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Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust

OMB No. 1545-0052 **911**

		evenus Service	Note. Th	ne foundation	may b	e able to	use a cop	y of th	is return to	satisfy state	repor	ting requiremen	nts.		IU	
For	cal	endar year 2010							20 , 201					12/31	, 20 10	ົ້
G	Che	ck all that apply:	XII	nitial return			Initial re	eturn c	of a former	public cha	rity		T	Final return	n	
			A	Amended ret	urn	بب	A	Addres	s change	ĺ	٦	lame change	_	_		
Nar	ne o	f foundation										A Employeride	entifi	cation number		_
		HEAD F	'AMILY	CHARITA	BLE	FOUND	ATION	550	7-19-4/	4		3	38-	6949833		
Nur	nbe	r and street (or P.O.								Room/s	uite	B Telephone nun	nber (see page 10 of the	Instruction	18)
		C/O GL	ENMEDE	TRUST	co.,	N.A.	, 1650	O MAI	RKET ST	120	0		(21	L5) 419-6	000	
City	or	town, state, and ZIF	code							•		C If exemption appending, check	pplice	tion is	. •	٦
												D 1 Foreign orga			·►	٦
		PHILAD	ELPHIA	A, PA 19	103-	7391								tions meeting the		_
H	Che	ck type of organi	zation:	X Section	501(c)(3) exe	mpt priv	vate fo	undation					ere and attach	. ▶	٦
Г	_	ection 4947(a)(1) r							vate founda	ation		•			·	_
<u> </u>		market value of				unting m	ethod:	X Ca	sh Ad	crual		- •		n status was termina o)(1)(A), check here		٦
(of y	ear (from Part II,	col. (c), li	ır	_	ther (spe	_							in a 60-month term		_
	•	•	000,00						cash basis	i.)				o)(1)(B), check here		
Pa	rt [Analysis of Rev	venue an	d Expenses	(The	(a) Da				*				(d) Disburs		_
		total of amounts may not necessar	in column:	s (b), (c), and	(d)		evenue an enses per		(b) Net inco		"	c) Adjusted net income		for charm		
		column (a) (see p				· 1	books					moomo		(cash basi		
Т	1	Contributions, gifts, gran	nts, etc , recei	ived (attach sched	ule) .	16	,000,0	000.				-				
	2	if th	ne foundation	on is not require	ed to											
-	3	Interest on savings a								99.		N/A				
	4	Dividends and inte	erest from	securities .	[
-	5 a	Gross rents					-									_
		Net rental income or														
	6 a	Net gain or (loss) from	m sale of as	ssets not on line	10		-0-									_
Kevenue	þ	Gross sales price for assets on line 6a	all													
8	7	Capital gain net in	come (fro	m Part IV, line	2) .				_	0-						
Ž	8	Net short-term cap	oital gain		[_
	9	Income modification	ons · · ·		[
1	0 a	Gross sales less retur	rns													
	b	Less Cost of goods s	1													
	c	Gross profit or (los	s) (attach	schedule)												
1		Other income (atta														
		Total. Add lines 1				16	,000,0	000.		99.	<u> </u>					
1	13	Compensation of offi	icers, dırect	ors, trustees, et	c											
	14	Other employee sa	alaries and	l wages]						ļ			<u> </u>		
Se 1	15	Pension plans, em	ployee be	nefits						· · · · · · · · · · · · · · · · · · ·	ļ					
Expenses	16a	Legal fees (attach	schedule)													_
	b	Accounting fees (a	attach sch	edule)							ļ				· · · · · ·	
	C	Other professional	l fees (atta	ch schedule)							<u> </u>					
Administrative	17	Interest									<u> </u>					
1	18	Taxes (attach schedu	ile) (see page	e 14 of the instruc	tions)									<u> </u>		
	19	Depreciation (attac	ch schedu	le) and deple	tion .						<u> </u>					
	20	Occupancy									<u> </u>					
2	21	Travel, conference	s, and me	etings							ļ					
	22	Printing and public	cations .								ļ					
<u> </u>	23	Other expenses (a	ttach sche	edule)							<u> </u>					_
serating *	24	Total operating a	nd admini	strative expe	nses.											
<u>ğ</u>		Add lines 13 throu	uah 23					1			1			1		

-0-

16,000,000

c Adjusted net income (if negative, enter -0-). . For Paperwork Reduction Act Notice, see page 30 of the instructions.

