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Return of Private Foundation

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

Department of the Treasury Internal Revenue Service

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

2010

OMB No 1545-0052

For	calendar year 2010, or tax year beginning		, and ending		
G	Check all that apply: Initial return Amended return	Initial return of a fo	ormer public charity	Final retur	'n
Nai	me of foundation	, danos onan	90	A Employer identification	n number
	KEY FOUNDATION			23-2894154	4
Nur	mber and street (or P O box number if mail is not delivered to street a	address)	Room/suite	B Telephone number	
-	345 QUARRY ROAD			(717)737-	
City	y or town, state, and ZIP code WELLSVILLE, PA 17365			C If exemption application is D 1. Foreign organization	
H (Check type of organization: X Section 501(c)(3) exe	empt private foundation	·	Foreign organizations makes there and attach of the control o	
Ë		Other taxable private founda	ation	E If private foundation st	
I Fa	air market value of all assets at end of year J Accounting	g method: X Cash	Accrual	under section 507(b)(1	
		er (specify)	,	F If the foundation is in a	
	\$ 2,285,091. (Part I, colum			under section 507(b)(1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	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 expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
; — 9	1 Contributions, gifts, grants, etc., received	200,000.		N/A	<u> </u>
)	2 Check If the foundation is not required to attach Sch B Interest on savings and temporary	F.0	F 4		GM2 ME245277777777777777777777777777777777777
) }	3 cash investments	50. 51,698.	50. 51,698.		STATEMENT 1 STATEMENT 2
9	4 Dividends and interest from securities 5a Gross rents	31,090.	31,090.		STATEMENT Z
?	b Net rental income or (loss)				
•	6a Net gain or (loss) from sale of assets not on line 10	23,125.			
ž	b Gross sales price for all 353,788.				
Revenue	7 Capital gain net income (from Part IV, line 2)	, · · · · · · · · · · · · · · · · · · ·	23,125.		
_	8 Net short-term capital gain				
	9 Income modifications 10a and allowances RECEIVED			,	<u> </u>
	b Less Cost of-goods-sold.				
	c Gross profit or (loss)				
	1 1 2 2 2 2 3 1 2 1				
	12 Total. Add lines 1 through 11	274,873.	74,873.		0.
	13 Compensation of officers practices, trustees, etc. 14 Other employee salaries and wages	0.	0.	 	
	15 Pension plans, employee benefits				<u> </u>
ses	16a Legal fees STMT 3	1,600.	1,600.		0.
	1	111.	111.		0.
Ä	c Other professional fees				
tive	17 Interest				
stra	18 Taxes 19 Depreciation and depletion			 	
i <u>r</u>	20 Occupancy			 	
Adr	21 Travel, conferences, and meetings				
and	22 Printing and publications				
Operating and Administrative Exper	23 Other expenses STMT 5	72.	72.		0.
rati	24 Total operating and administrative	1 702	1 702		0
Ö	expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid	1,783. 148,750.	1,783.		148,750.
	26 Total expenses and disbursements.	1,40,750+			11077301
	Add lines 24 and 25	150,533.	1,783.		148,750.
	27 Subtract line 26 from line 12:				
	Excess of revenue over expenses and disbursements	124,340.			
	b Net investment income (if negative, enter -0-)		73,090.		<u> </u>
0235	C Adjusted net income (if negative, enter -0-)		<u> </u>	N/A	5 000 PE (0040)

12-07-10 LHA For Paperwork Reduction Act Notice, see the instructions.

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30
(must agree with end-of-year figure reported on prior year's return)

2 Enter amount from Part I, line 27a
3 Other increases not included in line 2 (itemize) ▶
4 Add lines 1, 2, and 3
5 Decreases not included in line 2 (itemize) ▶
5 O.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30
6 2, 616, 319.

