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Form **990 PF**

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. OMB No 1545-0052

	or c	calendar year 2010, or tax year begi	nning		, and ending		
G Check all that apply: Initial return Initial return of a former public charity Final return Amended return Address change Name change						n	
Γ	Nan	me of foundation	asa rotarri	Address clian	g	A Employer identificatio	n number
-		CRANE FAMILY				52-1755504	<u>4 </u>
	Nurr	mber and street (or P O box number if mail is		•	Room/suite	P reseptione number	
}		C/O DLA PIPE	R 6225 SM	ITH AVENUE		410-580-44	
	City	y or town, state, and ZIP code	D 21209-	2600		C If exemption application is	· · —
L		BALTIMORE, MI Check type of organization:		empt private foundation		D 1. Foreign organization 2. Foreign organizations m check here and attach c	IS, CNECK Nere
r		Section 4947(a)(1) nonexempt cha	· · · · · · · · · · · · · · · · · · ·	Other taxable private founda	ition		
ī	Fa	air market value of all assets at end of	· · · · · · · · · · · · · · · · · · ·	ng method: X Cash	Accrual	E If private foundation sta under section 507(b)(1	atus was terminated
·		rom Part II, col. (c), line 16)		her (specify)		F If the foundation is in a	
		54,520,8	61 . (Part I, colu	mn (d) must be on cash t	pasis.)	under section 507(b)(1	
	Pa	Analysis of Revenue and Exp. (The total of amounts in columns (b) necessarily equal the amounts in co	enses , (c), and (d) may not	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net	(d) Disbursements for charitable purposes (cash basis only)
-	-	1 Contributions, gifts, grants, etc.				N/A	(cash basis only)
		2 Check X if the foundation is not re					
		3 Interest on savings and temporary cash investments			 -		
2011		4 Dividends and interest from sec	curities	159,932.	159,932	2.	STATEMENT 1
7		5a Gross rents					
; ?		b Net rental income or (loss)					
₹ /	e e	6a Net gain or (loss) from sale of assets Gross sales price for all		842,484.		BFC	TIVED
NO V	Revenue	b assets on line 6a	842,484.		0.4.24.0.4		8
_	Re	7 Capital gain net income (from Part IV, 8 Net short-term capital gain	line 2)		842,484	NOV S NOV	1 5 2011
\Box		9 Income modifications				<u> </u>	2011
Z		10a Gross sales less returns and allowances				676767	
Z	:	b Less Cost of goods sold					The Uland
SCANNED		c Gross profit or (loss)					
S		11 Other income		1,930,549.	1,983,707		STATEMENT 2
_		12 Total Add lines 1 through 11		2,932,965.	2,986,123		
		13 Compensation of officers, directors, t		40,000.		0.	40,000.
		14 Other employee salaries and wa	•				
	S	15 Pension plans, employee benef	ITS STMT 3	22,610.).	22,610.
	enses	b Accounting fees	STMT 4	20,220.	18,780		1,440.
	Expe	c Other professional fees	STMT 5	83,328.	83,328		0.
	ve	17 Interest			03/020		
	rati	18 Taxes	STMT 6	25,490.	C).	0.
	nist	19 Depreciation and depletion					
	Ē	20 Occupancy					
	Ϋ́	21 Travel, conferences, and meetir	ngs	370.) <u>.</u>	370.
	an	22 Printing and publications	S-1 5	6 610			
	Operating and Administrative	23 Other expenses	STMT 7	6,612.).	6,612.
	era	24 Total operating and administration expenses Add lines 13 through		198,630.	102,108	,	71,032.
	o	25 Contributions, gifts, grants paid		2,995,559.	102,100	2.6	2,995,559.
		26 Total expenses and disbursem		273337333	· · · · · · · · · · · · · · · · · · ·		2,333,333.
		Add lines 24 and 25		3,194,189.	102,108	3.	3,066,591.
-		27 Subtract line 26 from line 12:					
		a Excess of revenue over expenses and	d disbursements	-261,224.			
		b Net investment income (if negat			<u>2,884,015</u>		
7	2350	C Adjusted net income (if negative				N/A	5 000 DE 100 101
7	12-07	77-10 LHA For Paperwork Reducti	ION ACT NOTICE, SEE '	tne instructions.		C_{2} M_{2}	Form 990-PF (2010)

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33,815,425.

<u>59,280.</u>

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

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

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2,543,678.

3,066,591.

