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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

Department of the Treasury Internal Revenue Service

OMB No 1545-0052

2010

For	calen	idar year 2010, or tax year beginning		, and er	nding			
G (Check	all that apply Initial return	Initial return of a fo	•	harity	Final return		
		Amended return	Address chan	ge		Name change		
Name of foundation						A Employer identification number		
MASSRY CHARITABLE FOUNDATION, INC.								
		C/O NORMAN MASSRY				14-1777179		
Nur	nber a	nd street (or P.O. box number if mail is not delivered to stre	et address)		Room/suite	B Telephone number		
		255 WASHINGTON AVENU	E EXT.			518-862-66	00	
Cit	y or to	own, state, and ZIP code				C If exemption application is p	ending, check here	
		ALBANY, NY 12205				D 1- Foreign organizations, check here		
H (Check	type of organization X Section 501(c)(3)	exempt private foundation		-	Foreign organizations me check here and attach co	eting the 85% test.	
	⊒ Se	ction 4947(a)(1) nonexempt charitable trust	Other taxable private founda	ition		E If private foundation stat		
l Fa	air ma	arket value of all assets at end of year J Accoun	ting method. X Cash	Accr	ual	under section 507(b)(1)		
(fi	rom F		Other (specify)			F If the foundation is in a 6	60-month termination	
	- \$ _	20,095,410. (Part I, col	umn (d) must be on cash t	oasis.)		under section 507(b)(1)		
Pa	art l	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and	(b) Net in	vestment	(c) Adjusted net	(d) Disbursements	
		necessanly equal the amounts in column (a))	expenses per books	inco	me	income	for chantable purposes (cash basis only)	
	1	Contributions, gifts, grants, etc., received	1,535,200.					
	2	Check I if the foundation is not required to attach Sch. B						
	3	Interest on savings and temporary cash investments	32,273.		2,273.		STATEMENT 1	
	4	Dividends and interest from securities	386,252.	38	6,252.	386,252.	STATEMENT 2	
	5a	Gross rents						
	b	Net rental income or (loss)						
0	6a	Net gain or (loss) from sale of assets not on line 10	593,412.					
Š	b	Gross sales price for all assets on line 6a 13, 208, 551.						
Revenue	7	Capital gain net income (from Part IV, line 2)		59	3,412.			
Œ	8	Net short-term capital gain RECL	VEYOU			N/A		
	9	Income modifications	1001					
	10a	Gross sales less returns and allowances	2 200 141					
à	b	Less Cost of goods sold	177					
POARS	C	Gross profit or (loss)						
Ě	11	Other income OGC	EN-UI					
	12	Total. Add lines 1 through 11	2,547,137.	1,01	1,937.	418,525.		
	13	Compensation of officers, directors, trustees, etc	0.		0.	0.	0.	
Ţ	14	Other employee salanes and wages						
: 0	15	Pension plans, employee benefits						
Se	16a	Legal fees	7.500			-G- F 0 0		
Expenses	b	Accounting fees STMT 3	7,500.		7,500.	7,500.	0.	
ŭ		Other professional fees STMT 4	95,598.	9	5,598.	95,598.	0.	
ž.		Interest	5 610		5 610	5 (10		
ita .	18	Taxes STMT 5	5,612.		5,612.	5,612.	0.	
<u>:</u>	19	Depreciation and depletion						
튵	20	Occupancy .						
and Administrative	21	Travel, conferences, and meetings						
ä	22	Printing and publications	0.050		0.00	2 050		
ing	23	Other expenses STMT 6	2,058.		2,058.	2,058.	0.	
řat	24	Total operating and administrative	110 760	1 1	0 760	110 760	_	
Operating		expenses. Add lines 13 through 23	110,768.	11	0,768.	110,768.	0.	
_	25	Contributions, gifts, grants paid	750,180.				750,180.	
	26	Total expenses and disbursements.	960 040	1 1	0 760	110 760	750 100	
	-	Add lines 24 and 25	860,948.	7.1	0,768.	110,768.	750,180.	
			1 606 100					
	1	Excess of revenue over expenses and disbursements	1,686,189.	00	1,169.			
	1	Net investment income (if negative, enter -0-)		90	1,109.	307,757.		
~~~		Adjusted net income (if negative, enter -0-)	1	<u></u>		301,131.	<u> </u>	

14-1777179

Form 990-PF (2010)

C/O NORMAN MASSRY

		Balance Sheets Attached schedules and amounts in the description	Beginning or year	Ena o	t year
<u> P</u>	art	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
$\Box$	1	Cash - non-interest-bearing	677,292.	1,173,486.	1,173,486.
	2	Savings and temporary cash investments			
		Accounts receivable ►			7
	٠	Less; allowance for doubtful accounts	•	·	• •
	A	Pledges receivable			
	7	Less: allowance for doubtful accounts			
	5	Grants receivable			<del></del>
	_	Receivables due from officers, directors, trustees, and other			
	6				
	7	disqualified persons			<del></del>
Ì	′	Other notes and loans receivable			
		Less: allowance for doubtful accounts		<del></del>	
Assets		Inventories for sale or use			
Ass		Prepaid expenses and deferred charges			
`		Investments - U.S. and state government obligations	14 610 656	15 707 025	10 101 050
İ		Investments - corporate stock STMT 7	14,619,656.	15,797,935.	
		Investments - corporate bonds STMT 8	775,205.	779,589.	740,066.
	11	Investments - land, buildings, and equipment basis			
		Less accumulated depreciation			
		Investments - mortgage loans			
	13	Investments - other			
	14	Land, buildings, and equipment basis	- :		1
		Less accumulated depreciation			
	15	Other assets (describe )			
			46 050 450	45 554 040	00 005 440
_		Total assets (to be completed by all filers)	16,072,153.	17,751,010.	20,095,410.
		Accounts payable and accrued expenses			, , '
	18	Grants payable			
es	19	Deferred revenue			,
Liabilities		Loans from officers, directors, trustees, and other disqualified persons			1
ia		Mortgages and other notes payable			/ - 1
-	22	Other liabilities (describe )	7,332.	0.	
				•	
$\Box$	23	Total liabilities (add lines 17 through 22)	7,332.	0.	
		Foundations that follow SFAS 117, check here			, , , ,
ر پر		and complete lines 24 through 26 and lines 30 and 31.			' • • • • • • • • • • • • • • • • • •
ances	24	Unrestricted	16,064,821.	17,751,010.	
	25	Temporarily restricted			7-7-16
Net Assets or Fund Bal	26	Permanently restricted			
Ĕ		Foundations that do not follow SFAS 117, check here		-	المرا المحضافة المختلفة المحاسدة
Ę		and complete lines 27 through 31.			1
S	27	Capital stock, trust principal, or current funds			
Se	28	Paid-in or capital surplus, or land, bldg., and equipment fund			٠ ,٠
ا کے	29	Retained earnings, accumulated income, endowment, or other funds			٠
2	30	Total net assets or fund balances	16,064,821.	17,751,010.	
