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Form **990-PF**

Department of the Treasury

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.

2010

OMB No. 1545-0052

and ending DEC 2010 For calendar year 2010, or tax year beginning JUL 12. 2010 G Check all that apply: X Initial return Initial return of a former public charity Final return Amended return Address change Name change Name of foundation A Employer identification number THE MCLELLAND FAMILY FOUNDATION C/O MICHAEL B MCLELLAND 27-2995394 Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number 795 E LANCASTER AVE STE 280 610-296-9787 City or town, state, and ZIP code C If exemption application is pending, check here VILLANOVA, PA 19085 1. Foreign organizations, check here 2. Foreign organizations meeting the 85% test, check here and attach computation X Section 501(c)(3) exempt private foundation H Check type of organization: Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation If private foundation status was terminated I Fair market value of all assets at end of year J Accounting method: X Cash under section 507(b)(1)(A), check here Other (specify) (from Part II, col (c), line 16) If the foundation is in a 60-month termination 1,000,015. (Part I, column (d) must be on cash basis.) ▶\$ under section 507(b)(1)(B), check here Part | Analysis of Revenue and Expenses (d) Disbursements (c) Adjusted net (a) Revenue and (b) Net investment (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) for charitable purposes (cash basis only) expenses per books income 1,000,000 N/A Contributions, gifts, grants, etc., received Check | If the foundation is not required to attach Sch B Interest on savings and temporary cash investments 15 STATEMENT 15 4 Dividends and interest from securities 5a Gross rents b Net rental income or (loss) 68 Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a Capital gain net income (from Part IV, line 2) Net short-term capital gain Income modifications 10a Gross sales less returns b Less Cost of goods sold c Gross profit or (loss) 11 Other income 1,000,015 15 12 Total. Add lines 1 through 11 0. 0. Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees **b** Accounting fees c Other professional fees 17 Interest 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications Operating 23 Other expenses 24 Total operating and administrative 0. 0. 0 expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 0 26 Total expenses and disbursements. Add lines 24 and 25 0 0 27 Subtract line 26 from line 12: 1,000,015 a Excess of revenue over expenses and disbursements 15. b Net investment income (if negative, enter -0-) N/A C Adjusted net income (if negative, enter -0-) 023501 12-07-10 LHA For Paperwork Reduction Act Notice, see the instructions. Form **990-PF** (2010)

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Beginning of year End of year Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (a) Book Value (b) Book Value (c) Fair Market Value Cash - non-interest-bearing 2 Savings and temporary cash investments 3 Accounts receivable ▶ Less: allowance for doubtful accounts 4 Pledges receivable ► Less: allowance for doubtful accounts 5 Grants receivable 6 Receivables due from officers, directors, trustees, and other disqualified persons 7 Other notes and loans receivable Less: allowance for doubtful accounts 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Investments - U.S. and state government obligations **b** Investments - corporate stock c Investments - corporate bonds 11 Investments - land, buildings, and equipment basis Less accumulated depreciation 12 Investments - mortgage loans 1,000,015. 1,000,015. 13 Investments - other STMT 2 0. 14 Land, buildings, and equipment: basis Less accumulated depreciation 15 Other assets (describe ▶ 1,000,015. 1,000,015. 16 Total assets (to be completed by all filers) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable 22 Other liabilities (describe 0 23 Total liabilities (add lines 17 through 22) Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. 24 Unrestricted 25 Temporarily restricted 26 Permanently restricted Fund Foundations that do not follow SFAS 117, check here **▶** 🟋 and complete lines 27 through 31. ò 27 Capital stock, trust principal, or current funds 0 0. 28 Paid-in or capital surplus, or land, bldg., and equipment fund 1,000,015 29 Retained earnings, accumulated income, endowment, or other funds 0. 1,000,015 30 Total net assets or fund balances 1,000,015 31 Total liabilities and net assets/fund balances Part III Analysis of Changes in Net Assets or Fund Balances 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 1,000,01 3 Other increases not included in line 2 (itemize) 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 1,000,01

