	ents.		23,100.	3,00	0	0.	20,100.
	+		Subtract line 26		-	* *,	*****	* '		1	20,100.
			Excess of rever	nue over expens	ses	tabeteress in souther to			444. ·	\$ \$ \cdot \c	· ,
			and disbursem	ents			36,900.	*		*	
		b	Net investment inco	me (if negative, enter	-0-)		· ** }		0.	** * * * * * * * * * * * * * * * * * * *	
		С	Adjusted net income	(if negative, enter -0)-).	× 🍇	6 /\$ k ** 4			0.	4 *

Form	990-	PF (2012) THE FAUST FAMILY FOUNDATION, INC.		06	5-183		,	Pa	ge 2
Par	t II	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year		End of	-			
(See instructions)			(a) Book Value	(b) Book Val	ue	(c) Fa	ıır Ma	rket Va	alue
	1	Cash – non-interest-bearing	171 610					00 5	
	2	Savings and temporary cash investments	171,612.	208,				08,5	12.
	3	Accounts receivable	***************************************	- 12× - 12× 11	*****		<u> </u>	\	
	١.	Less allowance for doubtful accounts	* v /2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/				,		
	4	Pledges receivable		Sido S	<u> </u>	**************************************	<u> </u>	~	
	۱ ـ	Less allowance for doubtful accounts							
	5	Grants receivable							
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)							
	7	Other notes and loans receivable (attach sch)	22 ¹ 4 ² (1) (1) (1) (2) (2) (2) (2) (2) (2) (2) (2) (2) (2		, (62)		-7%,		
A S S E T	١ ـ	Less. allowance for doubtful accounts							
Ş	8	Inventories for sale or use							
Ŧ	9	Prepaid expenses and deferred charges							
S	10 a	a Investments — U.S. and state government obligations (attach schedule)							
	l t	nvestments — corporate stock (attach schedule)							
	•	Investments — corporate bonds (attach schedule)							
	11	Investments – land, buildings, and equipment basis		** **	`	&	**************************************	****	***
		Less: accumulated depreciation (attach schedule).							
	12	Investments – mortgage loans							
	13	Investments – other (attach schedule)							
	14	Land, buildings, and equipment basis ►	N N N N						
		Less: accumulated depreciation (attach schedule)							
	15	Other assets (describe >							
	16	Total assets (to be completed by all filers —	171 610	200	F12		2.	00 51	
	17	see the instructions. Also, see page 1, item I)	171,612.	208,	512.	_	<u></u>	08,51	<u>LZ.</u>
ī	17	Accounts payable and accrued expenses					*		
A B	18	Grants payable Deferred revenue					,		
ĭ	19 20	Loans from officers, directors, trustees, & other disqualified persons.				R*	enip.		
Ļ	1	Mortgages and other notes payable (attach schedule)				,			
Ť	21 22	Other liabilities (describe)				(1905) (1)	-3.		*
F	22								
E S	23	Total liabilities (add lines 17 through 22)	0.		0.		٠	8-	l
		Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.				^*	Sig.	949A	
N F	24	Unrestricted	171,612.	208,	512.				
N F E U T N	25	Temporarily restricted				<i>.</i> `	>. 699	* ,	1
D	26	Permanently restricted							
A B S A L T		Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.				li, Pos	X45.7		~
ĔĹ	27	Capital stock, trust principal, or current funds				₽	*	***	
SN	28	Paid-in or capital surplus, or land, building, and equipment fund.				*		•	1
O E	29	Retained earnings, accumulated income, endowment, or other funds				*		~\$./	
O É R S	30	Total net assets or fund balances (see instructions)	171,612.	208,	512.		,		1
	31	Total liabilities and net assets/fund balances (see instructions)	171,612.	208,	512.	168. 1	\.		
Par		Analysis of Changes in Net Assets or Fund Balance	es						
1	Total	net assets or fund balances at beginning of year - Part II, colu	mn (a), line 30 (must ag	gree with					
	end-	of-year figure reported on prior year's return)	•		1			71,61	
		r amount from Part I, line 27a			2			36,90	<u> </u>
		increases not included in line 2 (itemize)			3		_		
		lines 1, 2, and 3			4		20	08,51	L2.
		ases not included in line 2 (itemize)	Bort II polymer (EX. I		5			20 51	
6	rotal	net assets or fund balances at end of year (line 4 minus line 5)	- rant II, column (b), I	IIIE 30	6		20	08,51	<u>LZ.</u>