$\sqcup$	31	Total liabilities and net assets/fund balances	16,072,153.	17,751,010.	
Ē,	art	Analysis of Changes in Net Assets or Fund B	alances		
$\equiv$					
		net assets or fund balances at beginning of year - Part II, column (a), line	30		
	-	t agree with end-of-year figure reported on prior year's return)		1	16,064,821.
2	Enter	amount from Part I, line 27a		2	1,686,189.
3	Othe	increases not included in line 2 (itemize)		3	0.
4	Add	ines 1, 2, and 3		4	17,751,010.
5	Decr	eases 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, co	olumn (b), line 30	6	17,751,010.
					Form <b>990-PF</b> (2010)

Z-Story Drick W		) of property sold (e o ommon stock, 200 sh			P-P	acquired urchase onation	(c) Date (mo , c	acquired day, yr )	(d) Date sold (mo , day, yr )
1a									
b SEE ATTACHED	STATE!	MENT			ļ				
<u>c</u>					ļ				
d				<del></del>	ļ				
e	T				<u> </u>				L
(e) Gross sales price	1 ' ' '	eciation allowed allowable)		t or other basis xpense of sale				Sain or (loss s (f) minus	
<u>a</u>			<u> </u>						
<u>b</u>									<del></del>
<u>d</u>		<del></del>	<del>- </del>		<del></del>				
e 13,208,551.			1.	2,615,13	9		<del></del>		593,412.
Complete only for assets show	<del></del>	mn (h) and owned by			<del>' -   -</del>	-· · · · · · · · · ·	I) Gaine //	Col (h) gair	
Complete only for added only	1	ljusted basis	1	cess of col (i)				not less tha	
(i) F M V as of 12/31/69		of 12/31/69		col (j), if any			Losses	(from col	(h)) ,
a_								······································	
b									
C									
d									
e		<del></del>							593,412.
	- <del></del>	C If goin also onto	r in Dort I line 7	7	7				
Capital gain net income or (net ca	apital loss)	If gain, also ente	D-in Part I, illie 7	7	2				593,412.
,		•		•					• •
Net short-term capital gain or (lo If gain, also enter in Part I, line 8,		m sections 1222(5) a	110 (6)		٦				
If (loss), enter -0- in Part I, line 8					Pl a				254,496.
Dort V Qualification I					3				234,430.
for optional use by domestic privat	te foundations s	tion 4940(e) for subject to the section				tment In	come		234,490
For optional use by domestic privat section 4940(d)(2) applies, leave the foundation liable for the sections, the foundation does not quarter.	te foundations s this part blank ction 4942 tax c alify under secti	on the distributable ar	4940(a) tax on mount of any ye omplete this pai	net investment in ar in the base per rt	nod?	tment In	come		Yes X No
For optional use by domestic private section 4940(d)(2) applies, leave to vas the foundation liable for the section 498, the foundation does not quate amount in	te foundations s this part blank ction 4942 tax c alify under secti	on the distributable ar	4940(a) tax on mount of any ye omplete this pai	net investment in ar in the base per rt	nod?	tment In	come		Yes X No
For optional use by domestic private section 4940(d)(2) applies, leave to vas the foundation liable for the section 4940 (a) Enter the appropriate amount in (a)  Base period years	te foundations s this part blank ction 4942 tax c alify under secti each column fo	on the distributable ar on 4940(e) Do not correach year; see insti	4940(a) tax on mount of any ye omplete this paiructions before	net investment in ar in the base per rt making any entri	nod?			Distri	Yes X No
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section 4940(d)(2) applies, leave to section 4940(d)(2) applies, leave to section 4940(d)(2) applies, leave to set section 4940(d)(2) applies, leave to section 4940(d)(2) applies, leave to section 4940(d) as the foundation does not quate in the appropriate amount in the section of the secti	this part blank ction 4942 tax of the second	on the distributable ar on 4940(e) Do not co or each year; see insti- djusted qualifying dis 77 1,11 1,19 1,00 85  riod - divide the total is years for 2010 from Part X,	mount of any ye omplete this par ructions before stributions 77,345. 16,126. 29,003. 05,478. 03,001.	net investment in ar in the base per it making any entri Net value of no	(c) ncharitate 14,9 16,5 19,3	90,393 85,37 91,346 57,158	3. 7. 5. 3. 0. 2 3	(col (b) dr	(d) button ratio vided by col (c)) .051856 .067296 .061832 .055692 .290568 .058114 .8,343,054.
section 4940(d)(2) applies, leave to section 4940(d)(2) applies, leave to section 4940(d)(2) applies, leave to set section 4940(d)(2) applies, leave to section 4940(d)(2) applies, leave to section 4940(d) as the foundation does not quate in the appropriate amount in the section of the secti	this part blank ction 4942 tax of the second	on the distributable ar on 4940(e) Do not co or each year; see insti- djusted qualifying dis 77 1,11 1,19 1,00 85  riod - divide the total is years for 2010 from Part X,	mount of any ye omplete this par ructions before stributions 77,345. 16,126. 29,003. 05,478. 03,001.	net investment in ar in the base per it making any entri Net value of no	(c) ncharitate 14,9 16,5 19,3	90,393 85,37 91,346 57,158	3	(col (b) dr	Yes X No  (d) button ratio vided by col (c))  .051856 .067296 .061832 .055692 .290568 .058114 .8,343,054. 1,065,988.
For optional use by domestic private section 4940(d)(2) applies, leave to vas the foundation liable for the section 4940(d)(2) applies, leave to vas the foundation does not quate the appropriate amount in (a)  Base period years Calendar year (or tax year beginning 2009 2008 2007 2006 2005  Total of line 1, column (d) Average distribution ratio for the the foundation has been in existed the foundati	this part blank ction 4942 tax of the second	on the distributable ar on 4940(e) Do not co or each year; see insti- djusted qualifying dis 77 1,11 1,19 1,00 85  riod - divide the total is years for 2010 from Part X,	mount of any ye omplete this par ructions before stributions 77,345. 16,126. 29,003. 05,478. 03,001.	net investment in ar in the base per it making any entri Net value of no	(c) ncharitate 14,9 16,5 19,3	90,393 85,37 91,346 57,158	3	(col (b) dr	Yes X No  (d) button ratio vided by col (c))  .051856 .067296 .061832 .053892 .055692  .290568 .058114 .8,343,0541,065,9889,012.
