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Form 99C-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 2010

Fo	cal	endar year 2010, or ta	x year beginning				, and er	nding		
G	Che	ck all that apply	Initial return	n	Initial	return of a f	ormer public c	harity	Final return	1
_			Amended re	eturn		Address char	ige		Name change	
N	ame	of foundation							A Employer identification	ı number
1										
<u> </u>			VOT FAMI			N, INC	•		54-1993738	<u> </u>
N.	ımbe	r and street (or PO box nu			•	. mm . cm		Room/suite	B Telephone number	.00
-			ABLE, LL	P, /50	E. PRA	ATT ST	<u>• </u>	900 -	410-244-75	
(ty oi	town, state, and ZIP co BALTIMOI		21202					C If exemption application is p	
L	Cha	ck type of organization			xempt private fo	dation			D 1. Foreign organizations 2 Foreign organizations me check here and attach co	
Ë	_	Section 4947(a)(1) non			Other taxable p		ation		1	
1 1		narket value of all asset				X Cash		ıal	E If private foundation sta under section 507(b)(1)	
		Part II, col. (c), line	· '		ther (specify)				F If the foundation is in a	
	▶\$				ımn (d) must b	oe on cash	basis.)		under section 507(b)(1)	
P	art	Analysis of Revenu	ue and Expenses	d (d) mm, not	(a) Reven		(b) Net inv	estment	(c) Adjusted net	(d) Disbursements
		(The total of amounts in necessarily equal the a	amounts in column (a)	t (d) may not	expenses	per books	inco	me	Income	for chantable purposes (cash basis only)
	1								N/A	
	2		undation is not required to	attach Sch B	<u> </u>	·				
	3	Cash investments		•						
	4	Dividends and intere	st from securities							
	1	a Gross rents								
	Ι.	Net rental income or (los	· 							**************************************
9	"	Net gain or (loss) from sa h Gross sales price for all	ale of assets not on h	ne 10						
Revenue	1,	D assets on line 6a Capital gain net income	(from Part IV line 2)			·····························		0.		
	8	, -		•						
	9		•		 					i den er i della er er den er dan ler —
	10	Gross sales less returns								
		b Less Cost of goods sold	d				, , , , , , , , , , , , , , , , , , ,			, , , , , , , , , , , , , , , , , , ,
		c Gross profit or (loss))							
	11	Other income	•							
	12					0.		0.		
	13	Compensation of officer		etc		0.		0.		0.
	14	Other employee salar	· ·		<u> </u>					
S	15	Pension plans, emplo	Dyee Denetits	DEO	-11/11-12					
enses	Ι.	a Legal fees b Accounting fees	·· _	Ktu	EIVED					
ăx	;	Other professional fe	e B			181				
Operating and Administrative Expe	17	Interest	es 09,	NOA i	<u>@ 2</u> 911	250-8				
rati	18	Taxes	[19]			<u>E</u>			-	
nist	19	Depreciation and dep	letion	DCD	TILING					THE PARTY OF THE P
Ē	20	Occupancy	بسيط							
Ă	21	Travel, conferences, a	and meetings .							
au	22	Printing and publicati	ions	-						
ing	23	Other expenses		}						
arat	24	Total operating and		•		0				0
ŏ	25	expenses. Add lines	-			0.		0.		0.
	1	Contributions, gifts, g	•	-		<u> </u>				
	20	Add lines 24 and 25	v 1300 130 1110 1110 1110 1110 1110 1110			0.		0.		0.
	27	Subtract line 26 from	line 12		, , , , , , , , , , , , , , , , , , , 	·	· ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			· · · · · · · · · · · · · · · · · · ·
	ı	Excess of revenue over ex		ements		0.				
		Net investment incom	·	F				0.		**************************************
		Adjusted net income	(if negative, enter -0-	-)					N/A	
0235 12-0)1 '-10	LHA For Paperwoo	rk Reduction Act I	Notice, see t	he instructions			· ———	_ :: 	Form 990-PF (2010)

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Form **990-PF** (2010)

