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### 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 cal	endar year 2012, or tax year beginning	5/01 ,2012	, and ending 4	/30		
OSTE	R FAMILY FOUNDATION, INC.			A	Employer identification num 22-3188305	nber
429	SYLVAN AVENUE EWOOD CLIFFS, NJ 07632			В	Telephone number (see the 201-567-0070	instructions)
				С	If exemption application is	pending, check here
<b>G</b> Che	eck all that apply. Initial return Final return	Initial return of a forr Amended return	ner public charity		Foreign organizations, chec	<u> </u>
H C	Address change Address change Section 501	Name change (c)(3) exempt private f	oundation	2	2 Foreign organizations meet here and attach computation	
	X Section 4947(a)(1) nonexempt charitable t		orivate <u>fo</u> undation	Ε	If private foundation status under section 507(b)(1)(A)	
	from Part II, column (c), line 16)	Other (specify)  column (d) must be or		F	If the foundation is in a 60- under section 507(b)(1)(B)	
Part	Analysis of Revenue and	(a) Revenue and	(b) Net investmer	<u>,                                    </u>	(c) Adjusted net	(d) Disbursements
	Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))	expenses per books	income		income	for charitable purposes (cash basis only)
<u></u>	Contributions, gifts, grants, etc, received (att sch)					
୫1 <b>ମ</b> ଅ ଓ	2 Ck X if the foundn is not req to att Sch B 3 Interest on savings and temporary cash investments	177,457.	177,45	7	177,457.	
R	4 Dividends and interest from securities	110.	11		110.	
WAR	<b>5 a</b> Gross rents <b>b</b> Net rental income or (loss)					
R	6 a Net gain/(loss) from sale of assets not on line 10 b Gross sales price for all	-36,275.		_		
REVENUE	assets on line 6a Capital gain net income (from Part IV, line 2) Net short-term capital gain	-		0.		
S E	9 Income modifications 10 a Gross sales less returns and					
W)	allowances Less Cost of					
	goods sold c Gross profit/(loss) (att sch)					
	11 Other income (attach schedule)					
	12 Total. Add lines 1 through 11	141,292.	177,,56	7	177, 56.7	
	13 Compensation of officers, directors, trustees, etc	0.	111,30	)= =,= =	())	
	14 Other employee salaries and wages		<u> </u>	WA	R 9 E 2014 19	
	15 Pension plans, employee benefits 16a Legal fees (attach schedule)		3(	1007	$\mathcal{S}_{\mathcal{S}}}}}}}}}}$	
A D M	b Accounting fees (attach sch)			$\overline{\wedge}$	DEN II	
- 1	c Other prof fees (attach sch)			325		
O I P S	17 Interest					
O P E R A T	18 Taxes (attach schedule)(see instrs). 19 Depreciation (attach sch) and depletion					
Ν̈́Λ	20 Occupancy					
G É A E N X	21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses (attach schedule)					
A E X P E N S E S	SEE STATEMENT 1	12,103.	12,10	3.	12,103.	
S E q	24 Total operating and administrative expenses. Add lines 13 through 23	12,103.	12,10	13.	12,103.	
3	25 Contributions, gifts, grants paid STMT 2	482,321.	,		22,200	482,321.
	26 Total expenses and disbursements. Add lines 24 and 25	494,424.	12,10	3.	12,103.	482,321
	27 Subtract line 26 from line 12: a Excess of revenue over expenses	<del></del>				
	and disbursements	-353,132.	4.00			
	b Net investment income (if negative, enter -0-)		165,46	4.	165,464.	
DAA E	C Adjusted net income (if negative, enter -0-) or Paperwork Reduction Act Notice, see ins	tructions		TEFAC	165,464.) 0504L 12/23/12	Form <b>990-PF</b> (2012