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Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)			1. b	low acquired - Purchase - Donation	(c) Date (mo., c	acquired lay, yr.)	(d) Date sold (mo., day, yr.)		
1a					1	 			
b NC	ONE								
C									
d									
е					<u> </u>				
(e) Gross sales price		eciation allowed allowable)		t or other basis xpense of sale			(h) G (e) plu	ain or (loss) s (f) minus (g)
_a				<u>.</u>					
b				 					
C		····							
d	1								-
е							-		
Complete only for assets show	ıng gain ın colu	mn (h) and owned by	the foundation	on 12/31/69		_	(I) Gains (C	Col. (h) gain	minus
(i) F.M.V. as of 12/31/69		djusted basis of 12/31/69		cess of col. (1) col. (j), if any		C	col. (K), Dut Losses	not less that (from col. (1 -U-) or h))
8									
b									
C									
_d									
е	<u> </u>								<u> </u>
2 Capital gain net income or (net	capital loss)	If gain, also enter -0			}	2			
3 Net short-term capital gain or (le if gain, also enter in Part I, line is	3, column (c).	in sections 1222(5) ar	nd (6):		}				
If (loss), enter -0- in Part I, line Part V Qualification		tion 4940(e) for	Reduced	Tay on Ne	t Inv	estment li	come	_	
If section 4940(d)(2) applies, leave Was the foundation liable for the se If "Yes," the foundation does not qu	ction 4942 tax alify under sect	on the distributable an	mplete this pa	ırt.					Yes N
1 Enter the appropriate amount in	n each column i	or each year; see instr	uctions before	making any entr	ies.				
(a) Base period years Calendar year (or tax year begin	ning in)	(b) Adjusted qualifying dis	tributions	Net value of n	(c) oncha	ritable-use asse	ets	Distrib (col. (b) div	(d) oution ratio rided by col. (c))
2009						-			
2008									·····
2007									
2006								 	
2005								γ	
D. Tatal of leas 4 and server (4)									
2 Total of line 1, column (d) 2 Average distribution ratio for the	n E woor hans -	oriod dudda tha tata	an line O hii fi	a. b., tb			2		
3 Average distribution ratio for the			on line 2 by 5,	or by the numbe	r of ye	ars			
the foundation has been in exist	ence it less tha	n 5 years					3	<u> </u>	
4 Enter the net value of noncharit	able-use assets	for 2010 from Part X,	line 5				4		
5 Multiply line 4 by line 3							5_		
6 Enter 1% of net investment inco	ome (1% of Par	t I, line 27b)					6_		
7 Add lines 5 and 6							7		
8 Enter qualifying distributions from	· ·						8		
If line 8 is equal to or greater th See the Part VI instructions.	an line 7, check	the box in Part VI, line	tb, and com	olete that part usi	ng a 1	% tax rate.			

THE MCLELLAND FAMILY FOUNDATION Form 990-PF (2010) 27-2995394 C/O MICHAEL B MCLELLAND Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions) Part Vi 1a Exempt operating foundations described in section 4940(d)(2), check here \(\bigs \) and enter "N/A" on line 1. Date of ruling or determination letter: (attach copy of letter if necessary-see instructions) b Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕒 📖 and enter 1% of Part I, line 27b c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b). 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 3 3 Add lines 1 and 2 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 4 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-5 6 Credits/Payments: a 2010 estimated tax payments and 2009 overpayment credited to 2010 b Exempt foreign organizations - tax withheld at source 6Ь c Tax paid with application for extension of time to file (Form 8868) 6c d Backup withholding erroneously withheld 6d 0. 7 Total credits and payments. Add lines 6a through 6d 8 Enter any penalty for underpayment of estimated tax. Check here _____ if Form 2220 is attached 8 0. 9 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 11 Enter the amount of line 10 to be: Credited to 2011 estimated tax Refunded | Part VII-A Statements Regarding Activities Yes No 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in X 1a any political campaign? b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)? 1b If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities. X c Did the foundation file Form 1120-POL for this year? 1c d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: 0. 0 . (2) On foundation managers. ▶ \$ (1) On the foundation. > \$ e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. > \$ X 2 Has the foundation engaged in any activities that have not previously been reported to the IRS? 2 If "Yes," attach a detailed description of the activities. 3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes 3 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? **4a** N/A b if "Yes," has it filed a tax return on Form 990-T for this year? 4b 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? 5 If "Yes," attach the statement required by General Instruction T. 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: By language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? X 7 Did the foundation have at least \$5,000 in assets at any time during the year?