Part II	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End	of year
I GILH	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
1 Cas	sh - non-interest-bearing			
2 Sav	vings and temporary cash investments			
3 Acc	counts receivable			
Les	ss allowance for doubtful accounts			
4 Ple	dges receivable 🚩			
Les	ss allowance for doubtful accounts			
5 Gra	ants receivable .			
6 Rec	cervables due from officers, directors, trustees, and other	ł		
disc	qualified persons .			
7 Other	r notes and loans receivable			
Les	s allowance for doubtful accounts			<u> </u>
9 Pre	entories for sale or use			<u> </u>
9 Pre	paid expenses and deferred charges			
10a Inve	estments - U.S. and state government obligations			
b Inve	estments - corporate stock			
c inve	estments - corporate bonds			
11 Invest	itments - land, buildings, and equipment basis			
Less	accumulated depreciation			
12 Inve	estments - mortgage loans			
13 Inve	estments - other			
14 Lan	d, buildings, and equipment basis			
Less	accumulated depreciation			
15 Othe	er assets (describe 🛌)			
16 Tota	al assets (to be completed by all filers)	0.	0.	0
17 Acc	ounts payable and accrued expenses			1
18 Gran	nts payable			_
19 Defe	erred revenue]
20 Loan	ns from officers, directors, trustees, and other disqualified persons	·	_ <u></u>	
21 Mor	rtgages and other notes payable		-	
22 Othe	er liabilities (describe 🕨)			
			_	
$\overline{}$	al liabilities (add lines 17 through 22)	0.	0.	
Fou	ndations that follow SFAS 117, check here			ŀ
1	complete lines 24 through 26 and lines 30 and 31.			
24 Unre	estricted			
25 Tem	porarily restricted .]
26 Pern	manently restricted .			
Four	ndations that do not follow SFAS 117, check here 🕒 🗓 🤄			
and	complete lines 27 through 31.			
27 Capi	ital stock, trust principal, or current funds	0.	0.	
28 Paid	i-in or capital surplus, or land, bldg , and equipment fund	0.	0.	
29 Reta	ined earnings, accumulated income, endowment, or other funds	0.	0.	
30 Tota	I net assets or fund balances	0.	0.	
31 Tota	Il liabilities and net assets/fund balances	0.	0.	
art III	Analysis of Changes in Net Assets or Fund Ba	lances		
Total net a	ssets or fund balances at beginning of year - Part II, column (a), line 30)		
(must agre	ee with end-of-year figure reported on prior year's return)		. 1	0
	unt from Part I, line 27a		2	0
	eases not included in line 2 (itemize)		3	Ō.
Add lines 1	1, 2, and 3		4	0.
Decreases	not included in line 2 (itemize)		5	0.
Total net as	ssets or fund balances at end of year (line 4 minus line 5) - Part II, colu	mn (b) line 30	6	0.

	ribe the kind(s) of property solo rehouse, or common stock, 20	l (e g , real estate,		(b) Hov P - P D - D	v acquired urchase lonation	(c) Date acq (mo , day,		(d) Date sold (mo , day, yr)
<u>1a</u>								
b NO	NE	<u> </u>		ļ		<u> </u>		
<u>t</u>	··			╁				
<u>d</u>				-				
<u>e</u>	(f) Decrease allowed	4=1.0=	at av ethau hasia	1	·	(h) Cour	a. (lass)	
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale			(e) plus (f)	or (loss) minus (
<u>a</u>								
<u>b</u>								
C d			· · · · · · · ·	_	· · · · · · · · · · · · · · · · · · ·			
6				-				
Complete only for assets showin	g gain in column (h) and owner	d by the foundation	n on 12/31/69			(I) Gains (Col	(h) gain	minus
(i) F M V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Ex	cess of col (i)			ol (k), but not Losses (fro	less thar	1 -0-) or
a								
b								
_c								
đ								
9								
2 Capital gain net income or (net cap	oital loss) { If gain, also if (loss), entity	enter in Part I, line er -0- in Part I, line	7 7	} 2				
3 Net short-term capital gain or (los	•							
If gain, also enter in Part I, line 8,		., . (.,		}				
If (loss), enter -0- in Part I, line 8 Part V Qualification U	nder Section 4940(e)	4- D. J	I Tour on Mad	<u> </u>	A A I			
If section 4940(d)(2) applies, leave th Was the foundation liable for the sect If "Yes," the foundation does not quali Enter the appropriate amount in e	on 4942 tax on the distributable fy under section 4940(e) Do n	ot complete this pa	ırt					Yes X No
(a)	(b)	instructions before	making any entire	(c)				(d)
Base periód years Calendar year (or tax year beginnin		g distributions	Net value of no		le-use asset	s (col	Distribi I (b) divi	ùtión ratio ded by col (c))
2009	9/	0.				0.	1-7-	.000000
2008		0.				0.		.000000
2007		0.				0.		.000000
2006		0.				0.		.000000
2005		0.				0.		.000000
2 Total of line 1, column (d)						2		.000000
3 Average distribution ratio for the 5 the foundation has been in existen	•	otal on line 2 by 5,	or by the number	of years		3		.000000
4 Enter the net value of noncharitable	e-use assets for 2010 from Par	t X, line 5				4	_	
5 Multiply line 4 by line 3						5		0.
6 Enter 1% of net investment income	e (1% of Part I, line 27b)	·				6	_	0.
7 Add lines 5 and 6						7		0.
8 Enter qualifying distributions from	Part XII line 4					8		0.
If line 8 is equal to or greater than See the Part VI instructions		line 1b, and comp	lete that part using	g a 1% ta	x rate			