		Attached schedules and amounts in the description	Beginning of year	End o	of year
[hen	s W	Balance Sheets  Additional Scientifies and animons in the description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	125,694.	195,302.	195,302.
	2	Savings and temporary cash investments	80,238.	111,974.	111,974.
	3	Accounts receivable			
		Less. allowance for doubtful accounts			
	4	Pledges receivable			
		Less. allowance for doubtful accounts >			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other	· · · · <u>· · · · · · · · · · · · · · · </u>		·
		disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach sch)			<u></u>
A S E T		Less allowance for doubtful accounts •	_		
S	8	Inventories for sale or use			
Ē	9	Prepaid expenses and deferred charges			
S	10 a	a Investments – U.S. and state government obligations (attach schedule) STATEMENT 3	2 500 210	2 (20 20(	2 (25 000
			2,566,216.	2,630,396.	2,635,908.
		o Investments — corporate stock (attach schedule)  c Investments — corporate bonds (attach schedule) STATEMENT 4	2 767 525	2 254 212	2 201 410
		,	3,767,535.	3,254,810.	3,201,410.
	''	Investments – land, buildings, and equipment, basis			
		Less: accumulated depreciation			
		(attach schedule)			
	12	Investments – mortgage loans.			
	13	Investments — other (attach schedule) STATEMENT 5	713,619.	713,619.	714,680.
	14	Land, buildings, and equipment. basis ►			
		Less. accumulated depreciation (attach schedule)			
	15	Other assets (describe ►			
	16	Total assets (to be completed by all filers — see the instructions. Also, see page 1, item I)	7,253,302.	6,906,101.	6,859,274.
L	17	Accounts payable and accrued expenses	.,,	.,,	
A	18	Grants payable			
ĝ	19	Deferred revenue		<del></del>	
- !	20	Loans from officers, directors, trustees, & other disqualified persons			
ī	21	Mortgages and other notes payable (attach schedule)			-
Ţ	22	Other liabilities (describe ►	)		-
Ė				•	
S	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.			
NF	24	Unrestricted			
E U	25	Temporarily restricted			
Ď	26	Permanently restricted		•	-
A S S A E T A		Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.	X		
E L T A	27	Capital stock, trust principal, or current funds			
SN	28	Paid-in or capital surplus, or land, building, and equipment fund			
O E	29	Retained earnings, accumulated income, endowment, or other funds	7,253,302.	6,906,101.	
RS	30	Total net assets or fund balances (see instructions)	7,253,302.	6,906,101.	
	31	Total liabilities and net assets/fund balances (see instructions)	7,253,302.	6,906,101.	
Pari		Analysis of Changes in Net Assets or Fund Balar		0,900,101.	
				uroo with	
1	end-	I net assets or fund balances at beginning of year – Part II, c of-year figure reported on prior year's return).	oiuiiiii (a), iine 50 (must ag	ree with	7,253,302.
2		r amount from Part I, line 27a		2	-353,132.
3					
4		lines 1, 2, and 3.	<u> </u>	4	6,906,101.
5		ases not included in line 2 (itemize).		5	_,
6		I net assets or fund balances at end of year (line 4 minus line	5) - Part II, column (b), li	ne 30 <b>6</b>	6,906,101.
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(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shares MLC Company)  (b) How a P - Purc D - Dor					ase	(C) Date acquired (month, day, year)	(d) Date sold (month, day, year)	
1	VARIOUS VARIOUS PRO	CEEDS FROM BONDS		P		VARIOUS	VARIOUS	
	VARIOUS VARIOUS PRO	·		P		VARIOUS	VARIOUS	
	d							
	(e) Gross sales price	(f) Depreciation allowed	(g) Cost or other bas	ue I		(h) Gain or	(loce)	
	(e) Gross sales price	(or allowable)	plus expense of sal		(e) plus (f) minus (g)			
	3						0.	
	b		3	6,275.			-36,275.	
	<u>.                                      </u>							
	d e			-				
		I Ing gain in column (h) and owned by	the foundation on 12/31/69	,		(I) Gains (Colu	ımn (h)	
	(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	(1)		ain minus column (k an -0-) or Losses (fr	), but not less	
- 6	3		· · · · · ·				0.	
	<u> </u>						-36,275.	
	<u> </u>							
	d e							
		t capital loss)   If gain, also   If (loss), en	enter in Part I, line 7 ter -0- in Part I, line 7		2		-36,275.	
3	Net short-term capital gain or (	loss) as defined in sections 1222(5)	لب	<u> </u>	<u>-</u>		30,213.	
	If gain, also enter in Part I, line	e 8, column (c) (see instructions) If	(loss), enter -0-					
	ın Part I, line 8	• • • • • • • • • • • • • • • • • • • •			3		0.	
	·-—	Section 4940(e) for Reduce foundations subject to the section						
Was	es,' the foundation does not qual	tion 4942 tax on the distributable an	mplete this part	•		Yes	X No	
_1		n each column for each year, see th		g any entri	es	(d)		
	(a) Base period years Calendar year (or tax year beginning in)	Adjusted qualifying distributions	(c) Net value of noncharitable-use ass	sets	(colu	Distribution Imn (b) divided		
	2011							
	2010	503,078.	7,37	5,149.			0.068213	
	2009							
	2008 2007	500,036.		7,640.			0.089330	
	2007	518,241.	1,11	2,904.			0.292312	
2	Total of line 1, column (d)				2		0.449855	
3	Average distribution ratio for th number of years the foundation	e 5-year base period – divide the to has been in existence if less than 5	otal on line 2 by 5, or by the 5 years		3		0.149952	
4	Enter the net value of nonchari	table-use assets for 2012 from Part	X, line 5		4		6,889,641.	
5 Multiply line 4 by line 3					5		1,033,115.	
6	Enter 1% of net investment inc	ome (1% of Part I, line 27b)		´	6		1,655.	
7	Add lines 5 and 6			-	7		L,034,770.	
8	Enter qualifying distributions fro				8		482,321.	
	If line 8 is equal to or greater the	nan line 7, check the box in Part VI,	line 1b, and complete that	part using a	a 1%	tax rate See tl	ne	