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X

86

PA

If "Yes," complete Part II, col. (c), and Part XV.

8a Enter the states to which the foundation reports or with which it is registered (see instructions)

of each state as required by General Instruction G? If "No," attach explanation

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)

year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If "Yes," complete Part XIV

10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses

9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar

valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach

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

c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.

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

3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time

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?

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X

N/A

Yes X No

2b

3b

4a

statement - see instructions.)

during the year?

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Part VII-B Statements Regarding Activities for Which	Form 4/20 May Be F	required (contin	nued)		
5a During the year did the foundation pay or incur any amount to:	on 40.45(a)\0	┌ ┐	es X No		
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	• • • • • • • • • • • • • • • • • • • •		ES LALINO	1	
(2) Influence the outcome of any specific public election (see section 4955); any voter registration drive?	or to carry on, unectry or maire		es X No		
any voter registration drive?	ne?		es X No		
(3) Provide a grant to an individual for travel, study, or other similar purpose(4) Provide a grant to an organization other than a charitable, etc., organization		¥	ES LALINU		
	ion described in section		es X No	1	
509(a)(1), (2), or (3), or section 4940(d)(2)?	v er educational purposes er f		ES LALINO		
(5) Provide for any purpose other than religious, charitable, scientific, literary the prevention of cruelty to children or animals?	y, or educational purposes, or i		es X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify u	nder the exceptions described i	 -	ES LAL NO		
section 53.4945 or in a current notice regarding disaster assistance (see insti		iii negulations	N/A	5b	
·	,			30	-
Organizations relying on a current notice regarding disaster assistance check c. If the answer is "Yes" to question 5a(4), does the foundation claim exemption		and.			
expenditure responsibility for the grant?			[] No		
		', A L T	es L No		
If "Yes," attach the statement required by Regulations section 53.49.					
6a Did the foundation, during the year, receive any funds, directly or indirectly, to a personal benefit contract?	o pay premiums on		es X No		
•	nerconal hanafit contract?	Y	ES LALINO	eh	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a	i personai Denent Contract?		-	6b	-
If "Yes" to 6b, file Form 8870.	aboltor transaction?	г	es X No		
7a At any time during the tax year, was the foundation a party to a prohibited tax		Y		76	_
b if "Yes," did the foundation receive any proceeds or have any net income attri Dast VIII Information About Officers, Directors, Trus		nagers High		7b	_
Part VIII Paid Employees, and Contractors	icos, i odiladioli Ma	inagers, riigin	y		
1 List all officers, directors, trustees, foundation managers and their	r compensation.				_
	(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to	(e) E accou	ΧĮ
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	accou	ni Na
MICHAEL B MCLELLAND	PRESIDENT				_
635 LEOPARD RD					
BERWYN, PA 19312	1.00	0.	0.		
NANCY MCLELLAND	SECRETARY/TRE				_
635 LEOPARD RD					
BERWYN, PA 19312	1.00	0.	0.		
LAURA MCLELLAND	DIRECTOR		<u> </u>		_
221 KINGSLAND AVE - APT 3	7				
BROOKLYN, NY 11222	0.00	0.	0.		
		_	<u> </u>	_	_
2 Compensation of five highest-paid employees (other than those in		enter "NONE."	(d) Contributions to	 	
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) E	X
	devoted to position	(5) 55	compensation	allov	va
NONE	4				
	4				
	 				_
	_				
	<u> </u>			<u> </u>	
	4				
			i	1	
			ļ	ļ	_

Form 990-PF (2010) 27-2995394 Page 7 C/O MICHAEL B MCLELLAND Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued) 3 Five highest-paid independent contractors for professional services. If none, enter "NONE." (c) Compensation (a) Name and address of each person paid more than \$50,000 (b) Type of service NONE Total number of others receiving over \$50,000 for professional services

Part IX-A | Summary of Direct Charitable Activities List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. Expenses 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 2. Amount N/A

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All other program-related investments. See instructions.