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	rt VI `Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or	1948	- see	nstr	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	ļ		····	0.
	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)					
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2				0.
3	Add lines 1 and 2	3_				0.
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			_	0.
5	Credits/Payments					,,,,,,,,,,,,,,
а	2010 estimated tax payments and 2009 overpayment credited to 2010 6a					
	Exempt foreign organizations - tax withheld at source					
	Tax paid with application for extension of time to file (Form 8868)					
	Backup withholding erroneously withheld	1 .				
	Total credits and payments Add lines 6a through 6d	7	1			0.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9				0.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10				
	Enter the amount of line 10 to be Credited to 2011 estimated tax	11				
	art VII-A Statements Regarding Activities					
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or interveni	יוו			Yes	No
14	any political campaign?			1a		X
h	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?		•	1b		X
U	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published	d or				
	distributed by the foundation in connection with the activities.					
_				10	Ì	X
	Did the foundation file Form 1120-POL for this year? Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year					
u						
_	(1) On the foundation \blacktriangleright \$ 0. (2) On foundation managers \blacktriangleright \$ 0. Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation	-		}		
е						
•	managers > \$			2	•	Х
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,)1		,		X ·
_	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	N.T	/A	4a 4b		
	If "Yes," has it filed a tax return on Form 990-T for this year?	14	<i>,</i>			X
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		<u>~</u>
	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			v	
	remain in the governing instrument?			6	Х	
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					
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)		/-			
	of each state as required by General Instruction G? If "No," attach explanation		/A	8b		············
9	Is the foundation claiming status as a private operating foundation within the meaning of section $4942(j)(3)$ or $4942(j)(5)$ for calculations are the foundation of section $4942(j)(3)$ or $4942(j)(3)$ or $4942(j)(3)$ for calculating the foundation of section $4942(j)(3)$ or $4942(j)(3)$ for calculating the foundation of section $4942(j)(3)$ or $4942(j)(3)$ for calculating the foundation of section $4942(j)(3)$ for calculating the foundation 49	ndar				
	year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If "Yes," complete Part XIV			9		<u>X</u>
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses			10		X

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Part VII-B Statements Regarding Activities for Which	Form 4720 May Be	Required (contin	nued)		
5a During the year did the foundation pay or incur any amount to					
(1) Carry on propaganda, or otherwise attempt to influence legislation (section)		·	es X No '		
(2) Influence the outcome of any specific public election (see section 4955),	or to carry on, directly or indi	rectly,	[]		
any voter registration drive?	_		es X No		
(3) Provide a grant to an individual for travel, study, or other similar purpose		[] Y	es X No .		
(4) Provide a grant to an organization other than a charitable, etc., organizati	on described in section		es X No		
509(a)(1), (2), or (3), or section 4940(d)(2)?			es TV NO		
(5) Provide for any purpose other than religious, charitable, scientific, literary	, or educational purposes, or	101	es X No		
the prevention of cruelty to children or animals?	adar the avecations described		ES TV NO		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify up		iii negulations	N/A	5b	1
section 53 4945 or in a current notice regarding disaster assistance (see insti 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		uned			
expenditure responsibility for the grant?	Nom the tax because it maint		es 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?	, pay promise on	Y ₁	es X No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a	personal benefit contract?			6b	X
If "Yes" to 6b, file Form 8870.	,		-		
7a At any time during the tax year, was the foundation a party to a prohibited tax	shelter transaction?	Y	es X No '		<u> </u>
b If "Yes," did the foundation receive any proceeds or have any net income attrib			N/A	7b	
Part VIII Information About Officers, Directors, Trus Paid Employees, and Contractors		anagers, Highl	y 		
1 List all officers, directors, trustees, foundation managers and their		16.00	T (a)		
(a) Name and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans and deferred	(e) Exp account	pense t, other
	to position	enter -0-)	compensation	allowa	inces
ROGER M. PREVOT	TRUSTEE				
1255 SOUTH MICHIGAN AVENUE, APT 2508		0.	0.		0.
CHICAGO, IL 60605	0.00 TRUSTEE	.	0.		- 0 .
MARGARET M. PREVOT 1255 SOUTH MICHIGAN AVENUE, APT 2508	TRUSTEE				
CHICAGO, IL 60605	0.00	0.	0.		0.
Chicago, in 00003					
	1			[
	1				
	1			1	
2 Compensation of five highest-paid employees (other than those in		enter "NONE."	(d) Commission		
(a) Name and address 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) Exp account allowa	ense , other inces
NONE					
	_				
	4				
	 				