	(a) List and describe	e the kind(s) of property sold (e.g., rese, or common stock, 200 shares ML	eal estate,	(b) How acquired P — Purchase D — Donation	(C) Date acquired (month, day, year)	(d) Date sold (month, day, year)
1 6	n/A					
)	· · · · · · · · · · · · · · · · · · ·				
			····			
	<u> </u>					
	•					
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other bar plus expense of sa		(h) Gain or (e) plus (f) m	
- 7	3					
)					
	:					
	d					
	2					
		ing gain in column (h) and owned by			(I) Gains (Col	
	(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column over column (j), if a	n (i)	ain minus column (F an -0-) or Losses (fr	
	1					
)					
		I.				
•)					
2	Capital gain net income or (ne	t capıtal loss) — If gaın, also If (loss), ent	enter in Part I, line 7 er -0- in Part I, line 7	_ 2		
3	Net short-term capital gain or ((loss) as defined in sections 1222(5)	and (6)			
	If gain, also enter in Part I, line in Part I, line 8	e 8, column (c) (see instructions) If	(loss), enter -0-	- 3		
Pai	t V Qualification Under	r Section 4940(e) for Reduce	d Tax on Net Investm	ent Income		
Was	es,' the foundation does not qual	tion 4942 tax on the distributable am	mplete this part	·	Yes	No
1	Enter the appropriate amount i	n each column for each year; see th	e instructions before makin	ig any entries		
	(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use ass	sets (coli	(d) Distribution umn (b) divided	
	2011					
	2010		. <u></u>			
	2009					
	2008					
	2007					
	Total of line 1, column (d)			2		
3	Average distribution ratio for the number of years the foundation	ne 5-year base period — divide the to n has been in existence if less than 5	tal on line 2 by 5, or by the	, 3		
4	·	table-use assets for 2012 from Part		4		
		table use assets for 2012 from t are	λ, πιο σ			
5	Multiply line 4 by line 3			5		
6	Enter 1% of net investment inc	ome (1% of Part I, line 27b)		6		
7	Add lines 5 and 6			7		
8	Enter qualifying distributions from	om Part XII, line 4		8		
	If line 8 is equal to or greater the Part VI instructions	han line 7, check the box in Part VI,	line 1b, and complete that	part using a 1%	tax rate. See t	he

Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If 'Yes,' complete Part XIV
 Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses

BAA

Form 990-PF (2012)

X

9

10

Form 990-PF (2012) THE FAUST FAMILY FOUNDATION, INC. Part VII-A Statements Regarding Activities (continued)	06-	183142	1	F	age 5
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		Х
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified pers advisory privileges? If 'Yes,' attach statement (see instructions)	on had		12		х
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption Website address ► N/A	n applica	tion?	13	Х	
Website address ► N/A 14 The books are in care of ► GERALD M KATZ, ESQUIRE Telephone Located at ► 901 DULANEY VALLEY ROAD, #400 TOWSON MD ZIP + 4 ►	no. ► 212	(410)	938	-880	0
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		15	N/A	\	∏ N/A
16 At any time during calendar year 2012, did the foundation have an interest in or a signature or other authority obank, securities, or other financial account in a foreign country?			16	Yes	No X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If 'Yes,' enter the name of the foreign country >	ne				^
Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required				^35.2%	
File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.				Yes	No
1 a During the year did the foundation (either directly or indirectly)					
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	Yes	XNo			
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	Yes	XNo			
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	Yes Yes	X No			
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	Yes	XNo			
(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 termination of government service, if terminating within 90 days)	Yes	XNo		`*	
b If any 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)	?		1 b	N	/A
Organizations relying on a current notice regarding disaster assistance check here	•				;
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2012?			1 c		X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))				13-1866 20-1866 20-1866	
a At the end of tax year 2012, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2012?	Yes	XNo			
If 'Yes,' list the years ► 20 , 20 , 20 , 20					
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942 (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(all years listed, answer 'No' and attach statement — see instructions.)	(a)(2) a)(2) to		2 b	-%\ N	/A
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years h	nere			,	
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	Yes	X No			
b If 'Yes,' did it have excess business holdings in 2012 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 approve 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	<u> </u>	_			
determine if the foundation had excess business holdings in 2012.) 4 a Did the foundation invest during the year any amount in a manner that would jeopardize its			3 b	N.	/ <u>A</u>
charitable purposes?			4 a		X
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 2012?			4 b		X
BAA		For		0-PF (

Page 6

06-1831421

Form 990-PF (2012) THE FAUST FAMILY FOUNDATION, INC. 06-1831421

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued) Page 7

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
None		
	-	
	1	
	1	
	-	
	1	
Total number of others receiving over \$50,000 for professional services	-	0
Partix:AN Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statis' organizations and other beneficiaries served, conferences convened, research papers produced, etc	tical information such as the number of	Expenses
1 N/A		
2		
		
3		
<u> </u>		
4		
Partix B Summary of Program-Related Investments (see instr	ructions)	
Describe the two largest program-related investments made by the foundation during	the tax year on lines 1 and 2.	Amount
1		
<u>N/A</u>		
2		
4		
All other program-related investments See instructions.		
3		ı
Total. Add lines 1 through 3 BAA	•	0 . Form 990-PF (2012)
DAA		1 (1111 330°FF (2012)