**OE1410 1 000 DLF040 K493 05/06/2011 19:16:17

Total expenses and disbursements Add lines 24 and 25

8 Excess of revenue over expenses and disbursements . .

b Net investment income (if negative, enter -0-)

27 Subtract line 26 from line 12:

SCANNED MAY 8 & 2013

N/A

99

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-0-

0	art II	Attached schedules and amounts in the Beginning of year description column should be for end-of-year				End	End of year		
ш		——————		amounts only. (See Instructions.)	(a) Book Value	(b) Book Value	(c) Fair Market Value		
	1	Cash - non-interest-	bearii	ng					
Ì	2	Savings and tempo	rary o	ash investments		16,000,000	. 16,000,000		
	3	Accounts receivabl	е 📐						
		Less: allowance for	doub	tful accounts ▶		_			
-		Less: allowance for	doub	tful accounts ▶					
		Receivables due f							
		disqualified person							
		· ·		ceivable (attach schedule)		 			
				itful accounts >					
				e	- 10 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	,			
ets				eferred charges					
Assets									
٦				government obligations (attach schedule)					
				stock (attach schedule)			 		
	11 6	Investments - land, bu and equipment basis Less, accumulated de	uilding						
	12	(attach schedule)	nane	loans					
				ch schedule)					
	14	Land, buildings, and	latta	<u> </u>	··.				
		equipment basis Less accumulated de	precia	tion 🖢					
		(attach schedule)					 		
				completed by all filers - see the					
				ige 1, item I)	-0-	16,000,000	16,000,000		
\dashv					-11-	10,000,000	. 10,000,000		
				ccrued expenses					
						· · · · · · · · · · · · · · · · · · ·	_		
Ë							_		
Liabilities				rs, trustees, and other disqualified persons			-		
Ē.				tes payable (attach schedule)			-		
	22	Other liabilities (de:	scribe	' ▶)	·	·· <u>-</u> · ·	_		
	23	Total liabilities (ad	d lina	s 17 through 22)					
\dashv				T 11			-		
		and complete lin	ies 2	ow SFAS 117, check here ▶ 4 through 26 and lines 30 and 31.					
ğ	24	Unrestricted	• • •				4		
ā	25	Temporarily restrict	ted .						
ã	26	Permanently restric	ted .				-		
Ę		Foundations tha	t do	not follow SFAS 117, blete lines 27 through 31. ► X ipal, or current funds					
Ţ		cneck nere and	comt	plete lines 27 through 31. X	•	16 000 000			
0	2/	Capital stock, trust	princ	ipal, or current funds	-0-	16,000,000	4		
iet	28	Paid-in or capital surp	lus, or	land, bidg., and equipment fund			_		
Ass	29			eted income, endowment, or other funds			_		
t	30			und balances (see page 17 of the	_	16 000 000			
Z		instructions)			-0-	16,000,000	<u> </u>		
				t assets/fund balances (see page 17					
				· · · · · · · · · · · · · · · · · · ·	<u>-0-</u>	16,000,000			
				nges in Net Assets or Fund		,			
1				alances at beginning of year - Part		-			
				on prior year's return)			<u> </u>		
2	Enter	Enter amount from Part I, line 27a							
3	Other	r increases not in	clude	ed in line 2 (itemize) -		3			
4	Add I	dd lines 1, 2, and 3							
				line 2 (itemize) ▶		5			
<u>6</u>	Total	net assets or fun	d bal	ances at end of year (line 4 minus lin	ne 5) - Part II, column (b), line 30 6	16,000,000.		

