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Form **990-PF**

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

Department of the Treasury
Internal Revenue Service

| For | cale | ndar year 2012 or tax year beginning | | , and ending | | | | | |
|-------------------------------------|-----------------------------------|---|--------------------------------------|-------------------------|----------------------------------|--|---|--|--|
| Name of foundation | | | | | A Employer identification number | | | | |
| _1 | ? <i>[</i> 2 | ND M FINK FAMILY TRUST | | | | 54-6466359 |) | | |
| | | and street (or P O box number if mail is not delivered to stree | 'surte | B Telephone number | | | | | |
| _ | 5873 IRON STONE COURT | | | | | 202 737 1977 | | | |
| | City or town, state, and ZIP code | | | | | C If exemption application is p | pending, check here | | |
| _ | | TREVILLE, VA 20120 | | | | _ | | | |
| G | [] [] | | | | | D 1. Foreign organization | s, check here | | |
| | | Final return | Amended return | | | 2 Foreign organizations me check here and attach co | eeting the 85% test, | | |
| ш | Chac | Address change k type of organization: Section 501(c)(3) e | Name change xempt private foundation | | | 1 | | | |
| "_ | _ | ection 4947(a)(1) nonexempt charitable trust | | dation | | E If private foundation sta under section 507(b)(1 | | | |
| ı E | | | ing method: X Cash | | | 1 | | | |
| | | | ther (specify) | 7.001001 | | F If the foundation is in a under section 507(b)(1 | | | |
| | -\$ | 7,771,404. (Part I, cold | ımn (d) must be on casi | n basis) | | under 5550001 557 (b)(1) | (D), oncok here | | |
| P | art | Analysis of Revenue and Expenses | (a) Revenue and | (b) Net investme | ent | (c) Adjusted net | (d) Disbursements | | |
| | | (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) | expenses per books | income | | income | for charitable purposes (cash basis only) | | |
| | 1 | Contributions, gifts, grants, etc., received | 2,500,000 | • | | | | | |
| | 2 | Check from the foundation is not required to attach Sch. B | | | | | | | |
| Revenue | 3 | Interest on savings and temporary cash investments | | | | | | | |
| | 4 | Dividends and interest from securities | 35,773 | . 35,7 | 73. | 35,773. | Statement 1 | | |
| | 1 | Gross rents | | | | | | | |
| | _ | Net rental income or (loss) | 1,425 | | | | | | |
| | Da L | Net gain or (loss) from sale of assets not on line 10 Gross sales price for all 3,118,907. | 1,445 | • | | | | | |
| | b 7 | Capital gain net income (from Part IV, line 2) | | 1,4 | 25 | | | | |
| æ | 8 | Net short-term capital gain | | 1, 3 | 23. | N/A | | | |
| | 9 | Income modifications | | <u> </u> | | | | | |
| | 10a | Gross sales less returns and allowances | | | | | | | |
| | b | Less Cost of goods sold | | | | | | | |
| | C | Gross profit or (loss) | | | | | | | |
| | 11 | Other income | | | | | | | |
| | 12 | Total. Add lines 1 through 11 | 2,537,198 | 37,19 | 98. | 35,773. | | | |
| | 13 | Compensation of officers, directors, trustees, etc | <u> </u> | DECEN | 괃 | 0. | 0. | | |
| | 14 | Other employee salaries and wages | | RECEIV | <u> </u> | 78 | | | |
| es | 15 | Pension plans, employee benefits Legal fees | - | 11011102 | 042 | 181 | | | |
| ens | h | Accounting fees | | } NOV 1 2 4 | บเร | [장] | | | |
| Ď X | C | Other professional fees | | | | | | | |
| Ś\$ | 17 | Interest | | OGDEN, | U | | | | |
| Operating and Administrative Expens | 18 | Taxes Stmt 2 | 25. | | 0. | 0. | 0. | | |
| | 19 | Depreciation and depletion | | | | | | | |
| Ϋ́Ε, | 20 | Occupancy | | | | | | | |
| S | 21 | Travel, conferences, and meetings | | | | | | | |
| , an | 22 | Printing and publications | | | | | | | |
| ting | 23 | Other expenses | | | | | | | |
| eral | 2 | Total operating and administrative | 25. | | 0. | 0 | 0 | | |
| õ | 251 | expenses. Add lines 13 through 23 Contributions, gifts, grants paid | 470,330 | <u> </u> | <u> </u> | 0. | 0. 470,330. | | |
| | | Jotal expenses and disbursements. | ±/U,33U | <u> </u> | | | ¥10,330. | | |
| | - "(| Add lines 24 and 25 | 470,355. | 1 | 0. | 0. | 470,330. | | |
| | 27 | Subtract line 26 from line 12. | | | - | | | | |
| | | Excess of revenue over expenses and disbursements | 2,066,843. | | | | | | |
| | b | Net investment income (if negative, enter -0-) | | 37,19 | 8. | | | | |
| | C | Adjusted net income (if negative, enter -0-) | | | | 35,773. | | | |

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) 2 Enter amount from Part I, line 27a 2 0ther increases not included in line 2 (itemize) ► 3 0.4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) ► 5 0.6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

| (a) Base period years Calendar year (or tax year beginning in) | | (b) Adjusted qualifying distributions | (c) Net value of noncharitable-use assets | (6 | (d) Distribution ratio col. (b) divided by col. (c)) |
|--|--|--|--|----|--|
| | 2011 | 126,198. | 2,118,247. | | .059577 |
| | 2010 | 5,325. | 296,928. | | .017934 |
| | 2009 | 42,581. | 0. | | .000000 |
| | 2008 | 46,158. | 0. | | .000000 |
| | 2007 | 26,500. | 0. | | .000000 |
| | Total of line 1, column (d) | | | 2 | .077511 |
| 3 | Average distribution ratio for the 5-year bathe foundation has been in existence if less | | or by the number of years | 3 | .015502 |
| 4 | Enter the net value of noncharitable-use as | ssets for 2012 from Part X, line 5 | | 4 | 2,942,307. |
| 5 | Multiply line 4 by line 3 | | | 5 | 45,612. |
| 6 | Enter 1% of net investment income (1% o | f Part I, line 27b) | | 6 | 372. |
| 7 | Add lines 5 and 6 | | | 7 | 45,984. |
| 8 | Enter qualifying distributions from Part XII | , line 4 | | 8 | 470,330. |

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.

| Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions and enter "N/A" on line 1. Date of ruling or determination letter: | | กร) |
|---|---------------|-------------|
| Date of ruling or determination letter:(attach copy of letter if necessary-see instructions) b Domestic foundations that meet the section 4940(e) requirements in Part V, check here | | |
| b Domestic foundations that meet the section 4940(e) requirements in Part V, check here X and enter 1% of Part I, line 27b | | |
| of Part I, line 27b | | |
| | | 372. |
| All 11 1: 1 4 1 1 1 1 1 00/ 11 07 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | |
| c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b). | | ^ |
| 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | | 0. |
| 3 Add lines 1 and 2 3 | | 372. |
| 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | | 0. |
| 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- | | <u>72.</u> |
| 6 Credits/Payments: | | |
| a 2012 estimated tax payments and 2011 overpayment credited to 2012 | | |
| b Exempt foreign organizations - tax withheld at source | | |
| c Tax paid with application for extension of time to file (Form 8868) 6c 1,000. | | |
| d Backup withholding erroneously withheld | | |
| | Ι, ι | 00. |
| 8 Enter any penalty for underpayment of estimated tax. Check here If Form 2220 is attached 8 | | |
| 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed | | |
| 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | | 28. |
| 11 Enter the amount of line 10 to be: Credited to 2013 estimated tax ▶ 628 . Refunded ▶ 11 Part VII-A Statements Regarding Activities | | 0. |
| | Voc | No |
| 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in | 162 | |
| any political campaign? 1a | | X |
| b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)? 1b | | X |
| If the answer is "Yes" to 1a or 1b , attach a detailed description of the activities and copies of any materials published or | | |
| distributed by the foundation in connection with the activities | | • |
| c Did the foundation file Form 1120-POL for this year? | | X |
| d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ▶ \$ 0 • (2) On foundation managers. ▶ \$ 0 • | | |
| | | |
| e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. > \$ 0 • | | |
| | | х |
| 2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities | | |
| 3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or | | |
| bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes | | _x_ |
| 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? 4a | | X |
| b If "Yes," has it filed a tax return on Form 990-T for this year? N/A 4b | | |
| 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? | | x |
| If "Yes," attach the statement required by General Instruction T. | | |
| 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: | | |
| By language in the governing instrument, or | | |
| By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law | | |
| remain in the governing instrument? | | х |
| 7 Did the foundation have at least \$5,000 in assets at any time during the year? | Х | |
| If "Yes," complete Part II, col. (c), and Part XV | | |
| 8a Enter the states to which the foundation reports or with which it is registered (see instructions) | | |
| VA | | |
| b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) | | |
| of each state as required by General Instruction G? If "No," attach explanation | X | |
| 9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar | _ | |
| year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If "Yes," complete Part XIV | | <u>x</u> _ |
| 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses 10 | | X |

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|----|--|-------------------------|---|-------------|
| | art VII-A Statements Regarding Activities (continued) | | | |
| 11 | At any tyne during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of | | | |
| | section 512(b)(13)? If "Yes," attach schedule (see instructions) | _ | 11 | X |
| 12 | Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privately formula to the foundation of a disqualified person had advisory privately formula to the foundation of a disqualified person had advisory privately formula to the foundation of a disqualified person had advisory privately formula to the foundation of a disqualified person had advisory privately formula to the foundation of a disqualified person had advisory privately for the foundation of a disqualified person had advisory privately for the foundation of a disqualified person had advisory privately for the foundation of a disqualified person had advisory privately for the foundation of a disqualified person had advisory privately for the foundation of the fou | ileges? | | |
| | If "Yes," attach statement (see instructions) | <u> </u> | 12 | X |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? | L: | 3 | <u> </u> |
| | Website address ► N/A | | | |
| 14 | The books are in care of ▶ JOSEPH B. SPRUNG, CPA'S Telephone no. ▶ | | | |
| | Located at ► 444 MADISON AVENUE, FLOOR 22, NEW YORK, NY Z | IP+4 ►<u>100</u> | <u> 22 </u> | |
| 15 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here | | J | |
| | and enter the amount of tax-exempt interest received or accrued during the year | 15 | N/A | |
| 16 | At any time during calendar year 2012, did the foundation have an interest in or a signature or other authority over a bank, | • | Ye | s No |
| | securities, or other financial account in a foreign country? | <u>L</u> . | 16 | 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 | | <u></u> | |
| Pa | art VII-B Statements Regarding Activities for Which Form 4720 May Be Required | | | |
| | File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. | | Yes | s No |
| 1a | During the year did the foundation (either directly or indirectly): | | | |
| | (1) Engage in the sale or exchange, or leasing of property with a disqualified person? | X No | | |
| | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) | | | İ |
| | a disqualified person? | X No | | ļ |
| | | X No | | |
| | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? | X No | 1 | |
| | (5) Transfer any income or assets to a disqualified person (or make any of either available | | | 1 |
| | for the benefit or use of a disqualified person)? | X No | | |
| | (6) Agree to pay money or property to a government official? (Exception, Check "No" | | - 1 | |
| | ıf 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.) | X No | | |
| b | If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations | | - 1 | |
| | section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? | N/A 1 | ь | |
| | Organizations relying on a current notice regarding disaster assistance check here | | ļ | |
| 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 | С | 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)): | | | |
| а | 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? | X No | | |
| | If "Yes," list the years | | | |
| b | Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect | | | |
| | valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach | | | 1 |
| | statement - see instructions.) | N/A 2 | b | |
| C | If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. | | | |
| | > | | | |
| 3a | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time | | | |
| | | 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 approved by the Commissioner under section 4943(c)(7)) to dispose | se | | |
| | of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, | | | |
| | Form 4720, to determine if the foundation had excess business holdings in 2012) | N/A 31 | | <u> </u> |
| | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | 4: | 1 | X |
| b | Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that | ıt | | |
| | had not been removed from jeopardy before the first day of the tax year beginning in 2012? | 41 | | X |
| | | Form 9 5 | 90-PF | (2012) |