		06-1831421	
Pa	rt X Minimum Investment Return (All domestic foundations must complete this part. I see instructions.)	Foreign foun	dations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes a Average monthly fair market value of securities	1 a	
	b Average of monthly cash balances	1 b	130,496.
	c Fair market value of all other assets (see instructions)	1 c	130,490.
	d Total (add lines 1a, b, and c)	1 d	130,496.
	Reduction claimed for blockage or other factors reported on lines 1a and 1c		130,430.
		o . 🎒	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3		3	130,496.
			130,430.
4	Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions) See Statement 2	4	130,496.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	0.
6	Minimum investment return. Enter 5% of line 5	6	0.
	TXI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operand certain foreign organizations check here ► and do not complete this part.)	
1	Minimum investment return from Part X, line 6	1	
	a 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 c	
3		3	
4	Recoveries of amounts treated as qualifying distributions	4	
5		5	
6	Deduction from distributable amount (see instructions)	7	
			0.
Pa	rt XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes a Expenses, contributions, gifts, etc — total from Part I, column (d), line 26.		
		1 a	20,100.
	b Program-related investments — total from Part IX-B	1 b	
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. a Suitability test (prior IRS approval required)	**	
		3 a 3 b	
	b Cash distribution test (attach the required schedule)	ן טכן	

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions)

Adjusted qualifying distributions. Subtract line 5 from line 4

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

BAA

Form **990-PF** (2012)

20,100.

20,100.

4

5

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2011	(c) 2011	(d) 2012
Distributable amount for 2012 from Part XI, line 7			<u>, , , , , , , , , , , , , , , , , , , </u>	0.
2 Undistributed income, if any, as of the end of 2012		~ ~ ~ ~ ~ ~ ~	, , , , , , , , , , , , , , , , , , , ,	·
a Enter amount for 2011 only	(***	`	0.	
b Total for prior years: 20 , 20 , 20	1000 Sec. 1000	0.		dissip 1144
3 Excess distributions carryover, if any, to 2012:	***************************************	<u> </u>		
a From 2007		***	\	
b From 2008 9, 476.	A STATE OF THE STA			`. <u>"</u> *
c From 2009 20,050.	`	. 5	*	
d From 2010 52,600.	100 mm		,	\$ \$m. \(\delta p
e From 2011 17, 730.			** **	***
f Total of lines 3a through e	99,856.	· ^		
4 Qualifying distributions for 2012 from Part	1,000 00 00 00 00 00 00 00 00 00 00 00 00	miekatar _{vo} Vive	, April 64	₩,
XII, line 4. ► \$ 20,100.	* *	\$		
a Applied to 2011, but not more than line 2a		, «», · · · · /», ,	0.	**
b Applied to undistributed income of prior years	**************************************		÷	
(Election required – see instructions)	ž.,	0.	*	
c Treated as distributions out of corpus		*	```	
(Election required – see instructions)	0.			
d Applied to 2012 distributable amount	****** , , >****** ,	, C minu	₩.	0.
e Remaining amount distributed out of corpus	20,100.	**** * ***	^	
5 Excess distributions carryover applied to 2012	0.	was Sant .	**	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				K .
indicated below:	* · · · · · · · · · · · · · · · · · · ·	**	* «	
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	119,956.	\n\	>	
b Prior years' undistributed income Subtract			\$40 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	^000
line 4b from line 2b		0.		
c Enter the amount of prior years' undistribut- ed 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	Service Control of the Control of th		** · · · · · · · · · · · · · · · · · ·	. /
amount – see instructions	******	0,		
e Undistributed income for 2011. Subtract line 4a from				
line 2a. Taxable amount — see instructions	**	* *	0.	
f Undistributed income for 2012 Subtract lines				
4d and 5 from line 1. This amount must be distributed in 2013	(100 m)	,	^***** ** ** **	0
7 Amounts treated as distributions out of	/w/ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		÷	0.
corpus to satisfy requirements imposed				fine:
by section 170(b)(1)(F) or 4942(g)(3) (see instructions)	0.	, *\		
,	0.	The Contract of the Contract o		λφ/#
8 Excess distributions carryover from 2007 not applied on line 5 or line 7 (see instructions).	0.	***** ****** '	·	
,,		***************************************	`	
9 Excess distributions carryover to 2013. Subtract lines 7 and 8 from line 6a	119,956.		· * *	*
10 Analysis of line 9	***	en e		
a Excess from 2008 9, 476.	A CONTRACTOR OF THE CONTRACTOR	%+ ,	, y	\' & _k
b Excess from 2009 20,050.	*		***	,
c Excess from 2010 52,600.		in in	,	×
d Excess from 2011 17,730.			`	***
e Excess from 2012 20, 100.		** \		
	184			