Pa	rt IV Capital Gains	and Losses for Tax on Inv	estment Income				
	(a) List and 2-story b	(b) How acquired P-Purchase O-Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)			
<u>1a</u>	NONE						
b							
<u>c</u>				ļ			
<u>d</u>						-	
<u>e</u>			(-) CA			<u> </u>	
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)			
<u>a</u>							
<u>b</u>			· · · · · · · · · · · · · · · · · · ·				
<u> </u>				-			
<u>d</u>		· · · · · · · · · · · · · · · · · · ·					
<u>e</u>	Complete only for accets a	howing gain in column (h) and owned	t by the foundation on 12/31/69		0: (0.1.11.)		
_	Complete only for assets s	(i) Adjusted basis	(k) Excess of col. (i)		Gains (Col. (h) g (k), but not less		
	(I) F M V as of 12/31/69	as of 12/31/69	over col (j), if any		Losses (from co		
-8				 			
<u>_b</u>				1			
_ <u>c</u>			-				
_ <u>d</u>		· · · · · ·					
<u>е</u> 2	Capital gain net income or		f gain, also enter in Part I, line 7 f (loss), enter -0- in Part I, line 7	2	-0	_	
3	Net short-term capital gain	or (loss) as defined in sections 12					
		line 8, column (c) (see pages 13 a	•				
	_	ine 8		3			
	rt V Qualification U	Inder Section 4940(e) for Red	duced Tax on Net Investment I	ncome	N	/A	
Wa			ibutable amount of any year in the b	ase perio	d?	Yes No	
<u>"</u>			r; see page 18 of the instructions be	fore maki	ng any entries		
<u> </u>	(a)			TOTO THEK	(d)	<u>'</u>	
Ca	Base period years lender year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets		Distribution ration (col. (b) divided by		
	2009		 				
_	2008			 			
_	2007 2006						
_	2005			 			
2 3	Total of line 1, column (d) Average distribution ratio	for the 5-year base period - divide	e the total on line 2 by 5, or by the sthan 5 years				
4	Enter the net value of non	charitable-use assets for 2010 fro	om Part X, line 5	4			
5	Multiply line 4 by line 3			5			
6	Enter 1% of net investmen	nt income (1% of Part I, line 27b)		6			
7					· · · · · · · · · · · · · · · · · · ·		
8	Enter qualifying distribution If line 8 is equal to or gr Part VI instructions on page	ons from Part XII, line 4 eater than line 7, check the box ge 18.	in Part VI, line 1b, and complete	8 that part	N/ using a 1% ta	A x rate. See the	

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X

X

χ

X

8b

b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General

8a Enter the states to which the foundation reports or with which it is registered (see page 19 of the

Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV . . .

3b

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

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, Form 4720, to determine if the

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2010? .

Form 990-PF (2010)			38-69	49833	Page 6			
Part VII-B S	tatements Regarding Activities for	Which Form 47	20 May Be Requi	red (continued)				
(1) Carry on (2) Influence directly of (3) Provide a section 5 (5) Provide f purposes	par did the foundation pay or incur any amou propaganda, or otherwise attempt to influent the outcome of any specific public election or indirectly, any voter registration drive? grant to an individual for travel, study, or other grant to an organization other than a charite (09(a)(1), (2), or (3), or section 4940(d)(2)? (so any purpose other than religious, charitable, or for the prevention of cruelty to children or	ce legislation (section (see section 4955); or the section 4955); or the section 4955); or the legislation (see page 22 of the inset of section (see page 22 of the inset); or animals?	r to carry on, described in tructions)	Yes X No Yes X No Yes X No				
-	r is "Yes" to 5a(1)-(5), did any of the trans-		•		5b N/A			
	Regulations section 53.4945 or in a current notice regarding disaster assistance (see page 22 of the instructions)?							
c If the answer because it m If "Yes," attac	is "Yes" to question 5a(4), does the foundati aintained expenditure responsibility for the g h the statement required by Regulations sect	on claim exemption firant?	rom the tax	Yes No				
	dation, during the year, receive any funds, dir	•	• • •	Yes X No				
	I benefit contract?			. — —	6b X			
	, file Form 8870.	y or manocally on a p		··· · · · · · · · · · · · · · · · · ·				
	luring the tax year, was the foundation a part							
	b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?							
and	d Contractors							
1 List all office	ers, directors, trustees, foundation ma	(b) Title, and average		(d) Contributions to	(e) Expense account,			
	(a) Name and address	hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	employee benefit plans and deferred compensation	other allowances			
SEE STATEME	NT 4		-0-	-0-	-0-			
					 			