7 Add lines 5 and 6

Enter qualifying distributions from Part XII, line 4

	990-PF (2010) CRANE FAMILY FOUNDATION, INC	<u>52-</u>	<u> 1755504</u>	<u> </u>	Page 4
Pa	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or	4948	- see instr	uctio	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)				
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 🗶 and enter 1%	_1	2	8,8	40.
	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-)	2			<u>0.</u>
3	Add lines 1 and 2	3	2	8,8	40.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4			0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	2	8,8	40.
6	Credits/Payments:	1			
a	2010 estimated tax payments and 2009 overpayment credited to 2010 6a 1,747	<u>.</u>			
b	Exempt foreign organizations - tax withheld at source 6b				
C	Tax paid with application for extension of time to file (Form 8868) 6c 30,000				
ď	Backup withholding erroneously withheld 6d				
7	Total credits and payments. Add lines 6a through 6d	7	3	1,7	47.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8		7	<u>47.</u> 27.
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		2,1	80.
11	Enter the amount of line 10 to be: Credited to 2011 estimated tax	. 11			0.
Pa	rt VII-A Statements Regarding Activities				
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or interve	ne in		Yes	No
	any political campaign?		1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)	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				į.
C	Did the foundation file Form 1120-POL for this year?		1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:				
	(1) On the foundation. ▶ \$ (2) On foundation managers. ▶ \$ (3)	•			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation				
	managers. ► \$ 0 .				1
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		X
	If "Yes," attach a detailed description of the activities				
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation	, or			
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3	1	X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a	X	<u> </u>
b	If "Yes," has it filed a tax return on Form 990-T for this year?		4b	X	<u> </u>
5	5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?				X
	If "Yes," attach the statement required by General Instruction T.				
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:				
	By language in the governing instrument, or				
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the si	ate law			
	remain in the governing instrument?		6	X	<u> </u>
7	Did the foundation have at least \$5,000 in assets at any time during the year?		7	X	
	If "Yes," complete Part II, col. (c), and Part XV				
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)				
	MD				
þ	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)		8b	x	
	of each state as required by General Instruction G? If "No," attach explanation				
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for continuous conti	alendar			
	year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If "Yes," complete Part XIV		9	1	X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		10	<u> </u>	X
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orm 990-PF (2010) CRANE FAMILY FOUNDATION,			<u>52-17555</u>	04	Page 6
Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be F	Required (contin	ued)		
5a During the year did the foundation pay or incur any amount to:					
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	4945(e))?	Ye	s X No		
(2) Influence the outcome of any specific public election (see section 4955); or	r to carry on, directly or indire	ectly,		1	
any voter registration drive?		☐ Ye	s X No		Į.
(3) Provide a grant to an individual for travel, study, or other similar purposes?)	Ye	s X No		İ
(4) Provide a grant to an organization other than a charitable, etc., organization					İ
509(a)(1), (2), or (3), or section 4940(d)(2)?			s X No		İ
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f				
the prevention of cruelty to children or animals?	,		s X No	-	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	ler the exceptions described i				1 .
section 53.4945 or in a current notice regarding disaster assistance (see instru-	' =	J	N/A	5b	
Organizations relying on a current notice regarding disaster assistance check h	•				
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr		ined			
expenditure responsibility for the grant?		[/A □ Ye	s No		
If "Yes," attach the statement required by Regulations section 53.4945					
6a Did the foundation, during the year, receive any funds, directly or indirectly, to j	• •				
a personal benefit contract?	ouy promisimo on		s X No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal henefit contract?			6ь	x
If "Yes" to 6b. file Form 8870.	ordenial benefit dentituet				†
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	□ v _é	s X No		
b If "Yes," did the foundation receive any proceeds or have any net income attribu		٠, حــــا		7b	†
Information About Officers Directors Truct		nagers. Highly			
Part VIII Paid Employees, and Contractors			•		
List all officers, directors, trustees, foundation managers and their	compensation.				
	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans	(e) Ex	pense
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	and deferred compensation	accoun allowa	
				1	
SEE STATEMENT 11		40,000.	0.		0.
		1			
· · · · · · · · · · · · · · · · · · ·		İ			
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none,	enter "NONE."		·	
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average	(-) Company	(d) Contributions to employee benefit plans and deferred	(e) Ex accoun	pense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deferred compensation	allowa	ances
NONE	·				
				l	
			1		
Total number of other employees paid over \$50,000	·	•	•		0
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Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	on Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter "N	IONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		▶ 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistica number of organizations and other beneficiaries served, conferences convened, research papers produce		Expenses
1 THE FOUNDATION MAKES CONTRIBUTIONS TO OTHER S	ECTION	
501(C)(3) ORGANIZATIONS. SEE ATTACHED SCHEDU	LE.	
		0.
2		
· · · · · · · · · · · · · · · · · · ·		
3		
4		1
	· · · · · · · · · · · · · · · · · · ·	-
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on line	es 1 and 2.	Amount
1 N/A		_
		-
2	·	
All other program-related investments. See instructions.		
3		_
		-
Total, Add lines 1 through 3	<u>></u>	0.
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P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign	ı foundation	s, see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:	T	
·	Average monthly fair market value of securities	1a	<u>15,443,130.</u>
	Average of monthly cash balances	1b	1,324,247.
	Fair market value of all other assets	1c	37,071,252.
d		1d	53,838,629.
	Reduction claimed for blockage or other factors reported on lines 1a and		<u> </u>
	1c (attach detailed explanation)	0.	
2	Acquisition indebtedness applicable to line 1 assets	2	0
- 3-	Subtract line 2 from line 1d	3	53,838,629.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	807,579.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	53,031,050.
6	Minimum investment return Enter 5% of line 5	6	2,651,553.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundation foreign organizations check here and do not complete this part.)	ns and certai	n
1	Minimum investment return from Part X, line 6	1	2,651,553.
2a	Tax on investment income for 2010 from Part VI, line 5	10.	
b	Income tax for 2010. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	28,840.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	2,622,713.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	2,622,713.
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		2,622,713.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	3,066,591.
b	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	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	3,066,591.
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	28,840.
6	Adjusted qualifying distributions Subtract line 5 from line 4	6	3,037,751.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation	ation qualifies	for the section