	-				
	 				
	1				
Total number of other employees paid over \$50,000	<u></u>				0

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Part VIII Information About Officers, Directors, Trustees, Found Paid Employees, and Contractors (continued)	ation Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, ent	er "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
		
	-	
		D 0
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 stati	etical information such as the	
number of organizations and other beneficiaries served, conferences convened, research papers pro	oduced, etc.	Expenses
1 N/A		
	·	
		
2		\dashv
		-
3		
4		_
		-
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year or	lines 1 and 2	Amount
NONE		
		0.
2		-
		-
All other program-related investments See instructions		
NONE	•	
		0 -

0.

Total. Add lines 1 through 3

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign fou	ndation	ns, see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
а	Average monthly fair market value of securities	1a	Inactive 0.
b	Average of monthly cash balances	1b	
C	Fair market value of all other assets	10	
d	Total (add lines 1a, b, and c)	10	0.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	0.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	0.
6	Minimum Investment return. Enter 5% of line 5	6	0.
ΓÞ	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are	nd certai	n
_	and do not complete this part)		Inactive
1	Minimum investment return from Part X, line 6	1	0.
2a			
b	Income tax for 2010 (This does not include the tax from Part VI)		0
C	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	0.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	0.
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	0.
P	art XII Qualifying Distributions (see Instructions)		Inactive
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	0.
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		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 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 of	ualifies	for the section
	4940(e) reduction of tax in those years		

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	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
Distributable amount for 2010 from Part XI,				
line 7				0.
2 Undistributed Income, if any, as of the end of 2010	· · · · · · · · · · · · · · · · · · ·	***************************************		
a Enter amount for 2009 only			0.	
b Total for prior years				
y voids to r prior y cons		0.		
3 Excess distributions carryover, if any, to 2010.				
a From 2005				
b From 2006				
c From 2007				
d From 2008				
e From 2009		1		
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2010 from				
Part XII, line 4 ► \$ 0 .	1	•	^	
a Applied to 2009, but not more than line 2a		<u> </u>	0.	h
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		(1. pre les
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			0.
d Applied to 2010 distributable amount				V •
e Remaining amount distributed out of corpus	0.			0.
5 Excess distributions carryover applied to 2010 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			
6 Enter the net total of each column as indicated below.	_			
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
b Prior years' undistributed income Subtract				4
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			0.	
4a from line 2a Taxable amount - see instr				
f Undistributed income for 2010 Subtract				
lines 4d and 5 from line 1. This amount must				0.
be distributed in 2011				
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by	0.			
section 170(b)(1)(F) or 4942(g)(3)				
8 Excess distributions carryover from 2005	0.			
not applied on line 5 or line 7				······································
9 Excess distributions carryover to 2011. Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9 a Excess from 2006				
b Excess from 2007				
© Excess from 2008		1		
d Excess from 2009		Į.		
e Excess from 2010				