			<u>, , , , , , , , , , , , , , , , , , , </u>					
2 Compensation of the comp	on of five highest-paid employees (other "NONE."	er than those incl	uded on line 1 - see	page 23 of the insti	ructions).			
(a) Name and add	ress of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances			
NONE			NONE	NONE	NONE			
Total number of	other employees paid over \$50,000 .	<u> </u>	<u> </u>		▶ NONE			

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3 Five highest-paid independent contractors for professional services (see page 23 of the instructions). If non (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. 1 N/A	a antar "NONE
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. 1N/A	
Total number of others receiving over \$50,000 for professional services	(c) Compensation
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. 1N/A	NONE
Total number of others receiving over \$50,000 for professional services	NONE
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. 1N/A	
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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. 1N/A	
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. 1N/A	
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. 1N/A	
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. 1N/A	
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. 1N/A	NONE
organizations and other beneficiaries served, conferences convened, research papers produced, etc. 1 N / A	
organizations and other beneficiaries served, conferences convened, research papers produced, etc. 1 N / A	
	Expenses
2	
	
·	
3	
4	_ ,
Part IX-B Summary of Program-Related Investments (see page 24 of the instructions) Describe the two largest program-related investments made by the foundation during the tex year on lines 1 and 2	Amount
ANONE	
INOINE	
2	
All other program-related investments. See page 24 of the instructions.	····
3 NONE	
Total. Add lines 1 through 3	

Pa	Minimum Investment Return (All domestic foundations must complete this part. Foreign see page 24 of the instructions.)	gn foundatio	ons,
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	NONE
b		1b	16,000,000.
C	Fair market value of all other assets (see page 25 of the instructions)	1c	NONE
d	Total (add lines 1a, b, and c) Reduction claimed for blockage or other factors reported on lines 1a and	1d	16,000,000.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e		
2	Acquisition indebtedness applicable to line 1 assets	1 2	NONE
3		3	16,000,000.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see page 25 of		
	the instructions)	4	240,000.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	15,760,000.
6	Minimum investment return. Enter 5% of line 5 SEE SCHEDULE ATTACHED	6	6,477.
Pa	rt XI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) priva foundations and certain foreign organizations check here ► and do not complete this page 25.	te operating	
1	Minimum investment return from Part X, line 6	1	6,477.
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.)	1	
c	Add lines 2a and 2b	2c	2.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	6,475.
4	Recoveries of amounts treated as qualifying distributions		NONE
5	Add lines 3 and 4	5	6,475.
6	Deduction from distributable amount (see page 25 of the instructions)	6	NONE
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	6,475.
Pa	rt XII Qualifying Distributions (see page 25 of the 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	18	
		1b	
b	Program-related investments - total from Part IX-B Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,	16	
2			MONE
_	purposes	2	NONE
3	Amounts set aside for specific charitable projects that satisfy the:		17017
a	Suitability test (prior IRS approval required)	3a	NONE
b	Cash distribution test (attach the required schedule)		NONE
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	NONE
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.	_	
	Enter 1% of Part I, line 27b (see page 26 of the instructions)		
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	NONE
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when cal qualifies for the section 4940(e) reduction of tax in those years.	lculating whe	ther the foundation

