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Return of Private Foundation

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

OMB No 1545-0052

			pe able to use a copy of this		rtına reauırements.	2003
_		ndar year 2009, or tax year beginning JUL			JUN 30, 2010	_
_		all that apply: Initial return		ormer public charity	Final return	· ·
		Amended return	Address chan	ge	Name change	
	the abel erwi	IRS Name of foundation se, TRANI FAMILY FOUNDATI	ON		A Employer identification 26–1431577	number
	print r type		·	Room/suite	B Telephone number 631 367-97	15
	Spe	City or town, state, and ZIP code	Z4 DOOLD DIK		C If exemption application is pe	
Inst	ructio	MELVILLE, NY 11747			D 1 Foreign organizations	, check here
H	heck	type of organization: X Section 501(c)(3) ex	empt private foundation		Foreign organizations med check here and attach cor	eting the 85% test, putation
] <u>S</u> e	ction 4947(a)(1) nonexempt charitable trust	Other taxable private founda	ation	 E If private foundation stat	us was terminated
		arket value of all assets at end of year 🔰 🛚 Accounti	·	Accrual	under section 507(b)(1)	(A), check here
		, ,,, ,	her (specify)	hage \	F If the foundation is in a 6	1
_	ırt I	7	mn (d) must be on cash b	·	under section 507(b)(1)	(d) Disbursements
	II (I	(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received			N/A	
	2	Check X If the foundation is not required to attach Sch. 8				
	3	Interest on savings and temporary cash investments	3,195.	3,195.		STATEMENT 1
	4	Dividends and interest from securities	39,473.	39,473.		STATEMENT 2
	ba b	Gross rents Net rental income or (loss)				
	_	Net gain or (loss) from sale of assets not on line 10				
ne	b	Gross sales orice for all				
Revenue	7	Capital gain net income (from Part IV, line 2)		0.		
Œ	8	Net short-term capital gain				
	9 10a	Income modifications Gross sales less returns and allowances				<u></u>
	b	Less Cost of goods sold				
	C	Gross profit or (loss)				
	11	Other income	10.660	40.660		
	12	Total. Add lines "through to the Compensation of officers, directors, trustees, etc."	42,668.	<u>42,668.</u> 0.		0.
	13 14	Other employee salaries and wages	 			· · · · · · · · · · · · · · · · · · ·
	15	Other employee salaries and wages Pension plans, employee benefits 2011				
ses		Legal fees				
Sens	ı					
Ä	С	Accounting fees Other professional fee OGDEM, UT	4	····	'	
tive	17	Interest	4 5 7 7			
stra	18	Taxes STMT 3	1,231.	0.		0.
Ë	19 20	Depreciation and depletion Occupancy				
Adn	21	Travel, conferences, and meetings				
힏	22	Printing and publications				
g a	23	Other expenses				
aţi	24	Total operating and administrative		-		
Operating and Administrative Expenses		expenses. Add lines 13 through 23	1,231.	0.		0.
J		Contributions, gifts, grants paid	261,270.			261,270.
	26	Total expenses and disbursements	262 501	^		261 270
	07	Add lines 24 and 25	262,501.	0.		261,270.
	27 a	Subtract line 26 from line 12: Excess of revenue over expenses and disbursements	-219,833.			
		Net investment income (if negative, enter -0-)	217,000.	42,668.		
		Adjusted net income (if negative, enter -0-)			N/A	

Analysis of Changes in Net Assets or Fund Balances Part III

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30		
	(must agree with end-of-year figure reported on prior year's return)	1	5,299,957.
2	Enter amount from Part I, line 27a	2	-219,833.
3	Other increases not included in line 2 (itemize)	3	0.
4	Add lines 1, 2, and 3	4	5,080,124.
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	6	5,080,124.