Part IV Ca	ipital Gains and	Losses for Tax on In	vestment	Income						
		kind(s) of property sold (e.g. e; or common stock, 200 shs			(b) How P - Po D - D	acquired urchase onation		acquired day, yr.)	(d) Date sold (mo., day, yr.)	
1a VANGUA	RD S/T FEDE	RAL FUND				P	VAR1	ous	12/20/10	ົງ
b CAPITA	L GAINS DIV	IDENDS								_
С										
d										
e		····							<u> </u>	
(e) Gross s	sales price (f) Depreciation allowed (or allowable)		st or other basis xpense of sale	_			Sain or (loss is (f) minus		
a	350,000.			330,66	3.				19,337	7.
b	3,788.								3,788	3.
С										
d					Ĺ_					
е										
Complete only	for assets showing gain	in column (h) and owned by t	he foundation	on 12/31/69	_			Col. (h) gain		
(i) F.M.V. as	of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (i) col. (j), if any		col	(k), but Losses	not less that (from col. (n -0-) or (h))	
a									19,337	ī.
b									3,788	
C										
d	·					·				_
e										_
<u> </u>	uncome or (not conital lo	ss) { If gain, also enter	in Part I, line	7	} 2				23,125	_
. •	income or (net capital lo	`		/	7	 				<u>, •</u>
		efined in sections 1222(5) and	d (6):							
	er in Part I, line 8, columi	1 (C).						N/A		
	0- in Part I, line 8 alification Inder	Section 4940(e) for	Reduced	Tay on Net	Invest	ment Inc	ome	N/A		_
Vas the foundation		blank. 42 tax on the distributable ame er section 4940(e). Do not cor		•	ıod?				Yes X N	0
f Enter the appro	priate amount in each co	lumn for each year, see instru	ctions before	making any entrie	es.					
Base Calendar year (c	(a) period years or tax year beginning in)	(b) Adjusted qualifying dist	ributions	Net value of nor	(c) ncharitab	le-use assets			(d) oution ratio rided by col. (c))	
	2009	140	6,442.		2,2	75,093			.06436	7
	2008		4,291.			84,046			.06121	
	2007	14:	3,273.		3,2	64,192			.04389	2
	2006	13	8,910.		3,0	25,578	•		.04591	. 2
	2005	10	8,500.		2,7	30,936	•		.03973	0
2 Total of line 1,	column (d)				·		2		.25511	.1
Average distribi	ution ratio for the 5-year	base period - divide the total o	n line 2 by 5,	or by the number	of years					
the foundation	has been in existence if le	ess than 5 years					3	<u> </u>	.05102	2
Enter the net va	lue of noncharitable-use	assets for 2010 from Part X, I	ine 5				4		2,321,220	•
5 Multiply line 4 t	by line 3						5	ļ	118,433	•
Enter 1% of net	: investment income (1%	of Part I, line 27b)					6		731	<u>. •</u>
' Add lines 5 and	6						7		119,164	: •
Benter qualifying	distributions from Part)	(II, line 4		-			8		148,750	
If line 8 is equal See the Part VI		check the box in Part VI, line	1b, and comp	lete that part using	g a 1% ta	x rate.			. .	_

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	n 990-PF (2010) KEY FOUNDATION		<u>-2894</u>			Page 4
Pέ	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), o	4948	- see i	nstr	ıctio	ns)
1a	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)		j			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕒 🗶 and enter 1%	1	<u> </u>		7	<u> 731.</u>
	of Part I, line 27b					
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part 1, line 12, col. (b).	1				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	<u> </u>			0.
3	Add lines 1 and 2 .	3	<u> </u>		7	731.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	<u></u>			0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5			7	31.
6	Credits/Payments:					
а	2010 estimated tax payments and 2009 overpayment credited to 2010 6a 615					
b	Exempt foreign organizations - tax withheld at source		1			
C	Tax paid with application for extension of time to file (Form 8868)					
d	Backup withholding erroneously withheld 6d	ال	1			
7	Total credits and payments. Add lines 6a through 6d	7			6	15.
8	Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attached	8_				
9	Tax due if the total of lines 5 and 8 is more than line 7, enter amount owed SEE STATEMENT 8	- 9			1	16.
10	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	<u>10</u>	<u> </u>			
	Enter the amount of line 10 to be: Credited to 2011 estimated tax	- 11				
Pa	art 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 interve	ne in			Yes	No
	any political campaign?			1 <u>a</u>	ļ	X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)	7		1b_		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials publis	hed or				
	distributed by the foundation in connection with the activities.					
	Did the foundation file Form 1120-POL for this year?			10		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:					
	· · · · · · · · · · · · · · · · · · ·	•				
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	ı, or				
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		<u>X</u>
	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?	N	I/A	4 <u>b</u>		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			<u>5</u>		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	- 4 -				l
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the st	ate law		•	v	
_	remain in the governing instrument?		}	6	X	
1	Did the foundation have at least \$5,000 in assets at any time during the year?		}	_ 7 _		
	If "Yes," complete Part II, col. (c), and Part XV.					
Ва	Enter the states to which the foundation reports or with which it is registered (see instructions) ▶					1
p.	PA If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)]
0			ł	8b	X	}
0	of each state as required by General Instruction G? If "No," attach explanation Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for c	alendar	ŀ	_00_	Λ	
9	year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If "Yes," complete Part XIV	AIGHUAI	j	9		_x_
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		ŀ	10		X
	The But Appared property apparential point party of agriculative AV YOU! II THE MINGER SUIDUUM ISSUIT HEIL HEIL HEIL BUILDES AND AUTESSES		,	. •		