Form	990-PF (2012) OSTER FAMILY FOUNDATION, INC. 22-3	318830	)5	P	age 4
Par					
	Exempt operating foundations described in section 4940(d)(2), check here				
	Date of ruling or determination letter (attach copy of letter if necessary — see instrs)	1			
b	Domestic foundations that meet the section 4940(e) requirements in Part V,	1		3,3	309.
	check here ► and enter 1% of Part I, line 27b				
C	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, column (b)				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable				_
_	foundations only Others enter -0-)	2			0.
3	Add lines 1 and 2  Subtitle A (magnetic action 4047(a)(1) trusts and toyable foundations only. Others onter (1)	3 4		3,3	309.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) <b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0-	5		2 1	309.
5 6	Credits/Payments	3		٥,٠	309.
_	2012 estimated tax pmts and 2011 overpayment credited to 2012				
	Exempt foreign organizations — tax withheld at source 6b				
	Tax paid with application for extension of time to file (Form 8868)				
	Backup withholding erroneously withheld  6 d				
	Total credits and payments Add lines 6a through 6d	7			0.
	Enter any <b>penalty</b> for underpayment of estimated tax. Check here X if Form 2220 is attached	8			74.
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9		3.3	383.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10		-,-	,,,,,
11	Enter the amount of line 10 to be Credited to 2013 estimated tax	11			
Par	tVII-A Statements Regarding Activities			-,	
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		1.0	Yes	No
<b>L</b>	participate or intervene in any political campaign?  Did it spend more than \$100 during the year (either directly or indirectly) for political purposes		1 a		X
Ų	(see the instructions for definition)?		1 b		Х
	If the answer is 'Yes' to <b>1a</b> or <b>1b</b> , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities				
	Did the foundation file Form 1120-POL for this year?		1 c		Х
C	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year  (1) On the foundation  (2) On foundation   (3)	,	) .		
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on		·		
	foundation managers ►\$ 0.				
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		Х
	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				
·	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes		3		Х
4 a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4 a		X
b	If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?		4 b	N,	/A
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		X
	If 'Yes,' attach the statement required by General Instruction T.				
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:				
	By language in the governing instrument, or				
	<ul> <li>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?</li> </ul>		6	_	Х
7	Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV		7	Χ	
8 a	Enter the states to which the foundation reports or with which it is registered (see instructions)				
	NJ				
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		8 b	Χ	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or for calendar year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If 'Yes,' complete the complete of the section of the taxable year beginning in 2012 (see instructions for Part XIV)?	4942(j)(! Part XI	5) V <b>9</b>		X
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses		10		Х

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<u> </u>	- Carrier of Garage Control of Co			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes', attach schedule (see instructions)	11		Х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If 'Yes,' attach statement (see instructions)	12		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address N/A	<u></u> -		
14	The books are in care of ► ANN_OSTER Telephone no. ► 201-5  Located at ► 429 SYLVAN_AVENUE_ENGLEWOOD_CLIFFS_NJ ZIP + 4 ► 07632	<u>6</u> /-U	<u>0 / 0</u> _	
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — Check here		-	X
	and enter the amount of tax-exempt interest received or accrued during the year		V l	0.
16	At any time during calendar year 2012, did the foundation have an interest in or a signature or other authority over a bank, 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 ►			
Pa	it WILB Statements Regarding Activities for Which Form 4720 May Be Required			
1.	File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.  a During the year did the foundation (either directly or indirectly).		Yes	No
1 6	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?  Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disgualified person?  Yes X No			
	(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 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  X No			
	(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  X No			
ı	b If any answer is 'Yes' to 1a(1)-(6), did <b>any</b> 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		Χ
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)).			
i	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 X No			
	If 'Yes,' list the years ► 20 , 20 , 20			
1	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			
	all years listed, answer 'No' and attach statement - see instructions ).	2 b	N	/A
•	c If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.  20 , 20 , 20 , 20			
3	a 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 approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2012.)	21	N	/3
A	a Did the foundation invest during the year any amount in a manner that would jeopardize its	3 b	IN.	/A
4	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	A 1-		v
BAA	the tax year beginning in 2012?	4 b orm 99	0-PF (	X 2012)
	·		,	/

Form 990-PF (2012) OSTER FAMILY FOUNDATION, INC.  Part VIII Information About Officers, Directors, Trustees, Foun and Contractors (continued)	22-318 dation Managers, Highly Paid E	
3 Five highest-paid independent contractors for professional services (see in	nstructions). If none, enter 'NONE.'	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
<b>Total</b> number of others receiving over \$50,000 for professional services	<b>&gt;</b>	0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year include relevant statistic organizations and other beneficiaries served, conferences convened, research papers produced, etc	al information such as the number of	Expenses
1 N/A		
2		
3		
4		
<b>4</b>		
Part IX-B Summary of Program-Related Investments (see Instru	octions)	<u> </u>
Describe the two largest program-related investments made by the foundation during the	e tax year on lines 1 and 2	Amount
1	o tanyour on miles I and 2	, and an
' N/A		
2	10.	
All other program-related investments. See instructions		
3		
		· · · · · · · · · · · · · · · · · · ·
Total. Add lines 1 through 3	<b>•</b>	0.
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Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations Part XI and certain foreign organizations check here and do not complete this part.) Minimum investment return from Part X, line 6 1 344,482. 2a Tax on investment income for 2012 from Part VI, line 5 2 a 3,309 b Income tax for 2012 (This does not include the tax from Part VI) 2 b 2 c c Add lines 2a and 2b 3,309. 3 Distributable amount before adjustments Subtract line 2c from line 1 3 341,173. 4 Recoveries of amounts treated as qualifying distributions 5 341,173. Add lines 3 and 4 6 Deduction from distributable amount (see instructions) . 7 Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1 341,173.