Form 990-PF (2012) THE FAUST FAMILY				06-183142	1 Page 10
Part XIV Private Operating Foundat	<u> </u>			_ 	N/A
1 a If the foundation has received a ruling or determined is effective for 2012, enter the date of the	ermination letter that i ruling	t is a private operatii	ng foundation, and th	e ruling	1
b Check box to indicate whether the foundate	tion is a private ope	rating foundation de	escribed in section	4942(J)(3) or	4942(j)(5)
2a Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years		
investment return from Part X for each year listed	(a) 2012	(b) 2011	(c) 2010	(d) 2009	(e) Total
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed				_	
d Amounts included in line 2c not used directly for active conduct of exempt activities					
 Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c 					
3 Complete 3a, b, or c for the alternative test relied upon					
a 'Assets' alternative test — enter.					
(1) Value of all assets(2) Value of assets qualifying under					
section 4942(j)(3)(B)(i) b 'Endowment' alternative test — enter 2/3 of				_	
minimum investment return shown in Part X, line 6 for each year listed					
c 'Support' alternative test — enter					
 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					<u></u>
Supplementary Information assets at any time during the			foundation had	\$5,000 or more	in
Information Regarding Foundation Managers of the foundation who have close of any tax year (but only if they have None	gers: e contributed more th	an 2% of the total co	ntributions received t section 507(d)(2))	by the foundation befo	ore the
b List any managers of the foundation who own	10% or more of the	stock of a corporation	n (or an equally large	portion of the owner	ship of
a partnership or other entity) of which the None	foundation has a 10)% or greater intere	est		
2 Information Regarding Contribution, Gran Check here ► X if the foundation only marequests for funds. If the foundation make complete items 2a, b, c, and d a The name, address, and telephone number of	kes contributions to ps gifts, grants, etc (preselected charitable see instructions) to	e organizations and d individuals or organ	nizations under other	
	·				
b The form in which applications should be	submitted and infor	mation and material	s they should includ	de	
c Any submission deadlines					
d Any restrictions or limitations on awards,	such as by geograpl	nical areas, charitab	ole fields, kinds of in	nstitutions, or other	factors
BAA	TEE	A0310L 12/23/12		F	orm 990-PF (2012)

06-1831421

3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to any foundation manager or substantial contributor oundation Recipient Purpose of grant or contribution **Amount** status of recipient Name and address (home or business) a Paid during the year See Statement 3 3 a 20,100. **b** Approved for future payment 3 b **Total**