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Par	t XIII Undistributed Income (see page	26 of the instruction	ns)		
		(a)	(b)	(c)	(d)
1	Distributable amount for 2010 from Part XI,	Corpus	Years prior to 2009	2009	2010
	line 7				6,475.
2	Undistributed income, if any, as of the end of 2010:				
a	Enter amount for 2009 only			NONE	
b	Total for prior years: 20, 20, 20		NONE		ψ
3	Excess distributions carryover, if any, to 2010:				
	From 2005 NONE				
Ь	From 2006 NONE				
C	From 2007 NONE				
	From 2008				
	From 2009 NONE				
f	Total of lines 3a through e	NONE		-	
4	Qualifying distributions for 2010 from Part XII,				
	line 4: ► \$ NONE				
a	Applied to 2009, but not more than line 2a			NONE	
b	Applied to undistributed income of prior years (Election		370377		
	required - see page 26 of the instructions)		NONE		
C	Treated as distributions out of corpus (Election	MOM			
_	required - see page 26 of the instructions)	NONE			MONT
	Applied to 2010 distributable amount	NTONTE			NONE
е -	Remaining amount distributed out of corpus	NONE NONE			NONE
5	Excess distributions carryover applied to 2010 . (If an amount appears in column (d), the same	NONE			NONE
	amount must be shown in column (a).)				
6	Enter the net total of each column as indicated below:				
	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	NONE			
	Prior years' undistributed income. Subtract			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
b	line 4b from line 2b		NONE		
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		NONE		
d	Subtract line 6c from line 6b. Taxable				
	amount - see page 27 of the instructions		NONE		
е	Undistributed income for 2009. Subtract line 4a from line 2a. Taxable amount - see page				
	27 of the instructions			NONE	
f	Undistributed income for 2010. Subtract lines				
-	4d and 5 from line 1. This amount must be				
_	distributed in 2011				6,475.
7	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (see page 27 of the	NONE			
8	instructions)	NONE			
•	applied on line 5 or line 7 (see page 27 of the	NONE			
_	instructions)	NONB			
9	Excess distributions carryover to 2011.	NONE			
10	Subtract lines 7 and 8 from line 6a	DNON			
	Analysis of line 9: Excess from 2006 NONE			}	
	Excess from 2007 NONE				
c	Excess from 2008 NONE			İ	
_	Excess from 2009 NONE				
	Excess from 2010 NONE				
	110412				

Pa	rt XIV Private Oper	ating Foundations	(see page 27 of the	instructions and P	art VII-A, question 9)	NOT APPLICABL				
1 a	If the foundation has									
	foundation, and the ruling	is effective for 2010, er	iter the date of the ruling		▶∟					
b	Check box to indicate who	·	private operating founda		n 4942(i)(3) or 4942(j)(5)				
2 a	Enter the lesser of the ad-	Tax year		Prior 3 years		(e) Total				
	justed net income from Part	(a) 2010	(b) 2009	(c) 2008	(d) 2007					
	I or the minimum investment return from Part X for each year listed									
Ь	year listed									
C	Qualifying distributions from Part									
	XII, line 4 for each year listed .									
đ	Amounts included in line 2c not used directly for active conduct of exempt activities									
е	Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c									
3 a	Complete 3a, b, or c for the alternative test relied upon "Assets" alternative test - enter									
•	(1) Value of all assets (2) Value of assets qualifying									
b	under section 4942(j)(3)(B)(i)					:				
	enter 2/3 of minimum invest- ment 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]	<u> </u>							
	loans (section 512(a)(5)), or royalties)									
	(2) Support from general public and 5 or more				1					
	exempt organizations as provided in section 4942									
	(j)(3)(B)(iii)									
	port from an exempt organization									
Pa	(4) Gross investment income. rt XV Supplements	ary Information (C	complete this part	only if the found	dation had \$5,000	or more in assets				
			e page 28 of the in							
1	Information Regarding	Foundation Manage	rs:							
a	List any managers of before the close of any	the foundation who ly tax year (but only if t	have contributed mor hey have contributed i	e than 2% of the to more than \$5,000). (tal contributions receiv See section 507(d)(2).)	ed by the foundation				
	NONE	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					large portion of the				
	• •	ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.								
	NONE									
2	Information Regarding	Contribution, Grant	, Gift, Loan, Scholarsh	ip, etc., Programs:						
	Check here ► X if t unsolicited requests f	he foundation only	makes contributions	to preselected cha	ritable organizations a	and does not accept				
	organizations under ot				,	marvidud or				
a	The name, address, an N/A	d telephone number o	of the person to whom	applications should	be addressed:					
b	The form in which app	lications should be su	bmitted and informati	on and materials the	y should include:					
	N/A									
C	Any submission deadli	nes:								
	N/A									
d	Any restrictions or li factors:	mitations on awards	, such as by geogra	aphical areas, chari	table fields, kinds of	institutions, or other				
	N/A									