Form 990-PF (2010) KEY FOUNDATION			<u>23-28941</u>	<u> </u>	Page 6
Part VII-B Statements Regarding Activities for Which	Form 4720 May Be	Required (contin	nued)		
5a During the year did the foundation pay or incur any amount to:					
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	n 4945(e))?	Y	es 🗶 No 📗	1	- 1
(2) Influence the outcome of any specific public election (see section 4955);	or to carry on, directly or indi			- 1	
any voter registration drive?		Y	es 🗶 No		
(3) Provide a grant to an individual for travel, study, or other similar purposes	5?	Y	es X No		
(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)?		Y	es X No	- 1	
(5) Provide for any purpose other than religious, charitable, scientific, literary	, or educational purposes, or	for			,
the prevention of cruelty to children or animals?	, , ,		es X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un	der the exceptions described			İ	
section 53.4945 or in a current notice regarding disaster assistance (see instru			N/A	5b	
Organizations relying on a current notice regarding disaster assistance check h	•				$\overline{}$
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f		sined			
expenditure responsibility for the grant?			es 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					
a personal benefit contract?	pay premiums on	v	es X No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	narennal hanafit contract?	T(וויבא פּזּ	6b	X
	personal benefit contract,		H	00	
If "Yes" to 6b, file Form 8870.	ohaltar transastianO		s X No	-	
7a At any time during the tax year, was the foundation a party to a prohibited tax		T(-	
b If "Yes," did the foundation receive any proceeds or have any net income attrib		nogoro Highl	N/A	7b	
Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors	lees, roundation wie	anayers, migni	y		
1 List all officers, directors, trustees, foundation managers and their	compensation.				
	(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to employee benefit plans and deterred	(e) f	expense unt, other
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	and deferred compensation	accou	int, other wances
MARTIN MARGOLIS	PRESIDENT	enter -o-)	compensation	- 4110	17411003
345 QUARRY ROAD	110010011				
WELLSVILLE, PA 17365	1.00	0.	0.	1	0.
JOELLE MARGOLIS	SECRETARY			 	
345 QUARRY ROAD	DECKLIMA	}			
WELLSVILLE, PA 17365	1.00	0.	0.		0.
WEDDSVIDDE, PA 17303	1.00	<u></u>		 	<u> </u>
	1			1	
	-				
	·	 	· · · · · · · · · · · · · · · · · · ·	 	
	4				
	1			}	
2 Compensation of five highest-paid employees (other than those inc	cluded on line 1). If none,	enter "NONE."	·		
	(b) Title, and average		(d) Contributions to employee benefit plans	(e) E	xpense int, other
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deferred compensation	accou	int, otner wances
NONE		1			
	1				
				 	
	1	}		}	
					
	1				
				†	
	1				
	·				
	1				
Total number of other employees paid over \$50,000					0

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Part VIII Information About Officers, Directors, Trustees, Foundation M Paid Employees, and Contractors (continued)	anagers, Highly		
3 Five highest-paid independent contractors for professional services. If none, enter "NONE	0		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Com	pensation
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 statistical informumber of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	nation such as the	Expenses	
1 N/A			
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 lines 1 and	12.	Amount	
1 N/A			
2			
All other program-related investments. See instructions.			
3			
Total. Add lines 1 through 3	>		0.

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations	, see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	2,191,402.
b	Average of monthly cash balances	1 b	165,167.
C	Fair market value of all other assets	10	
d	Total (add lines 1a, b, and c)	1d	2,356,569.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0 •		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	2,356,569.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	35,349.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	2,321,220.
6	Minimum investment return. Enter 5% of line 5	6	116,061.
P	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.)	d certain	
1	Minimum investment return from Part X, line 6	1	116,061.
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	731.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	115,330.
4	Recoveries of amounts treated as qualifying distributions .	4	0.
5	Add lines 3 and 4	5	115,330.
6	Deduction from distributable amount (see instructions)	6	<u> </u>
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	115,330.
P	art XII Qualifying Distributions (see instructions)	·	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	148,750.
þ	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 3, and Part XIII, line 4	4	148,750.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	Income. Enter 1% of Part I, line 27b	5	<u>731.</u>
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	148,019.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation q	ualifies fo	or the section

Form **990-PF** (2010)

4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
1 Distributable amount for 2010 from Part XI,				
line 7				115,330
2 Undistributed income, if any, as of the end of 2010				
a Enter amount for 2009 only			94,937.	
b Total for prior years:				
,,		0.		
3 Excess distributions carryover, if any, to 2010:				
a From 2005				
b From 2006			ľ	
c From 2007				
d From 2008				
e From 2009	_ (
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2010 from				
Part XII, line 4: ► \$ 148,750.				
a Applied to 2009, but not more than line 2a			94,937.	
b Applied to undistributed income of prior			{	
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2010 distributable amount				53,813.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2010 (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	0.			
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 2009. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2010. Subtract				
lines 4d and 5 from line 1. This amount must				61 517
be distributed in 2011				61,517.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3)	0.	İ		
8 Excess distributions carryover from 2005				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2011.				
Subtract lines 7 and 8 from line 6a	0.			
O Analysis of line 9:				
a Excess from 2006				
b Excess from 2007				
c Excess from 2008				
d Excess from 2009				
e Excess from 2010				
				- 000 DE (02.10)