	VOT FAMILY				93738 Page 10
Part XIV Private Operating F	oundations (see in	structions and Part VII	l-A, question 9)	N/A	
1 a If the foundation has received a ruling of	or determination letter tha	t it is a private operating			
foundation, and the ruling is effective fo	or 2010, enter the date of	the ruling	▶		
b Check box to indicate whether the found	dation is a private operati	ng foundation described i	n section	4942(j)(3) or 4	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2010	(b) 2009	(c) 2008	(d) 2007	(e) Total
investment return from Part X for					
each year listed			L		
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					
3 Complete 3a, b, or c for the					
alternative test relied upon a "Assets" alternative test - enter					ĺ
(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				1	
securities loans (section					
512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt					
organizations as provided in					İ
section 4942(j)(3)(B)(III)					
(3) Largest amount of support from					
an exempt organization				 	
(4) Gross investment income Part XV Supplementary Info	rmation (Comple	to this part only i	f the foundation	n had \$5 000 or me	ore in assets
at any time during t			n the foundation N/A	11 Hau \$5,000 or Hi	ore III assets
		11311 40110113.)	N/A		
1 Information Regarding Foundation	-	than 00/ af the total contr	thuttone received by th	a favodetian bafara tha ala	an of any tau
a List any managers of the foundation wh year (but only if they have contributed in			ibutions received by thi	e foundation before the clo	se of any tax
your (but only it may have continuously in	.0.0 40,000, (0000	00.0 007 (0)(0)			
h List any managers of the foundation wh	a own 10% or more of th	a stock of a corporation /	or on aqually large north	ion of the augustahin of a n	artearchie ar
b List any managers of the foundation who other entity) of which the foundation has			or an equally large port	ion of the ownership of a p	arthership or
other entry, or miles the real about had	ou to to or grouter interes	•			
2 Information Regarding Contributi	an Count Cife Land	Cabalasabia ata Bra			
2 Information Regarding Contributi Check here ► X if the foundation o				ant appent upoplinited requ	anta for funda. If
the foundation makes gifts, grants, etc.					
	`			ompiete items za, b, c, and	
a The name, address, and telephone number	per of the person to whoh	n applications should be a	luaressea		
b The form in which applications should b	e submitted and informat	ion and materials they sho	ould include	<u></u>	
e Any submission deadlines					
c Any submission deadlines	· · · · · · · · · · · · · · · · · · ·				
d Any restrictions or limitations on awards	, such as by geographica	l areas, charitable fields, k	sinds of institutions, or	other factors	
023601 12-07-10					Form 990-PF (2010)

Page 11

Part XV Supplementary Information				
3 Grants and Contributions Paid During the Ye	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	status of recipient	Contribution	
a Paid during the year				
NONE .				
NONE .				
				n
Total	<u> </u>		▶ 3a	0.
b Approved for future payment				
NONE .				
		İ		
		_		
		İ		
Total			▶ 3h	0.

Part XVI-A **Analysis of Income-Producing Activities**

Enter gross amounts unless otherwise indicated	Unrelated	business income	Exclude	ed by section 512, 513, or 514	(e)
	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	Related or exempt function income
1 Program service revenue	code		code	Allount	
a	·		+ +		
	·		+		
			1		
	 		1-1		
f			1		
g Fees and contracts from government agencies	 		 		
2 Membership dues and assessments			+		
3 Interest on savings and temporary cash					
investments	1 1		1 1		
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate					
a Debt-financed property					
b Not debt-financed property			T 1		
6 Net rental income or (loss) from personal					
property			L L		
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory			_LL_		
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
1 Other revenue					
a					
b					
c					
d			1_1		_
e			 		
2 Subtotal Add columns (b), (d), and (e)		0	•	0.	0.
3 Total. Add line 12, columns (b), (d), and (e)	• •	•		. 13	0.
(See worksheet in line 13 instructions to verify calculations)					
Part XVI-B Relationship of Activities	to the Accom	plishment of E	xempt	Purposes	
Line No. Explain below how each activity for which inco	me is reported in c	olumn (e) of Part XVI-	A contribut	ted importantly to the accom	plishment of
the foundation's exempt purposes (other than					•
NONE					
					
				-	
					
					
					