TRANT FAMILY FOUNDATION

(a) List and desc 2-story brick wa	optional use by domestic private foundations subject to the section 4940(a) tax on net investication 4940(d)(2) applies, leave this part blank. the foundation liable for the section 4942 tax on the distributable amount of any year in the bes, the foundation does not qualify under section 4940(e). Do not complete this part. Enter the appropriate amount in each column for each year; see instructions before making an allendar year (or tax year beginning in) 2008 2007 Adjusted qualifying distributions Net value 2006 2005 2004 Total of line 1, column (d) Everage distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the next the section 4940(e) for Reduced Tax or options and the section 4940(e) for Reduced Tax or options and the section 4940(e) for Reduced Tax or options and the section 4940(e) for Reduced Tax or options and the section 4940(e) for Reduced Tax or options and the section 4940(e) for Reduced Tax or options and the section 4940(e) for Reduced Tax or options and the section 4940(e) for Reduced Tax or net investigation and the section 4940(e) for Reduced Tax or net investigation and the section 4940(e) for Reduced Tax or net investigation and the section 4940(e). Do not complete this part. Enter the foundation liable for the section 4942 tax or the distributions described and the section 4940(e). Do not complete this part. Enter the appropriate amount in each column for each year; see instructions before making and the section 4940(e). Do not complete this part. Enter the appropriate amount in each column for each year; see instructions before making and the section 4940(e). Do not complete this part. Enter the appropriate amount in each column for each year; see instructions before making and the section 4940(e). Do not complete this part. Enter the appropriate amount in each column for each year; see instructions before making and the section 4940(e). Do not complete this part. Enter the appropriate amount in each column for each year; see instructions an		P - D -	ow acquire Purchase Donation) Date a (mo., da	cquired y, yr.)	(d) Date sold (mo., day, yr.)	
1a									
b NO	NE								
<u>C</u>				-	 .				
d e				 				-	
	, , ,							ın or (loss (f) mınus (
8 b									
C					•			_	
d	,	ļ							
Complete only for assets shown	on usin in column (b) and owned by	the foundation	on 12/31/69			/D G	Sains (Co	ol. (h) gain	minus
	(j) Adjusted basis	(k) Ex	cess of col. (1)			còl. (F	c), but no	ot less that from col. (n -0-) o r
a									
b									
<u>c</u>		-							
de		<u> </u>		+					
	If gain, also ente	r in Part I, line	7 7	}	2				
	•		•						
If gain, also enter in Part I, line 8, If (loss), enter -0- in Part I, line 8	column (c).			}	3				
Part V Qualification L	Inder Section 4940(e) for	r Reduced	Tax on Net	Inve	stmen	t Inco	me		
Was the foundation liable for the sec f "Yes," the foundation does not qua	tion 4942 tax on the distributable ar lify under section 4940(e). Do not co	omplete this pa	rt.						Yes X No
(a) Base period years	(b)		Net value of no	(c)	table-use a	ssets		Distrit	(d) oution ratio rided by col (c))
	"'y '''/				874,		· `	30 ii (3) 3 ii	.059205
2007					916,				.022981
	···								
					•				
2004									
? Total of line 1, column (d)							2		.082186
Average distribution ratio for the the foundation has been in existe		on line 2 by 5,	or by the number	r of yea	rs		3		.041093
Enter the net value of noncharital	ble-use assets for 2009 from Part X,	line 5					4		4,809,788.
Multiply line 4 by line 3							5		197,649.
Enter 1% of net investment incor	ne (1% of Part I, line 27b)						6		427.
Add lines 5 and 6							7		198,076.
Enter qualifying distributions from	n Part XII, line 4						8		261,270.
	n line 7, check the box in Part VI, line	e 1b, and comp	lete that part usin	ng a 1%	tax rate.				

	1990-PF (2009) TRANI FAMILY FOUNDATION 26-1433 Int VI: Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	L577 instru	ctio	Page 4 ns)
	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1. Date of ruling or determination letter: (attach copy of letter if necessary-see instructions) Domestic foundations that meet the section 4940(e) requirements in Part V, check here X and enter 1%			27.
c	of Part I, line 27b All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)			
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0.
	Add lines 1 and 2		4	27.
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-		4	27.
6	Credits/Payments:			
a	2009 estimated tax payments and 2008 overpayment credited to 2009 632.			
	Exempt foreign organizations - tax withheld at source			
	Tax paid with application for extension of time to file (Form 8868)			
	Backup withholding erroneously withheld			
	Total credits and payments. Add lines 6a through 6d		6	32.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			
	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		2	05.
	Enter the amount of line 10 to be: Credited to 2010 estimated tax ▶ 205. Refunded ▶ 11			0.
Pa	rt VII-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in		Yes	No
	any political campaign?	1a		X
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?	1c		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 .			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			
	managers. ▶ \$ 0 .			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
	If "Yes," attach a detailed description of the activities			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or			
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?	4b	ļ	 -
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
	If "Yes," attach the statement required by General Instruction T			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law		,,	
	remain in the governing instrument?	6	X	<u> </u>
7	Did the foundation have at least \$5,000 in assets at any time during the year?	7	X	-
_	If "Yes," complete Part II, col (c), and Part XV			
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)			
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	8b	X	ـــــ
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 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," complete Part XIV	9	ļ	X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10	<u> </u>	<u> </u>
	Fo	rm 990	-PF	(2009)