Part XIV Private Operating Form		structions and Part V	II-A. question 9)	N/A	-2894154 Page
1 a If the foundation has received a ruling of	·		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	N/A	
foundation, and the ruling is effective for					
b Check box to indicate whether the found			in section	4942(j)(3) or [4942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	ing loundation described	Prior 3 years	3 43 42 (J)(b) bi E	
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				1	
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly				-	
for active conduct of exempt activities.				1	
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test - enter:		1			
(1) Value of all assets					
(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				1	
512(a)(5)), or royalties)					
(2) Support from general public					
and 5 or more exempt organizations as provided in				İ	
section 4942(j)(3)(B)(III)	l				
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income		1		1	
Part XV Supplementary Info			if the foundation	n had \$5,000 o	r more in assets
at any time during t	he year-see the	instructions.)			
1 Information Regarding Foundatio	_				
a List any managers of the foundation who year (but only if they have contributed in			itributions received by the	e toundation before t	ne close of any tax
, , , , ,	1010 than 40,000). (000 t	0011011 007 (4)(2).)			
SEE STATEMENT 10 b List any managers of the foundation wh	o own 10% or more of th	a stack of a corporation	/or an equally large port	on of the ownership	of a partnership or
other entity) of which the foundation has			(or an equally large port	ion of the ownership	or a partitorship or
NONE	•				
2 Information Regarding Contributi	on Grant Gift Loan	Scholarship etc. F	Programs:		
Check here ► X if the foundation of the foundation makes gifts, grants, etc.	nly makes contributions	to preselected charitable	organizations and does		
a The name, address, and telephone num					·
THE KEY FOUNDATION	our or the person to who	m applications should b	J 4401 00000.		
345 QUARRY ROAD, WEL	LSVILLE PA	17365			
b The form in which applications should b			should include:		
NONE SPECIFIED					
c Any submission deadlines:					
NONE					
d Any restrictions or limitations on award:	s, such as by geographic	al areas, charitable field:	s, kinds of institutions, or	other factors:	
NONE					
023601 12-07-10					Form 990-PF (201

023601 12-07-10

- art xt	(continued)			
3 Grants and Contributions Paid During the You	ear or Approved for Future	Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	status of recipient	oona ibadon	
a Paid during the year	or śubstantial contributor	recipient		
SEE STATEMENT 11				
Total			▶ 3a	148,750.
NONE				
Total			▶ 3b	0.

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated	Unrelated	Unrelated business income		section 512, 513, or 514	(e)	
1 Program service revenue: a b c d	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	Related or exempt function income	
1 Program service revenue:	code	Allionit	code	Amount		
	1 1					
b			 			
d			1			
e			 			
· · · · · · · · · · · · · · · · · · ·			 			
g Fees and contracts from government ager	ncies		 			
2 Membership dues and assessments					.	
3 Interest on savings and temporary cash				[
investments	ļ		14	50.	- ·	
4 Dividends and interest from securities			14	51,698.		
5 Net rental income or (loss) from real estate:			 			
 Debt-financed property 		 	 			
b Not debt-financed property						
6 Net rental income or (loss) from personal						
property	<u> </u>					
7 Other investment income			-			
8 Gain or (loss) from sales of assets other						
than inventory			18	23,125.		
9 Net income or (loss) from special events			 			
10 Gross profit or (loss) from sales of inventory			 			
11 Other revenue:			i i			
a			<u> </u>			
b						
c			ļ			
d			ļļ			
e			<u> </u>			
12 Subtotal. Add columns (b), (d), and (e)		0.		74,873.	0.	
13 Total. Add line 12, columns (b), (d), and (e)				13	74,873.	
(See worksheet in line 13 instructions to verify ca	alculations)					
Part XVI-B Relationship of A	ctivities to the Accor	mplishment of Ex	cempt Pu	rposes		
	· 				· 	
Line No. Explain below how each activity f			contributed	mportantly to the accomp	lishment of	
the foundation's exempt purpose	es (other than by providing tuni	is for such purposes).			· — · · · · · · · · · · · · · · · · · ·	
						
				- 		
						
						
		 				
						
						
						
 						