Part XVI-A Analysis of Income-Producing Activities

Entor	gross amounts unless otherwise indicated.	Unrelate	ed business income	Evaluda	d by section 512, 513, or 514	··· ·
⊏nter	gross amounts unless otherwise indicated.	(a) Business	(b) Amount	(c) Exclu-	(d) Amount	(e) Related or exempt function income (See instructions)
1	Program service revenue	Code		code		(occ manachons)
а						
b						
C						
d						
e 4						-
,	Fees and contracts from government agencies					
_	Membership dues and assessments.					<u> </u>
	Interest on savings and temporary cash investments			l		
	Dividends and interest from securities		-			
5	Net rental income or (loss) from real estate	1 1,000	· \$ \$ \$ 5 · 5 · 5 · 5 · 6 · 6		₹ ~ ∧ , , , ,	. ,
а	Debt-financed property					
b	Not debt-financed property			1		
6	Net rental income or (loss) from personal property					
7	Other investment income.					
8	Gain or (loss) from sales of assets other than inventory					
9	Net income or (loss) from special events					
	Gross profit or (loss) from sales of inventory					
11	Other revenue.	% *****	* ** * **** **** ****		. \%. >	
a						
b _.	· · · · · · · · · · · · · · · · · · ·	4				
C	- 		·			
d _.						
e		1 1				
٠.	Subtotal Add columns (b) (d) and (e)	J.882 . 1848. J.		4 7 77		
12	Subtotal Add columns (b), (d), and (e)	460,2004		√ ^}‰		
12 13	Total. Add line 12, columns (b), (d), and (e)			<i>→</i> ′-3%	13	0.
12 13 (See	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculate	ions)	shment of Evenn		13	0.
12 13 (See	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculate XVI-B. Relationship of Activities to the	e Accompli	•	t Purp	oses	
12 13 (See	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculate XVI-B. Relationship of Activities to the No. Explain below how each activity for which it	e Accompli	•	t Purp	oses	
12 13 (See) Part	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculate. XVI-B. Relationship of Activities to the accomplishment of the foundation's exemption.	e Accompli	•	t Purp	oses	
12 13 (See)	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculate. XVI-B. Relationship of Activities to the accomplishment of the foundation's exemption.	e Accompli	•	t Purp	oses	
12 13 (See)	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculate. XVI-B. Relationship of Activities to the accomplishment of the foundation's exemption.	e Accompli	•	t Purp	oses	
12 13 (See)	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculate. XVI-B. Relationship of Activities to the accomplishment of the foundation's exemption.	e Accompli	•	t Purp	oses	
12 13 (See)	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculate. XVI-B. Relationship of Activities to the accomplishment of the foundation's exemption.	e Accompli	•	t Purp	oses	
12 13 (See)	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculate. XVI-B. Relationship of Activities to the accomplishment of the foundation's exemption.	e Accompli	•	t Purp	oses	
12 13 (See)	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculate. XVI-B. Relationship of Activities to the accomplishment of the foundation's exemption.	e Accompli	•	t Purp	oses	
12 13 (See)	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculate. XVI-B. Relationship of Activities to the accomplishment of the foundation's exemption.	e Accompli	•	t Purp	oses	
12 13 (See)	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculate. XVI-B. Relationship of Activities to the accomplishment of the foundation's exemption.	e Accompli	•	t Purp	oses	
12 13 (See)	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculate. XVI-B. Relationship of Activities to the accomplishment of the foundation's exemption.	e Accompli	•	t Purp	oses	
12 13 (See)	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculate. XVI-B. Relationship of Activities to the accomplishment of the foundation's exemption.	e Accompli	•	t Purp	oses	
12 13 (See)	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculate. XVI-B. Relationship of Activities to the accomplishment of the foundation's exemption.	e Accompli	•	t Purp	oses	
12 13 (See)	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculate. XVI-B. Relationship of Activities to the accomplishment of the foundation's exemption.	e Accompli	•	t Purp	oses	
12 13 (See)	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculate. XVI-B. Relationship of Activities to the accomplishment of the foundation's exemption.	e Accompli	•	t Purp	oses	
12 13 (See)	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculate. XVI-B. Relationship of Activities to the accomplishment of the foundation's exemption.	e Accompli	•	t Purp	oses	
12 13 (See)	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculate. XVI-B. Relationship of Activities to the accomplishment of the foundation's exemption.	e Accompli	•	t Purp	oses	
12 13 (See)	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculate. XVI-B. Relationship of Activities to the accomplishment of the foundation's exemption.	e Accompli	•	t Purp	oses	
12 13 (See)	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculate. XVI-B. Relationship of Activities to the accomplishment of the foundation's exemption.	e Accompli	•	t Purp	oses	
12 13 (See)	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculate. XVI-B. Relationship of Activities to the accomplishment of the foundation's exemption.	e Accompli	•	t Purp	oses	
12 13 (See)	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculate. XVI-B. Relationship of Activities to the accomplishment of the foundation's exemption.	e Accompli	•	t Purp	oses	
12 13 (See)	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculate. XVI-B. Relationship of Activities to the accomplishment of the foundation's exemption.	e Accompli	•	t Purp	oses	
12 13 (See v	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculate. XVI-B. Relationship of Activities to the accomplishment of the foundation's exemption.	e Accompli	•	t Purp	oses	

Form 990-PF (2012) THE FAUST FAMILY FOUNDATION, INC. 06-1831421 [PartixXVIII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

relating to political organizations?	
a Transfers from the reporting foundation to a noncharitable exempt organization of	
(1) Cash 1 a (1)	X
(2) Other assets	X
b Other transactions	
(1) Sales of assets to a noncharitable exempt organization 1 b (1)	<u> X</u>
(2) Purchases of assets from a noncharitable exempt organization 1 b (2)	X
(3) Rental of facilities, equipment, or other assets	<u> </u>
(4) Reimbursement arrangements	X
(5) Loans or loan guarantees	X
(6) Performance of services or membership or fundraising solicitations 1 b (6)	X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees 1c	<u> </u>
d If the answer to any of the above is 'Yes,' complete the following schedule. Column (b) should always show the fair market value the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.	
(a) Line no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements	ements
N/A	
2 a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes	XNo
b If 'Yes,' complete the following schedule (a) Name of organization (b) Type of organization (c) Description of relationship	
N/A	
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is	true,
correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	
Sign V May the IRS this return v	rith the
Here President preparer sh (see instructions)	tions)?
Signature of Africer or trustee Signature of Africer or trustee	s No
	10
Paid Bilair R. Woods, CFA Bilair R. Woods, CFA sen-employed F004743	12
Preparer Firm's name WOODS & ASSOCIATES, P.C. Firm's EIN 03-0492361	
Use Only Firm's address 606 BALTIMORE AVE STE 300 Phone no (410) 821-66	25
Towson, MD 21204-4073 Phone no (410) 821-66	