had not been removed from jeopardy before the first day of the tax year beginning in 2009?

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Form 990-PF (2009) TRANI FAMILY FOUNDATION			<u> 26-14315</u>	77	Page 6
Part VII-B Statements Regarding Activities for Which	Form 4720 May Be I	Required (continu	ued)		
5a During the year did the foundation pay or incur any amount to:					
(1) Carry on propaganda, or otherwise attempt to influence legislation (section			s X No		
(2) Influence the outcome of any specific public election (see section 4955);	or to carry on, directly or indir		(1		-
any voter registration drive?	•		8 X No		
(3) Provide a grant to an individual for travel, study, or other similar purpose		Ye	s X No		İ
(4) Provide a grant to an organization other than a charitable, etc., organization	on described in section				
509(a)(1), (2), or (3), or section 4940(d)(2)?			s X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary	, or educational purposes, or		(TE)		
the prevention of cruelty to children or animals?			s X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify ur		in Regulations	37 / 3		
section 53.4945 or in a current notice regarding disaster assistance (see instr			N/A	5b	
Organizations relying on a current notice regarding disaster assistance check					-
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption					
expenditure responsibility for the grant?		1/A 	es I No		
If "Yes," attach the statement required by Regulations section 53 494					
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on		. │		
a personal benefit contract?		Ye	es X No	e	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a	personal benefit contract?		-	6b	<u> </u>
If "Yes" to 6b, file Form 8870.	abolter transaction?		es X No		
7a At any time during the tax year, was the foundation a party to a prohibited tax b If yes, did the foundation receive any proceeds or have any net income attributed.		16	· — . –	7b	+-
Information About Officers Directors Trus	tees Foundation Ma	anagers Highly		70]	
Part VIII Paid Employees, and Contractors		go:0, :g			
1 List all officers, directors, trustees, foundation managers and their	compensation.			· _Y	
(-) Nome and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans	(e)	Expense ount, other
(a) Name and address	to position	enter -0-)	and deferred compensation	all	lowances
JOHN M TRANI	TRUSTEE				
MARVIN ADLER/24 LOUIS DR	_		_		_
MELVILLE, NY 11747	0.00	0.	0.	<u> </u>	<u> </u>
CAROL A TRANI	TRUSTEE				
MARVIN ADLER/24 LOUIS DR			_		_
MELVILLE, NY 11747	0.00	0.	0.	<u> </u>	<u> </u>
	4			İ	
	4			İ	
				 	
	-				
	-				
2 Compensation of five highest-paid employees (other than those in	cluded on line 1). If none.	 , enter "NONE."	<u> </u>	J	
	(b) Title, and average		(d) Contributions to employee benefit plans	(e)) Expense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deferred compensation		ount, other lowances
NONE	22.3.00 to position	1		<u> </u>	
	1				
			 		
				L	
Total number of other employees paid over \$50,000			<u> </u>		0

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Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	on Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter "I	NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities		▶ 0
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistica number of organizations and other beneficiaries served, conferences convened, research papers produc	ıl ınformatıon such as the ed, etc.	Expenses
1 <u>N/A</u>		
2		·
3		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lin	es 1 and 2.	Amount
1 N/A		
2		
All other program-related investments. See instructions.		
Total. Add lines 1 through 3	.	0.

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a Suitability test (prior IRS approval required) **b** Cash distribution test (attach the required schedule)

income. Enter 1% of Part I, line 27b

Adjusted qualifying distributions Subtract line 5 from line 4

4940(e) reduction of tax in those years.