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| Form 990-PF (2012) R AND M FINK FAMILY TRUST 54-646359 Page Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued) | | | | | | |
|--|---|-----------------------------|--|-----------|-----------------------|--|
| | Form 4/20 May Be | mequirea (contii | nued) | | | |
| 5a During the year did the foundation pay or incur any amount to: (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? Yes X No | | | | | | |
| (1) Carry on propagation, or otherwise attempt to influence registation (section 4955); (2) Influence the outcome of any specific public election (see section 4955); | , ,, | | es LALINO | | | |
| any voter registration drive? | or to carry on, unectry or mur | | es X No | | | |
| (3) Provide a grant to an individual for travel, study, or other similar purposes | 2 | | es X No | | | |
| (4) Provide a grant to an individual for traver, study, or other similar purpose. | | L 1 | 65 (22) 110 | | | |
| 509(a)(1), (2), or (3), or section 4940(d)(2)? | on described in section | | es X No | | | |
| (5) Provide for any purpose other than religious, charitable, scientific, literary | • | 62 [77] 140 | | - | | |
| the prevention of cruelty to children or animals? | , or educational purposes, or | | es X No | | İ | |
| b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un | der the excentions described | | 00 [22] 110 | | ļ | |
| section 53.4945 or in a current notice regarding disaster assistance (see instri | | III riogulations | N/A | 5b | | |
| Organizations relying on a current notice regarding disaster assistance check l | • | | | | | |
| c If the answer is "Yes" to question 5a(4), does the foundation claim exemption to | | ained | | - | | |
| expenditure responsibility for the grant? | | . — | es 🗀 No | İ | | |
| If "Yes," attach the statement required by Regulations section 53 494 | | 11/22 | | İ | | |
| 6a Did the foundation, during the year, receive any funds, directly or indirectly, to | | | | | | |
| a personal benefit contract? | pay promiting on | | es X No | | | |
| b Did the foundation, during the year, pay premiums, directly or indirectly, on a p | nersonal henefit contract? | · | | 6ь | X | |
| If "Yes" to 6b, file Form 8870. | oci sonai ociiciit contiact: | | <u> </u> | 00 | <u> </u> | |
| 7a At any time during the tax year, was the foundation a party to a prohibited tax | shelter transaction? | v | es X No | | | |
| b If "Yes," did the foundation receive any proceeds or have any net income attribu | | | | 7b | | |
| Information About Officers Directors Trust | | nagers. Highl | | , <u></u> | | |
| Part VIII Paid Employees, and Contractors | , | g,g, | • | | | |
| 1 List all officers, directors, trustees, foundation managers and their | compensation. | | | | | |
| A Niver and address | (b) Title, and average hours per week devoted | (c) Compensation | (d) Contributions to employee benefit plans and deterred | (e) | Expense unt, other | |
| (a) Name and address | to position | (If not paid, enter -0-) | and deterred compensation | allo | wances | |
| | | | | | | |
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| | | | | | | |
| | | | | | | |
| 2 Compensation of five highest-paid employees (other than those inc | luded on line 1). If none, | enter "NONE." | | | | |
| (a) Name and address of each employee paid more than \$50,000 | (b) Title, and average | | (d) Contributions to employee benefit plans | | xpense | |
| (a) Name and address of each employee paid more man \$50,000 | hours per week devoted to position | (c) Compensation | and deferred compensation | | ınt, other wances | |
| NONE | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | } | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Total number of other employees paid over \$50,000 | | | | | 0 | |

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|---|--|-----------------------|
| Part VIII Information About Officers, Directors, Trustees, Found Paid Employees, and Contractors (continued) | dation Managers, Highly | |
| 3 Five highest-paid independent contractors for professional services. If none, en | ter "NONE." | |
| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
| NONE | | |
| | | |
| | | |
| | | |
| <u> </u> | | |
| | | |
| Total number of others receiving over \$50,000 for professional services | | ▶ 0 |
| Part IX-A Summary of Direct Charitable Activities | | |
| List the foundation's four largest direct charitable activities during the tax year. Include relevant stanumber of organizations and other beneficiaries served, conferences convened, research papers pr | tistical information such as the roduced, etc. | Expenses |
| 1N/A | | |
| | | |
| 2 | | |
| | | |
| 3 | | |
| | | |
| | | |
| Part IX-B Summary of Program-Related Investments | | |
| Describe the two largest program-related investments made by the foundation during the tax year of | in lines 1 and 2. | Amount |
| IN/A | | |
| | | |
| 2 | | |
| All other program-related investments. See instructions. | | |
| } | | |
| | | |
| Fotal Add lines 1 through 3 | ▶ | Λ. |

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| P | art X Minimum Investment Return (All domestic foundations must complete this part Foreign foundations | ndations | s, see instructions) |
|----|--|-------------|----------------------|
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: | | |
| | Average monthly fair market value of securities | 1a | 2,987,114. |
| | Average of monthly cash balances | 1b | |
| | Fair market value of all other assets | 1c | |
| d | Total (add lines 1a, b, and c) | 1d | 2,987,114. |
| е | Reduction claimed for blockage or other factors reported on lines 1a and | | |
| | 1c (attach detailed explanation) 1e 0. | | |
| 2 | Acquisition indebtedness applicable to line 1 assets | 2 | _0. |
| 3 | Subtract line 2 from line 1d | 3 | 2,987,114. |
| 4 | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) | 4 | 44,807. |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 | 5 | 2,942,307. |
| 6 | Minimum investment return. Enter 5% of line 5 | 6 | 147,115. |
| P | art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.) | d certain | |
| 1 | Minimum investment return from Part X, line 6 | 1 | 147,115. |
| 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 | 2c | 372. |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1 | 3 | 146,743. |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | 0. |
| 5 | Add lines 3 and 4 | 5 | 146,743. |
| 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 | 146,743. |
| P | art XII Qualifying Distributions (see instructions) | | |
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: | | |
| а | Expenses, contributions, gifts, etc total from Part I, column (d), line 26 | 1a | 470,330. |
| b | Program-related investments - total from Part IX-B | 1b | 0. |
| 2 | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes | 2 | |
| 3 | Amounts set aside for specific charitable projects that satisfy the: | | |
| а | Suitability test (prior IRS approval required) | 3a | |
| b | Cash distribution test (attach the required schedule) | 3b | |
| 4 | Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 | 4 | 470,330. |
| 5 | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment | Ì | |
| | income. Enter 1% of Part I, line 27b | 5 | 372. |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | 469,958. |
| | Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation q 4940(e) reduction of tax in those years. | ualifies fo | or the section |

Form **990-PF** (2012)