	<u> </u>				
					
					
		<u> </u>			
	 _	·			

Part XVII	Information Regarding Trans Exempt Organizations	sfers To a	and Transactions a	and Relations	hips With No	ncharitable	е
1 Did the or	ganization directly or indirectly engage in any	of the followin	na with any other organizati	on described in sec	tion 501(c) of	 -	Yes No
	(other than section 501(c)(3) organizations) or		• •		11011 50 1(0) 01		
	from the reporting foundation to a noncharitat						
(1) Cash	· • •		•			1a(1)	X
(2) Other						1a(2)	X
b Other tran	sactions						
(1) Sales	of assets to a noncharitable exempt organizat	ion				16(1)	
(2) Purch	hases of assets from a noncharitable exempt o	rganization				1b(2)	X
(3) Renta	al of facilities, equipment, or other assets					1b(3)	X
(4) Reim	1b(4)	X					
	s or loan guarantees					1b(5)	X
• • •	rmance of services or membership or fundrais	•				1b(6)	X
•	f facilities, equipment, mailing lists, other asse	•	· •		141444	<u> 1c</u>	
or service	wer to any of the above is "Yes," complete the f is given by the reporting foundation. If the four	ndation receiv		•			sets,
(a) Line no	(b) Amount involved (c) Name of		exempt organization	(d) Description	n of transfers, transaction	ons, and shanng a	rrangements
		N/A					
							
-							
		 				<u>.</u>	
							
							
-							
							
					• •		
ın section	ndation directly or indirectly affiliated with, or r 501(c) of the Code (other than section 501(c) omplete the following schedule			izations described		Yes	X No
	(a) Name of organization		(b) Type of organization		(c) Description of r	elationship	
	N/A						
					-		
	er penalties of perjury, I declare that I have examined the complete Declaration of preparer (other than texpeyer					je and belief, it is t	rue, correct,
Here			1/1/11	/// L T	RUSTEE		
	Signature of efficer or trustee	7	Date		Title		
	Print/Type preparer's name	Preparer's s		Date	Check if	PTIN	
	CARLTON R. SHERMAN,	care	in Ste	1/10/11	self- employed		
Paid	CPA			411-7.7		P00311	
Preparer	Firm's name ► SHERMAN & SH	ERMAN,	P.A.		Firm's EIN ► 5	2-13482	20
Use Only							
	Firm's address ▶ 600 BALTIMO		NUE, SUITE 3	302		410 \ 00	0 1700
	TOWSON, MD	21204			Phone no (8-1700
						Form 99 (D-PF (2010)

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, comple	ete only P	art I and check this box		•	Х.				
•	are filing for an Additional (Not Automatic) 3-Month Ex			· · · form						
•	omplete Part II unless you have already been granted				•					
	ic filing (e-file). You can electronically file Form 8868 if					oration				
	to file Form 990-T), or an additional (not automatic) 3-mo	•								
	file any of the forms listed in Part I or Part II with the ex		-		•					
	Benefit Contracts, which must be sent to the IRS in page	•	•							
	v.irs gov/efile and click on e-file for Charities & Nonprofits		Toda managarana, i ar mara datana arri		source no many or area	,,,,				
Part I			ubmit original (no copies needed).							
	ation required to file Form 990-T and requesting an auto			nolete						
Part I only		mano o m	onar extension onesk this beautiful con			. 🖂				
	, corporations (including 1120-C filers), partnerships, REN	ilCs. and t	trusts must use Form 7004 to request a	n exte	nsion of time					
	ome tax returns	,		,						
Type or	pe or Name of exempt organization Employer ident									
print	MILE DESION EXMITS ECTIVE AND	NC	54-1993738							
File by the	e by the									
due date for filing your return See	Imgyour C/O VENABLE LLP 750 E. PRATT ST. NO. 900									
Instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions.										
	BALTIMORE, MD 21202									
										
Enter the	Return code for the return that this application is for (file	e a separa	ite application for each return)		•	0 4				
Applicati	on	Return	Application	cation						
ls For		Code	Is For		Code					
Form 990		01	Form 990-T (corporation)	orm 990-T (corporation)						
Form 990-BL			Form 1041-A	08						
Form 990-EZ		03	Form 4720			09				
Form 990-PF			Form 5227			10				
Form 990-T (sec 401(a) or 408(a) trust)			Form 6069			11				
Form 990-T (trust other than above)			Form 8870			12				
			PREVOT, TRUSTEES							
	ooks are in the care of 1255 SOUTH MICH	HIGAN	AVENUE, APT 2508 -	CHI	CAGO, IL 6	0605				
-	one No ▶ 717-880-2255 .		FAX No. >		<u> </u>					
	organization does not have an office or place of business				. ▶					
• If this is	s for a Group Return, enter the organization's four digit	1	· · · · · · · · · · · · · · · · · · ·							
box 🕨 L	. If it is for part of the group, check this box		ch a list with the names and EINs of all		pers the extension is	for.				
1 ired	quest an automatic 3 month (6 months for a corporation ${ m AUGUST}$ 15 , 2011 , to file the exempt	•	to file Form 990-T) extension of time unt tion return for the organization named a		The extension					
	or the organization's return for:	=	-							
► X calendar year 2010 or										
▶[tax year beginning , and ending .									
2 If th	e tax year entered in line 1 is for less than 12 months, cl	heck reaso	on: Initial return III Fina	l retur	m					
	Change in accounting period									
										