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

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

orn	n 990-PF (2009) TRANI FAMILY FOUNDATION	26-	-1431577	Page 8
Pa	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	dations,	see instructions)	
	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	1,804,	701.
b	Average of monthly cash balances	1b	3,078,3	333.
C	Fair market value of all other assets	1c		
d	Total (add lines 1a, b, and c)	1d	4,883,0	034.
е	Reduction claimed for blockage or other factors reported on lines 1a and			
	1c (attach detailed explanation) 1e 0.			
<u>}</u>	Acquisition indebtedness applicable to line 1 assets	2		0.
}	Subtract line 2 from line 1d	3	4,883,	034.
	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	73,	246.
	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	4,809,	788.
	Minimum investment return Enter 5% of line 5	6	240,	489.
	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations an	d certain		
F	foreign organizations check here and do not complete this part.)			
	Minimum investment return from Part X, line 6	1	240,	<u>489.</u>
a	Tax on investment income for 2009 from Part VI, line 5			
b	Income tax for 2009. (This does not include the tax from Part VI.)			
C	Add lines 2a and 2b	2c		<u>427.</u>
}	Distributable amount before adjustments. Subtract line 2c from line 1	3	240,	062.
}	Recoveries of amounts treated as qualifying distributions	4		0.
i	Add lines 3 and 4	5	240,	062.
;	Deduction from distributable amount (see instructions)	6		0.
,	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	240,	062.
Pa	art XII Qualifying Distributions (see instructions)			
	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:			
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	261,	<u> 270.</u>
b	Program-related investments - total from Part IX-B	1b		0.
<u> </u>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2		
,	Amounts set aside for specific charitable projects that satisfy the:			

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

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261,270.

260,843.

427.

3ь

4

6

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI,				240,062.
2 Undistributed income, if any, as of the end of 2009				
a Enter amount for 2008 only			0.	
b Total for prior years:				
		0.		
3 Excess distributions carryover, if any, to 2009:				
a From 2004				
b From 2005				•
c From 2006				
d From 2007				
e From 2008 22,508.				
f Total of lines 3a through e	22,508.			
4 Qualifying distributions for 2009 from				
Part XII, line 4: ► \$ 261,270.				
a Applied to 2008, but not more than line 2a		. <u></u> .	<u> </u>	
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.			040 060
d Applied to 2009 distributable amount	01 000		·	240,062.
e Remaining amount distributed out of corpus	21,208.	 		0
5 Excess distributions carryover applied to 2009 (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	43,716.			
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 2008. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2009. Subtract				•
lines 4d and 5 from line 1. This amount must				
be distributed in 2010				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 2004			,	•
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2010	40 546			
Subtract lines 7 and 8 from line 6a	43,716.			
10 Analysis of line 9:				
a Excess from 2005				
b Excess from 2006				
c Excess from 2007				
d Excess from 2008 22,508. e Excess from 2009 21,208.	ļ			
e Excess from 2009 21, 208.			L	Form 990-PF (2009)

	AMILY FOUND				31577 Page 10
Part XIV Private Operating F	oundations (see ins	structions and Part VII	-A, question 9)	N/A	
1 a If the foundation has received a ruling of	r determination letter that	it is a private operating			
foundation, and the ruling is effective fo	r 2009, enter the date of t	he ruling	 		
b Check box to indicate whether the found	dation is a private operation	ig foundation described	in section	4942(j)(3) or 4	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(e) Total
investment return from Part X for					
each year listed					-
b 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not	· · · · · ·				
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c					,
3 Complete 3a, b, or c for the					
alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets	_				
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return					
shown in Part X, line 6 for each year					
listed					
c "Support" alternative test - enter:					
(1) Total support other than gross					
investment income (interest,	:				
dividends, rents, payments on securities loans (section	<u> </u>				
512(a)(5)), or royalties)					
(2) Support from general public					
and 5 or more exempt organizations as provided in					
section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income					
Part XV Supplementary Info	rmation (Comple	te this part only	if the foundation	n had \$5,000 or m	ore in assets
at any time during t					
1 Information Regarding Foundated	on Managers:				
a List any managers of the foundation wh			tributions received by the	e foundation before the clo	se of any tax
year (but only if they have contributed r	nore than \$5,000). (See s	ection 507(d)(2).)			
NONE					
b List any managers of the foundation wh	o own 10% or more of th	e stock of a corporation	(or an equally large port	ion of the ownership of a p	partnership or
other entity) of which the foundation ha	s a 10% or greater interes	SI.			
NONE					
2 Information Regarding Contribut					
Check here ► X If the foundation of					
the foundation makes gifts, grants, etc.	(see instructions) to indiv	riduals or organizations t	inder other conditions, o	complete items 2a, b, c, an	0 0.
a The name, address, and telephone num	ber of the person to who	n applications should be	addressed:		
b The form in which applications should be	pe submitted and information	tion and materials they s	hould include:	· · · · · · · · · · · · · · · · · · ·	
		·			
c Any submission deadlines:					
d Any restrictions or limitations on award	s, such as by geographic	al areas, charitable fields,	kınds of institutions, or	other factors;	