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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,				0.600.510
line 7				2,622,713.
2 Undistributed income, if any, as of the end of 2010			0	
a Enter amount for 2009 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2010:		0•		
a From 2005 772,677.				
b From 2006				
c From 2007				
d From 2008 177,000.				
e From 2009				
f Total of lines 3a through e	949,677.			
4 Qualifying distributions for 2010 from				
Part XII, line 4: ► \$ 3,066,591.				
a Applied to 2009, but not more than line 2a			0.	
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.			2,622,713.
d Applied to 2010 distributable amount e Remaining amount distributed out of corpus	443,878.			2,022,113.
5 Excess distributions carryover applied to 2010	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	1,393,555.	,		
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				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			<u> </u>
8 Excess distributions carryover from 2005	772 677			
not applied on line 5 or line 7	772,677.			
9 Excess distributions carryover to 2011. Subtract lines 7 and 8 from line 6a	620,878.			
10 Analysis of line 9:	020,070.			
a Excess from 2006				
b Excess from 2007	1			
c Excess from 2008 177,000.	[
d Excess from 2009	1			
e Excess from 2010 443,878.				

Part XIV Private Operating F	AMILY FOUND		A guestion (I)		55504 Page 10
	· · ·		-A, question 9)	N/A	
1 a If the foundation has received a ruling o					
foundation, and the ruling is effective fo				1040()(0) == []40	040(-)(5)
b Check box to indicate whether the found	Tax year	ig fouridation described i	Prior 3 years	4942(j)(3)_or4	942(j)(5)
2 a Enter the lesser of the adjusted net	(a) 2010	(b) 2009	(c) 2008	(d) 2007	(e) Total
income from Part I or the minimum	(4) 2010	(0) 2000	(0) 2000	(4) 2001	(0) 10421
investment return from Part X for					
each year listed					
b 85% of line 2a			<u> </u>		-
c Qualifying distributions from Part XII,			-	_	
line 4 for each year listed d Amounts included in line 2c not					
•					
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the				-	
alternative test relied upon:					
a "Assets" alternative test - enter:(1) Value of all assets					
• •					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part X, line 6 for each year					
listed			1		
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					
Part XV Supplementary Info	rmation (Comple	te this part only	if the foundation	n had \$5.000 or m	ore in assets
at any time during t					
1 Information Regarding Foundation	on Managers:			· · · · · · · · · · · · · · · · · · ·	
a List any managers of the foundation wh	_	than 2% of the total cont	ributions received by the	he foundation before the cle	ose of any tax
year (but only if they have contributed r			•		•
NONE			_		
b List any managers of the foundation wh			(or an equally large poi	tion of the ownership of a	partnership or
other entity) of which the foundation ha	s a 10% or greater intere	st.			
NONE					<u>.</u>
2 Information Regarding Contribut	ion, Grant, Gift, Loan	, Scholarship, etc., Pi	rograms:		
				s not accept unsolicited req	
the foundation makes gifts, grants, etc.	(see instructions) to indi	viduals or organizations (inder other conditions,	complete items 2a, b, c, ar	od d.
a The name, address, and telephone num	ber of the person to who	m applications should be	addressed:		
SEE STATEMENT 12					
b The form in which applications should l	oe submitted and informa	tion and materials they s	hould include:		
c Any submission deadlines:					
					
d Any restrictions or limitations on award	s, such as by geographic	al areas, charitable fields,	, kınds of ınstitutions, o	r other factors:	
					5 000 DE (00.40)

Part XV Supplementary Information				
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 status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	Contribution	
a Paid during the year				
		ŀ		
			i	
SEE STATEMENT 13				
Total			20	2,995,559.
b Approved for future payment			Ja	<u> </u>
- ,,				
NONE				
		п		
Total			▶ 3b	0.
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ducing Activities

Enter gross amounts unless otherwise indicated.	Unrelated b	usiness income		ded by section 512, 513, or 514	(e)
	(a) Business	(b) Amount	(C) Exclu- sion	(d)	Related or exempt
1 Program service revenue:	code	Alliount	code	Amount	function income
a					
b	_				
C	_				
d	_	 			
e					
f	_				. <u> </u>
g Fees and contracts from government agencies				1	
2 Membership dues and assessments					<u></u>
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities	531390	······································	14	159,932.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income	531390	668,249.	16	1,252,300.	
8 Gain or (loss) from sales of assets other	331330	000,245.	10	1,232,300.	
than inventory			18	842,484.	
9 Net income or (loss) from special events				042/4041	
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a FEDERAL TAX REFUND					10,000.
b					
_					
d	-				
	_				
12 Subtotal. Add columns (b), (d), and (e)		668,249.		2,254,716.	10,000.
13 Total. Add line 12, columns (b), (d), and (e)	L	000,2471	·	13	2,932,965
(See worksheet in line 13 instructions to verify calculations	• 1			10	2,752,705