For optional use by domestic private section 4940(d)(2) applies, leave to vas the foundation liable for the section 4940(d)(2) applies, leave to vas the foundation does not quate the appropriate amount in (a)  Base period years Calendar year (or tax year beginning 2009 2008 2007 2006 2005  Total of line 1, column (d) Average distribution ratio for the the foundation has been in existed the foundati	this part blank ction 4942 tax of the second	on the distributable ar on 4940(e) Do not co or each year; see insti- djusted qualifying dis 77 1,11 1,19 1,00 85  riod - divide the total is years for 2010 from Part X,	mount of any ye omplete this par ructions before stributions 77,345. 16,126. 29,003. 05,478. 03,001.	net investment in ar in the base per it making any entri Net value of no	(c) ncharitate 14,9 16,5 19,3	90,393 85,37 91,346 57,158	3. 7. 5. 3. 0. 2 3	(col (b) dr	Yes X No  (d) button ratio vided by col (c))  .051856 .067296 .061832 .055692 .290568 .058114 .8,343,054. 1,065,988.
For optional use by domestic private section 4940(d)(2) applies, leave to a section 4940(d) d) applies, leave to a section 4940(d)(d)(d)(d)(d)(d)(d)(d)(d)(d)(d)(d)(d)(	this part blank ction 4942 tax calify under sective each column for the section of the section o	on the distributable ar on 4940(e) Do not co or each year; see insti (b) idjusted qualifying dis 1, 11 1, 19 1, 00 85  riod - divide the total is 5 years for 2010 from Part X,	mount of any ye omplete this par ructions before stributions 77,345. 16,126. 29,003. 05,478. 03,001.	net investment in ar in the base per it making any entri Net value of no	(c) ncharitate 14,9 16,5 19,3	90,393 85,37 91,346 57,158	3	(col (b) dr	Yes X No  (d) button ratio vided by col (c))  .051856 .067296 .061832 .053892 .055692  .290568 .058114 .8,343,0541,065,9889,012.

MASSRY CHARITABLE FOUNDATION, INC.

Forr	n 990-PF (2010) C/O NORMAN MASSRY	14-1	[7771]	79		Page 4
Pa	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4	948 -	see ins	tru	ctio	ns)
18	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)					
t	Domestic foundations that meet the section 4940(e) requirements in Part V, check here   and enter 1%	1		18	3,0	23.
	of Part I, line 27b				-1,*	<del></del>
	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-)	2				0.
3		3		1	3,0	23.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5		18	3,0	23.
6	Credits/Payments		·············	11111		<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>
a	2010 estimated tax payments and 2009 overpayment credited to 2010 6a 10,851.					
	Exempt foreign organizations - tax withheld at source					
	: Tax paid with application for extension of time to file (Form 8868) 6c 10,000.					
C	I Backup withholding erroneously withheld 6d					
	Total credits and payments Add lines 6a through 6d	7		2(	8,0	51.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8			<u> </u>	
g	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9				
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10			2,8	28.
11	Enter the amount of line 10 to be Credited to 2011 estimated tax ▶ 2,828 - Refunded ▶	11				0.
	art VII-A Statements Regarding Activities					
18	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene	ın			Yes	No
	any political campaign?		. 1	a		X
t	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?		1	b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials publishe	d or	[ ]	,		
	distributed by the foundation in connection with the activities.					
C	Did the foundation file Form 1120-POL for this year?			<u>c</u>		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year					
	(1) On the foundation ► \$ (2) On foundation managers ► \$		ļ			
6	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation					
	managers 🕨 \$ O .			Ì		
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, of	ł۲	- 1			
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		ئــا	3		X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			<u>a</u>		X
	If "Yes," has it filed a tax return on Form 990-T for this year?	N/	A 4	b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		<u>                                     </u>	5		X
_	If "Yes," attach the statement required by General Instruction T.			1		
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either	_		į		
	By language in the governing instrument, or		İ			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state	law	1	_	.,	
_	remain in the governing instrument?		<u> </u>	6	X	
′	Did the foundation have at least \$5,000 in assets at any time during the year?		ļ ⁷	7		
•	If "Yes," complete Part II, col. (c), and Part XV.		İ			
ьа	Enter the states to which the foundation reports or with which it is registered (see instructions)		<u> </u>	-		
	NY		<del></del>	ĺ		
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)				v	
^	of each state as required by General Instruction G? If "No," attach explanation		-   8	b	X	
y	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for cale	ndar				v
10	year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If "Yes," complete Part XIV  Did any nersons become substantial contributors during the tax year? It was a constitution their areas and addresses			9		X
111	LUID ADVINGUED DECOME SHOSIADDAL COMMODITORS OF THE DAY VARY REPORT A street a cohedula hatter their contract and addresses		1	. 1		1 A

#### MASSRY CHARITABLE FOUNDATION, INC. Form 990-PF (2010) C/O NORMAN MASSRY 14-1777179 Page 5 Part VII-A Statements Regarding Activities (continued) 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) X 11 12 Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008? 12 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? X 13 N/A Website address 14 The books are in care of ► NORMAN MASSRY Telephone no ▶518-862-6600 Located at ▶ 255 WASHINGTON AVE., ALBANY, NY ZIP+4 ▶12205 15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the year N/A 15 16 At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority over a bank, No Yes securities, or other financial account in a foreign country? X 16 See page 20 of the instructions for exceptions and filing requirements for Form TD F 90-22 1 If "Yes," enter the name of Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required Yes No File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. 1a During the year did the foundation (either directly or indirectly): Yes X No (1) Engage in the sale or exchange, or leasing of property with a disqualified person? (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) Yes X No a disqualified person? (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No Yes X No (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? (5) Transfer any income or assets to a disqualified person (or make any of either available Yes X No for the benefit or use of a disqualified person)? (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 🗌 Yes 💢 No termination of government service, if terminating within 90 days ) b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations N/A section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 22 of the instructions)? 1b 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 2010? X 1c 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)) a At the end of tax year 2010, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning . Yes X No before 2010? 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 N/A statement - see instructions ) 2b 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

b If "Yes," did it have excess business holdings in 2010 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,

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

Form 4720, to determine if the foundation had excess business holdings in 2010.)

had not been removed from jeopardy before the first day of the tax year beginning in 2010?

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

Form 990-PF (2010)

X

3b

4a

N/A

► 0 Form **990-PF** (2010)

Total number of other employees paid over \$50,000

### MASSRY CHARITABLE FOUNDATION, INC. C/O NORMAN MASSRY

Form 990-PF (2010) C/O NORMAN MASSRY		777179 Page 7
Part VIII Information About Officers, Directors, Trustees, Found Paid Employees, and Contractors (continued)	lation Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, ent	ler "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
	<u> </u>	
	<del> </del>	
		<del></del>
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 stat	tistical information such as the	F
number of organizations and other beneficiaries served, conferences convened, research papers pr		Expenses
1N/A		
2		
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 of	on lines 1 and 2	Amount
1 <u>N/A</u>		
2		
All other program-related investments. Can instructions		
All other program-related investments. See instructions  3		
<u> </u>		

Total. Add lines 1 through 3

Page 8

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndation	is, see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities	1a	16,786,212.
	Average of monthly cash balances	1b	1,096,150.
C	Fair market value of all other assets	10	740,028.