#### Part XII Qualifying Distributions (see instructions)

<ul> <li>Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes:</li> <li>Expenses, contributions, gifts, etc — total from Part I, column (d), line 26</li> </ul>	1 a	482,321.
<b>b</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, purp	oses. 2	
3 Amounts set aside for specific charitable projects that satisfy the a Suitability test (prior IRS approval required)	3 a	
<b>b</b> Cash distribution test (attach the required schedule) .	3 b	
4 Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII,	line 4	482,321.
5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions)	5	
6 Adjusted qualifying distributions. Subtract line 5 from line 4	6	482,321.

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

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### Part XIII Undistributed Income (see instructions)

	<b>(a)</b> Corpus	(b) Years prior to 2011	<b>(c)</b> 2011	<b>(d)</b> 2012
Distributable amount for 2012 from Part XI, line 7				341,173.
2 Undistributed income, if any, as of the end of 2012.				311/1/3:
a Enter amount for 2011 only			0.	
<b>b</b> Total for prior years 20 , 20 , 20		0.		
3 Excess distributions carryover, if any, to 2012				
<b>a</b> From 2007 512, 949.				
<b>b</b> From 2008 220, 472.				
<b>c</b> From 2009 95, 248.				
<b>d</b> From 2010 138, 085.				
<b>e</b> From 2011				
f Total of lines 3a through e	966,754.			
4 Qualifying distributions for 2012 from Part	2007.011			<del> </del>
XII, line 4. ► \$ 482,321.				
a Applied to 2011, but not more than line 2a			0.	
<b>b</b> Applied to undistributed income of prior years (Election required – see instructions)		0.		
,				
c Treated as distributions out of corpus (Election required — see instructions)	0.			
d Applied to 2012 distributable amount	0.			341,173.
e Remaining amount distributed out of corpus	141,148.			011,1,0.
5 Excess distributions carryover applied to 2012	0.			0.
(If an amount appears in column (d), the	0.			<u> </u>
same amount must be shown in column (a) )				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	1,107,902.			
· · · · · · · · · · · · · · · · · · ·	1,107,302.			
<b>b</b> Prior years' undistributed income Subtract 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.		
+5+2(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable amount — see instructions		0.		
amount — see instructions		0.		
e Undistributed income for 2011. Subtract line 4a from line 2a Taxable amount — see instructions				
line 2a Taxable altitudit — See Histractions			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) (see instructions)	0.			
·	<u> </u>			
8 Excess distributions carryover from 2007 not applied on line 5 or line 7 (see instructions)	512,949.			
· · · · · · · · · · · · · · · · · · ·	312,343.			
9 Excess distributions carryover to 2013. Subtract lines 7 and 8 from line 6a	594,953.			
10 Analysis of line 9.	3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3			
<b>a</b> Excess from 2008 220, 472.				
<b>b</b> Excess from 2009 95, 248.				
c Excess from 2010 138, 085.				
<b>d</b> Excess from 2011				
e Excess from 2012 141,148.				
J = 141, 140.				F 000 PF (0010)

Part XIV Private Operating Founda			rt VII-A guestion	22-318830	N/A
1 a If the foundation has received a ruling or def	termination letter that			•	N/ A
is effective for 2012, enter the date of the	e ruling			_	
<b>b</b> Check box to indicate whether the foundation		erating foundation		4942(j)(3) or	4942(j)(5)
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for	Tax year (a) 2012	<b>(b)</b> 2011	(c) 2010	(d) 2009	(e) Total
each year listed					
<ul> <li>b 85% of line 2a</li> <li>c Qualifying distributions from Part XII, line 4 for each year listed</li> </ul>					
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				
(1) Value of all assets				<u> </u>	
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</b> 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c 'Support' alternative test — enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income .	<u> </u>				
Supplementary Information assets at any time during the	ı (Complete this he year – see in	s part only if the estructions.)	e foundation had	l \$5,000 or more	e in
Information Regarding Foundation Mana     List any managers of the foundation who had close of any tax year (but only if they had NONE	ve contributed more the	han 2% of the total o than \$5,000) (See	contributions received e section 507(d)(2))	by the foundation bef	ore the
<b>b</b> List any managers of the foundation who ow a partnership or other entity) of which the NONE	n 10% or more of the e foundation has a 1	stock of a corporate 0% or greater inte	on (or an equally large rest.	e portion of the owner	ship of
2 Information Regarding Contribution, Gra Check here  X if the foundation only m requests for funds If the foundation mak complete items 2a, b, c, and d	akes contributions to es gifts, grants, etc	preselected charitat (see instructions) t	ole organizations and of the organizations and of the organizations are organizations.	anızatıons under oth	
<b>a</b> The name, address, and telephone number of	or e-mail of the perso	n to whom application	ons should be address	sed	
<b>b</b> The form in which applications should be	submitted and info	rmation and materi	als they should inclu	ıde	
c Any submission deadlines					
d Any restrictions or limitations on awards,	such as by geograp	ohical areas, charita	able fields, kinds of	institutions, or other	factors
	,				000 PT 1001 T
BAA	TE	EA0310L 12/23/12		F	orm <b>990-PF</b> (2012)