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purpos	Part XVI-B	Relationsh	ip of Activities	s to the Accor	nplishment of	Exempt Pur	poses
--	------------	------------	------------------	----------------	---------------	-------------------	-------

Line No ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).
	NOT APPLICABLE
	<u> </u>

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Form 990-l		FAMILY FOUND	ATION, INC	52-175	<u> 5504</u>	Page 13
Part X			o and Transactions an	d Relationships With Nonch	aritable	
_	Exempt Organ		. <u> </u>			
	· ·		owing with any other organization		<u> Y</u> e	es No
			n 527, relating to political organiza	ations?		
	. •	lation to a noncharitable exemp	t organization of:			
(1) (1a(1)	X
	Other assets				1a(2)	X
b Other	transactions:					
(1) 3	Sales of assets to a noncharita	able exempt organization			1b(1)	X
(2) f	Purchases of assets from a no	oncharitable exempt organizatio	ַת		1b(2)	X_
(3) F	Rental of facilities, equipment,	or other assets			1b(3)	X
(4) F	Reimbursement arrangements	3			1b(4)	X
(5) l	oans or loan guarantees				1b(5)	X
(6) F	Performance of services or me	embership or fundraising solici	tations		1b(6)	X
c Shari	ng of facilities, equipment, ma	ailing lists, other assets, or paid	l employees		1c_	X
d If the	answer to any of the above is	"Yes," complete the following:	schedule. Column (b) should alwa	ys show the fair market value of the goods	, other assets	,
or se	rvices given by the reporting f	foundation. If the foundation re	ceived less than fair market value	in any transaction or sharing arrangement,	, show in	
colur	nn (d) the value of the goods,	other assets, or services received				
(a) Line no	(b) Amount involved	(c) Name of nonchari	table exempt organization	(d) Description of transfers, transactions, an	d sharing arrang	jements
		N/.	A			
						
2a Is the	e foundation directly or indirec	ctly affiliated with, or related to,	one or more tax-exempt organiza	tions described		
ın se	ction 501(c) of the Code (othe	er than section 501(c)(3)) or in	section 527?		Yes	X No
b If "Ye	s," complete the following sch	nedule				
	(a) Name of or	ganization	(b) Type of organization	(c) Description of relation	iship	
	N/A					
	Under penalties of penjury, I declar	re that I have examined this return, in	nguding accompanying schedules and s is based on all information of which pre	statements, and to the best of my knowledge and b	belief, it is true, o	correct,
Sign	and complete beclaration of prep.	arer (other than taxpayer of lightclary	is cased on all information of which pre	eparer nas any knowledge /		
Here		/W/W	11/8/	TRUSTEE		
	Signature of officer or tr	ustee	Date	Title		
	Print/Type preparer's n	ame Prepare	r's signature [Date Check if PTIN	j	
			~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	self- employed		
Paid	JAMES S. M		- La - La (a)	P	00626	063
Prepai		MCGLADREY, I	NC.	Firm's EIN > 4/1- 1944		
Use O	nly	ν		\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	77/6	

023622 04-26-11 Firm's address ▶ 100 INTERNATIONAL DRIVE, SUITE 1400

BALTIMORE, MD 21202

Phone no.

(410)246-9300

Form **990-PF** (2010)

FORM 990-PF	DIVIDENDS AND	INTEREST	FROM S	ECURITIE	S	STATEMENT	1
SOURCE		GROSS AM		CAPITAL DIVIDE		COLUMN (A))
8835 PARTNERSHIP, LLF			325.		0.	32	25.
ASSOCIATED CONSOLIDAT	ED				_		
INVESTMENT FUND			<u>,756. </u>		0_•		
BELAIR BELTWAY PARTNE	-	4	,057.		0.	4,05	
DLA PIPER RUDNICK LLF			115.		0.	11	
HARBOR PARTNERSHIP, I			469.		0.		
LEWAL PARTNERSHIP, LI		4.5	625.		0.		
LYONS MILL NO 2, LLLF			,330.		0.		
LYONS MILLS PARTNERSH ST. CHARLES AT OLDE O		28	,281.		0.	28,28	31.
PARTNERSHIP, LLP		12	,633.		0.	12,63	33.
WALBERT PARTNERSHIP,	LLP		779.		0.	7:	79.
WHITEMARSH INDUSTRIAL							
PARTNERSHIP		3	,562.		0.	3,56	52.
TOTAL TO FM 990-PF, F	א.ז דיחסגכ	150			0.	159,93	3 2
FORM 990-PF		THER INCO	ME 			STATEMENT	
			(A)		B)		_
DESCRIPTION			VENUE BOOKS		INCOME	ADJUSTEI NET INCO	
8835 PARTNERSHIP, LLE	P PTR INCOME		9.75	9.	9.759.		
BELAIR BELTWAY PRSHP, HARBOR PARTNERSHIP, I	, LLP (UBIT)		350,80		73,318.		
INCOME LYONS MILLS PARTNERSH			66,52	4.	66,524.		
(UBIT)			822,61	.1. 6	58,089.	•	
ST CHARLES AT OLDE CO WALBERT PARTNERSHIP,		P 1	,048,72	1,0	48,729.	•	
INCOME			-3,91	.6.	-3,916.	•	
LYONS LAKE, LTD (UBIT	r)		-602,56	55.	0.	•	
LYONS MILL NO 2, LLLE WHITEMARSH INDUSTRIAI)	97,40	0.	0.	•	
	L PARK						
PARTNERSHIP	L PARK		131,20	4. 1	31,204.	•	
PARTNERSHIP FEDERAL TAX REFUND	Z PARK		131,20 10,00		.31,204. 0.		