Grants and Contributions Paid During the Recipient	If recipient is an individual			<u> </u>
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year	or substantial contributor	recipient		
			i	
		-		
SEE STATEMENT 5				
Total Approved for future payment	 		▶ 3a	261,27
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
NONE				
Total			▶ 3h	

Part XVI-A Analysis of Income-Producing Activities

nter gross amounts unless otherwise indicated.	Unrelated	I business income		by section 512, 513, or 514	(e)
mos gross amounte amous cinermos maisatea.	(a) Business	(b)	(C) Exclu-	(d)	Related or exempt
1 Program service revenue	code	Amount	code	Amount	function income
a					
b					
C					
d	1 1				
e					
f					
g Fees and contracts from government agencies		<u></u>		<u> </u>	
2 Membership dues and assessments					
3 Interest on savings and temporary cash	1				
investments			14	3,195. 39,473.	
4 Dividends and interest from securities			14	<u> </u>	
5 Net rental income or (loss) from real estate:			ļ ļ		
a Debt-financed property					
b Not debt-financed property		<u></u>			
6 Net rental income or (loss) from personal					
property					
7 Other investment income	-				
8 Gain or (loss) from sales of assets other					
than inventory		···			
9 Net income or (loss) from special events					
O Gross profit or (loss) from sales of inventory			-		·
1 Other revenue:					
a	- -		 		
b					
<u> </u>			+		
d	-				
e	-	0	 	12 550	0.
2 Subtotal. Add columns (b), (d), and (e)			•		42,668.
3 Total Add line 12, columns (b), (d), and (e)				13	42,000.
See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities	to the Acco	mplishment of E	Exempt P	urposes	
Line No Explain below how each activity for which inc	come is reported in	column (e) of Part XVI-	-A contribute	d importantly to the accomp	olishment of
the foundation's exempt purposes (other that					
	. .				
					
					

TRANI FAMILY FOUNDATION 26-1431577 Page 13 Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations** Yes No Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting foundation to a noncharitable exempt organization of: 1a(1) (1) Cash 1a(2) X (2) Other assets **b** Other transactions: 16(1) (1) Sales of assets to a noncharitable exempt organization 1b(2) (2) Purchases of assets from a noncharitable exempt organization 1b(3) (3) Rental of facilities, equipment, or other assets 1b(4) (4) Reimbursement arrangements (5) Loans or loan guarantees 1b(5) 1b(6) (6) Performance of services or membership or fundraising solicitations c Sharing of facilities, equipment, mailing lists, other assets, or paid employees 1c d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (c) Name of noncharitable exempt organization (a) Line no (b) Amount involved (d) Description of transfers, transactions, and sharing arrangements N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described X No Yes in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? If "Yes," complete the following schedule. (b) Type of organization (c) Description of relationship (a) Name of organization Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, TRUSTEE

Date

ADLER CPA

Title

05/03/1

Date

Check if self-employed

EIN >

Phone no.

Form **990-PF** (2009)

Preparer's identifying number

(631)367-9715

Sign Here

Paid Preparer's

Signature of officer or trustee

MARVIN H.