đ	Total (add lines 1a, b, and c)	1d	18,622,390.
8	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 6 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	18,622,390.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	279,336.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	18,343,054.
6	Minimum Investment return. Enter 5% of line 5	6	917,153.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and foreign organizations check here ▶ ☐ and do not complete this part )	id certai	
1	Minimum investment return from Part X, line 6	1	917,153.
2a	Tax on investment income for 2010 from Part VI, line 5		
b	Income tax for 2010 (This does not include the tax from Part VI )		
C	Add lines 2a and 2b	2c	18,023.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	899,130.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	899,130.
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	899,130.
_	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		750 100
a	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	18	750,180.
	Program-related investments - total from Part IX-B	1b	<u></u>
2	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	2.	
	Suitability test (prior IRS approval required)	3a	
	Cash distribution test (attach the required schedule)	3b 4	750,180.
4 5	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	750,180.
J	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b	_	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	5 6	750,180.
,	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of		
	4940(e) reduction of tax in those years	lnaiiie2	101 (119 260(10))

C/O NORMAN MASSRY

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#### Undistributed Income (see instructions) Part XIII (a) (c) (d) (b) 2009 2010 Corpus Years prior to 2009 1 Distributable amount for 2010 from Part XI, 899,130. 2 Undistributed income, if any, as of the end of 2010 0 a Enter amount for 2009 only b Total for prior years 0 3 Excess distributions carryover, if any, to 2010 92,334. a From 2005 88,874. **b** From 2006 318,192. c From 2007 291,971. d From 2008 30,889.e From 2009 822,260 f Total of lines 3a through e 4 Qualifying distributions for 2010 from 750,180. Part XII, line 4 > \$ 0 a Applied to 2009, but not more than line 2a b Applied to undistributed income of prior 0 years (Election required - see instructions) c Treated as distributions out of corpus 0. (Election required - see instructions) 750,180. d Applied to 2010 distributable amount 0. e Remaining amount distributed out of corpus 148,950. 148,950. Excess distributions carryover applied to 2010 (If an amount appears in column (d), the same amount must be shown in column (a)) 6 Enter the net total of each column as Indicated below: 673,310. 2 Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income Subtract 0. line 4b from line 2b 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 0 assessed d Subtract line 6c from line 6b Taxable 0. amount - see instructions e Undistributed income for 2009. Subtract line 0. 4a from line 2a. Taxable amount - see instr f Undistributed income for 2010 Subtract

0 .

0

673,310.

0.

lines 4d and 5 from line 1. This amount must

7 Amounts treated as distributions out of corpus to satisfy requirements imposed by

section 170(b)(1)(F) or 4942(g)(3) 8 Excess distributions carryover from 2005

Subtract lines 7 and 8 from line 6a

32,258. 318,192.

291,971

30,889

not applied on line 5 or line 7 9 Excess distributions carryover to 2011.

10 Analysis of line 9

a Excess from 2006 b Excess from 2007

c Excess from 2008

d Excess from 2009 e Excess from 2010

be distributed in 2011

MASSRY CHARITABLE FOUNDATION, INC.

	RMAN MASSRY			14-17	7771 <u>7</u> 9 Pa	ge 10
Part XIV   Private Operating I	Foundations (see in	structions and Part V	II-A, question 9)	N/A		
1 a If the foundation has received a ruling	or determination letter tha	t it is a private operating			<del></del>	
foundation, and the ruling is effective f		•	▶			
<b>b</b> Check box to indicate whether the foun	idation is a private operati	ng foundation described	ın 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) 2010	(b) 2009	(c) 2008	(d) 2007	(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			İ			
Subtract line 2d from line 2c					1	
3 Complete 3a, b, or c for the						
alternative test relied upon  a "Assets" alternative test - enter			+			
(1) Value of all assets			<u> </u>			
(2) Value of assets qualifying under section 4942(i)(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						
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>	<u> </u>				
Part XV Supplementary Info			if the foundation	n had \$5,000 or m	ore in assets	
at any time during		instructions.)				
1 Information Regarding Foundation	<del>-</del>	4b 00/ -44b- 4-4-1	A			
a List any managers of the foundation where year (but only if they have contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in	more than \$5,000) (See s	than 2% of the total consection 507(d)(2) \	triputions received by the	e foundation before the cit	ose of any tax	_
MORRIS MASSRY	, ,, ,					
b List any managers of the foundation wh		e stock of a cornoration	(or an equally large port	ion of the ownership of a r	nartnershin or	
other entity) of which the foundation ha	is a 10% or greater intere	st	tor an equally large port	ion or and owneromp or a p	ourenorous or	
NONE						
2 Information Regarding Contribut	ion, Grant, Gift, Loan	Scholarship, etc., P	rograms:			
Check here 🕨 🗓 if the foundation (	only makes contributions	to preselected charitable	organizations and does	not accept unsolicited req	uests for funds If	
the foundation makes gifts, grants, etc	(see instructions) to indi-	viduals or organizations (	under other conditions, c	complete items 2a, b, c, an	d d	
a The name, address, and telephone num	iber of the person to who	m applications should be	addressed			
<b>b</b> The form in which applications should l	be submitted and informa	tion and materials they s	hould include			
c Any submission deadlines			<del></del>		- • • • • • • • • • • • • • • • • • • •	
d Any restrictions or limitations on accord	lo quah na hu nagarantir	oloropo chamballa falla	lando of matrix trans	other feet	<u> </u>	
d Any restrictions or limitations on award	s, such as by geographic	ai areas, chantadie neids	, killus of institutions, or	outer factors.		

023601 12-07-10

Form **990-PF** (2010)

MASSRY CHARITABLE FOUNDATION, INC.

Form 990-PF (2010) C/O NORMAN MASSRY

Part XV Supplementary Information (continued)

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3 Grants and Contributions Paid During the Year or Approved for Future Payment								
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount				
Name and address (home or business)	or substantial contributor	recipient	CONTRIBUTION					
a Paid during the year	or substantial contributor	recipient						
SEE STATEMENT 9								
Total			<b>▶</b> 3a	750,180.				
b . Approved for future payment _								
NONE								
Total			<b>▶</b> 3h	0.				

C/O NORMAN MASSRY

**Analysis of Income-Producing Activities** 

• to the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second	Unrelated t	ousiness income	Eveludes	1 by section 512, 513, or 514	
Enter gross amounts unless otherwise indicated	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	(e) Related or exempt function income
1 Program service revenue	code	Amount	code	Amount	- Turicuon income
a					<del> </del>
b	.				
C	.	<del>.</del>			<del></del>
d					
8					
					<u> </u>
g Fees and contracts from government agencies					<del> </del>
2 Membership dues and assessments .		<del> </del>			
3 Interest on savings and temporary cash					
investments .			14	32,273. 386,252.	