Total, Add lines 1 through 3

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P	Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations,	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	0.
b	Average of monthly cash balances	16	166,669.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	14	166,669.
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	<u> </u>
3	Subtract line 2 from line 1d	3	166,669.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	2,500.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	164,169.
6_	Minimum investment return. Enter 5% of line 5 ADJUSTED FOR SHORT TAX PERIOD	6	3,891.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.)	nd certain	
1	Minimum investment return from Part X, line 6	1	3,891.
2a	Tax on investment income for 2010 from Part VI, line 5		
Ь	Income tax for 2010. (This does not include the tax from Part VI.)	1	
C	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	3,891.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	3,891.
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	3,891.
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	0.
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:		
a	Suitability test (prior IRS approval required)	3a	
b	, , , , , , , , , , , , , , , , , , ,	3b	<u> </u>
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	0.
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	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	0

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section

4940(e) reduction of tax in those years.

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		:		3,891.
2 Undistributed income, if any, as of the end of 2010				
a Enter amount for 2009 only			0.	
b Total for prior years:				
		0.		
3 Excess distributions carryover, if any, to 2010:	· • • • • • • • • • • • • • • • • • • •			
a From 2005				
b From 2006				
c From 2007				ļ
d From 2008	•			
e From 2009				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2010 from				
Part XII, line 4: > \$ 0.				
a Applied to 2009, but not more than line 2a			0.	
b Applied to undistributed income of prior	PLA		•	
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus		<u> </u>		
(Election required - see instructions)	0.			
` ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '				0.
d Applied to 2010 distributable amount	0.			· · · ·
e Remaining amount distributed out of corpus	0.			0.
Excess distributions carryover applied to 2010 (If an amount appears in column (d), the same amount must be shown in column (a))	<u> </u>			0.
6 Enter the net total of each column as indicated below:				
& 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				
be distributed in 2011				3,891.
7 Amounts treated as distributions out of	·			
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.		1	
8 Excess distributions carryover from 2005	<u> </u>			
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2011.				
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:	<u> </u>			
a Excess from 2006				
b Excess from 2007				
c Excess from 2008				
d Excess from 2009				
e Excess from 2010				
E LAUESS HUIH ZU IU		<u> </u>		- 222 55

Page 10 27-2995394 Form 990-PF (2010) C/O MICHAEL B MCLELLAND Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9) N/A 1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2010, enter the date of the ruling **b** Check box to indicate whether the foundation is a private operating foundation described in section 4942(i)(3) or 4942(j)(5) Prior 3 years 2 a Enter the lesser of the adjusted net Tax year (c) 2008 (d) 2007 (e) Total (b) 2009 (a) 2010 income from Part I or the minimum investment return from Part X for each year listed **b** 85% of line 2a c Qualifying distributions from Part XII, line 4 for each year listed d Amounts included in line 2c not used directly for active conduct of exempt activities e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c Complete 3a, b, or c for the alternative test relied upon: a "Assets" alternative test - enter: (1) Value of all assets (2) Value of assets qualifying under section 4942(j)(3)(B)(i) b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed c "Support" alternative test - enter: (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 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 Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets Part XV at any time during the year-see the instructions.) Information Regarding Foundation Managers: a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).) b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest. NONE Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here 🕨 🗶 if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d. a The name, address, and telephone number of the person to whom applications should be addressed: b The form in which applications should be submitted and information and materials they should include: c Any submission deadlines: d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

THE MCLELLAND FAMILY FOUNDATION

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Part XV Supplementary Information (continued)

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 recipient	Purpose of grant or contribution	Amount			
Name and address (home or business)	or substantial contributor	recipient					
a Paid during the year							
NONE							
Total		<u> </u>	▶ 3a	0.			
b Approved for future payment				ו			
			:				
		8					
NONE			1				
NONE							
			-				
	<u> </u>	<u> </u>					
Total			▶ 3b	0.			