24 LOUIS DRIVE

Preparer's signature

Firm's name (or yours ıf self-employed)

address, and ZIP code

FORM 990-PF INTEREST ON SAVI	INGS A	ND TEM	PORARY CA	ASH IN	IVESTMENTS	STATEMENT	1
SOURCE						AMOUNT	
 VANGUARD PRIME MONEY MARKET B	FUND					3,1	95.
TOTAL TO FORM 990-PF, PART I	, LINE	3, CO	LUMN A			3,19	95.
FORM 990-PF DIVIDENI	OS AND	INTER	EST FROM	SECUE	RITIES	STATEMENT	2
SOURCE		GROSS	AMOUNT		ITAL GAINS IVIDENDS	COLUMN (A AMOUNT)
VANGUARD 500 INDEX FUND ADMIRAL SHARES VANGUARD TOTAL STOCK MARKET INDEX FUND ADMIRAL SHARES			31,194.	0.		31,1	94.
		8,279.		0.	8,2	279.	
TOTAL TO FM 990-PF, PART I, I	LN 4		39,473.		0.	39,4	73.
FORM 990-PF		TAX	ES			STATEMENT	3
DESCRIPTION	EXPE	A) NSES BOOKS	(B) NET INVI MENT INC		(C) ADJUSTED NET INCOM		
F/Y/E 6/30/09 F/Y/E 6/30/10		599. 632.		0.		-	0.
TO FORM 990-PF, PG 1, LN 18 =		1,231.		0.			0.
FORM 990-PF	CO	RPORAT	E STOCK			STATEMENT	4
DESCRIPTION				вос	OK VALUE	FAIR MARKE' VALUE	T
VANGUARD 500 INDEX FUND VANGUARD TOTAL STOCK MKT INDE	EX FUN	D		1	1,890,945. 321,679.	1,362,73 396,43	

	AND CONTRIBUTIONS DURING THE YEAR	STATEMENT 5		
RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT	RECIPIENT STATUS	AMOUNT	
FOOD FOR THE POOR 6401 LYONS ROAD COCONUT CREEK, FL 33073	N/A CURRENT USE FOR GENERAL CHARITABLE PURPOSES	PUBLIC CHARITY	66,910.	
HIMALYAN NUNS 5998 ALCALA PARK SAN DIEGO, CA 92110	N/A CURRENT USE FOR GENERAL CHARITABLE PURPOSES	PUBLIC CHARITY	60,000.	
CHICAGO CARES 300 WEST ADAMS STE 300 CHICAGO, IL 60606	N/A CURRENT USE FOR GENERAL CHARITABLE PURPOSES	PUBLIC CHARITY	30,000.	
HOMELESS SOLUTIONS 540 WEST HANOVER AVE STE 100 MORRISTOWN, NJ 07960	N/A CURRENT USE FOR GENERAL CHARITABLE PURPOSES	PUBLIC CHARITY	30,000.	
TEAK FELLOWSHIP 16 W 22ND STREET, 3RD FL NEW YORK, NY 10010	N/A CURRENT USE FOR GENERAL CHARITABLE PURPOSES	PUBLIC CHARITY	30,000.	
POLYTECHNIC UNIVERSITY 6 METRO TECH CENTER BROOKLYN, NY 11201	N/A CURRENT USE FOR GENERAL CHARITABLE PURPOSES	PUBLIC CHARITY	25,000.	
ST. THERESE HOUSE 806 KIRKWOOD AVE, STE 1570 ATLANTA, GA 30316	N/A CURRENT USE FOR GENERAL CHARITABLE PURPOSES	PUBLIC CHARITY	8,000.	
DANA-FABER CANCER INSTITUTE PO BOX 849168 BOSTON, MA 02284	N/A CURRENT USE FOR GENERAL CHARITABLE PURPOSES	PUBLIC CHARITY	5,000.	