4 Dividends and interest from securities	ļ		14	386,252.	
5 Net rental income or (loss) from real estate					
a Debt-financed property	ļ				
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			18	593,412.	<del></del>
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory			_		·
11 Other revenue					
a					
b		·			
c					
d					
0		<del></del> ,,			
12 Subtotal Add columns (b), (d), and (e)		0		1,011,937.	0.
13 Total. Add line 12, columns (b), (d), and (e)				. 13	1,011,937.
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities	to the Accon	plishment of l	Exempt l	Purposes	
Line No. Explain below how each activity for which inco				ed importantly to the accomp	olishment of
the foundation's exempt purposes (other than	by providing funds	for such purposes).			
			-		· -
					·
		·			
			15	····	

	- /			01.2112201., 21					
orm 990-PF (2		IORMAN MA		<del>.</del>			<u> 77179</u>		ige 13
Part XVII	Information Re Exempt Organ		ınsfers To a	and Transactions	and Relatior	nships With Nonc	haritable	9	
1 Did the or	ganization directly or indi	rectly engage in ar	ny of the following	ng with any other organizat	ion described in s	ection 501(c) of		Yes	No
			•	27, relating to political orga					
	from the reporting found								
(1) Cash				<b>3</b>			1a(1)	•	X
(2) Other		•					1a(2)		X
b Other tran						•	14(2)		
	of assets to a noncharita	ihle evemnt orașai	zation				16/1)		Х
	hases of assets from a no					•	1b(1)		X
	al of facilities, equipment,	•	nt organization				1b(2)		X
							1b(3)		X
	bursement arrangements	i				•	1b(4)	-	_
	s or loan guarantees						1b(5)		X
	rmance of services or me	•	-				1b(6)		X
_	f facilities, equipment, ma	_		• •		•	10		X
				edule Column (b) should a				ets,	
	is given by the reporting f 1) the value of the goods,			ed less than fair market val	ue in any transact	ion or sharing arrangeme	nt, show in		
1) Line no	(b) Amount involved			e exempt organization	(d) Descrip	tion of transfers, transactions,	and sharing an	rangeme	ents
			N/A						
	·								
				· · · · · · · · · · · · · · · · · · ·					
						<u>-</u>	<del></del>		
								-	
	***************************************		-						
			<del></del> _			<del></del>			
		<del></del>				<del></del>			
			,		_				
					+				
in section	501(c) of the Code (othe	r than section 501		or more tax-exempt organ tion 527?	izations described		Yes	X	] No
D IT Yes, Co	omplete the following sch (a) Name of org			(h) Tune of organization	<del></del>	(a) Decorption of relati	onehin.		
	<del></del>	jamzauvii		(b) Type of organization		(c) Description of relati	ousub		
	. N/A	<u> </u>				<del></del>			
					<del>  - · · · · · · · · · · · · · · · · · · </del>				
	<del> </del>				<del> </del>				
Sign and				ing accompanying schedules as ased on all information of which			d belief, it is tru	је, сопе	ct,
Here	1/000			11/15/	20/1	OFFICER			
	Signature of officer or tru	ustee		Date		Title			
	Print/Type preparer's na	ame	Preparer's s	ignature	Date	Check if PT	in		
			1 1/1	6	1.1.1	self- employed			
Paid	GEOFFREY S	MULLEN			11/5/11		207772	77	
Preparer	Firm's name ► UHY		S NY,/I	NC.		Firm's EIN			
Use Only		<del>-</del> -	, –				: 14-1555	:420	
•		0011011			100		<del> </del>	/4 <b>4</b> 7	

Firm's address ▶ 66 SOUTH PEARL STREET, SUITE 400

ALBANY, NY 12207

518-449-3166

Phone no.

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

Department of the Treasury Internal Revenue Service

#### Schedule of Contributors

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

OMB No. 1545-0047

**Employer identification number** 

Name of the organization MASSRY CHARITABLE FOUNDATION, INC. C/O NORMAN MASSRY 14-1777179 Organization type (check one): Filers of: Section: Form 990 or 990-EZ 501(c)( ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II. 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, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of 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 aggregate 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.

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) (2010)

Caution. An organization 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), 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 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).

	1	-
Page	1 of	⊥ of Part I

Schedule B	(Form 990	990-F7	or 990-PF	(2010)
ochegule b	(rom sso,	33U-EZ,	01 330-FF	(2010)

Name of organization
MASSRY CHARITABLE FOUNDATION, INC.
C/O NORMAN MASSRY

Employer identification number

14-1777179

#### Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	MORRIS MASSRY  2 COBBLE HILL ROAD  LOUDONVILLE, NY 12111	\$1,035,200.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	MORRIS MASSRY  2 COBBLE HILL ROAD  LOUDONVILLE, NY 12111	\$500,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate 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) Aggregate 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) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Omnicash Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

MASSRY CHARITABLE FOUNDATION, INC. C/O NORMAN MASSRY

Employer identification number 14-1777179

Part II Noncash Property (see instructions)

(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	16,000 SHS PROCTOR & GAMBLE STOCK	\$ <u>1,035,200</u> .	12/19/10
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	<del></del>
(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
<del></del>		\$	· · · · · · · · · · · · · · · · · · ·
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
<del> </del>		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

Name of organization

Employer identification number

MASSRY CHARITABLE FOUNDATION, INC.