Part XVI-A Analysis of Income-Producing Activities

iter gross amounts unless otherwise indicated.	Unrelated b	usiness income		by section 512, 513, or 514	(e)
•	(a) Business	(b)	(C) Exclu- sion	(d)	Related or exempt
Program service revenue:	code	Amount	code	Amount	function income
a					
)					
c					
d					
e					
f					
g Fees and contracts from government agencies					
Membership dues and assessments					
Interest on savings and temporary cash			1		
investments					
Dividends and interest from securities		 _	18	15.	
Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
Net rental income or (loss) from personal					
property					
Other investment income					
Gain or (loss) from sales of assets other					
than inventory		· · · · · ·			
Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory	<u> </u>				
Other revenue:					
		 			
b	l i				
·					
d					
e		1	n I I	15	
eSubtotal. Add columns (b), (d), and (e)			0.		
e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e)	one)		0.1		
e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations.				13	
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations to verify calculations. Part XVI-B Relationship of Activity	ties to the Accor	nplishment of	Exempt F	13 Purposes	
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations. Part XVI-B Relationship of Activity	ties to the Accor	nplishment of	Exempt F	13 Purposes	
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Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations. Part XVI-B Relationship of Activity ine No. Explain below how each activity for while the foundation's exempt purposes (other	ties to the Accordance in income is reported in er than by providing fund	nplishment of column (e) of Part X\ s for such purposes) NVESTMENT:	Exempt F /I-A contribute	Purposes ad importantly to the accom	plishment of
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculate Part XVI-B Relationship of Activit ine No. Explain below how each activity for while the foundation's exempt purposes (other ALL INCOME IS GENERAL	ties to the Accordance in the informer is reported in the informer is reported in the information by providing fund ATED FROM INC. R. CHARITABL	nplishment of column (e) of Part X\ s for such purposes) NVESTMENT; E EDUCATIO	Exempt F /I-A contribute	Purposes ad importantly to the accom	plishment of
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Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) se worksheet in line 13 instructions to verify calculate Part XVI-B Relationship of Activity ine No. Explain below how each activity for while the foundation's exempt purposes (other ALL INCOME IS GENERAL DISTRIBUTED TO OTHE:	ties to the Accordance in the informer is reported in the informer is reported in the information by providing fund ATED FROM INC. R. CHARITABL	nplishment of column (e) of Part X\ s for such purposes) NVESTMENT; E EDUCATIO	Exempt F /I-A contribute	Purposes ad importantly to the accom	plishment of
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculative. Part XVI-B Relationship of Activity ine No. Explain below how each activity for whith the foundation's exempt purposes (other ALL INCOME IS GENERAL DISTRIBUTED TO OTHE:	ties to the Accordance in the informers reported in the informers reported in the information by providing fund ATED FROM ITABL	nplishment of column (e) of Part X\ s for such purposes) NVESTMENT; E EDUCATIO	Exempt F /I-A contribute	Purposes ad importantly to the accom	plishment of
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculation. Part XVI-B Relationship of Activity ine No. Explain below how each activity for whith the foundation's exempt purposes (other ALL INCOME IS GENERAL DISTRIBUTED TO OTHER	ties to the Accordance in the informers reported in the informers reported in the information by providing fund ATED FROM ITABL	nplishment of column (e) of Part X\ s for such purposes) NVESTMENT; E EDUCATIO	Exempt F /I-A contribute	Purposes ad importantly to the accom	plishment of
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Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculation. Part XVI-B Relationship of Activity ine No. Explain below how each activity for whith the foundation's exempt purposes (other ALL INCOME IS GENERAL DISTRIBUTED TO OTHER	ties to the Accordance in the informers reported in the informers reported in the information by providing fund ATED FROM ITABL	nplishment of column (e) of Part X\ s for such purposes) NVESTMENT; E EDUCATIO	Exempt F /I-A contribute	Purposes ad importantly to the accom	plishment of
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculation. Part XVI-B Relationship of Activity ine No. Explain below how each activity for whith the foundation's exempt purposes (other ALL INCOME IS GENERAL DISTRIBUTED TO OTHER	ties to the Accordance in the informers reported in the informers reported in the information by providing fund ATED FROM ITABL	nplishment of column (e) of Part X\ s for such purposes) NVESTMENT; E EDUCATIO	Exempt F /I-A contribute	Purposes ad importantly to the accom	plishment of
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculation. Part XVI-B Relationship of Activity ine No. Explain below how each activity for whith the foundation's exempt purposes (other ALL INCOME IS GENERAL DISTRIBUTED TO OTHER	ties to the Accordance in the informers reported in the informers reported in the information by providing fund ATED FROM ITABL	nplishment of column (e) of Part X\ s for such purposes) NVESTMENT; E EDUCATIO	Exempt F /I-A contribute	Purposes ad importantly to the accom	plishment of