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, | 00,900 | 10000 \$1101 to 2011 | 2011 | 2012 |
| line 7 | | | | <u>146,</u> 743. |
| 2 Undistributed income, if any, as of the end of 2012 | | | | <u> </u> |
| a Enter amount for 2011 only | | | 0. | |
| b Total for prior years: | | | | |
| | | 0. | | |
| 3 Excess distributions carryover, if any, to 2012: | | | | · · · · · · · · · · · · · · · · · · · |
| a From 2007 17,129. | | | | |
| b From 2008 46,200. | | | | |
| c From 2009 42,687. | | | | |
| d From 2010 | | | | |
| e From 2011 21,380. | | | | |
| f Total of lines 3a through e | 127,396. | | | |
| 4 Qualifying distributions for 2012 from | | | | |
| Part XII, line 4: ► \$ 470,330. | | | | |
| 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. | | | |
| d Applied to 2012 distributable amount | | | | 146,743. |
| e Remaining amount distributed out of corpus | 323,587. | | | |
| 5 Excess distributions carryover applied to 2012 (If an amount appears in column (d), the same amount must be shown in column (a)) | 0. | | | 0. |
| 6 Enter the net total of each column as indicated below: | | | | |
| a Corpus Add lines 3f, 4c, and 4e Subtract line 5 | 450,983. | | | |
| 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 | | | | |
| not applied on line 5 or line 7 | 17,129. | | | |
| 9 Excess distributions carryover to 2013. | | | | |
| Subtract lines 7 and 8 from line 6a | 433,854. | | | |
| 10 Analysis of line 9: | | | | |
| a Excess from 2008 46,200. | | | | |
| b Excess from 2009 42,687. | | | | |
| c Excess from 2010 | | | | |
| d Excess from 2011 21,380. e Excess from 2012 323,587. | | | | |
| e Excess from 2012 323,587. | <u></u> | | _ | 5 000 PE (0040) |

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to any foundation manager or substantial contributor Recipient Purpose of grant or contribution Foundation Amount status of Name and address (home or business) recipient a Paid during the year CHARITABLE ACTON INSTITUTE ORG 1,000. AMERICANS FOR PROSPERITY FOUNDATION DRG CHARITABLE 100,000. AMERICAN LIFE LEAGUE ORG CHARITABLE 250. A WOMAN'S CHOICE ORG CHARITABLE 300. CHARITABLE BEAR GIVERS ORG CHARITABLE 35,000. See continuation sheet(s) Total ▶ 3a 470,330. b Approved for future payment None Total **▶** 3b

Part XVI-A Analysis of Income-Producing Activities

| Enter gross amounts unless otherwise indicated. | Unrelated | business income | | by section 512, 513, or 514 | (e) |
|--|-----------------------|-----------------------|-----------------------|-----------------------------|-----------------------------------|
| • | (a) Business | (b) Amount | (C) Exclu- sion | (d) Amount | Related or exempt function income |
| 1 Program service revenue: | code | | code | Amount | |
| a | | | | | |
| b | _ | | | | |
| C | | | | | - |
| d | _ | | | | |
| ef | _ | | | | |
| g Fees and contracts from government agencies | | | * | | ···· |
| 2 Membership dues and assessments | | | | | |
| 3 Interest on savings and temporary cash investments | | | | | |
| 4 Dividends and interest from securities | | | | | 35,773. |
| 5 Net rental income or (loss) from real estate: | | | | | |
| a Debt-financed property | | | | | |
| b Not debt-financed property | | | · | | |
| 6 Net rental income or (loss) from personal | | | | | |
| property | 1 | | | | |
| 7 Other investment income | | | | | |
| 8 Gain or (loss) from sales of assets other | | | | | |
| than inventory | <u> </u> | | | | 1,425. |
| 9 Net income or (loss) from special events | | | | | |
| O Gross profit or (loss) from sales of inventory | | | | | |
| 1 Other revenue: | | | | | |
| a | _ | | | | |
| b | | | | | |
| C | 1 1 | | | | |
| d | | | | | |
| e | | | | | |
| 2 Subtotal. Add columns (b), (d), and (e) | | 0 | | 0. | 37,198. |
| 3 Total. Add line 12, columns (b), (d), and (e) | | | | 13 | 37,198. |
| See worksheet in line 13 instructions to verify calculations.) |) | | _ | | |
| Part XVI-B Relationship of Activities | to the Accom | nplishment of E | Exempt P | urposes | |
| | | <u> </u> | | | |
| Line No Explain below how each activity for which in | come is reported in d | olumn (e) of Part XVI | -A contributed | I importantly to the accomp | lishment of |

| Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes | | | | | |
|--|---|--|--|--|--|
| Line No ▼ | Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). | | | | |
| | | | | | |
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Form 990-PF (2012) R AND M FINK FAMILY TRUST 54-6466359

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

| 1 Did the o | organization directly or indir | rectly engage in any of the | following with any other organizatio | on described in section 501(c) of | | Yes | No |
|--------------------|---|---|--|--|----------------|-----------|-----------|
| | • | | ction 527, relating to political organ | izations? | | | |
| a Transfers | s from the reporting founda | ation to a noncharitable exc | empt organization of: | | | | |
| (1) Casl | | | | | 1a(1) | | X |
| (2) Othe | er assets | | | | 1a(2) | | X |
| b Other tra | | | | | | | |
| (1) Sale | s of assets to a noncharital | ble exempt organization | | | 1b(1) | | X |
| (2) Puro | chases of assets from a nor | ncharitable exempt organiz | ation | | 1b(2) | | _X_ |
| (3) Rent | tal of facilities, equipment, o | or other assets | | | 1b(3) | | X |
| (4) Rein | nbursement arrangements | | | | 1b(4) | | X |
| | ns or loan guarantees | | | | 1b(5) | | X |
| (6) Perf | ormance of services or mei | mbership or fundraising so | blicitations | | 1b(6) | | X |
| _ | of facilities, equipment, mai | | - | | 1c | | X |
| | | | | vays show the fair market value of the goods | | ets, | |
| | | | | e in any transaction or sharing arrangement | , show in | | |
| column (| d) the value of the goods, o | | | | | | |
| Line no | (b) Amount involved | (c) Name of nonch | aritable exempt organization | (d) Description of transfers, transactions, ar | ıd sharıng arr | angeme | nts |
| | | N | /A | | | | |
| | | | | | | | |
| | | | | | | | |
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| | | | | | | | |
| a Is the fou | indation directly or indirectly | y affiliated with, or related | to, one or more tax-exempt organiz | ations described | | | |
| ın section | 501(c) of the Code (other | than section 501(c)(3)) or | in section 527? | | Yes | X | No |
| | omplete the following sche | * | | | | | |
| - , | (a) Name of orga | | (b) Type of organization | (c) Description of relation | ship | | |
| | N/A | | 1,72 | · · · · · · · · · · · · · · · · · · · | · · | | |
| | | | | | | - | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Under | r nenalties of neriury. I declare th | nat I have examined this return | including accompanying schedules and s | statements, and to the best of my knowledge | | | |
| 500 | | | | tion of which propersy has any knowledge | lay the IRS di | scuss the | nis er |
| Sign Here | 1 / Cath | 10-11 | 4 | | hown below (| | |
| <u> </u> | 1760 401 | 15/0 | | | X Yes | | No |
| Sigi | nature of officer or trustee | 15 | Date | Title Charle Feel of PEIN | | | |
| | Print/Type preparer's nar | ne Prepa | /I *. I | Date Check X if PTIN | | | |
| | | | 1 de Cure | self- employed | | | |
| Paid | | | | | 14448 | | |
| reparer | Firm's name ► Jose | eph B. Sprun | g', CPA's | Firm's EIN ► 11-2 | 190784 | 15 | |
| Jse Only | | | | | | | |
| | Firm's address > 444 | 4 Madison Av | enue, 22nd FL | | | | |
| | | v York, NY 1 | | Phone no. 212- | 935-1 | L55! | 5 |
| | | | | 1 | 000 | DE (| 2040 |