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

2012

Name of the organization		Employer identification number					
THE FAUST FAMILY FOUNDATION,	INC.	06-1831421					
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 priv	ate foundation					
	501(c)(3) taxable private foundation						
Check if your organization is covered by the Go	eneral Rule or a Special Rule						
Note. Only a section 501(c)(7), (8), or (10) orga	anization can check boxes for both the General Rule and a S	Special Rule See instructions					
General Rule							
	r 990-PF that received, during the year, \$5,000 or more (in mone	y or property) from any one					
Special Rules							
509(a)(1) and 170(b)(1)(A)(vi) and received	form 990 or 990-EZ that met the 33-1/3% support test of the I from any one contributor, during the year, a contribution of VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I are	the greater of (1) \$5,000 or					
For a section 501(c)(7), (8), or (10) organization total contributions of more than \$1,000 for the prevention of cruelty to children or anim	on filing Form 990 or 990-EZ that received from any one contributuse exclusively for religious, charitable, scientific, literary, or nals Complete Parts I, II, and III	tor, during the year, r educational purposes, or					
contributions for use <i>exclusively</i> for religious, of If this box is checked, enter here the total contributions is checked, enter here the total contributions.	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 <i>exclusively</i> for religious, charitable, etc, purposes, but these contributions did not total to more than \$1,000 lf this box is checked, enter here the total contributions that were received during the year for an <i>exclusively</i> 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 answer 'No' on Part IV, line 2, of its Form 990, or check meet the filing requirements of Schedule B (Fo	Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or the box on line H of its Form 990-EZ or on Part I, line 2, of its Form 990- irm 990, 990-EZ, or 990-PF)	990-PF) but it must PF, to certify that it does not					
BAA For Paperwork Reduction Act Notice, se	e the Instructions for Form 990, 990EZ, Schedule B (Form 990, 990-EZ, or 990-PF) (2012)					

Page

1 of

1 of Part 1

Name of organization
THE FAUST FAMILY FOUNDATION, INC.

Employer identification number

06-1831421

Part I Contributors (see instructions) Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	FAUST FAMILY CLAT 9475 DEERECO ROAD, STE 404 TIMONIUM, MD 21093	\$60,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Onnotes Part II if there is a noncash contribution.)
(a) Number	(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) Number	(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) Number	(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)

1 to

1 of Part II

Name of organization

THE FAUST FAMILY FOUNDATION, INC.

Employer identification number 06-1831421

Partill Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed (a) No. from Part I (b) Description of noncash property given (c) FMV (or estimate) (d) Date received (see instructions) N/A (a) No. from (b) Description of noncash property given (c) FMV (or estimate) (see instructions) (d) Date received Part I (d) Date received (b) Description of noncash property given (c) FMV (or estimate) (see instructions) (a) No. from Part I (d) Date received (b)
Description of noncash property given (c) FMV (or estimate) (see instructions) (a) No. from Part I (d) Date received (a) No. (c) FMV (or estimate) (see instructions) from Description of noncash property given Part I (a) No. from (c) FMV (or estimate) (see instructions) (d) Date received Description of noncash property given Part I

BAA

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Page

1 to

of Part III

Name of organization
THE FAUST FAMILY FOUNDATION, INC.

Employer identification number

06-1831421

	00 1001101
Land III Exclusively religious, charitable, etc, individual contributions to section 501(c)(7)	
organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and	d the following line entry.

For organizations completing Part III, enter total of *exclusively* religious, charitable, etc, contributions of **\$1,000 or less** for the year (Enter this information once See instructions) Use duplicate copies of Part III if additional space is needed

►Ś

N/A

	Use duplicate copies of Part III if additional	space is needed		<u> </u>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
	N/A				
		(e) Transfer of gift			
	Transferee's name, addres	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	
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Relationship of transferor to transferee		
ı					
_					
(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, addres	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	
				-	
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Relationship of transferor to transferee		
				*	

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

File a separate application for each return.

OMB No 1545-1709

Department of the Treasury Internal Revenue Service • If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box X If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). Do not complete Part II unless you have already been granted an automatic 3-month extention on a previously filed Form 8868. Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www irs gov/efile and click on e-file for Charities & Nonprofits Automatic 3-Month Extension of Time. Only submit original (no copies needed). Part I A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns Enter filer's identifying number, see instructions Employer identification number (EIN) or Name of exempt organization or other filer, see instructions Type or print THE FAUST FAMILY FOUNDATION, 06-1831421 Number, street, and room or suite number. If a P.O. box, see instructions Social security number (SSN) File by the due date for 1110 WESTWICKE LANE filing your City, town or post office, state, and ZIP code For a foreign address, see instructions return See instructions LUTHERVILLE, MD 21093 04 Enter the Return code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For ls For Code Code Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 02 08 Form 990-BL Form 1041-A Form 4720 (individual) 03 Form 4720 09 10 04 Form 990-PF Form 5227 05 Form 990-T (section 401(a) or 408(a) trust) Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 The books are in the care of ► GERALD M KATZ, ESQUIRE Telephone No ► (410) _938-8800 _ _ FAX No ▶ If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group. ▶ ☐ and attach a list with the names and EINs of all members If it is for part of the group, check this box check this box the extension is for 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time , 20 13 , to file the exempt organization return for the organization named above The extension is for the organization's return for. X calendar year 20 12 or ____, 20 ___, and ending If the tax year entered in line 1 is for less than 12 months, check reason Initial return Final return Change in accounting period