Form 990-PF (2010) C/O MICHAEL B MCLELLAND 27-2995394

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

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Page 13

_	•	Exempt Organi	zations							
1	Did the or	ganization directly or indir	ectly engage in any	of the following	with any other organization	n described in sect	ion 501(c) of		Yes	No
	the Code	(other than section 501(c)	(3) organizations) o	or in section 52	7, relating to political organ	zations?				
8	Transfers	from the reporting founda	ition to a noncharita	able exempt org	anization of:					
	(1) Cash							1a(1)		<u>X</u>
	(2) Other	assets						1a(2)	<u> </u>	X
b	Other tran									
		of assets to a noncharitat						1b(1)		X
	. ,	hases of assets from a nor	•	organization				1b(2)		X
	• •	al of facilities, equipment, o	or other assets					1b(3)		X
		bursement arrangements						1b(4)	-	X
	• •	s or loan guarantees						1b(5)	-	X
		ormance of services or me						1b(6)		X
ď	_	of facilities, equipment, mai				wave chow the fair r	narket value of the goods,		sets.	
u		-		-	• •		or sharing arrangement,		,	
		d) the value of the goods,			o 1000 than ian inamot valu	io in any mandadian	, or onaring an angomeny			
a)ı	ine no	(b) Amount involved			exempt organization	(d) Description	of transfers, transactions, and	sharing ar	талдет	ents
				N/A						
			<u> </u>							
			ļ	·						
			ļ <u>.</u>							
		 	 							
			ļ							
										
										
_										
									-	
										
2a	Is the for	indation directly or indirec	tly affiliated with, or	related to, one	or more tax-exempt organi	zations described				
	ın sectioi	n 501(c) of the Code (other	r than section 501(c)(3)) or in sect	ion 527?			Yes	Z.	☐ No
Ь	If "Yes," o	complete the following sch					-			
		(a) Name of org	janization		(b) Type of organization		(c) Description of relations	hip		
		N/A				<u> </u>				
			<u> </u>			1				-
							 			
_	Une	fer penalties of persurvet declar	e that I have examined	Mis return include	ing accompanying schedules an	d statements, and to the	ne best of my knowledge and be	lief. it is t	rue. corr	ect.
c	ign and	complete Declaration of prep	rer (other than taxpaye	or of fidy clany is b	associon all information of which	preparer has any know	ledgé)	رآ		
H	ere		15 - (1	-Col	1 5/3/	///	fresiden	T		
		Signature of officer or tri	ustee	700	Date	/	Title	/		
		Print/Type preparer's na		Preparer's s		Date	Check X If PTIN			
				LANNA.	000	1,	self- employed			
P	aid	MITCHELL E	ENSON	TIME	AND BENNED	412311	09	$\mathcal{Z}\mathcal{D}'$	1116)
	reparer	Firm's name ► SAV		ON LLP			Firm's EIN ►			
U	se Only				VE STE 30	0	9,7.5,	<u> 440</u>	<u> </u>	
		Firm's address ▶ BA	LA CYNWY	D, PA 1	9004		Phone no. (610)664	1-64	100
		1								
							F	orm 99 0	0-PF	(2010)