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

| R | AND M FINK FAMILY TRUST | 54-6466359 | | | | | |
|---|--|----------------------------------|--|--|--|--|--|
| 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 | 527 political organization | | | | | |
| Form 990-PF | 501(c)(3) exempt private foundation | | | | | | |
| | 4947(a)(1) nonexempt charitable trust treated as a private foundation | | | | | | |
| | X 501(c)(3) taxable private foundation | | | | | | |
| | is covered by the General Rule or a Special Rule. c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special R | ule. See instructions | | | | | |
| X For an organization | on filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in n polete Parts I and II | noney or property) from any one | | | | | |
| Special Rules | | | | | | | |
| 509(a)(1) and 170 | (c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the reg (b)(1)(A)(vī) and received from any one contributor, during the year, a contribution of the (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II | • | | | | | |
| total contributions | (c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one conti s of more than \$1,000 for use <i>exclusively</i> for religious, charitable, scientific, literary, or ed cruelty to children or animals. Complete Parts I, II, and III | | | | | | |
| For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc, purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc, contributions of \$5,000 or more during the year | | | | | | | |
| Caution. An organization t | that is not covered by the General Rule and/or the Special Rules does not file Schedule | B (Form 990, 990-EZ, or 990-PF). | | | | | |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Name of organization

Employer identification number

| D | A NTD | м | FINK | FAMILY | TOTTOT |
|---|-------|-----|------|---------|--------|
| ĸ | AND | ΙAΤ | LTMV | LAMILLI | TRUST |

54-6466359

| Part I | Contributors (see instructions). Use duplicate copies of Part I | f additional space is needed. | |
|-------------|---|-------------------------------|---|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | RICHARD AND MARY FINK 5873 IRON STONE COURT CENTREVILLE, VA 20120 | \$\$ | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | | Person Payroll Noncash (Complete Part II if there is a noncash contribution) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II if there is a noncash contribution) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II if there is a noncash contribution) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II if there is a noncash contribution) |
| 23452 12-21 | I-12 | Schedule B (Form | 990, 990-EZ, or 990-PF) (2012) |

Name of organization

Employer identification number

R AND M FINK FAMILY TRUST

54-6466359

| Part II | 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) (see instructions) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | \$ | |

| Schedule E | B (Form 990, 990-EZ, or 990-PF) (2012) | | Page Employer identification number | | |
|---------------------------|---|---|--|--|--|
| | • | | | | |
| R AND Part III | vear Complete columns (a) through (e) and | the following line entry. For organization of \$1,000 or less for the contributions of | 54-6466359 (7), (8), or (10) organizations that total more than \$1,000 for the ons completing Part III, enter the year. (Enter this information once) | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | |
| | | | | | |
| ļ | | (e) Transfer of gif | | | |
| - | Transferee's name, address, a | and ZIP + 4 | Relationship of transferor to transferee | | |
| | | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | |
| | | | | | |
| - | | (e) Transfer of gif | t | | |
| | Transferee's name, address, a | and ZIP + 4 | Relationship of transferor to transferee | | |
| | | | | | |
| | | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | |
| | | | | | |
| - | | (e) Transfer of gift | | | |
| | Transferee's name, address, a | ind ZIP + 4 | Relationship of transferor to transferee | | |
| | | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | |
| | | | | | |
| - | | (e) Transfer of gift | | | |
| _ | Transferee's name, address, a | - | Relationship of transferor to transferee | | |
| | | | | | |

| Part IV Capital Gains and Lo | osses for Tax on Investment Income | | | | |
|---|--|---|--|--|----------------------------------|
| | d describe the kind(s) of property sol rick warehouse; or common stock, 2 | | (b) How acquired P - Purchase D - Donation | (c) Date acquired (mo., day, yr.) | (d) Date sold (mo., day, yr.) |
| 1a MORGAN STANLEY | | | P | Various | Various |
| b MORGAN STANLEY | • | | P | Various | Various |
| c MORGAN STANLEY | | | P | Various | 07/10/12 |
| d MORGAN STANLEY | - | | P | Various | Various |
| e MORGAN STANLEY | · | | P | Various | <u>Various</u> |
| f MORGAN STANLEY | <u>-</u> | | P | Various | Various |
| g MORGAN STANLEY | · | | P | Various | 11/09/12 |
| h MORGAN STANLEY | | | P | | Various |
| BRANCH BANKING | | | P | | <u>Various</u> |
| BRANCH BANKING | | | P | | Various_ |
| k BRANCH BANKING | | | P | | Various |
| BRANCH BANKING | | | P | Various | <u>Various</u> |
| m Capital Gains | <u>Dividends</u> | | | | |
| <u>n</u> | | | | | |
| 0 | · · · · · · · · · · · · · · · · · · · | | | | <u> </u> |
| (e) Gross sales price | (f) Depreciation allowed (or allowable) | (g) Cost or other basis plus expense of sale | |) Gain or (loss) blus (f) minus (g) | |
| a 1,035,159. | | 1,036,554. | | | <1,395.> |
| b 616,701. | | 614,320. | · · · · · · · · · · · · · · · · · · · | | 2,381. |
| c 22,735. | | 21,739. | | | 996. |
| d 571,444. | | 575,601. | | | <4,157.> |
| e 143,522. | | 137,849. | | | 5,673. |
| f 98,930. | | 107,747. | | | <8,817.> |
| g 40,373. | | 40,402. | | | <u> </u> |
| h 105,608. | | 112,676. | | | <u><7,068.</u> > |
| 331,803. | | 323,148. | | | 8,655. |
| 520. | | 656. | . | | <u><136.</u> > |
| k 29,274. | | 30,943. | | | <1,669.> |
| 119,791. | | 115,847. | | | 3,944. |
| m 3,047. | <u> </u> | | | | 3,047. |
| Complete only for assets shown | ng gain in column (h) and owned by t | he foundation on 12/31/69 | (I) Los | ses (from col. (h)) | |
| (i) F.M.V. as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | (k) Excess of col. (ı) over col. (ı), ıf any | Gains (excess of but n | of col. (h) gain over ot less than "-0-") | r col. (k), |
| a | | | ** | | <1,395.> |
| b | - | | ** | | 2,381. |
| С | | | | | 996. |
| d | | | ** | | <4,157.> |
| е | | | | | 5,673. |
| f | | | ** | | <u><8,817.</u> > |
| g | | | ** | | <u> </u> |
| h | | | ** | · · · · · · · · · · · · · · · · · · · | <u><7,068.</u> > |
| 1 | | | ** | | 8,655. |
| 1 | | | <u></u> | | <136.> |
| <u>k</u> | | | ** | | <u><1,669.</u> > |
| 1 | | | | | 3,944. |
| <u>m</u> | | | | | 3,047. |
| <u>n</u> | | | | | |
| 0 | | | | | |
| 2 Capital gain net income or (net ca | pital loss) { If gain, also enter If (loss), enter -0- | in Part I, line 7 | 2 | | 1,425. |
| 3 Net short-term capital gain or (los | | , I | | | <u> </u> |
| If gain, also enter in Part I, line 8, If (loss), enter "-0-" in Part I, line 8 | column (c). | } | 3 | | <12,099.> |
| in (1000), onter o in rait i, line t | · | | <u> </u> | | <u> </u> |