ς.	/^	MORMAN	MASSRY	٠
· .	_	TACITITATA	TITOUT	

14-1777179

art III	Exclusively religious, charitable, etc., in more than \$1,000 for the year. Complete Part III, enter the total of exclusively religio \$1,000 or less for the year (Enter this info	columns (a) through (e) and the us, charitable, etc., contributions	on 501(c)(7), (8), or (10) organizations aggregating e following line entry. For organizations completing s of
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gif	
-	Transferee's name, address, an	d 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
	Transferee's name, address, an	(e) Transfer of gif	Relationship of transferor to transferee
) No. rom art l	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, an	(e) Transfer of gif	Relationship of transferor to transferee
No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	it
-	Transferee's name, address, an		Relationship of transferor to transferee

Part IV | Capital Gains and Losses for Tax on Investment Income (b) How acquired P - Purchase D - Donation (a) List and describe the kind(s) of property sold, e.g., real estate, (c) Date acquired (d) Date sold 2-story brick warehouse, or common stock, 200 shs MLC Co (mo, day, yr) (mo, day, yr) 1a WACHOVIA ALL CAP GROWTH P VARIOUS VARIOUS b WACHOVIA ALL CAP GROWTH P VARIOUS VARIOUS c WACHOVIA P CONSERVATIVE GROWTH VARIOUS VARIOUS d WACHOVIA P CONSERVATIVE GROWTH VARIOUS VARIOUS WACHOVIA ENDOWMENT P VARIOUS VARIOUS e P WACHOVIA INTERNATIONAL VARIOUS VARIOUS f WACHOVIA P INTERNATIONAL VARIOUS VARIOUS g h WACHOVIA MODERATE VALUE P VARIOUS VARIOUS  $\overline{P}$ VARIOUS WACHOVIA MODERATE VALUE VARIOUS WACHOVIA STRAT EQUITY BLEND P VARIOUS VARIOUS k WACHOVIA STRAT EQUITY BLEND P VARIOUS VARIOUS | WACHOVIA MOMENTUM P VARIOUS VARIOUS P VARIOUS m NEUBERGER **VARIOUS** n NEUBERGER P VARIOUS VARIOUS 0 (h) Gain or (loss) (f) Depreciation allowed (g) Cost or other basis (e) Gross sales price (e) plus (f) minus (g) (or allowable) plus expense of sale 2,311,197 2,235,733 75,464. 113,221. 382,696. 269,475. b 130,868. 144,378. <13,510.> C 411,657. 346,877. <64,780.> d 200,003 200,004. <1.> е 1,698,602. 1,698,341. 261. 37,317.51,124. 13,807. g 382,175. 377,028. <5,147.> ħ 351,926. 405,662. <53**,**736.> 2,379,107. 2,301,029. 78,078. 117,327. 7,210. 124,537. k 626,374 19,<u>4</u>35. 645,809. ١ 1,724,126 1,624,211. 99,915. m 323,195. 2,484,651. 2,161,456. п 0 Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Losses (from col (h)) Gains (excess of col (h) gain over col (k), (i) Adjusted basis (k) Excess of col (i) (I) FMV as of 12/31/69 but not less than "-0-") as of 12/31/69 over col (j), if any * * 75,464. a 113,221. b * * <13,510.> C <64,780.> đ <1.> е ** 261. f 13,807. g <5,147.> h <53,736.> * * 78,078. 7,210. * * 19,435. 1 * * 99,915. m 323,195. n 0 { If gain, also enter in Part I, line 7 If (loss), enter "-0-" in Part I, line 7 } 593<u>,412</u>. 2 Capital gain net income or (net capital loss) 2 3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) If (loss), enter "-0-" in Part I, line 8 254,496.

FORM 990-PF INTEREST ON SAVI	NGS A	ND TEM	PORARY C	ASH IN	VESTMENTS	STATEMENT	1
SOURCE						AMOUNT	
OTHER INTEREST						17.1	 299.
WACHOVIA ALL CAPITAL GROWTH						- 7 7	23.
WACHOVIA CONSERVATIVE GROWTH							27.
WACHOVIA ENDOWMENT							251.
WACHOVIA INTERNATIONAL							9.
WACHOVIA MODERATE VALUE							20.
WACHOVIA MOMENTUM							15.
WACHOVIA STRAT EQUITY GROWTH						14,	629.
TOTAL TO FORM 990-PF, PART I,	LINE	3, CO	LUMN A			32,3	273.
FORM 990-PF DIVIDEND	S AND	INTER	EST FROM	SECUE	RITIES	STATEMENT	2
SOURCE		GROSS	AMOUNT		TAL GAINS	COLUMN (A	A)
	,	GROSS	AHOUNI		VIDENDO		
MERRILL LYNCH			11,372.		0.	11,	372.
NEWBERGER			202,105.		0.	202,	
WACHOVIA ALL CAPITAL GROWTH			12,456.		0.		456.
WACHOVIA CONSERVATIVE GROWTH			40,987.		0.		987.
WACHOVIA ENDOWMENT			45,715.		0.		715.
WACHOVIA INTERNATIONAL			15,127.		0.		127.
WACHOVIA MODERATE VALUE			20,795.		0.		795.
WACHOVIA MOMENTUM			1,694.		0.		694. 001.
WACHOVIA STRAT EQUITY GROWTH			36,001.		0.		001.
TOTAL TO FM 990-PF, PART I, L	N 4	· · · · · · · · · · · · · · · · · · ·	386,252.		0.	386,	252.
FORM 990-PF	AC	COUNTI	NG FEES	• /-		STATEMENT	3
	( EXPE	A) NSES	(B) NET INV	EST-	(C) ADJUSTED	(D) CHARIT	ABLE
DESCRIPTION		BOOKS		COME	NET INCOM		
PROFESSIONAL FEES		7,500.	7	,500.	7,50	0.	0.
TO FORM 990-PF, PG 1, LN 16B		7,500.		,500.	7,50		0.

FORM 990-PF C	THER PROFES	SIONAL FEES	•	STATEMENT	4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITAI PURPOSI	
INVESTMENT FEES	95,598.	95,598.	95,598	•	0.
TO FORM 990-PF, PG 1, LN 16C =	95,598.	95,598.	95,598	•	0.
FORM 990-PF	TAX	ES	1	STATEMENT	5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITAI PURPOSI	
FOREIGN TAXES PAID	5,612.	5,612.	5,612	•	0.
TO FORM 990-PF, PG 1, LN 18 =	5,612.	5,612.	5,612	•	0.
FORM 990-PF	OTHER E	XPENSES		STATEMENT	6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITAI PURPOSI	
NYS FEE MISCELLANEOUS	750. 1,308.		750 1,308		0.
TO FORM 990-PF, PG 1, LN 23	2,058.	2,058.	2,058	•	0.
FORM 990-PF	CORPORAT	E STOCK		STATEMENT	7
DESCRIPTION		вос	OK VALUE	FAIR MARKE	r
			5,797,935.	18,181,8	<del></del>
CORPORATE STOCK		1.	5,151,555	10,101,0.	

FORM 990-PF	CORPORATE BONDS		STATE	MENT	8
DESCRIPTION	во	OK VALUE		MARKET LUE	
CORPORATE BONDS		779,589.	•	740,06	6.
TOTAL TO FORM 990-PF, PART II,	LINE 10C	779,589.		740,06	6.
	ITS AND CONTRIBUTIONS AID DURING THE YEAR		STATE	MENT	9
RECIPIENT NAME AND ADDRESS	RECIPIENT RELATION AND PURPOSE OF GR			AMOUN	T
15-LOVE	NONE GENERAL	PUBLIC CHARIT		3,00	0.
ACADEMY OF HOLY NAMES	NONE GENERAL	PUBLIC CHARIT		2,50	0.
ADVANCING TECH VALLEY	NONE GENERAL	PUBLIC CHARIT		7,00	0.
ALBANY JCC	NONE GENERAL	PUBLIC CHARIT		1,00	0.
AMERICAN HEART ASSOCIATION	NONE GENERAL	- PUBLIC CHARIT		5,00	0.
AMERICAN RED CROSS	NONE GENERAL	PUBLIC CHARIT		1,00	0.

· MASSRY CHARITABLE FOUNDATION, I	NC. C/O N		14-1777179
ARTS CENTER OF CAPITAL REGIONS	NONE GENERAL	PUBLIC CHARITY	2,200.