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No 1545-0047

Employer identification number

2010

	HE MCLELLAND FAMILY FOUNDATION O MICHAEL B MCLELLAND	27-2995394
Organization type (check o		
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charatable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
General Rule)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru in filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in m	
	olete Parts I and II.	oney or property, normally one
Special Rules		
509(a)(1) and 170	(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the reg (b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.	
aggregate contnb	(c)(7), (8), or (10) organization filing Form 990 or 990:EZ that received from any one contrutions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, cruelty to children or animals. Complete Parts I, II, and III.	
contributions for u If this box is chec purpose Do not c	(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contruse exclusively for religious, charitable, etc., purposes, but these contributions did not agked, enter here the total contributions that were received during the year for an exclusive complete any of the parts unless the General Rule applies to this organization because itle, etc., contributions of \$5,000 or more during the year.	gregate to more than \$1,000 ely religious, chantable, etc.,
but it must answer "No" or	that is not covered by the General Rule and/or the Special Rules does not file Schedule In Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line thing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	
LHA For Paperwork Red	uction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule E	3 (Form 990, 990-EZ, or 990-PF) (2010)

_	1 .	1
Page	l of	of Part I

Name of organization

THE MCLELLAND FAMILY FOUNDATION

C/O MICHAEL B MCLELLAND

Employer identification number

27-2995394

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	MICHAEL B MCLELLAND 635 LEOPARD RD BERWYN, PA 19312	\$\$.	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 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

THE · MCLELLAND FAMILY FOUNDATION

C/O MICHAEL B MCLELLAND

Employer identification number

of

27-2995394

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
		s	
(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
		s	

Name of organization

Employer identification number

THE MCLELLAND	FAMILY	FOUNDATION
---------------	--------	------------

EL B MCLELLAND		27-2995394
ore than \$1,000 for the year. Complete art III, enter the total of exclusively religion	columns (a) through (e) and the us, charitable, etc., contributions	of
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift	
Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift	t ·
Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
) No. rom (b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift	t
Transferee's name, address, a		Relationship of transferor to transferee
	till, enter the total of exclusively religio,000 or less for the year. (Enter this info (b) Purpose of gift Transferee's name, address, ar (b) Purpose of gift Transferee's name, address, ar (b) Purpose of gift Transferee's name, address, ar	(e) Transfer of gift Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of gift Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of gift (d) Use of gift (e) Transfer of gift (e) Transfer of gift (f) Use of gift

FORM 990-PF DIVIDEN	NDS AND	INTEREST	FROM	SECURITIES	STATEMENT	1
SOURCE		GROSS AM	TMUC	CAPITAL GAINS DIVIDENDS	COLUMN (A AMOUNT)
VANGUARD PRIME	•		15.	0.		15.
TOTAL TO FM 990-PF, PART I,	LN 4		15.	0.		15.
FORM 990-PF	ОТН	ER INVEST	MENTS		STATEMENT	2
DESCRIPTION		VALUA METH		BOOK VALUE	FAIR MARKE	r
VANGUARD PRIME MONEY MARKET		COS	T	1,000,015.	1,000,0	15.
TOTAL TO FORM 990-PF, PART 1	II, LIN	E 13		1,000,015.	1,000,0	15.
FORM 990-PF LIST C		TANTIAL C		BUTORS	STATEMENT	3
NAME OF CONTRIBUTOR		ADDRESS		1		
MICHAEL B MCLELLAND		635 LEO BERWYN,				