PartXV 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 Foundation status of recipient Recipient Purpose of grant or contribution Amount Name and address (home or business) a Paid during the year Total ► 3a b Approved for future payment Total 3 b

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

Enter gross amounts unless otherwise indicated.	Unrelated	business income	Excluded by	section 512, 513, or 514	(e)
Program service revenue	(a) Business code	<b>(b)</b> Amount	(c) Exclu- sion code	<b>(d)</b> Amount	Related or exempt function income (See instructions)
a					
b					
С					
d	1				
е					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments			14	177,457.	
4 Dividends and interest from securities		,	14	110.	
5 Net rental income or (loss) from real estate					
a Debt-financed property					
<b>b</b> Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory		· <del>-</del> ·			-36,275.
9 Net income or (loss) from special events.					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue.					
a					
b					
С					
d					
е					
12 Subtotal Add columns (b), (d), and (e)				177,567.	-36,275.
13 Total. Add line 12, columns (b), (d), and (e)				13	141,292.
(See worksheet in line 13 instructions to verify calculate	ons )				

Part YVI-R	Palationship of	Activities to the	Accomplishment	of Exempt Purposes
PAIL AVID	Relationship of	ACUVINES IO ME	ACCOMBINISHMEN	OI EXCIIDE PULDOSES

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) (See instructions)
N/A	
<del></del>	

# Form 990-PF (2012) OSTER FAMILY FOUNDATION, INC. Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

												Vaa	Na
de	scribe	organization directly d in section 501(c) ( to political organizat	of the Code (o	engage in any other than sec	y of the f ction 501	following wit (c)(3) orgar	h any o	ther organizations) or in section !	n 527,			Yes	No
	•	s from the reporting		a noncharita	able exer	mpt organiz	ation of						
	) Cash	, -				. 0					1 a (1)		X
٠.	•	r assets									1 a (2)		X
٠.	•	insactions											
_		s of assets to a non	ncharitable exe	empt organiza	ation						1 b (1)		X
` '	,	hases of assets from				tion					1 b (2)		X
٠,٠	•	al of facilities, equip			<b>3</b>						1 b (3)		X
<b>\</b> - <i>i</i>	•	nbursement arrange									1 b (4)		X
٠,		is or loan guarantee									1 b (5)		X
٠,	•	ormance of services		nip or fundrais	sına solı	citations					1 b (6)		X
	•	of facilities, equipm					ees				1 c		X
	•		_										
<b>d</b> If the an	the an e goods ov trans	swer to any of the a s, other assets, or ser saction or sharing a	above is 'Yes,' rvices given by irrangement, s	complete the the reporting show in column	e followir foundatio nn <b>(d)</b> the	ng schedule on. If the four e value of th	Columi dation re	n <b>(b)</b> should alveceived less than s, other assets,	vays show to n fair market or services	he fair n value in received	narket vali d	ue of	
(a) Line	<del></del> _	(b) Amount involved	<del>, , ,</del>	of noncharitable				Description of tran	·			ngement	s
N/A		(-,			, ,	•	<u>`</u>	·	•	•		<u> </u>	
,													
		17.7		<del></del>									
	<del></del>							- 1					
	_		-				-		***				
	_												
	-			····									
	+		<del> </del>										
				<del></del>									
de	escribe	indation directly or inc d in section 501(c) of complete the following	of the Code (o								Yes	X	No
	(a)	Name of organizati	ion	(b)	Type of c	organization		(0	:) Descriptio	n of rela	itionship		
N/A													
	Under p	enalties of perjury, I declar	re that I have exam	nined this return,	including ac	ccompanying sc	hedules an	d statements, and to	the best of my	knowledge	and belief, i	t is true,	
Sign	correct,	and complète Declaration	of preparer (other	than taxpayer) is		_			leage		May the I this return	n with th	e
Here	Cinna	ture of officer or trustee	1 9		<b>5</b> • Date	-18-14		PRESIDENT	<del></del>		. (see ιμstr	uctions)	<del>?</del>
	Signa	Print/Type preparer's nar	me	Prenai	rer's signati	ure. /		Date		["].	X	Yes	No
		]			- Mar 40 K	L	2	3-18-14	Check	, i			
Paid		LAWRENCE GAI				GALLO .	JK.	1 3 10 17	self-emple	-	P01238	904	
Prepar			RJSACCO &	_	ליויד				Firm's EIN	45-39	992401		
Use O	nly	_	PO BOX 32		F 2 C					1000		F 2 0 F	
D 4 6		<u> </u>	LAINSBORG	אט טאי.	536				Phone no	(609)	454-		010
BAA											Form 990	I-PF (2	U12)