BEIT EDMOND SAFRA SYNAGOGUE	NONE GENERAL	PUBLIC CHARITY	4,000.
BEIT YAACOV INC	NONE GENERAL	PUBLIC CHARITY	750.
BRUNSWICK COMMUNITY LIBRARY	NONE GENERAL	PUBLIC CHARITY	1,000.
CAPITAL REGION SPONSOR A SCHOLAR	NONE GENERAL	PUBLIC CHARITY	2,000.
CARES FOR HOMELESS	NONE GENERAL	PUBLIC CHARITY	2,500.
CHARGE SYNDROME	NONE GENERAL	PUBLIC CHARITY	300.
CHILDRENS MUSEUM	NONE GENERAL	PUBLIC CHARITY	2,500.
COLLEGE OF ST ROSE	NONE GENERAL	PUBLIC CHARITY	55,000
COMM ON ECONOMIC OPPORTUNITY	NONE GENERAL	PUBLIC CHARITY	2,500.

· MASSRY CHARITABLE FOUNDATION,	INC. C/O N		14-1777179
COMMUNITY GARDENS	NONE GENERAL	PUBLIC CHARITY	1,000.
CONGREGATION BETH	NONE GENERAL	PUBLIC CHARITY	1,200.
DAUGHTERS OF SARAH	NONE GENERAL	PUBLIC CHARITY	5,000.
EQUINOX	NONE GENERAL	PUBLIC CHARITY	17,500.
ETHICAL CULTURE FIELDSTONE	NONE GENERAL	PUBLIC CHARITY	200.
EXCELSIOR COLLEGE	NONE GENERAL	PUBLIC CHARITY	5,000.
FAMILIES IN NEED OF ASSISTANCE	NONE GENERAL	PUBLIC CHARITY	1,000.
GUILDERLAND BABE RUTH	NONE GENERAL	PUBLIC CHARITY	1,000.
HACD	NONE GENERAL	PUBLIC CHARITY	- 1,200-
HEBREW ACADEMY	NONE GENERAL	PUBLIC CHARITY	15,000.

· MASSRY CHARITABLE FOUNDATION,	INC. C/O N		14-1777179
HILLEL @ SUNY	NONE GENERAL	PUBLIC CHARITY	1,250.
JDRF	NONE GENERAL	PUBLIC CHARITY	5,000.
JERESLAN HOUSE	NONE GENERAL	PUBLIC CHARITY	1,000.
JERNY	NONE GENERAL	PUBLIC CHARITY	500.
JEWISH FAMILY SERVICES	NONE GENERAL	PUBLIC CHARITY	5,000.
JEWISH FEDERATION NENY	NONE GENERAL	PUBLIC CHARITY	1,000.
JUNIOR ACHEIVMENT	NONE GENERAL	PUBLIC CHARITY	7,500.
LEGAL PROJECT	NONE GENERAL	PUBLIC CHARITY	500.
MAKE A WISH	NONE GENERAL	PUBLIC CHARITY	1,000
NORTHEAST PARENT & CHILD	NONE GENERAL	PUBLIC CHARITY	250.

· MASSRY CHARITABLE FOUNDATION,	INC. C/O N			14-1777179
PROCTORS	NONE GENERAL		PUBLIC CHARITY	5,000.
RCHS	NONE GENERAL		PUBLIC CHARITY	500.
RENAISSANCE MUSICAL ARTS	NONE GENERAL		PUBLIC CHARITY	7,000.
RENNSELAER ARC	NONE GENERAL		PUBLIC CHARITY	5,500.
SARATOGA PERFORMING ARTS CENTER	NONE GENERAL	,	PUBLIC CHARITY	5,000.
SENIOR HOPE	NONE GENERAL		PUBLIC CHARITY	1,000.
SETON HEALTH FOUNDATION	NONE GENERAL		PUBLIC CHARITY	205,500.
ST PETERS FOUNDATION	NONE GENERAL		PUBLIC CHARITY	101,000.
TEMPLE BETH EL TROY	NONE GENERAL		PUBLIC CHARITY	750-
TEMPLE BETH SHALOM	NONE GENERAL		PUBLIC CHARITY	500.

MASSRY CHARITABLE FOUNDATION,	INC. C/O N		14-1777179
TEMPLE ISRAEL	NONE GENERAL	PUBLIC CHARITY	1,580.
TRIP	NONE GENERAL	PUBLIC CHARITY	1,000.
TROY FLAG DAY	NONE GENERAL	PUBLIC CHARITY	1,000.
TROY SAVINGS BANK MUSIC HALL	NONE GENERAL	PUBLIC CHARITY	1,000.
TWIN RIVERS COUNCIL	NONE GENERAL	PUBLIC CHARITY	4,500.
UNITED JEWISH FEDERATION	NONE GENERAL	PUBLIC CHARITY	118,000.
UNITED WAY	NONE GENERAL	PUBLIC CHARITY	10,000.
UNITY HOUSE	NONE GENERAL	PUBLIC CHARITY	5,000.
UNIVERSITY ALBANY FOUNDATION	NONE GENERAL	PUBLIC CHARITY	100,000.
VANDERHEYDEN	NONE GENERAL	PUBLIC CHARITY	5,000.

• MASSRY CHARITABLE FOUNDATION	N, INC. C/O N		14-1777179
WHITNEY M YOUNG FOUNDATION	NONE GENERAL	PUBLIC CHARITY	2,000.
WILDWOOD FOUNDATION	NONE GENERAL	PUBLIC CHARITY	6,000.
TOTAL TO FORM 990-PF, PART XV	, LINE 3A		750,180.

# The Evangelist

40 N. MAIN AVENUE, ALBANY, NEW YORK 12203 TELEPHONE (518) 453-6688 FAX (518) 453-8448

**STATE OF NEW YORK** }

**CITY AND COUNTY** 

**OF ALBANY** 

**LEGAL NOTICE** 

The 2010 annual return of the Massry Charitable Foundation, Inc., is available for inspection at 255 Washington Avenue Extension, Albany, New York 12205, Norman Massry, principal manager (518) 862-6600, during regular business hours EV 11/10/11

The undersigned is the authorized designee of the publisher of The Evangelist, a weekly newspaper published in the City and County of Albany aforesaid, and that the notice of which a printed copy is annexed, has been published in the said **THE EVANGELIST**, for 1 week commencing on the 10th day of November 2011.