Form 990-PF (2		FOUNDATION					-2894154	
Part XVII			sfers To	and Transactions	and Relation	ships With N	loncharitable)
	Exempt Organ							N
				ng with any other organizat		ction 501(c) of		Yes No
				27, relating to political orga	inizations?		j	
	from the reporting found	iation to a noncharita	able exempt or	ganization of:			4 (4)	
(1) Cash							1a(1)	X
(2) Other							1a(2)	X
b Other tran	-	able overest organiza					45.45	
	of assets to a noncharita						1b(1)	X
• •	nases of assets from a no	•	organization				16(2)	X
• •	al of facilities, equipment,						1b(3)	X
	bursement arrangements s or loan guarantees	•					1b(4) 1b(5)	X
	rmance of services or me	embershin or fundra	icina calinitatia	nne			1b(5)	X
• •	f facilities, equipment, ma	•	-				10	X
-		-		edule. Column (b) should a	lways show the fair	market value of th	<u> </u>	
	· · · · · · · · · · · · · · · · · · ·	· · · · · ·	-	ed less than fair market val			-	010,
	I) the value of the goods,						, g =, c	
(a) Line no	(b) Amount involved			e exempt organization	(d) Descripti	on of transfers, transa	ctions, and sharing arr	angements
	· · · · · · · · · · · · · · · · · · ·	 	N/A					

				·				
				·				
				 				
			 		_	- <u>-</u>		
								
		ļ						
		<u></u>						
	·	-		or more tax-exempt organ	izations described		v	[32] v.
	501(c) of the Code (other	•	(3)) or in sect	tion 52/7			L Yes	X No
b if Yes, co	omplete the following sch (a) Name of org		· · · · · · · · · · · · · · · · · · ·	(b) Type of organization		(c) Description of	relationshin	
	N/A	gamzation		(b) Type of organization	 	(c) Description of	Тошионопр	···
	N/A_			 				
					 			
								
								
Unde	er penalties of perjury, I declar	re that I have examined t	his return, includ	ing accompanying schedules a	nd statements, and to	the best of my knowle	dge and belief, it is tru	e, correct,
Sign and c	complete Declaration of preparation	arer (other than taxpayer	-er fiduciary) is ba	ased on all information of which	preparer has any know	vledge		
Here		<i>y</i>			▶ P	RESIDENT		
	Signature of officer or tri	ustee	\overline{A}	Date		Title		
	Print/Type preparer's na	ame	Preparer's s	ignature	Date	Check X if	PTIN	
		_	//	+		self- employed		
Paid	CRYSTAL HA	ACKETT Z	12	7 /	07/28/11	L.,		
Preparer	Firm's name ► CRY	STAL U HA	CKEPP	CPĂ		Firm's EIN ▶		
Use Only						<u> </u>		
	Firm's address ▶ 11	0 BERGNEF	STREE	T				
	HA.	ARRISBURG,	PA 17	110		Phone no.	<u>717.737.'</u>	7231

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

2010

Name of the organization **Employer identification number** 23-2894154 KEY FOUNDATION 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 X 501(c)(3) exempt private foundation Form 990-PF 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 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 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) 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)

	4	4	
^b age	⊥ of	1 of Part	i I

Name of organization

Employer identification number

KEY	F(אדדר	IDA	ጥፐ	M
L Li	Ľ	JUL	מעו	.	α_{IA}

23-2894154

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	JOELLE MARGOLIS 345 QUARRY ROAD WELLSVILLE, PA 17365	 \$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	MARTIN & JOELLE MARGOLIS 345 QUARRY ROAD WELLSVILLE, PA 17365	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Oncash 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 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)

of Part II

Name of organization

Employer identification number

KEY FOUNDATION

23-2894154

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

Schedule	R	Form	agn	990	.F7	or 9	an.	DE1	120	101

of Part III Name of organization Employer identification number KEY FOUNDATION 23-2894154 Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once See instructions) > \$ (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (d) Description of how gift is held (b) Purpose of gift (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (d) Description of how gift is held (b) Purpose of gift (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (d) Description of how gift is held from (b) Purpose of gift (c) Use of gift Part I (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4

FORM 990-PF	OTHER I	OTHER EXPENSES			STATEMENT		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVE MENT INC		(C) ADJUSTEI NET INCOM			
BANK CHARGES	72.	•	72.			0.	
TO FORM 990-PF, PG 1, LN 23	72.	•	72.			0.	
FORM 990-PF	CORPORAT	TE STOCK			STATEMENT	6	
DESCRIPTION			вос	OK VALUE	FAIR MARKE VALUE	т	
30342 SHS ALLIED IRISH 7956 SHS MERCK				445,016. 290,712.	26,7 286,7		
TOTAL TO FORM 990-PF, PART I	I, LINE 10B			735,728.	313,4	35.	
FORM 990-PF	OTHER IN	/ESTMENTS			STATEMENT	7	
DESCRIPTION		ALUATION METHOD	вос	OK VALUE	FAIR MARKE' VALUE	т	
VANGUARD ST FEDERAL FUND VANGUARD INDEX FUND		COST		997,308. 665,081.	1,045,2		
TOTAL TO FORM 990-PF, PART I	T T T T T T T T T T T T T T T T T T T			,662,389.	1,753,4	<u> </u>	