FORM 990-PF	LEGAL	FEES		PATEMENT 3
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
LEGAL FEES	22,610.	0.		22,610.
TO FM 990-PF, PG 1, LN 16A	22,610.	0.		22,610.
FORM 990-PF	ACCOUNTI	NG FEES	S'	FATEMENT 4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
TAX RETURN PREP AND CONSULTING	20,220.	18,780.		1,440.
TO FORM 990-PF, PG 1, LN 16B	20,220.	18,780.		1,440.
FORM 990-PF C	OTHER PROFES	SIONAL FEES	S'	TATEMENT 5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
INVESTMENT MANAGEMENT FEES ADMINISTRATIVE FEES INVESTMENT FUND APPRAISAL FEES	48,358. 1,220. 33,750. 0.	1,220. 33,750.		0. 0. 0.
TO FORM 990-PF, PG 1, LN 16C	83,328.	83,328.		0.

FORM 990-PF	TAX	KES			STATEMENT	6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVE MENT INC		(C) ADJUSTED NET INCOM		
EXCISE TAX PAYMENTS	25,490	•	0.			0.
TO FORM 990-PF, PG 1, LN 18	25,490	•	0.			0.
FORM 990-PF	OTHER 1	EXPENSES			STATEMENT	7
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVE MENT INC		(C) ADJUSTED NET INCOM		
ABAG MEMBERSHIP FEES OTHER EXPENSE	6,462 150		0.		6,4	62. 50.
TO FORM 990-PF, PG 1, LN 23	6,612	•	0.		6,6	12.
DESCRIPTION NONDEDUCTIBLE PREM. ON LIFE : TOTAL TO FORM 990-PF, PART I:	INS POLICY				AMOUNT 59,2	
	·					
FORM 990-PF	OTHER IN	VESTMENTS			STATEMENT	9
DESCRIPTION		ALUATION METHOD	вос	OK VALUE	FAIR MARKE	T
8835 PTRSHP, LLP 37.5% INT BELAIR BELTWAY PTRSHP,37.5% IN CHESTERHAVEN BEACH PTRSHP,759 HARBOR PTRSHP, 25% INT LEWAL PTRSHP, 37.5% INT		COST COST COST COST	3	1,305,870. 3,764,772. 2,383,773. 192,717. 221,050.	1,427,2 4,914,7 1,145,0 611,4 170,0	88. 00. 38.

CRANE FAMILY FOUNDATION, INC	· · ·	•	52	2-1755504
LYONS MILL NO 2, 50% INT ASSOCIATED CONSOLIDATED INV. LYONS LAKE, LTD	COST COST COST	-467,25 12,119,08 -12,26	17	,870,000. ,109,886.
TOTAL TO FORM 990-PF, PART II, LIN	NE 13	33,475,70	54	,181,138.
FORM 990-PF	OTHER ASSETS		STAT	EMENT 10
DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE		MARKET ALUE
INTEREST RECEIVABLE INCOME TAX RECEIVABLE	19.		1.	1.
TO FORM 990-PF, PART II, LINE 15	20,019.		1.	1.
	F OF OFFICERS, D. FOUNDATION MANA		STAT	EMENT 11
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
LAURENCE M. KATZ 6225 SMITH AVENUE BALTIMORE, MD 21209	PRESIDENT 40.00	40,000.	0.	0.
SHALE D. STILLER 6225 SMITH AVENUE BALTIMORE, MD 21209	VICE PRESIDENT 0.00	0.	0.	0.
AMY MACHT 6225 SMITH AVENUE BALTIMORE, MD 21209	VICE PRESIDENT 0.00	0.	0.	0.
P. MCEVOY CROMWELL 6225 SMITH AVENUE BALTIMORE, MD 21209	TREASURER 0.00	0.	. 0.	0.
DARRELL D. FRIEDMAN 6225 SMITH AVENUE BALTIMORE, MD 21209	SECRETARY 0.00	0.	0.	0.
BENJAMIN GREENWALD 6225 SMITH AVENUE BALTIMORE, MD 21209	DIRECTOR 0.00	0.	0.	0.

CRANE FAMILY FOUNDATION, INC		' . '	52	-1755504
HINDA DUBIN 6225 SMITH AVENUE BALTIMORE, MD 21209	DIRECTOR 0.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6	5, PART VIII	40,000.	0.	0.

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT

12

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

CHARLES CRANE FAMILY FOUNDATION

6225-SMITH AVENUE

BALTIMORE, MD 21209-3600

TELEPHONE NUMBER NAME OF GRANT PROGRAM

410-580-4410

N/A

FORM AND CONTENT OF APPLICATIONS

EIGHT COPIES OF THE GRANT PROPOSAL SHOULD BE SENT WITH REQUEST.