Kothryn Blain

Kathryn Blain

Authorized designee

Sworn-before me, this

10th day of November 2011

**NOTARY PUBLIC** 

VIRGINIA M DALEY NOTARY PUBLIC STATE OF NEW YORK ALBANY COUNTY

LIC. #01DA6063124 XOMM. EXP. __&/&_2/&X//_3

V RGINIA M DALEY
NOTARY PLAUC STATE OF NETL YORK I
ALBANY CCUNTY
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#### 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 vo	u are filing for an Automatic 3-Month Extension, comple	te only Pa	ert I and check this box		.,	<u> </u>	
If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box  If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).							
	t complete Part II unless you have already been granted a						
	onic filing (e-file). You can electronically file Form 8868 if y		•			reporation	
	nd to file Form 990-T), or an additional (not automatic) 3-moi					-	
	to file any of the forms listed in Part I or Part II with the exc		· · · · · · · · · · · · · · · · · · ·		•		
	nal Benefit Contracts, which must be sent to the IRS in pap	•	·				
	www.rs.gov/efile and click on e-file for Charities & Nonprofits		goed mattabatariaj. I de mora detailo on a	io cicc	aronse many or pr	13 101111,	
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-	oration required to file Form 990-T and requesting an autor			plete			
Parti				-			
All oth	er corporations (including 1120-C filers), partnerships, REM ncome tax returns.						
Туре	Name of exempt organization	<del></del>		Empl	oyer identificat	ion number	
print	MASSRY CHARITABLE FOUNDATION	ON. II	NC.		.,		
<b>F</b>	C/O NORMAN MASSRY			1	4-177717	9	
File by the	No bear at read ream as surtains (for D.O. hours	ee instruc	tions.				
filing you	255 WASHINGTON AVENUE EXT.						
retum. S instructi		relgn add	ress, see instructions.				
	ALBANY, NY 12205						
Enter t	he Return code for the return that this application is for (file	a separa	te application for each return)			04	
Applic	ation	Return	Application			Return	
is For	·	Code	Is For			Code	
Form 9	90	01	Form 990-T (corporation)			07	
	990-BL	02	Form 1041-A			08	
Form 9	990-EZ	03	Form 4720			09	
Form 9	99-PF	04	Form 5227			10	
Form 9	990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 9	990-T (trust other than above)	06	6 Farm 8870				
	NORMAN MASSRY						
• The	books are in the care of > 255 WASHINGTON	AVE.	- ALBANY, NY 12205				
Tek	sphone No. ► 518-862-6600		FAX No. 🕨				
	e organization does not have an office or place of business					▶ ∐	
• If th	is is for a Group Return, enter the organization's four digit	Group Exe	emption Number (GEN) If thi	is is for	the whole group	p, 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 all	membe	ers the extensio	n is for.	
1	request an automatic 3-month (6 months for a corporation AUGUST 15, 2011 , to file the exemp				The extension		
	s for the organization's return for:						
]	► X calendar year 2010 or						
1	tax year beginning	,an	d ending		·		
2	f the tax year entered in line 1 is for less than 12 months, c	heck reas	on: Initial return Fina	al returi	n		
-	Change in accounting period						
	64	6060 -	-tth- testative tay less any	1 1			
	f this application is for Form 990 BL, 990-PF, 990-T, 4720, or secret indebte and its Sections	UI 0UDY, 8	тиет ите тептацуе тах, less any	_	<b>.</b>	20,851.	
	nonrefundable credits. See instructions.	anto::	refundable gradite cod	3a	\$ .	<u> 20,651.</u>	
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and						10,851.	
						10,001.	
	datance due. Subtract line 3b from line 3a. include your pa by using EFTPS (Electronic Federal Tax Payment System).			3c	\$	10,000.	
	by company to the factor and a symmetric designation of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of th						

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If you are filing for an Additional (Not Automatic) 3-Month E	xtension,	complete only Part II and check this be	эx		▶ X	
Note. Only complete Part II if you have already been granted an				8868.		
<ul> <li>If you are filing for an Automatic 3-Month Extension, compl</li> </ul>						
Part II Additional (Not Automatic) 3-Month	Extensio	n of Time. Only file the original (no o	opies i	needed).	<u> </u>	
Name of exempt organization	Name of exempt organization					
Type or MASSRY CHARITABLE FOUNDATION					fication number	
print C/O NORMAN MASSRY	· ·			14-1777179		
File by the extended Number, street, and room or suite no. If a P.O. box,	see instruc	tions.				
due date for 255 WASHINGTON AVENUE EXT.						
filing your return See City, town or post office, state, and ZIP code. For a	foreign add	dress, see instructions				
ALBANY, NY 12205	. Or orgin add					
Enter the Return code for the return that this application is for (f	ile a conara	te application for each return)			0 4	
Litter the recom code for the retain that this application is for the	iie a separa	tte application for each return)			0 4	
Application	Return	Application			Detur	
ls For	Code	Is For			Return	
Form 990	01	is rot		<del></del>	Code	
Form 990-BL	02	Form 1041-A		······································		
Form 990-EZ	03	Form 4720	_		08	
Form 990-PF	-i	Form 5227		<del></del>	09	
	04				10	
Form 990-T (sec. 401(a) or 408(a) trust) Form 990-T (trust other than above)	05 06	Form 6069 Form 8870		<del></del>	11	
		<del></del>		4.5	12	
STOP! Do not complete Part II if you were not already grante NORMAN MASSRY	an auton	natic 3-month extension on a previou	SIY THE	a Form 880	8	
• The books are in the care of ▶ 255 WASHINGTON	יועמ ו	_ ATRANV NV 12205				
Telephone No. ▶ 518-862-6600	AVE.					
•		FAX No. ▶			. —	
If the organization does not have an office or place of busines						
If this is for a Group Return, enter the organization's four digit	_					
box ▶ L		ch a list with the names and EINs of all	memb	ers the exte	nsion is for.	
		BER 15, 2011.				
For calendar year $\frac{2010}{}$ , or other tax year beginning		<del></del> <del></del>			······································	
6 If the tax year entered in line 5 is for less than 12 months,	check reas	on: L Initial return L	Final r	eturn		
Change in accounting period						
7 State in detail why you need the extension	CACOT	ONG ADDITIONAL MINE	TC	MEEDED	MO BILD	
DUE TO COMPLEX FINANCIAL TRAN		ONS ADDITIONAL TIME	IS	NEEDED	TO FILE	
A COMPLETE AND ACCURATE RETUR	an.				<del></del>	
			1	<del></del>		
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720	, or 6069, e	nter the tentative tax, less any			20 051	
nonrefundable credits. See instructions.	·		8a	_\$	20,851.	
<b>b</b> . If this application is for Form 990-PF, 990-T, 4720, or 6069	•					
tax payments made. Include any prior year overpayment a	allowed as a	a credit and any amount paid		_	00 051	
previously with Form 8868.			8ь	\$	20,851.	
c Balance due. Subtract line 8b from line 8a. Include your p	-	h this form, if required, by using			•	
EFTPS (Electronic Federal Tax Payment System). See inst			8c	\$	0.	
-		d Verification				
Under penalties of perjury, I declare that I have examined this form, inclu	ding accomp	panying schedules and statements, and to the	e best o	f my knowled	ge and belief,	
it is true, correct, and complete, and that I am authorized to prepare this						
Signature ► Title ►	OFFIC	ER	Date	<u> </u>		