3a If the	is application is for Form 990-BL, 990-PF, 990-T, 4720, c	or 6069, er	nter the tentative tax, less any			_				
nonrefundable credits. See instructions.				3a	\$	0.				
b If the	s application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and			_				
estir	mated tax payments made. Include any prior year overp	ayment all	lowed as a credit.	3b	\$	0.				
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required,										
	sing EFTPS (Electronic Federal Tax Payment System). S			3c	\$	0.				
Caution.	f you are going to make an electronic fund withdrawal w	ith this Fo	orm 8868, see Form 8453-EO and Form	8879-	EO for payment insti	ructions.				

Form 8868 (Rev. 1-2011)			hav	Page X			
• If you are filing for an Additional (Not Automatic) 3-M				- LA.			
Note. Only complete Part II if you have already been gra			ed Form 8868.				
If you are filing for an Automatic 3-Month Extension Part III Additional (Not Automatic) 3-M			dad				
\ <u> </u>	Until Exterisit	on of Time. Only file the onginal (no	Employer identificatio				
Type or Name of exempt organization	Name of exempt organization						
print mue prevom enwry Pornin				54-1993738			
File by the	THE PREVOI FAMILY FOUNDATION, INC.						
extended Number, street, and room or suite no. If a P. due date for C/O VENABLE 1.1.P 750 E							
filing your C/O VERTILEZE, EET, 750 E							
return See City, town or post office, state, and ZIP code instructions. BALTIMORE, MD 21202	e. For a foreign add	dress, see instructions					
DADIIMORE, ND 21202							
From the Books of Assables to the Assables of the Assable of the Assa		A construction for a selection.		0 4			
Enter the Return code for the return that this application	is for (file a separa	ite application for each return)		. [0]=			
A (i akin m	D-4	I A li-edian		Return			
Application	Return	Application					
s For form 990	Code 01	ls For		Code			
	02	Form 1041-A	Called a party of the control of the	08			
form 990-BL form 990-EZ	03	Form 4720		09			
orm 990-PF	03	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			
TOP! Do not complete Part II if you were not already			ously filed Form 8868	<u> </u>			
ROGER AND 1	MARGARET	PREVÓT, TRUSTEES					
The books are in the care of 1255 SOUTH			CHICAGO, IL 6	50605			
Telephone No. ► 717-880-2255		FAX No.					
If the organization does not have an office or place of	husiness in the Ur						
If this is for a Group Return, enter the organization's fo			this is for the whole group.	heck this			
ox . If it is for part of the group, check this box							
I request an additional 3-month extension of time up		BER 15, 2011.					
For calendar year 2010, or other tax year beginn		and ending		_			
If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return							
Change in accounting period							
State in detail why you need the extension							
ADDITIONAL TIME IS NEEDED	TO FILE A	A COMPLETE AND ACCU	RATE RETURN				
	•						
la If this application is for Form 990-BL, 990-PF, 990-T,	4720, or 6069, er	nter the tentative tax, less any					
nonrefundable credits. See instructions.			8a \$	0.			
If this application is for Form 990-PF, 990-T, 4720, or	r 6069, enter any	refundable credits and estimated	-12 E				
tax payments made. Include any prior year overpayr	nent allowed as a	credit and any amount paid					
previously with Form 8868.			8b \$	0.			
Balance due. Subtract line 8b from line 8a. Include	your payment with	this form, if required, by using					
EFTPS (Electronic Federal Tax Payment System). Se	8c \$	0.					
	Signature and	d Verification					
der penalties of perjury, I declare that I have examined this form	, including accompa	anying schedules and statements, and to t	ne best of my knowledge and be	elief,			
s true, correct, and complete, and that I am authorized to prepar	e this form.		_				
gnature > Chluic Athen Til	tle > CPA		Date > 8-11-11				

Form 8868 (Rev. 1-2011)