ANY SUBMISSION DEADLINES

NO SUBMISSION DEADLINES

RESTRICTIONS AND LIMITATIONS ON AWARDS

FOUNDATION PRIMARILY SUPPORTS ORGANIZATIONS THAT ENCOURAGE VIOLENCE PREVENTION PROGRAMS WHICH BENEFIT YOUTH IN BALTIMORE CITY AND MARYLAND, AND JEWISH EDUCATION IN THE GREATER BALTIMORE AREA.

	AND CONTRIBUTIONS DURING THE YEAR	STAT	EMENT 13
RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT		AMOUNT
ACHIM	NONE	PUBLIC	25,,000.
2434 FOREST GREEN ROAD BALTIMORE, MD 21209	UNRESTRICTED		·
ACTS FOR YOUTH P.O. BOX 11068 BALTIMORE, MD 21212	NONE UNRESTRICTED	PUBLIC	8,000.
BAIS YAAKOV SCHOOL FOR GIRLS 11111 PARK HEIGHTS AVE OWINGS MILLS, MD 21117		PUBLIC	2,000.
BALTIMORE CHESAPEAKE BAY OUTWARD BOUND 1900 EAGLE DRIVE BALTIMORE, MD 21207	NONE UNRESTRICTED	PUBLIC	40,000.
BALTIMORE COMMUNITY KOLLEL 3800 LABYRINTH ROAD BALTIMORE, MD 21215		PUBLIC	32,000.
BALTIMORE YOUTH ALLIANCE 6101 LOCH RAVEN BLVD APT 408 BALTIMORE, MD 21239	NONE SUMMER ACADEMIC CAMP	PUBLIC	20,000.
BIG BROTHERS, BIG SISTERS 3600 CLIPPER MILL ROAD #250 BALTIMORE, MD 21211	NONE UNRESTRICTED	PUBLIC	100,000.
CITY OF BALTIMORE HEALTH DEPARTMENT 1001 E. FAYETTE STREET	NONE UNRESTRICTED	PUBLIC	150,000.

BALTIMORE, MD 21202

CRANE FAMILY FOUNDATION, INC			52-1755504
CRISTO REY JESUIT HIGH SCHOOL 420 S. CHESTER STREET BALTIMORE, MD 21231	NONE UNRESTRICTED	PUBLIC	1,500.
DARRELL D. FRIEDMAN INSTITUTE 5806 PARK HEIGHTS AVE BALTIMORE, MD 21215	NONE UNRESTRICTED	PUBLIC	25,000.
ETZ CHAIM 3702 FORDS LANE BALTIMORE, MD 21215	NONE UNRESTRICTED	PUBLIC	25,000.
HEBREW IMMIGRANT AID SOCIETY 333 SEVENTH AVE, 16TH FLOOR NEW YORK, NY 10001	NONE UNRESTRICTED	PUBLIC	10,000.
HILLEL OF GREATER BALTIMORE 5950 PARK HEIGHTS AVE BALTIMORE, MD 21215	NONE UNRESTRICTED	PUBLIC	21,875.
INSTITUTE FOR CHRISTIAN & JEWISH STUDIES 956 DULANEY VALLEY ROAD BALTIMORE, MD 21204	NONE UNRESTRICTED	PUBLIC	50,000.
LIVING CLASSROOMS FOUNDATION 1417 THAMES STREET BALTIMORE, MD 21231	NONE UNRESTRICTED	PUBLIC	5,000.
MERCY HEALTH SERVICE CAPITAL CAMPAIGN 301 ST. PAUL PLACE BALTIMORE, MD 21202	NONE UNRESTRICTED	PUBLIC	308,500.
NAMI METROPOLITAN BALTIMORE 804 LANDMARK DR GLEN BURNIE, MD 21061	NONE UNRESTRICTED	PUBLIC	25,000.
PEARLSTONE CENTER 5425 MOUNT GILEAD ROAD REISTERSTOWN, MD 21136	NONE UNRESTRICTED	PUBLIC	24,000.

CRANE FAMILY FOUNDATION, INC			52-1755504
PROFESSIONAL DEVELOPMENT & TRAINING	NONE UNRESTRICTED	PUBLIC	30,000.
STOCKS IN THE FUTURE 3003 N. CHARLES ST, SUITE 200 BALTIMORE, MD 21218	NONE UNRESTRICTED	PUBLIC	25,000.
TALMUDICAL ACADEMY 4445 OLD COURT ROAD BALTIMORE, MD 21208	NONE UNRESTRICTED	PUBLIC	2,000.
THE ASSOCIATED JEWISH COMMUNITY FEDERATION 101 W. MT. ROYAL AVENUE BALTIMORE, MD 21201	NONE CAPITAL CAMPAIGN,DAY SCHOOLS & CENTER FOR JEWISH EDU	PUBLIC	1487500.
UNIVERSITY OF BALTIMORE EDUCATIONAL FOUNDATION 1420 N. CHARLES STREET BALTIMORE, MD 21201	NONE CENTER FOR FAMILIES, CHILDREN & COURTS	PUBLIC	82,850.
B'NAI-NI	NONE UNRESTRICTED	PUBLIC	30,000.
BALTIMORE BIKUR CHOLEM 2808 STEELE ROAD BALTIMORE, MD 21209	NONE UNRESTRICTED	PUBLIC	8,000.
ACHARAI - THE SHOSHANA S CARDIN LEADERSHIP INSTITUTE 5806 PARK HEIGHTS AVE BALTIMORE, MD 21215	NONE UNRESTRICTED	PUBLIC	5,000.
PMJ FOUNDATION P.O. BOX 20301 BALTIMORE, MD 21284	NONE UNRESTRICTED	PUBLIC	. 5,000.
JEWISH STUDENT UNION 149 WESTCHESTER AVE #32 PORT CHESTER, NY 10573	NONE UNRESTRICTED	PUBLIC	20,000.