TRANI FAMILY FOUNDATI	ON			26-1431577
AMERICAN CANCER SOCIETY PO BOX 22718 OKLAHOMA 73123	CITY, OK	N/A CURRENT USE FOR GENERAL CHARITABLE PURPOSES	PUBLIC CHARITY	3,000.
DAMON RUNYON CANCER RES FOUNDATION 55 BROADWAY STE 302 N NY 10006		CURRENT USE FOR	PUBLIC CHARITY	3,000.
MEMORIAL SLOAN KETTERIN CENTER 1275 YORK AVENUE NEW Y 10065		N/A CURRENT USE FOR GENERAL CHARITABLE PURPOSES	PUBLIC CHARITY	3,000.
NATIONAL FOUNDATION FOR RESEARCH 4600 EAST WEST HIGHWAY BETHESDA, MD 20814		CURRENT USE FOR	PUBLIC CHARITY	2,000.
BOYS & GIRLS CLUBS 1275 PEACHTREE STREET N ATLANTA, GA 30309	IE	N/A CURRENT USE FOR GENERAL CHARITABLE PURPOSES	PUBLIC CHARITY	1,000.
THE COLUMBUS FOUNDATION 1234 EAST BROAD STREET COLUMBUS, OH 43205		N/A CURRENT USE FOR GENERAL CHARITABLE PURPOSES	PUBLIC CHARITY	1,000.
LESS CHECKS IN TRANSIT 24 LOUIS DRIVE MELVILL 11747			PUBLIC CHARITY	-6,640.
TOTAL TO FORM 990-PF, F	ART XV, LI	NE 3A	_	261,270.

Form **8868** (Rev January 2011)

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 you a	are filing for an Automatic 3-Month Extension, comple	te only Pa	rt I and check this box		•	\mathbf{x}
• If you a	are filing for an Additional (Not Automatic) 3-Month Ex	tension, c	complete only Part II (on page 2 of this	form).		
Do not c	omplete Part II unless you have already been granted a	an automa	tic 3-month extension on a previously fi	led For	rm 8868	
Electron	c filing (e-file). You can electronically file Form 8868 if y	ou need a	a 3-month automatic extension of time to	o file (6	6 months for a corp	oration
required t	o file Form 990-T), or an additional (not automatic) 3-mo	nth extens	sion of time. You can electronically file F	orm 88	368 to request an e	xtension
of time to	file any of the forms listed in Part I or Part II with the exc	ception of	Form 8870, Information Return for Trans	sfers A	Associated With Ce	rtaın
Personal	Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions) For more details on the	ne elec	ctronic filing of this f	orm,
visit www	irs gov/efile and click on e-file for Chanties & Nonprofits					
Part I	Automatic 3-Month Extension of Time					
A corpora	ation required to file Form 990-T and requesting an autor	matic 6-mo	onth extension - check this box and com	plete		
Part I only	<i>(</i>				•	
	corporations (including 1120-C filers), partnerships, REM	IICs, and t	rusts must use Form 7004 to request an	exten	sion of time	
to file inc	ome tax returns			1		
Type or	Name of exempt organization			Empl	loyer identification	number
print						
File by the	TRANI FAMILY FOUNDATION			2	<u>6-1431577</u>	
due date for	Number, street, and room or suite no. If a P.O box, s					
filing your return See	C/O MARVIN ADLER CPA, 24 LO	OUIS 1	DR		 	
instructions	City, town or post office, state, and ZIP code For a fo	oreign add	ress, see instructions			
	MELVILLE, NY 11747					
Enter the	Return code for the return that this application is for (file	a separa	te application for each return)			0 4
			T			,
Applicati	on	Return	Application			Return
Is For		Code	Is For			Code
Form 990		01	Form 990-T (corporation)			07
Form 990		02	Form 1041-A			08
Form 990	`	03	Form 4720			09
Form 990		04	Form 5227			10
	-T (sec 401(a) or 408(a) trust)	05	Form 6069		•	11
Form 990	-T (trust other than above)	06	Form 8870		•	12
	MARVIN ADLER CI					
	poks are in the care of \triangleright 24 LOUIS DRIVE	- ME				
	ione No ► 631 367-9715		FAX No D			
	organization does not have an office or place of business		•			
	s for a Group Return, enter the organization's four digit	1			r the whole group, o	
box 🕨			ch a list with the names and EINs of all		ers the extension is	tor
1 I re	quest an automatic 3 month (6 months for a corporation	-			7	
_	FEBRUARY 15, 2011, to file the exemp	t organiza	tion return for the organization named a	bove	The extension	
IS TO	or the organization's return for					
	calendar year or		d and a TIDN 20 2010			
> !	X tax year beginning JUL 1, 2009	, an	d ending <u>JUN 30, 2010</u>		_	
0 1641	so toy year antored in line 1 is for lose than 10 months.	book roos	on Initial return Fina	ıl returi	_	
2 f th	ne tax year entered in line 1 is for less than 12 months, c	neck reas	on mittai return Fina	ıı returi	П	
	Change in accounting period					
00 lt 44	on application in for Form 000 PL 000 DE 000 T 4700	or 6060 -	ntar the tentative tax less say			
	ns application is for Form 990-BL, 990-PF, 990-T, 4720, o	or 6069, e	nter the tentative tax, less any	0-	*	^
	irefundable credits. See instructions	onto::	refundable grades and	3a	\$	0.
	nis application is for Form 990-PF, 990-T, 4720, or 6069,	-		,	e e	0.
	mated tax payments made. Include any prior year overp			3b	\$	<u> </u>
	ance due. Subtract line 3b from line 3a. Include your pa			,	e	0.
	using EFTPS (Electronic Federal Tax Payment System). If you are going to make an electronic fund withdrawal v			8879.	EO for payment inci	
vauuon.	n you are going to make an electronic fund withdrawary	AUTH THIS LE	onn Jood, Joe i Onn Gaus EU and Fonn	2012.0	LO IOI PAYINGIIL IIISI	10010113