2012 FEI	DERAL STATEMENTS	PAGE 1
CLIENT E004 OSTE	ER FAMILY FOUNDATION, INC.	22-318830
3/18/14		03 05P
STATEMENT 1 FORM 990-PF, PART I, LINE 23 OTHER EXPENSES		
BANK CHARGES AND AGENCY FEES TOTA	(A) (B) NET (C) EXPENSES INVESTMENT ADJUSTED NET INCOME \$ 12,103. \$ 12,103. \$ 12,103. AL \$ 12,103. \$ 12,103. \$ 12,103.	
STATEMENT 2 FORM 990-PF, PART I, LINE 25 CONTRIBUTIONS, GIFTS, AND GRANTS		
CASH GRANTS AND ALLOCATIONS CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS:	SEE ATTACHED STATEMENT 2 VARIOUS	
RELATIONSHIP OF DONEE: ORGANIZATIONAL STATUS OF DONEE: AMOUNT GIVEN:	VARIOUS, NJ VAR	\$ 482,321.
	TOTAL	\$ 482,321.
STATEMENT 3 FORM 990-PF, PART II, LINE 10A INVESTMENTS - U.S. AND STATE GOVE		DATE MARKET
U.S. GOVERNMENT OBLIGATIONS	VALUATION BOOK <u>METHOD</u> VALUE	FAIR MARKET VALUE
S/T INVESTMENTS - GOVERNMENT BON	MKT VAL \$ 2,630,396. \$ 2,630,396.	2,635,908. 2,635,908.
	TOTAL $\frac{$2,630,396}{}$	2,635,908.

# INVESTMENTS - CORPORATE BONDS

CORPORATE BONDS	VALUATION METHOD	VALUE	VALUE
S/T INVESTMENTS - CORPORATE BONDS	MKT VAL	\$ 3,254,810.	\$ 3,201,410.
	TOTAL	\$ 3,254,810.	\$ 3,201,410.

2012

### **FEDERAL STATEMENTS**

PAGE 2

**CLIENT E004** 

OSTER FAMILY FOUNDATION, INC.

22-3188305

3/18/14

03 05PM

STATEMENT 5 FORM 990-PF, PART II, LINE 13 INVESTMENTS - OTHER

	VALUATION METHOD	 BOOK VALUE	FA	IR MARKET VALUE
OTHER INVESTMENTS S/T INVESTMENTS - OTHER BONDS	MKT VAL	\$ 713,619.	\$	714,680.
	TOTAL	\$ 713,619.	\$	714,680.

STATEMENT 6 FORM 990-PF, PART III, LINE 3 OTHER INCREASES

NET UNREALIZED GAINS OR LOSSES ON INVESTMENTS

### **OSTER FAMILY FOUNDATION (EIN # 22-3188305) GRANTS CONTRIBUTIONS PAID** YEAR ENDED APRIL 30, 2013 STATEMENT 2

CHK#	DONATIONS	DESCRIPTION
1136	10,000.00	HOLE IN WALL CAMP
1149	1,000.00	CHAI LIFETIME
1150	1,911.20	KAPLEN JCC
1151	150,000.00	IFP
1152	1,000.00	JCRC
1137	1,000.00	COLUMBIANS
1153	500.00	RINHAH LAUFTER
1154	1,800.00	JEWISH HOME FOUNDATION
1155	1,000.00	COLUMBIANS
1156	2,000 00	NATIONAL YIDDISH THEATRE
1157	18,000.00	IFP
1158	10,000.00	JCC PALISADES
1159	4,300.00	JCC PALISADES
1160	16,336.00	MUSEUM OF JEWISH HERITAGE
1138	25,000.00	HOLE IN WALL CAMP
1161	3,970.00	GESHER SHALOM
1162	50,000.00	MUSEUM OF JEWISH HERITAGE
1163	2,500.00	SHIBA MEDICAL CENTER
1164	1,800.00	YAD VASHEM
1166	500.00	GESHER SHALOM
1165	1,000.00	FOUNDATION OF JEWISH CULTURE
1167	1,000.00	GESHER SHALOM
1169	15,000.00	FIDF
1170	3,768.00	FIDF
1174	1,000.00	COLUMBIANS
1172	3,000 00	FRIENDS OF THE IDF
1173	25,000.00	AMERICAN FRIENDS OF RAMDAM MEDICAL CENTER
1177	1,000.00	HOLE IN WALL CAMP
1181	9,150.00	MUSEUM OF JEWISH HERITAGE
1180	5,000.00	AMERICAN FRIENDS OF JORDAN RIVER VILLAGE
1182	1,000.00	FRIENDSHIP CIRCLE
1183	10,000.00	FIDF
1184	1,000.00	CHROHNINS AND COLITIS
1185	500.00	MUSEUM OF JEWISH HERITAGE
1186	3,926.00	UNITED STATES TREASURY
1187	43,360.00	FIDF
1188	50,000.00	JEWISH FEDERATION
1190	5,000.00	MUSEUM OF JEWISH HERITAGE
	482,321 20	TOTAL DISBURSEMENTS

(Rev January 2013)

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

File a separate application for each return.