Part XV Supplementary Information (continued)							
3 Grants and Contributions Paid Durin	g the Year or Appro						
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or	Amount			
	or substantial contributor	recipient	contribution				
Name and address (home or business) a Paid during the year NONE	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	recipient	Purpose of grant or contribution	Amount			
Total			▶ 3a	-0-			
b Approved for future payment NONE							
Total			▶ 3b	<u> </u>			

Part XVI-A Analysis of Income-Producing Activities							
	amounts unless otherwise indicated.	i — —	ated business income	Excluded by	section 512, 513, or 514	(e)	
_	service revenue:	(a) Business code	(b) Amount	(c) Exclusion code	(d)	Related or exempt function income (See page 28 of the instructions)	
-					-		
							
							
f —							
g Fees	and contracts from government agencies						
-	ship dues and assessments						
	n savings and temporary cash investments						
	ds and interest from securities						
5 Net rent	al income or (loss) from real estate						
a Debt	-financed property						
	debt-financed property			<u> </u>			
6 Net renta	l income or (loss) from personal property .						
7 Other in	vestment income						
8 Gain or (I	oss) from sales of assets other than inventory						
9 Net inco	me or (loss) from special events						
10 Gross pr	ofit or (loss) from sales of inventory						
11 Other re	venue: a						
ь	·····						
c							
d							
е							
	. Add columns (b), (d), and (e)			<u> </u>	_0_		
	dd line 12, columns (b), (d), and (e)				13		
	peet in line 13 instructions on page 29 to			Division			
	Relationship of Activities					 	
Line No. ▼	Explain below how each activit accomplishment of the foundation instructions.)						
						 	
			···				
							
				<u>-</u>		-	
							
		·····					
			· · · · · · · · · · · · · · · · · · ·		•	··· ··· ··· ··· ··· ··· ··· ··· ··· ··	
			NOT APPLICABLE	3	•		
		•					
					· · · · · · · · · · · · · · · · · · ·		
					 		
	ļ					 	
						 	
	 						
							
							

Part /	VIII	Exempt Orga		i ransiers i	o and Irans	actions	and neia	cionsnips with	Nonc	narit	abie
1 D	id the	organization directly		engage in an	y of the followi	ng with	any other or	ganization described		Yes	No
in	section	on 501(c) of the C	ode (other than	section 501(c)(3) organization	s) or in	section 527,	relating to political			
01	rganiza	tions?									1
a Tr	ransfer	s from the reporting fo	undation to a no	ncharitable exen	npt organization o	f:			ļ		l
(1	l) Cast	١							. 1a(1)		X
(2	2) Othe	er assets							. 1a(2)		X
b O	ther tra	insactions:									
(1	l) Sale	s of assets to a noncha	ritable exempt o	organization					. 1b(1		X
(2	Purc	hases of assets from a	noncharitable e	xempt organizati	ion				. 1b(2	<u> </u>	X
(3) Rent	al of facilities, equipm	ent, or other asse	ets					. 1b(3		X
(4) Rein	nbursement arrangeme	ents						. 1b(4		X
		is or loan guarantees									X
(6) Perf	ormance of services or	membership or	fundraising solic	itations				. 1b(6	<u> </u>	X
c Si	harıng	of facilities, equipment	, mailing lists, ot	her assets, or pa	id employees				1c	<u> </u>	X
d If	the	answer to any of	the above is '	"Yes," complete	the following	schedule.	Column (b)	should always sho	w the	fair r	narke
Vä	alue o	f the goods, other	assets, or serv	vices given by	the reporting f	oundatior	n. If the four	ndation received les	s than	fair r	narke
v	alue in	any transaction of	r sharing arran	gement, show	in column (d)	the value	e of the goo	ds, other assets, o	r servic	es rec	eived
(a) Line		(b) Amount involved	(c) Name of	noncharitable exer	npt organization	(d) De	escription of trans	fers, transactions, and sh	arıng arr	angeme	nts
N	/A										
						<u> </u>					
				·	· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·			
						1			_		
								······································			
				- ·· · · ·				·			
						1					
											