FORM 990-PF

PART XV - LINE 1A LIST OF FOUNDATION MANAGERS STATEMENT 10

NAME OF MANAGER

MARTIN MARGOLIS JOELLE MARGOLIS

FORM 990-PF INTEREST ON SAV	INGS A	ND TEM	PORARY	CASH	INVESTMENTS	STATEMENT	1
SOURCE						AMOUNT	
CITIZENS BANK WELLS FARGO							49. 1.
TOTAL TO FORM 990-PF, PART I	, LINE	3, CO	LUMIN A				50.
FORM 990-PF DIVIDEN	DS AND	INTER	EST FR	OM SEC	URITIES	STATEMENT	2
SOURCE		GROSS	AMOUN		PITAL GAINS DIVIDENDS	COLUMN (A)
VANGUARD VANGUARD WELLS FARGO	•		7,91 38,22 9,33	9.	0. 3,788. 0.	7,93 34,44 9,33	41.
TOTAL TO FM 990-PF, PART I,	LN 4		55,48	6.	3,788.	51,69	98.
FORM 990-PF		LEGAL	FEES			STATEMENT	3
DESCRIPTION	EXPE	A) NSES BOOKS	NET I	B) NVEST- INCOME	(C) ADJUSTED NET INCOM		
LEGAL FEES		1,600.		1,600	•		0.
TO FM 990-PF, PG 1, LN 16A		1,600.		1,600	•		0.
FORM 990-PF	AC	COUNTI	NG FEE	S		STATEMENT	4
DESCRIPTION	EXPE	A) NSES BOOKS	NET I	B) NVEST- INCOME			
ACCOUNTING FEES		111.		111	•		0.
TO FORM 990-PF, PG 1, LN 16B	_	111.		111	•		0.
=					= 		=

FORM 990-PF	GRANTS	AND CONTRIBUTIONS	STATEMENT 11
	PAID	DURING THE YEAR	

RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT		AMOUNT
ABRAHAM FUND 9 E 45TH STREET NEW YORK, NY 10001	NONE UNRESTRICTED	PUBLIC CHARITY	1,000.
AMERICAN CANCER SOCIETY 250 WILLIAMS ST NW ATLANTA, GA 30303	NONE UNRESTRICTED	PUBLIC CHARITY	200.
AMERICAN HEART ASSOCIATION P O BOX 8835 CAMP HILL, PA 17001		PUBLIC CHARITY	100.
AMERICAN INDIAN COLLEGE FUND 8333 GREENWOOD BLVD DENVER, CO 80221		PUBLIC CHARITY	1,000.
AMERICAN JEWISH WORLD SERVICE 989 AVENUE OF THE AMERICAS NEW YORK, NY 10111		PUBLIC CHARITY	25,000.
AMERICAN LUNG ASSOCIATION 1740 BROADWAY NEW YORK, NY 10019	NONE UNRESTRICTED	PUBLIC CHARITY	100.
AMFAR 120 WALL STREET NEW YORK, NY 10005	NONE UNRESTRICTED	PUBLIC CHARITY	1,000.
ANERA 1522 K ST NW SUITE 600 WASHINGTON, DC 20005	NONE UNRESTRICTED	PUBLIC CHARITY	3,000.

KEY · FOUNDATION			23-2894154
ASHOKA 1700 N MOORE ST SUITE 2000 ARLINGTON, VA 22209	NONE UNRESTRICTED	PUBLIC CHARITY	5,000.
CARTER CENTER ONE COPENHILL 453 FREEDOM PKWY ATLANTA, GA 30307	NONE UNRESTRICTED	PUBLIC CHARITY	3,000.
CENTER FOR CONSTITUTIONAL RIGHTS 666 BROADWAY NEW YORK, NY 10112		PUBLIC CHARITY	5,000.
CHESAPEAKE BAY FOUNDATION 614 N FRONT STREET HARRISBURG, PA 17101		PUBLIC CHARITY	250.
DOCTORS WITHOUT BORDERS 6 EAST 39TH STREET NEW YORK, NY 10016		PUBLIC CHARITY	3,000.
EARTH ISLAND INSTITUTE 2150 ALLSTON WAY SUITE 460 BERKELEY, CA 94704	NONE UNRESTRICTED	PUBLIC CHARITY	1,000.
EARTHJUSTICE LEGAL DEFENSE FUND 426 17TH STREET OAKLAND, CA 94612	NONE UNRESTRICTED	PUBLIC CHARITY	2,000.
ELECTRONIC FRONTIER FOUNDATION 1875 CONNECTICUT AVE NW STE 650 WASHINGTON, DC 20009	NONE UNRESTRICTED	PUBLIC CHARITY	1,500.
ENVIRONMENTAL DEFENSE FUND 25 PARK AVENUE SOUTH NEW YORK, NY 10010	NONE UNRESTRICTED	PUBLIC CHARITY	2,000.
GIVAT HAVIVA EDUCATIONAL FOUNDATION 114 WEST 26TH STREET NEW YORK, NY 10001	NONE UNRESTRICTED	PUBLIC CHARITY	7,500.