OMB No 1545-1709

<u>► </u> 🔻

Department of the Treasury Internal Revenue Service

If you ar	e filing for an Automatic 3-Month Extension, complete only Part I and check this box	► <u>X</u>
<ul><li>If you ar</li></ul>	re filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page	
Do not com	plete Part II unless you have already been granted an automatic 3-month extention on a prev	ously filed Form 8868
corporation request an ex Associated	iling (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You xtension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Info With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see ling of this form, visit www irs gov/efile and click on e-file for Charities & Nonprofits	can electronically file Form 8868 to ormation Return for Transfers
Part I	Automatic 3-Month Extension of Time. Only submit original (no copies need	eded).
A corporation	on required to file Form 990-T and requesting an automatic 6-month extension — check this bo	ox and complete Part I only
All other coi income tax		request an extension of time to file s identifying number, see instructions
	Name of exempt organization or other filer, see instructions	Employer identification number (EIN) or
Type or print  File by the due date for filing your	OSTER FAMILY FOUNDATION, INC.  Number, street, and room or suite number If a P O box, see instructions  429 SYLVAN AVENUE	22-3188305 Social security number (SSN)
return See instructions	City, town or post office, state, and ZIP code For a foreign address, see instructions	
	ENGLEWOOD CLIFFS, NJ 07632	
Enter the Re	eturn code for the return that this application is for (file a separate application for each return	04

Application Is For	Return Code	Application Is For	, Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
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 (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

● The books are in the care of ► ANN OSTER			
ANN OSIER			
Telephone No. ► 201-567-0070 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)			
check this box ► . If it is for part of the group, check this box ► and attach a list with the name	nes ai	nd EINs of a	all members
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			
until $12/15$ , 20 $13$ , to file the exempt organization return for the organization named above			
The extension is for the organization's return for			
► calendar year 20 or			
$\blacktriangleright$ $\boxed{X}$ tax year beginning $5/01$ , 20 $12$ , and ending $4/30$ , 20 $13$			
2 If the tax year entered in line 1 is for less than 12 months, check reason. Initial return	al retu	ırn	
Change in accounting period			
3a 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	3 a	\$	3,309.
h If the englished as for Form 000 DE 000 T 4700 or 6060 enter any refundable gradite and entered to		<u></u>	
<b>b</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	3 b	\$	0.
c Balance due. Subtract line 3b from line 3a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3 c	\$	3,309.
Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-Ei payment instructions	O for		