| Part XV Supplementary Information | | | | |
|---|--|----------------------|----------------------------------|---------------------|
| 3 Grants and Contributions Paid During the | | 1 | | |
| Recipient Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of | Purpose of grant or contribution | Amount |
| ivanie and address (notife or dusifiess) | or substantial contributor | recipient | | |
| CARE NET | | ORG | CHARITABLE | |
| | | | | 200 |
| CATHOLIC CHARITIES | | ORG | CHARITABLE | 50 |
| | | | | |
| CATHOLIC DIOCESE OF ST. THOMAS | | ORG | CHARITABLE | 100. |
| COMMUNITY COALITION FOR HAITI | | ORG | CHARITABLE | 500. |
| | | | | |
| COVENANT HOUSE | | ORG | CHARITABLE | 100. |
| GABRIEL PROJECT | | ORG | CHARITABLE | 200. |
| | | | | |
| GEORGE MASON UNIVERSITY FOUNDATION | | ORG | CHARITABLE | 300,000. |
| HERITAGE FOUNDATION | | ORG | CHARITABLE | 1,000. |
| | | | | |
| HUMANE SOCIETY OF FAIRFAX | | ORG | CHARITABLE | 50. |
| JAMES MADISON UNIVERSITY FOUNDATION | | org | CHARITABLE | |
| Total from continuation sheets | | | | 25,000. 333,780. |
| Total from continuation silects | | | | 333 /80. |

R AND M FINK FAMILY TRUST

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, show any relationship to any foundation manager or substantial contributor Recipient Foundation Purpose of grant or Amount status of contribution Name and address (home or business) recipient LITTLE SISTERS OF POOR brg CHARITABLE 200. PAUL STEFAN FOUNDATION ORG CHARITABLE 400. SOMC ORG CHARITABLE 100. ST. MARY'S INTERFAITH ORG CHARITABLE 30. YOUTH ENTREPRENEURS ORG CHARITABLE 5,000. ST. JUDE ORG CHARITABLE 50. STUDENTS FOR LIFE OF AMERICA CHARITABLE ORG 200. THE BENEDICTINE SISTERS OF VA DRG CHARITABLE 100. THE MACEDONIA CHURCH ORG CHARITABLE 500. Total from continuation sheets

| Form 990-PF Dividends and | l Interest from | Securities | Statement 1 |
|----------------------------------|---------------------------|----------------------------|---------------------------|
| Source | Gross Amount | Capital Gains Dividends | Column (A) Amount |
| BB&T BB&T MORGAN STANLEY | 17,634. 21,161. 25. | 3,047. | 14,587. 21,161. 25. |
| Total to Fm 990-PF, Part I, ln 4 | 38,820. | 3,047. | 35,773. |

| Form 990-PF | Tax | es | Statement 2 | | | |
|-----------------------------|------------------------------|-----------------------------------|-------------------------------|-------------------------------|--|--|
| Description | (a) Expenses Per Books | (b) Net Invest- ment Income | (c) Adjusted Net Income | (d) Charitable Purposes | | |
| Treasury of Virginia | 25. | 0. | 0. | 0. | | |
| To Form 990-PF, Pg 1, ln 18 | 25. | 0. | 0. | 0. | | |
| = | | | | | | |

| Form 990-PF Other | Investments | | Statement | 3 |
|---------------------------------------|---------------------|------------|----------------------|----|
| Description | Valuation Method | Book Value | Fair Market Value | : |
| EQUITIES | COST | 3,451,517. | 3,802,68 | 9. |
| Total to Form 990-PF, Part II, line 1 | 3 | 3,451,517. | 3,802,68 | 9. |

STATE OF NEW YORK

County of New York,

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

Mary Pawlina, being duly sworn, says that she is the PRINCIPAL CLERK of the Publisher of the **NEW YORK LAW JOURNAL**, a Daily Newspaper; that the Advertisement hereto annexed has been published in the said **NEW YORK LAW JOURNAL***one time* on the *13th* day of August, *2013*.

TO WIT: AUGUST 13, 2013

SWORN BEFORE ME, this 13th day

Of August, 2013.