Form 8868 (Rev. 1-2011)	···-				Page 2	
If you are filing for an Additional (Not Automatic) 3-Month	Extension, o	complete only Part II and check this	box	•	• X	
Note. Only complete Part II if you have already been granted a	in automatic	3-month extension on a previously file	d Form	8868		
If you are filing for an Automatic 3-Month Extension, comp						
Part II Additional (Not Automatic) 3-Month	Extensio	n of Time. Only file the original (no				
Name of exempt organization			Emp	Employer identification number		
rint .				0.0.1.01.555		
ile by the	TRANI FAMILY FOUNDATION			6-1431577		
xtended Number, street, and room or suite no If a P O box						
ling your C/O PRINT THE REPUBLIC CITY, 24 D						
eturn See City, town or post office, state, and ZIP code For structions MELVILLE, NY 11747	a loreign add	ness, see instructions				
MEDVIDDE, MI II/4/						
Enter the Return code for the return that this application is for	(file a senara	te application for each return)			0 4	
The rectain coop for the retain that this application is for	(mo a copara	to application for each retain,			L-L	
Application	Return	Application			Return	
s For	Code	Is For			Code	
orm 990	01					
Form 990-BL	02	Form 1041-A			08	
form 990-EZ	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	
orm 990-T (trust other than above)	06	Form 8870			12	
STOP! Do not complete Part II if you were not already grant			ously file	ed Form 8868.		
The books are in the care of \triangleright 24 LOUIS DRIV	E - ME.					
Telephone No ► 631 367-9715		FAX No -				
 If the organization does not have an office or place of busin If this is for a Group Return, enter the organization's four dig 			this is fo	r the whole group,	chack this	
ox ►				-		
4 I request an additional 3-month extension of time until		15, 2011 .	all IIIeIIID	Jers the extension	3 101.	
5 For calendar year, or other tax year beginning			JUN	30, 2010		
6 If the tax year entered in line 5 is for less than 12 months			Final			
Change in accounting period	,					
7 State in detail why you need the extension						
AWAITING ADDITIONAL FINANCIA	L INFO	RMATION				
8a If this application is for Form 990-BL, 990-PF, 990 T, 472	0, or 6069, e	nter the tentative tax, less any			_	
nonrefundable credits. See instructions			8a	\$	0.	
b If this application is for Form 990-PF, 990-T, 4720, or 606	•		1			
tax payments made Include any prior year overpayment	allowed as a	a credit and any amount paid			•	
previously with Form 8868		LALL Farm of the second because of	8b	\$	0.	
c Balance due. Subtract line 8b from line 8a Include your		n this form, if required, by using			۸	
EFTPS (Electronic Federal Tax Payment System) See in:		d Verification	8c	\$	0.	
olg Inder penalties of perjury, I declare that I have examined this form, inc			the hest o	of my knowledge and	belief	
is true, correct, and complete, and that I am authorized to prepare thi		any my someosies and statements, and to	5031 0			
signature Dom. M. Mam Carol Q Show Title	TRUST	चुन	Date			
The state of the s			2 2.10	Form 8868 (F	Rev 1-2011)	