KEY · FOUNDATION			23-2894154
GRAMEEN FOUNDATION 50 F ST NW WASHINGTON, DC 20001	NONE UNRESTRICTED	PUBLIC CHARITY	1,000.
GREENPEACE FUND 702 H STREET NW WASHINGTON, DC 20001	NONE UNRESTRICTED	PUBLIC CHARITY	2,500.
HARRISBURG ACADEMY 10 ERFORD ROAD WORMLEYSBURG, PA 17043	NONE UNRESTRICTED	PUBLIC CHARITY	250.
HUMAN RIGHTS WATCH 350 5TH AVE NEW YORK, NY 10118	NONE UNRESTRICTED	PUBLIC CHARITY	3,000.
JEWISH FAMILY SERVICE 3333 NORTH FRONT STREET HARRISBURG, PA 17110	NONE UNRESTRICTED	PUBLIC CHARITY	1,000.
JEWISH VOICE FOR PEACE 1611 TELEGRAPH AVE SUITE 500 OAKLAND, CA 94612	NONE UNRESTRICTED	PUBLIC CHARITY	5,000.
MARKET SQUARE CONCERTS 225 MARKET STREET HARRISBURG, PA 17101		PUBLIC CHARITY	500.
MAZON 12401 WILSHIRE BOULEVARD LOS ANGELES, CA 90025	NONE UNRESTRICTED	PUBLIC CHARITY	2,500.
MUSIC AT GRETNA P O BOX 519 MT GRETNA, PA 17064	NONE UNRESTRICTED	PUBLIC CHARITY	500.
NATIONAL AIDS FUND 729 15TH STREET NW WASHINGTON, DC 20005	NONE UNRESTRICTED	PUBLIC CHARITY	2,500.

KEY-FOUNDATION			23-2894154
NATIONAL YIDDISH BOOK CENTER 1021 WEST STREET AMHERST, MA 01002		PUBLIC CHARITY	50.
NATURAL RESOURCES DEFENSE COUNCIL 40 WEST 20TH STREET NEW YORK, NY 10011	NONE UNRESTRICTED	PUBLIC CHARITY	7,500.
NEW ISRAEL FUND 1625 K STREET WASHINGTON, DC 20006	NONE PHYSICIANS FOR HUMAN RIGHTS	PUBLIC CHARITY	10,000.
NEW ISRAEL FUND 1625 K STREET WASHINGTON, DC 20006	NONE B'TSELEM	PUBLIC CHARITY	10,000.
NEW ISRAEL FUND 1625 K STREET WASHINGTON, DC 20006	NONE UNRESTRICTED	PUBLIC CHARITY	20,000.
OXFAM AMERICA 226 CAUSEWAY ST 5TH FL BOSTON, MA 02114	NONE UNRESTRICTED	PUBLIC CHARITY	3,500.
PENN FUTURE 610 N THIRD STREET HARRISBURG, PA 17101	NONE UNRESTRICTED	PUBLIC CHARITY	750.
PLANNED PARENTHOOD FEDERATION OF AMERICA 434 W 33RD STREET NEW YORK, NY 10001	NONE UNRESTRICTED	PUBLIC CHARITY	100.
PLANNED PARENTHOOD FEDERATION OF CENTRAL PA 728 S BEAVER STREET YORK, PA 17405	NONE UNRESTRICTED	PUBLIC CHARITY	100.
RABBIS FOR HUMAN RIGHTS 333 SEVENTH AVE 13TH FL NEW YORK, NY 10001	NONE UNRESTRICTED	PUBLIC CHARITY	500.