		foundation directly d in section 501(c) of							Y	es 🔼	No
b If	"Yes,"	complete the following									
	/ 3	(a) Name of organizatio	n	(b) Ty	ype of organization			(c) Description of relation	nship		
N	/A										
						-	<u> </u>	· · · · · · · · · · · · · · · · · · ·			
				·							
	T :		7 3								
C:	velief,	penalties of perjury, I d	eclare that I have nplete. Declaration	examined this retu of preparer (other	urn, including accom than taxpayer or fidu	npanying so iciary) is ba	chedules and states sed on all informa	tements, and to the bes ation of which preparer h	t of my i as any kr	nowled owledge	ge and e.
Sign		Carol a.				9-201		1. —	·	·	
Here	-				1-			Juste			
	Sig	nature of officer or truste			Date	1		litle	I		
		Print/Type preparer's	name	Preparer's	ergnature	n	Date		PTIN		
Paid					-1 m/n/	. SP	1	Checkif			
Prepa	rer		HAFFEY	Mure	OX //pk	of to	1 2/6/	self-employed			<u> 1</u>
-		Firm's name ► TH			OMPANY, / N.A	1.5 7		Firm's EIN ► 32	<u>-0274</u>	136	
Use C	ZIIIY	Firm's address ▶ 16		•	SUITE 1200						
		PH	ILADELPHI	A, PA	19	103-7	391	Phone no. 215-			
									Form 9	90-PF	(2010

Schedule B

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Name of the organization

Schedule of Contributors

OMB No 1545-0047

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

► Attach to Form 990, 990-EZ, or 990-PF. Department of the Treasury Internal Revenue Service

Employer identification number

HEAD FAMILY CHARITA	38-6949833								
Organization type (check one	rganization 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 pr	ivate foundation							
	527 political organization								
Form 990-PF	X 501(c)(3) exempt private foundation								
	4947(a)(1) nonexempt charitable trust treated as a private	of foundation							
	501(c)(3) taxable private foundation								
	covered by the General Rule or a Special Rule.), (8), or (10) organization can check boxes for both the General Rul	e and a Special Rule. See							
General Rule									
	filing Form 990, 990-EZ, or 990-PF that received, during the year, \$ one contributor. Complete Parts I and II.	\$5,000 or more (in money or							
Special Rules									
sections 509(a)(1) a)(3) organization filing Form 990 or 990-EZ that met the 331/3% su and 170(b)(1)(A)(vi), and received from any one contributor, during to 00 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) F	the year, a contribution of the							
the year, aggregate)(7), (8), or (10) organization filing Form 990 or 990-EZ that receive contributions of more than \$1,000 for use exclusively for religious, es, or the prevention of cruelty to children or animals. Complete Par	charitable, scientific, literary, or							
the year, contribution aggregate to more to year for an exclusive applies to this organ	(7), (8), or (10) organization filing Form 990 or 990-EZ that receive ons for use <i>exclusively</i> for religious, charitable, etc., purposes, but the than \$1,000. If this box is checked, enter here the total contribution rely religious, charitable, etc., purpose. Do not complete any of the principle of the principle of the principle of the principle.	nese contributions did not us that were received during the arts unless the General Rule uppersons on the contributions of \$5,000 or more							
990-EZ, or 990-PF), but it mus	is not covered by the General Rule and/or the Special Rules does next answer "No" on Part IV, line 2 of its Form 990, or check the box coertify that it does not meet the filing requirements of Schedule B (Fo	on line H of its Form 990-EZ, or on							