LOIIII <b>226</b>	8 (Rev 1-2013)				Page 2
-	are filing for an Additional (Not Automatic) 3-M				<u> </u>
_	y complete Part II if you have already been gra			y filed Form 8868.	
	are filing for an Automatic 3-Month Extension,			,	
Part II	Additional (Not Automatic) 3-Month	1 Extension	-		
	Name of exempt organization or other filer, see instructions			entifying number, see Employer identification num	
	Name of exempt organization of other mer, see instructions			imployer acritication num	1001 (2114) 01
Type or print	OCTED FAMILY FOUNDATION INC			22-3188305	
print	OSTER FAMILY FOUNDATION, INC			Social security number (SSI	V)
File by the extended	DICACCO C COMPANY IID				
due date for filing your	RJSACCO & COMPANY LLP PO BOX 326				
return See instructions	City, town or post office, state, and ZIP code For a foreign a	address, see instruct	ons		
	PLAINSBORO, NJ 08536				
Enter the	Return code for the return that this application	is for (file a se	parate application for each return)		04
Application Is For	on	Return Code	Application Is For		Return   Code
	or Form 990-EZ	01			
Form 990		02	Form 1041-A		08
	O (individual)	03	Form 4720		09
Form 990		04	Form 5227		10
	0-T (section 401(a) or 408(a) trust)	05	Form 6069		11
Form 990	)-T (trust other than above)	06	F 0070	_	
STOP! Do	o not complete Part II if you were not already g		Form 8870 natic 3-month extension on a previou	usly filed Form 8868	. 12 3.
• The bo Teleph • If the • If this whole gro	o not complete Part II if you were not already grooks are in care of  ANN OSTER hone No.  201-567-0070 organization does not have an office or place of its for a Group Return, enter the organization's	FAX No F f business in the	natic 3-month extension on a previous	if (	B.  ► □ this is for the
• The both Telephrical If the lifthis whole grownembers  4 I rectable For 6 If the lifthis Telephrical Irectable Telephrical Irectab	onot complete Part II if you were not already grooks are in care of  ANN OSTER hone No.  201-567-0070 organization does not have an office or place of its for a Group Return, enter the organization's oup, check this box If it is for part of the extension is for  quest an additional 3-month extension of time uncalendar year the tax year entered in line 5 is for less than 12 rechange in accounting period	FAX No Fa	natic 3-month extension on a previous re United States, check this box be Exemption Number (GEN) and attach a list with respect to the state of the	If the names and EIN	this is for the is of all
• The both Teleph • If the • If this whole gromembers  4 I rectable for the formal state of the formal sta	onot complete Part II if you were not already grooks are in care of ANN OSTER hone No. 201-567-0070 organization does not have an office or place of its for a Group Return, enter the organization's pup, check this box If it is for part of the extension is for  quest an additional 3-month extension of time uncalendar year of the tax year entered in line 5 is for less than 12 recording in accounting period the indetail why you need the extension TECURATE TAX RETURN IS NOT YET A consideration is for Form 990-BL, 990-PF, 990-prefundable credits.	FAX No FA	natic 3-month extension on a previous  The United States, check this box  Exemption Number (GEN)  This box  This box  The United States, check this box  The	If the names and EIN  1/30 , 20  Final return  A COMPLETE AI	this is for the is of all
• The both Teleph • If the • If this whole gromembers  4 I rection 1 rection	onot complete Part II if you were not already grooks are in care of ANN OSTER hone No. 201-567-0070 organization does not have an office or place of its for a Group Return, enter the organization's pup, check this box If it is for part of the extension is for  quest an additional 3-month extension of time uncalendar year or other tax year begine tax year entered in line 5 is for less than 12 recomplete in accounting period term detail why you need the extension THE CURATE TAX RETURN IS NOT YET And application is for Form 990-BL, 990-PF, 990-	FAX No FAX No FAX No F business in the four digit Group in the group, check in the group in t	natic 3-month extension on a previous  The United States, check this box of Exemption Number (GEN)  This box  The United States, check this box of Exemption Number (GEN)  This box  This	If the names and EIN  1/30 , 20  Final return  A COMPLETE AN  8a \$	this is for the is of all
• The both Teleph • If the • If this whole gromembers  4 I rectable for the payon the	onot complete Part II if you were not already grooks are in care of ANN OSTER hone No. 201-567-0070 organization does not have an office or place of its for a Group Return, enter the organization's pup, check this box If it is for part of the extension is for  quest an additional 3-month extension of time uncalendar year or other tax year begine tax year entered in line 5 is for less than 12 miles application is for Form 990-BL, 990-PF, 990-prefundable credits See instructions  The provided Head of the extension of the incomplete in accounting period the indetail why you need the extension of the incomplete in accounting period the indetail why you need the extension of the incomplete incomplete in accounting period the indetail why you need the extension of the incomplete incomplete incomplete in a population is for Form 990-BL, 990-PF, 990-T, 4720, ments made Include any prior year overpayments.	FAX No FAX No FAX No FAX No F business in the four digit Group in group, check in till 3/15 mining 5/01 months, check row AVAILABLE.  T, 4720, or 606 or 6069, enter int allowed as a your payment	natic 3-month extension on a previous  The United States, check this box  Exemption Number (GEN)  This box  and attach a list with  20 12, and ending 4  TION NECESSARY TO FILE  Initial return  TION NECESSARY TO FILE  The provious and any amount paid previous  with this form, if required, by using	If the names and EIN  1/30 , 20  Final return  A COMPLETE AN  8a \$	3.
• The both Teleph • If the • If this whole gromembers  4 I rection 1 rection	onot complete Part II if you were not already grooks are in care of ANN OSTER hone No. 201-567-0070 organization does not have an office or place of its for a Group Return, enter the organization's pup, check this box If it is for part of the extension is for  quest an additional 3-month extension of time used the extension is for  quest an additional 3-month extension of time used tax year entered in line 5 is for less than 12 recomplete in accounting period the in detail why you need the extension TECURATE TAX RETURN IS NOT YET AND ARETURN IS APPLICATION IN SUPPLIED TO SUPPLIE	FAX No f business in the four digit Group, check in till 3/15 ming 5/01 months, check related to 18 ming 10 months, check related to 18 ming 10 months, check related to 18 ming 10 mi	natic 3-month extension on a previous  The United States, check this box  Exemption Number (GEN)  This box  and attach a list with  20 12, and ending 4  TION NECESSARY TO FILE  Initial return  TION NECESSARY TO FILE  The provious and any amount paid previous  with this form, if required, by using	If the names and EIN  1/30 , 20  Final return  A COMPLETE AI  8a \$  tax  Ily  8b \$	3.    this is for the is of all  13  ND  3,309.
• The both Teleph • If the • If this whole gromembers • If the • If this whole gromembers • If the • I	onot complete Part II if you were not already grooks are in care of ANN OSTER hone No. 201-567-0070 organization does not have an office or place of its for a Group Return, enter the organization's pup, check this box If it is for part of the extension is for  quest an additional 3-month extension of time used the extension is for  quest an additional 3-month extension of time used tax year entered in line 5 is for less than 12 recomplete in accounting period the in detail why you need the extension TECURATE TAX RETURN IS NOT YET AND ARETURN IS APPLICATION IN SUPPLIED TO SUPPLIE	FAX No f business in the four digit Group, check in the group in the gr	natic 3-month extension on a previous  The United States, check this box  Exemption Number (GEN)  This box	If the names and EIN  1/30 , 20  Final return  A COMPLETE AI  8a \$ tax  Iy  8b \$ 8c \$	3, 309.