CRANE FAMILY FOUNDATION, INC			52-1755504
CHANA 556 CROWN ST BROOKLYN, NY 11213	NONE UNRESTRICTED	PUBLIC	50,000.
AMERICAN FRIENDS OF MELITZ P.O. BOX 10156 JERUSALEM, ISRAEL	NONE UNRESTRICTED	PUBLIC	15,000.
TRILOGY FOUNDATION 1719 CIRCLE ROAD TOWSON, MD 21204	NONE UNRESTRICTED	PUBLIC	10,000.
JOHNS HOPKINS UNIVERSITY CENTER FOR JEWISH EDUCATION 3400 N CHARLES ST BALTIMORE, MD 21218	NONE UNRESTRICTED	PUBLIC	50,000.
MAOR, INC. 3407 PINKNEY ROAD BALTIMORE, MD 21215	NONE UNRESTRICTED	PUBLIC	25,000.
NORTHWEST CITIZENS PATROL P.O. BOX 15126 BALTIMORE, MD 21282	NONE UNRESTRICTED	PUBLIC	25,000.
HOUSE OF RUTH 2201 ARGONNE DRIVE BALTIMORE, MD 21218	NONE UNRESTRICTED	PUBLIC	45,000.
BALTIMORE URBAN DEBATE LEAGUE 2601 N HOWARD ST #150 BALTIMORE, MD 21218	NONE UNRESTRICTED	PUBLIC	15,000.
ENOCH PRATT FREE LIBRARY 400 CATHEDRAL ST BALTIMORE, MD 21201	NONE UNRESTRICTED	PUBLIC	25,000.
BALTIMORE EDUCATIONAL INITIATIVE FOR TEENS OF REFORM JUDAISM 5750 PARK HEIGHTS AVE BALTIMORE, MD 21215	NONE UNRESTRICTED	PUBLIC	30,000.

CRANE FAMILY FOUNDATION, INC	• • •		52-1755504
SHEMESH 5809 PARK HEIGHTS AVE BALTIMORE, MD 21215	NONE UNRESTRICTED	PUBLIC	102,000.
BNOS YISROEL OF BALTIMORE 5713 PARK HEIGHTS AVE BALTIMORE, MD 21215	NONE UNRESTRICTED	PUBLIC	33,334.
GEVURAS YARDEN 122 SLADE AVE PIKESVILLE, MD 21208	NONE UNRESTRICTED	PUBLIC	2,000.
TOTAL TO FORM 990-PF, PART XV, I	LINE 3A		2,995,559.

Form **8868**

(Rev. January 2011) Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

• If you	are filing for an Automatic 3-Month Extension, complet	e only Pa	rt I and check this box		•	X
-	are filing for an Additional (Not Automatic) 3-Month Ext			form)	•	
	complete Part II unless you have already been granted a				m 8868	
	nic filing (e-file). You can electronically file Form 8868 if y					ooration
	to file Form 990-T), or an additional (not automatic) 3-mor					
	o file any of the forms listed in Part I or Part II with the exc					
	Benefit Contracts, which must be sent to the IRS in pap		(see instructions) For more details on tr	ië ëlec	tronic ming or tris	iomi,
Part I	v irs gov/efile and click on e-file for Charities & Nonprofits Automatic 3-Month Extension of Time		hant argued (as assues seeded)			
	ration required to file Form 990-T and requesting an auton			nlete		
•	•	nauc 6-mo	HILL Extension - check this box and con-	piete		
Part I on	corporations (including 1120-C filers), partnerships, REM	ICo and to	ruote must use Form 7004 to request as	ovton	sion of time	
	come tax returns	ics, and ti	usis must use rorm 7004 to request an	GALCII	sion or time	
Type or	Name of exempt organization			Empl	oyer identificatio	n number
	THE CHARLES CRANE FAMILY FO	יבחמוזכ	TTON INC	Linb.	oyer identificatio	ii iidiiiboi
print	C/O DLA PIPER RUDNICK, LLP	, 0211311.	1011, 1110	5	2-1755504	
File by the	Number street and soon are utone If a D.O. have a	oo inetriid	tions			
due date fo filing your	6225 SMITH AVENUE	CC IIISH GC	liona			
return See instructions	Oil), 101111 01 pool 011100, 010101, 2112 211 0000 1 01 01	oreign add	ress, see instructions			
	BALTIMORE, MD 21209-3600					
Catar th	e Return code for the return that this application is for (file	a copara	to application for each return)			0 4
cinter tri	e neturn code for the return that this application is for the	a separa	te application for each return)			لتبيا
Applica	lian	Return	Application			Return
Applica Is For		Code	Is For			Code
Form 99	0	01	Form 990-T (corporation)			07
Form 99		02	Form 1041-A			08
Form 99		03	Form 4720			09
Form 99		03	Form 5227	****		10
	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
	10-T (trust other than above)	06	Form 8870			12
FOIIII 95	CAROLYN MCCULL		7 Ollin CO7 C			1 '-
■ The k	books are in the care of 6225 SMITH AVE		BALTIMORE, MD 21209			
Tolor	Shone No ► 410 – 580 – 4410		FAX No D			
	organization does not have an office or place of business	s in the l lr	· · · · · · · · · · · · · · · · · · ·	·		▶ □
	s is for a Group Return, enter the organization's four digit			is is fo	r the whole group,	check this
box ►	If it is for part of the group, check this box	, ·				
	equest an automatic 3-month (6 months for a corporation				<u> </u>	
• ••			tion return for the organization named a		The extension	
	for the organization's return for	r organiza	inon retain for the enganization frames of		mo omonom	
	x calendar year 2010 or					
	tax year beginning	an	d ending			
		, 411			_	
2 If	the tax year entered in line 1 is for less than 12 months, o	heck reas	on Initial return Fina	al retur	'n	
Ϊ	Change in accounting period					
_	Shange in absentially police					
3a If	this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	enter the tentative tax, less any			
	onrefundable credits. See instructions			3a	\$ 3	1,747.
_	this application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and			
	stimated tax payments made Include any prior year over			3b	\$	1,747.
_	alance due. Subtract line 3b from line 3a Include your pa			Ī		
	y using EFTPS (Electronic Federal Tax Payment System)	-		3c	s 3	0,000.
	n. If you are going to make an electronic fund withdrawal			8879	EO for payment in	structions
	For Paperwork Reduction Act Notice, see Instructions					Rev 1-2011)