/ Cynthia Byrd

Notary Public, State of New York

No. 01BY6056945

Qualified in Kings County Commission Expires April 09, 2015

Form **8868**

(Rev. January 2013)*
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No. 1545-1709

| • If yo | u are filing for an Automatic 3-Month Extension, comple | ete only P | Part I and check this box | | | \triangleright X |
|-------------------------|--|--------------------|---------------------------------------|--------------|---|---|
| • If yo | u are filing for an Additional (Not Automatic) 3-Month Ex | xtension, | complete only Part II (on page 2 of | this form | n). | |
| Do по | complete Part II unless you have already been granted | an autom | atic 3-month extension on a previou | sly filed F | orm 8868. | |
| Electr | onic filing (e-file). You can electronically file Form 8868 if | you need | a 3-month automatic extension of ti | me to file | (6 months for a co | orporation |
| | d to file Form 990-T), or an additional (not automatic) 3-mo | | | | | |
| | to file any of the forms listed in Part I or Part II with the ex | | | | | |
| | al Benefit Contracts, which must be sent to the IRS in page | | | | | |
| visit w | ww.irs.gov/efile and click on e-file for Chanties & Nonprofits | s | | | <u> </u> | |
| Part | | | | | | |
| | oration required to file Form 990-T and requesting an autor | matic 6-m | onth extension - check this box and | complete |) | . [] |
| Part I c | | | | | | |
| | er corporations (including 1120-C filers), partnerships, REM ncome tax returns. | IICs, and | trusts must use Form 7004 to reque | st an exte | nsion of time | |
| Туре о | Name of exempt organization or other filer, see instru | ıctıons | | Employe | er identification nu | ımber (EIN) or |
| print | · 1 | | | | | |
| File by th | R AND M FINK FAMILY TRUST 54-646635 | | | | <u> 359 </u> | |
| due date | for Number, street, and room or suite no If a P.O box, s | ee instruc | ctions. | Social se | ecurity number (S | SN) |
| filing you return Se | e JOYJ INON DIONE COOKI | | | | | |
| instructio | | oreign add | dress, see instructions. | | | |
| | CENTREVILLE, VA 20120 | | | | | |
| | | | | | | |
| Enter th | ne Return code for the return that this application is for (file | e a separa | te application for each return) | | • | 0 4 |
| Applica | ition | Return Application | | | | |
| Is For | | Code | | | | Code |
| Form 9 | 90 or Form 990-EZ | 01 | Form 990-T (corporation) | | | 07 |
| Form 9 | 90-BL | 02 | Form 1041-A | | | 08 |
| Form 4 | 720 (individual) | 03 | Form 4720 | | | 09 |
| Form 99 | 90-PF | 04 | Form 5227 | | | 10 |
| Form 99 | 90-T (sec 401(a) or 408(a) trust) | 05 | Form 6069 | | | 11 |
| Form 99 | 90-T (trust other than above) | 06 | Form 8870 | | | 12 |
| | JOSEPH B. SPRUM | NG, C | PA'S | - | | |
| • The | books are in the care of 444 MADISON AVE | ENUE, | FLOOR 22 - NEW YO | RK, N | Y 10022 | |
| Tele | phone No. | | FAX No. > | | | |
| • If the | organization does not have an office or place of business | in the Un | ited States, check this box | | ! | |
| • If this | s is for a Group Return, enter the organization's four digit 0 | Group Exe | mption Number (GEN) I | this is fo | r the whole group | , check this |
| box 🕨 | If it is for part of the group, check this box | and atta | ch a list with the names and EINs of | ali memb | ers the extension | is for |
| 1 Ir | equest an automatic 3-month (6 months for a corporation | required t | to file Form 990-T) extension of time | until | | |
| | August 15, 2013 , to file the exempt | organizat | tion return for the organization name | d above. | The extension | |
| | for the organization's return for: | | | | | |
| • | LX calendar year 2012 or | | | | | |
| > | tax year beginning | , and | d ending | | | |
| | | | | | | |
| 2 lf | the tax year entered in line 1 is for less than 12 months, ch Change in accounting period | neck reaso | on: Initial return F | inal retur | n | |
| 30 15 | this application in for Form 900 BL 900 BE 900 T 4700 a | r 6060 | ntor the tentative toy less ony | | | |
| | this application is for Form 990-BL, 990-PF, 990-T, 4720, o | ı ouby, er | ner the tentative tax, less any | | _ | 1 000 |
| | nrefundable credits. See instructions. | | | 3a | \$ | 1,000. |
| | his application is for Form 990-PF, 990-T, 4720, or 6069, e | - | | | | Λ |
| _ | timated tax payments made. Include any prior year overpa | | | 3b | \$ | 0. |
| | Mance due. Subtract line 3b from line 3a. Include your pay | | | | . | 1,000. |
| | using EFTPS (Electronic Federal Tax Payment System). S | | | 3c | EO for navmont in | |
| Caution | , If you are going to make an electronic fund withdrawal wi | iui uiis ro | nn oooo, see runn 8453 EU and Fo | 1111 001 9-1 | LO IOI PAYMENT IN | 311111111111111111111111111111111111111 |