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any

c Balance due. Subtract line 3b from line 3a Include your payment with this form, if required, by using

payments made Include any prior year overpayment allowed as a credit

EFTPS (Electronic Federal Tax Payment System) See instructions

nonrefundable credits. See instructions

0.

0.

3a \$

3b|\$

3 c | \$

-	3 (Rev 1-2013)				Page 2
	re filing for an Additional (Not Automatic) 3-Mont	h Extensior	, complete only Part II and check t	his box	<u> </u>
Note. Only	complete Part II if you have already been granted	l an automa	tic 3-month extension on a previous	sly filed Form 8868	_
If you a	re filing for an Automatic 3-Month Extension, con	nplete only	Part I (on page 1)		
Part(II)	Additional (Not Automatic) 3-Month E	xtension	of Time. Only file the origina	I (no copies need	ed).
			Enter filer's id	dentifying number, see	instructions
	Name of exempt organization or other filer, see instructions			Employer identification num	ber (EIN) or
Type or	'yne ar				
THE FAUST FAMILY FOUNDATION, INC.				06-1831421 Social security number (SSI	
Cile hii the					N)
File by the extended due date for filing your return See					
instructions	City, town or post office, state, and ZIP code For a foreign addre	ss, see instructi	ons		
	Towson, MD 21204-4073				
Enter the f	Return code for the return that this application is fo	or (file a ser	parate application for each return)		04
					
Applicatio Is For	n	Return Code	Application Is For		Return Code
	- F 000 F7	-			Code
Form 990 o	r Form 990-EZ	01	<u> </u>		00
		02	Form 1041-A Form 4720		08
Form 4720 Form 990-	· · · · · · · · · · · · · · · · · · ·	03	Form 5227		10
	T (section 401(a) or 408(a) trust)	05	Form 6069		11
	T (trust other than above)	06	Form 8870		12
- 01111 330-	(trast other trial above)	1 00	1 0/11 00/0		12
Telepho					
 If this i whole grou 	one No. \blacktriangleright (410) 938-8800 organization does not have an office or place of but is for a Group Return, enter the organization's four up, check this box \blacktriangleright If it is for part of the graph the extension is for.	digit Group	Exemption Number (GEN)	If the names and EIN	his is for the
• If this is whole ground members to the first	riganization does not have an office or place of but it is for part of the grup, check this box The extension is for. If it is for part of the grup he extension is for. The extension is for. The extension of time until alendar year 2012, or other tax year beginning tax year entered in line 5 is for less than 12 months. Change in accounting period	siness in the digit Group, check the digit Group, check the digit Group the digit from the digit	Exemption Number (GEN) his box and attach a list wi , 20 13, 20, and ending	th the names and EIN , 20	s of all
• If this i whole groumembers t 4 I required for the following the foll	riganization does not have an office or place of but it is for a Group Return, enter the organization's four it is, check this box If it is for part of the graphe extension is for. Lest an additional 3-month extension of time until alendar year 2012, or other tax year beginning tax year entered in line 5 is for less than 12 months that is accounting period the in detail why you need the extension Additional Addi	siness in the digit Group, check to the digit Group, check to the digit Group, check to the digit Group to t	Exemption Number (GEN) his box and attach a list wi , 20, and ending _ eason	th the names and EIN , 20	accruate
• If this is whole ground members to the second of the sec	organization does not have an office or place of but it is for a Group Return, enter the organization's four place, check this box □ If it is for part of the graphe extension is for. Suest an additional 3-month extension of time until alendar year 2012, or other tax year beginning tax year entered in line 5 is for less than 12 months are tax in detail why you need the extension Additional application is for Form 990-BL, 990-PF, 990-T, 43.	siness in the digit Group, check to the side of the si	Exemption Number (GEN) his box I and attach a list wi , 20, and ending eason	th the names and EIN , 20 Final return complete and 8a\$	accruate 0.
• If this is whole ground members to the first the tax series of tax s	prganization does not have an office or place of but it is for a Group Return, enter the organization's four place, check this box If it is for part of the graphe extension is for. The extension is for extension of time until alendar year 2012, or other tax year beginning tax year entered in line 5 is for less than 12 months are the extension of the extension o	siness in the digit Group, check to the digit Group to the digit Gro	exemption Number (GEN) his box and attach a list wi , 20 , and ending eason Initial return time is need to file a o, enter the tentative tax, less any early refundable credits and estimate credit and any amount paid previous with this form, if required, by using	, 20 Final return complete and 8 a \$	accruate 0.
• If this is whole ground members to the first the tax series of tax s	rganization does not have an office or place of but is for a Group Return, enter the organization's four incomplete this box If it is for part of the graphe extension is for. Lest an additional 3-month extension of time until alendar year 2012, or other tax year beginning tax year entered in line 5 is for less than 12 months and the extension of the extension of time until alendar year 2012, or other tax year beginning tax year entered in line 5 is for less than 12 months and the extension of the extension	siness in the digit Group, check to the digit Group, check to the digit Group, check to the digit Group, check results, check	exemption Number (GEN) his box and attach a list wi , 20 , and ending eason Initial return time is need to file a o, enter the tentative tax, less any early refundable credits and estimate credit and any amount paid previous with this form, if required, by using	, 20 Final return complete and tax sly 8 b \$ 8 c \$	accruate 0.
• If this is whole ground members to the second of the sec	rganization does not have an office or place of but is for a Group Return, enter the organization's four incomplete this box If it is for part of the graphe extension is for. Lest an additional 3-month extension of time until alendar year 2012, or other tax year beginning tax year entered in line 5 is for less than 12 months and the extension of the extension of time until alendar year 2012, or other tax year beginning tax year entered in line 5 is for less than 12 months and the extension of the extension	siness in the digit Group, check to the digit Group, check restrictional to the digit Group of the digit G	eason	, 20 Final return complete and sa \$ d tax isly 8b \$ 8c \$	accruate 0. 0.
• If this is whole ground members to the second of the sec	programization does not have an office or place of but it is for a Group Return, enter the organization's four purply, check this box The extension is for. The extension is for extension of time until allendar year 2012, or other tax year beginning tax year entered in line 5 is for less than 12 months and the extension of time until extension in accounting period in detail why you need the extension of the extension of time until extension in accounting period in detail why you need the extension of the extension of time until extension in accounting period in detail why you need the extension of the extension of time until extension in accounting period in extension of time until extension in the extension of time until extension of time u	siness in the digit Group, check to the digit Group, check restrictional to the digit Group of the digit G	exemption Number (GEN) his box and attach a list wi	, 20 Final return complete and sa \$ d tax isly 8b \$ 8c \$	accruate 0. 0.