Form 8868 (Rev. 1-2011)		•			Page 2
If you are filing for an Additional (Not Automatic) 3-Month	Extension, c	omplete only Part II and check this bo	ж		X
Note. Only complete Part II if you have already been granted a	n automatic	3-month extension on a previously filed	Form 8	868.	
If you are filing for an Automatic 3-Month Extension, comp					
Part II Additional (Not Automatic) 3-Month	Extension	n of Time. Only file the original (no co	opies ne	eded).	
Name of exempt organization			Emplo	yer identification	number
THE CHARLES CRANE FAMILY F	OUNDAT	ION, INC			
C/O DLA PIPER RUDNICK, ELP			52	2-1755504	
Number, street, and room or suite no. If a P.O. box	c, see instruct	tions.			
tue date for 6225 SMITH AVENUE					
etum See City, town or post office, state, and ZIP code. For	a foreign add	ress, see instructions.			
BALTIMORE, MD 21209-3600					
Enter the Return code for the return that this application is for	(file a separa	te application for each return)			0 4
Application	Return	Application			Return
ls For	Code	Is For	r-		Code_
Form 990	01			' '	
Form 990-BL	02	Form 1041-A			08
Form 990-EZ	03	Form 4720			09
Form 990-PF	04	Form 5227			10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-T (trust other than above)	06	Form 8870			12
STOP! Do not complete Part II if you were not already gran		<u>natic 3-month extension on a previou</u>	usly file	d Form 8868.	
CAROLYN MCCUI		D1			
• The books are in the care of • 6225 SMITH AV	ENUE -		-	·-	
Telephone No. ► 410-580-4410	-	FAX No. >			
If the organization does not have an office or place of busing					
If this is for a Group Return, enter the organization's four discount of the control of the					
box . If it is for part of the group, check this box		ach a list with the names and EINs of al	membe	ers the extension i	s for.
I request an additional 3-month extension of time until		ber 15, 2011.			
5 For calendar year 2010, or other tax year beginning		, and ending	Final re		
6 If the tax year entered in line 5 is for less than 12 month	is, check reas	on: Initial return	ı rınaı re	Hum	
Change in accounting period					
7 State in detail why you need the extension	7 TO DR	RDARR A COMPLETE AND	D AC	CURATE RE	י אאוזיד
ADDITIONAL TIME IS NECESOAKI	10 110	BIAND A COMIDBID FAN	<u> </u>	COIGITE ILE	
			·	·-	
8a If this application is for Form 990-BL, 990-PF, 990-T, 47	20. or 6069. s	enter the tentative tax less any			-
• •	nonrefundable credits. See instructions.			\$	31747.
	10 10 10 10 10 10 10 10 10 10 10 10 10 1				 : - : - :
tax payments made. Include any prior year overpayment allowed as a credit and any amount paid			٠,		
previously with Form 8868.	it dilottod do	a order and any amount para	8b	\$	31747
<u> </u>	ır navment wi	th this form, if required, by using	1		
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.			_	•	
	nstructions	, , , , -	RC	35	0.
		nd Verification	8c	\$	0.
Signature of perjury, I declare that I have examined this form, in	gnature ai	nd Verification panying schedules and statements, and to the			O .
Si	gnature ai icluding accom nis form.			f my knowledge and	