| print | |
|--|--|
| If you are filling for an Automatic 3-Month Extension, complete only Part I (on page 1). Part II | |
| Part II | |
| Type or print File by the due date for filing your return See instructions R AND M FINK FAMILY TRUST Number, street, and room or suite no. If a P.O. box, see instructions. 5873 IRON STONE COURT City, town or post office, state, and ZIP code. For a foreign address, see instructions. CENTREVILLE, VA 20120 Enter the Return code for the return that this application is for (file a separate application for each return) Application Is For Form 990-BL Form 990-BL Form 990-PF Odd Form 5227 Form 990-T (sec. 401(a) or 408(a) trust) Form 990-T (trust other than above) STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form | |
| Name of exempt organization or other filer, see instructions R AND M FINK FAMILY TRUST FAMILY TRUST | ber, see instructions |
| print File by the due date for filing your return Set instructions R AND M FINK FAMILY TRUST Number, street, and room or suite no. If a P.O. box, see instructions. 5873 IRON STONE COURT City, town or post office, state, and ZIP code. For a foreign address, see instructions. CENTREVILLE, VA 20120 Enter the Return code for the return that this application is for (file a separate application for each return) Application Is For Code Form 990 or Form 990-EZ Form 990-BL Form 4720 (individual) Form 4720 (individual) Form 990-F Form 990-T (sec. 401(a) or 408(a) trust) Form 990-T (trust other than above) STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form | |
| File by the due date for filing your return See instructions. Social security in the due date for filing your return See instructions. | ication number (EIN) o |
| due date for filling your return See instructions. Number, street, and room or suite no. If a P.O. box, see instructions. 58 73 IRON STONE COURT City, town or post office, state, and ZIP code. For a foreign address, see instructions. CENTREVILLE, VA 20120 Enter the Return code for the return that this application is for (file a separate application for each return) | |
| Social security in the property of the prope | <u>-6466359</u> |
| Section Sect | umber (SSN) |
| Enter the Return code for the return that this application is for (file a separate application for each return) Application Is For Code Form 990 or Form 990-EZ Form 990-BL Form 4720 (individual) Form 4720 (individual) Form 990-F Form 990-T (sec. 401(a) or 408(a) trust) Form 990-T (trust other than above) STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form | <u>. </u> |
| Enter the Return code for the return that this application is for (file a separate application for each return) Application Is For Code Form 990 or Form 990-EZ Form 990-BL Form 4720 (individual) Form 990-PF Form 990-F Form 990-T (sec. 401(a) or 408(a) trust) Form 990-T (trust other than above) STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form | |
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| Form 990-T (sec. 401(a) or 408(a) trust) O5 Form 6069 Form 8870 STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form | 09 |
| Form 990-T (trust other than above) O6 Form 8870 STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form | 10 |
| STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form | 11 |
| | 12 |
| The books are in the care of \blacktriangleright 444 MADISON AVENUE, FLOOR 22 - NEW YORK, NY 10 | 022 |
| Telephone No ► FAX No. ► 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 who | |
| Dox ▶ . If it is for part of the group, check this box ▶ and attach a list with the names and EINs of all members the | |
| 4 I request an additional 3-month extension of time until November 15, 2013 | EXTERNSION IS TOT. |
| 5 For calendar year 2012, or other tax year beginning, and ending | |
| 6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return | |
| Change in accounting period | |
| 7 State in detail why you need the extension | |
| PAYER IS AWAITING THIRD PARTY INFORMATION TO FILE A COMPLETE | AND |
| ACCURATE RETURN. ADDITIONALLY THIS IS ONE OF 300 RETURNS THAT | |
| MUST COMPLETE. | |
| 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any | |
| nonrefundable credits. See instructions. | 1,000. |
| b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated | |
| tax payments made. Include any prior year overpayment allowed as a credit and any amount paid | |
| previously with Form 8868. | 1,000. |
| c Balance due. Subtract line 8b from line 8a Include your payment with this form, if required, by using | |
| EFTPS (Electronic Federal Tax Payment System). See instructions. | 0. |
| Signature and Verification must be completed for Part II only. | |
| nder penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my know is true, correct, and complete, and that I am authorized to prepare this form. | |

Form 8868 (Rev. 1-2013)

| Form 8868 (Rev. 1-2013) | | | | | Page 2 |
|---|--------------------|---|-----------------|---------------------|---------------|
| If you are filing for an Additional (Not Automatic) 3-Month Ex | xtension, | complete only Part II and check this | box | | ▶ X |
| Note. Only complete Part II if you have already been granted an | automatic | 3-month extension on a previously fi | led Form | 8868 | |
| • If you are filing for an Automatic 3-Month Extension, comple | | | | | |
| Part II Additional (Not Automatic) 3-Month E | Extensio | n of Time. Only file the origin | al (no c | opies needed |) |
| | | Enter filer's | identifyi | ng number, see i | nstructions |
| Type or Name of exempt organization or other filer, see instru | uctions | | Employe | r identification nu | mber (EIN) or |
| print | | | | | |
| File by the R AND M FINK FAMILY TRUST | | | | 54-64663 | 359 |
| due date for filing your Number, street, and room or suite no If a P.O box, s | see instruc | tions. | Social se | ecurity number (S | SN) |
| return See 5873 IRON STONE COURT | | | | | |
| City, town or post office, state, and ZIP code For a f | oreign add | fress, see instructions | | | |
| CENTREVILLE, VA 20120 | | | | | |
| | | | | | |
| Enter the Return code for the return that this application is for (file | e a separa | te application for each return) | | - | 0 4 |
| | T | | | | |
| Application | Return | Application | | | Return |
| Is For | Code | Is For | | | Code |
| Form 990 or Form 990-EZ | 01 | | | | |
| Form 990-BL | 02 | Form 1041-A | | | 08 |
| Form 4720 (individual) | 03 | Form 4720 | | | 09 |
| Form 990-PF | 04 | Form 5227 | | | 10 |
| Form 990-T (sec 401(a) or 408(a) trust) 05 Form 6069 | | | | 11 | |
| Form 990-T (trust other than above) | 06 | Form 8870 | | | 12 |
| STOP! Do not complete Part II if you were not already granted | | | ously file | ed Form 8868. | |
| JOSEPH B. SPRUI | | | | | |
| The books are in the care of ► 444 MADISON AVI | ENUE, | | RK, N | Y 10022 | |
| Telephone No | | FAX No 🕨 | | | |
| If the organization does not have an office or place of business. | | | | • | · 🗀 |
| If this is for a Group Return, enter the organization's four digit | 7 | | | | |
| box ▶ . If it is for part of the group, check this box ▶ | | *** | <u>all memb</u> | ers the extension | ıs for. |
| 4 I request an additional 3-month extension of time until | | | | | |
| 5 For calendar year 2012, or other tax year beginning | | | | | • |
| 6 If the tax year entered in line 5 is for less than 12 months, c | heck reas | on Initial return | _ Fınal r | eturn | |
| Change in accounting period | | | | | |
| 7 State in detail why you need the extension | T1100 | | | | |
| PAYER IS AWAITING THIRD PARTY | | | | | |
| ACCURATE RETURN. ADDITIONALLY | THIS | IS ONE OF 300 RETU | IRNS | THAT PREP | ARER |
| MUST COMPLETE. | | | | | |
| 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, o | or 6069, e | nter the tentative tax, less any | | | 1 000 |
| nonrefundable credits See instructions | | | 8a | \$ | <u>1,000.</u> |
| b If this application is for Form 990-PF, 990-T, 4720, or 6069, | • | | | | |
| tax payments made. Include any prior year overpayment all | owed as a | credit and any amount paid | | | 1 000 |
| previously with Form 8868. | | | 8b | \$ | 1,000. |
| c Balance due. Subtract line 8b from line 8a Include your pa | • | this form, if required, by using | | _ | 0 |
| EFTPS (Electronic Federal Tax Payment System) See instru | | the completed for Dort II a | 8c | \$ | 0. |
| _ | | t be completed for Part II or | • | f | 5.1.4 |
| Under penalties of perjury, I declare that I have examined this form, including it is true, correct, and complete, and that I am authorized to prepare this form. | ілд ассотр ігт. | anying schedules and statements, and to | tne best o | r my knowledge and | Deliet, |
| | | | 5 . | _ | |
| Signature Title | | | Date | <u> </u> | |

Form 8868 (Rev. 1-2013)