	•	
Δ	-	\sim
711		
		_

Federal Statements

Page 1

THE FAUST FAMILY FOUNDATION, INC.

06-1831421

Statement 1 Form 990-PF, Part I, Line 16b Accounting Fees

		(a) enses : <u>Books</u> _	(b) Net Investment <u>Income</u>	(c) Adjusted <u>Net Income</u>	(d) Charitable <u>Purposes</u>
WOODS & ASSOCIATES	Total	3,000. \$ 3,000. \$	3,000. 3,000.	\$ 0.	\$ 0.

Statement 2
Form 990-PF, Part X, Line 4
Explanation of Cash Deemed Held for Charitable Activities

THE ASSETS OF TEH FOUNDATION ARE HELD EXCLUSIVELY FOR CHARITABLE PURPOSES AND NOT FOR PRODUCTION OF INCOME OR INVESTMENTS. ALL ASSETS ARE KEPT IN CASH OR CASH EQUIVALENTS.

Statement 3 Form 990-PF, Part XV, Line 3a Recipient Paid During the Year

Name and Address	Donee Relationship	Found- ation Status	Purpose of Grant	Amount	
CHURCH OF THE NATIVITY 20 EAST RIDGELY ROAD LUTHERVILLE, MD 21093	NO RELATIONSHIP	501C	RELIGIOUS	\$ 16,0	00.
ARCHDIOCESE OF BALTIMORE 320 CATHEDRAL STREET, #1 BALTIMORE, MD 21201	NO RELATIONSHIP	501C	RELIGIOUS	1,6	00.
JOHNS HOPKINS HOSPITAL/HEALTH SYSTEM 600 N WOLFE STREET, STE B110 BALTIMORE, MD 21287	NO RELATIONSHIP	501C	SCIENTIFIC	3	00.
THE POLICE PROTECTIVE FUND 1009 W 6TH STREET, STE 205 AUSTIN, TX 78703	NO RELATIONSHIP	501C	BENEVOLENT	1	00.
HOUSE OF RUTH 2201 ARGONNE DRIVE BALTIMORE, MD 21218	NO RELATIONSHIP	501C	BENEVOLENT	6	00.
THE ROLAND PARK COUNTRY SCHOOL 5204 ROLAND AVENUE BALTIMORE, MD 21210	NO RELATIONSHIP	501C	EDUCATIONAL	1,5	00.

Total \$ 20,100.