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)

of	of	Part

	01 01 Far
Name of organization	Employer identification number
HEAD FAMILY CHARITABLE FOUNDATION 5507-19-4/4	38-6949833

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1_	SEE SCHEDULE ATTACHED	\$16,000,000.	Person X 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.)
(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.)

HEAD FAMILY CHARITABLE FOUNDATION ACCOUNT #5507-19-4/4

EIN: 38-6949833

TAX YEAR ENDING 12/31/10

ATTACHMENTS PAGE 1 FORM 990-PF AND SCHEDULE B PART I ANALYSIS OF REVENUE AND EXPENSES

REVENU	E:			COLUMN A	COLUMN B	COLUMN D
LINE 1		BUTIONS - RECEIV HE FOLLOWING:	ED	16,000,000		
	C/O THE 1650 MAI	LENN O. HEAD GLENMEDE TRUS RKET STREET, SU LPHIA, PA 19103-7	ITE 1200			
	COMPOS	SED OF:				
	CASH	12/29/10	16,000,000	<u>o</u>		

COMBINED STATEMENT OF ASSETS HEAD FAMILY CHARITABLE FOUNDATION IM 12/31/10 5507-19-4/4

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Shares/Par Description of Assets	Bond Rtg	Unit Tax Cost	Tax Cost	Market Price	Market Value	Unrealized Gain/Loss	Estimated Annual Income	Current Yıeld
Cash & Reserves		i						
16000000 GLENMEDE FUND INC-GOVT CASH PORTFOLIO		1.00	16,000,000	1.00	16,000,000		19,328	0.12
Cash & Reserves Total			16,000,000		16,000,000		19,328	0.12
Grand Total			16,000,000		16,000,000		19,328	0.12

STATE(S) WHERE THE FOUNDATION IS REGISTERED

NJ

HEAD FAMILY CHARITABLE FOUNDATION ACCOUNT #5507-19-4/4 EIN: 38-6949833 TAX YEAR ENDING 12/31/10

ATTACHMENT PAGE 4, PART VII-A, LINE 10, FORM 990-PF NEW SUBSTANTIAL CONTRIBUTOR

NAME AND ADDRESS

GLENN O. HEAD C/O THE GLENMEDE TRUST COMPANY, N.A. 1650 MARKET STREET, SUITE 1200 PHILADELPHIA, PA 19103-7391 FORM 990PF, PART VII-A, LINE 14 - BOOKS ARE IN THE CARE OF ______

NAME: THE GLENMEDE TRUST COMPANY, N.A.,

ADDRESS: 1650 MARKET STREET, SUITE 1200

PHILADELPHIA, PA 19103-7391

TELEPHONE NUMBER: (215)419-6000

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES ______

OFFICER NAME:

CAROL A. HEAD

ADDRESS:

1650 MARKET STREET, SUITE 1200

PHILADELPHIA, PA 19103-7391

TITLE:

TRUSTEE

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

DLF040 K493 05/06/2011 19:16:17

HEAD FAMILY CHARITABLE FOUNDATION ACCOUNT #5507-19-4/4 E.I.N. 38-6949833 TAX YEAR ENDING 12/31/10

ATTACHMENTS FORM 990-PF PART X LINE 6

PART X MINIMUM INVESTMENT RETURN

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LINE 6 - SHORT-YEAR CALCULATIONS

- $\frac{3}{365}$ DAYS FOR THE YEAR