KBY • FOUNDATION			23-2894154
RAINFOREST ACTION NETWORK 221 PINE STREET SAN FRANCISCO, CA 94104	NONE UNRESTRICTED	PUBLIC CHARITY	3,000.
SOUTH CENTRAL PA FOOD BANK 3908 COREY ROAD HARRISBURG, PA 17109	NONE UNRESTRICTED	PUBLIC CHARITY	4,000.
SOUTHERN POVERTY LAW CENTER 400 WASHINGTON AVENUE MONTGOMERY, AL 36104	NONE UNRESTRICTED	PUBLIC CHARITY	1,000.
SUSQUEHANNA ART MUSEUM 301 MARKET STREET HARRISBURG, PA 17101	NONE UNRESTRICTED	PUBLIC CHARITY	1,000.
TECHNOSERVE 1800 M STREET WASHINGTON, DC 20036	NONE UNRESTRICTED	PUBLIC CHARITY	1,000.
UNIVERSITY OF CHICAGO 25801 SOUTH ELLIS AVENUE CHICAGO, IL 60637	NONE UNRESTRICTED	PUBLIC CHARITY	500.
UNIVERSITY OF PA 433 FRANKLIN BUILDING PHILADELPHIA, PA 191046205	NONE UNRESTRICTED	PUBLIC CHARITY	5,000.
WAMU 4000 BRANDYWINE ST NW WASHINGTON, DC 20016	NONE UNRESTRICTED	PUBLIC CHARITY	100.
WETA 2775 S QUINCY ST ARLINGTON, VA 22206	NONE UNRESTRICTED	PUBLIC CHARITY	50.
WITF 1982 LOCUST LANE HARRISBURG, PA 17105	NONE UNRESTRICTED	PUBLIC CHARITY	100.

KEY ▼ FOUNDATION		23	3-2894154
YIVO 15 W 16TH ST NEW YORK, NY 10001	NONE UNRESTRICTED	PUBLIC CHARITY	100.
TOTAL TO FORM 990-PF, PART XV, L	INE 3A		148,750.

23-2894154

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

Form 8868 (Rev. 1-2011)

Internal Nev	enue salvice	arate app	ication for each return.		_l	
• If you	are filing for an Automatic 3-Month Extension, comple	te only Pa	art I and check this box			X
• If you	are filing for an Additional (Not Automatic) 3-Month Ex	tension, d	complete only Part II (on page 2 of this	form)		
Do not d	complete Part II unless you have already been granted a	an automa	itic 3-month extension on a previously f	led Fo	rm 8868.	
Electron	ic filing (e-file). You can electronically file Form 8868 if	ou need a	a 3-month automatic extension of time t	o file (6 months for a corpo	oration
	to file Form 990-T), or an additional (not automatic) 3-mo				•	
	o file any of the forms listed in Part I or Part II with the ex					
	Benefit Contracts, which must be sent to the IRS in pap	•				
	v.irs.gov/efile and click on e-file for Charities & Nonprofits		(350 matricerons). For more details on t	0,0	out of the hang of this h	J.111,
Part I	<u>. </u>		hmit original (no copies needed)			
				nloto		
	ation required to file Form 990-T and requesting an autor 	nauc 6-mc	onth extension - check this box and con	ihiera	_	
Part I on						
to file inc	corporations (including 1120-C filers), partnerships, REM come tax returns	ucs, and t	rusts must use Form 7004 to request ar	exter		
Type or print	nt KEY FOUNDATION				Employer Identification number	
File by the					23-2894154	
due date for filing your return See 345 QUARRY ROAD						
Instructions	City, town or post office, state, and ZIP code. For a follower wellsville, PA 17365	oreign add	ress, see instructions			
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)			0 4
Applicat	ion	Return	Application			Return
Is For		Code	Is For			Code
Form 99	<u> </u>	01	Form 990-T (corporation)		··	07
		02	Form 1041-A			08
Form 990-BL Form 990-EZ			Form 4720			09
		03				10
Form 99		04	Form 5227			
	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-T (trust other than above) 06 Form 8870 12						
	JOELLE MARGOLIS		DI 1 CTITTI DE 1736			
	ooks are in the care of > 345 QUARRY ROAL) - W				
•	hone No ► 717/737-7231		FAX No. ►			
	organization does not have an office or place of business					
	is for a Group Return, enter the organization's four digit				the whole group, ch	
box 🕨	If it is for part of the group, check this box				ers the extension is	ior.
1	equest an automatic 3-month (6 months for a corporation AUGUST 15, 2011 , to file the exemp		to file Form 990-T) extension of time unt tion return for the organization named a		The extension	
IS	for the organization's return for:					
>	X calendar year 2010 or					
>	tax year beginning	, an	d ending			
		 -			_	
2 If t	he tax year entered in line 1 is for less than 12 months, c	heck reas	on: 🔲 Initial return 🔲 Fina	i retur	า	
- r	Change in accounting period					
ــ	Onlings in accounting period					
3a if t	his application is for Form 990-BL 990-PF 990-T 4720 4	or 6069 e	nter the tentative tax, less any			
					\$	515.
nonrefundable credits. See instructions.						<u> </u>
	his application is for Form 990-PF, 990-T, 4720, or 6069,	-		25	¢	615.
estimated tax payments made. Include any prior year overpayment allowed as a credit.			3b	\$	<u> </u>	
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required,					•	0.
by	using EFTPS (Electronic Federal Tax Payment System).			3c	***	
Caution	If you are going to make an electronic fund withdrawal w	with thic E	orm 8868, see Form 8453-FO and Form	нн79.	-U tor payment instri	uctions

For Paperwork Reduction Act Notice, see Instructions.