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### Form 990-PF

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

OMR No. 1545-0052

Department of the Treasury Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements Internál Revenue Service For calendar year 2011 or tax year beginning and ending A Employer identification number Name of foundation 27-2832137 CASE COMMONS INC Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number 347-746-0680 841 BROADWAY, 8TH FLOOR City or town, state, and ZIP code C If exemption application is pending, check here NEW YORK, NY 10003 G Check all that apply Initial return Initial return of a former public charity D 1. Foreign organizations, check here Final return Amended return Foreign organizations meeting the 85% test, 2. check here and attach computation X Address change Name change X Section 501(c)(3) exempt private foundation Check type of organization E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust \_\_\_\_\_ Other taxable private foundation under section 507(b)(1)(A), check here X Accrual I Fair market value of all assets at end of year | J Accounting method Cash F If the foundation is in a 60-month termination (from Part II, col. (c), line 16) Other (specify) under section 507(b)(1)(B), check here 2, 126, 985. (Part I, column (d) must be on cash basis.) ▶\$ Part | Analysis of Revenue and Expenses (d) Disbursements for chantable purposes (c) Adjusted net (b) Net investment (a) Revenue and (The total of amounts in columns (b), (c), and (d) may not expenses per books income income necessarily equal the amounts in column (a) (cash hasis only) 6,834,780 Contributions, gifts, grants, etc., received Check I if the foundation is not required to attach Sch. B Interest on savings and temporary cash investments 2,168. 2,168.STATEMENT 2,168. Dividends and interest from securities 5a Gross rents Net rental income or (loss) 6a Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a 0. 7 Capital gain net income (from Part IV, line 2) Net short-term capital gain Income modifications 10a Gross sales less returns and allowances b Less Cost of goods sold c Gross profit or (loss) 2,665,471. STATEMENT 2,665,471 0. 11 Other income 2,667,639 502,419 168 Total. Add lines 1 through 11 359,062. 359,062. 0. Compensation of officers, directors, trustees, etc. 1,223,132. 681,589. Ō. 458,457 14 Other employee salaries and wages 84,298, 268,435. 352,734. 0. 15 Pension plans, employee benefits 64,683. 0 64,683. STMT 3 16a Legal fees **b** Accounting fees STMT 4 6,482,904. 0. 2,049,994. 4,432,915. c Other of the Sound feets [ Operating and Administrative **080**-Exes 2017 and depletion PS. 47,500. 20. Occupancy 47,500. 0 0 . Travel Contentions and meetings 263,223. 321,961 0. 58,738 96,798. STMT 5 112,954 0. 16,152 Other expenses 24 Total operating and administrative 2,667,639 6,755,748. 9,423,387 0. expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. 0. 2,667,639 6,755,748. 9,423,387 Add lines 24 and 25 27 Subtract line 26 from line 12 79,032 2 Excess of revenue over expenses and disbursements 2,168 b Net investment income (If negative, enter -0-)

LHA For Paperwork Reduction Act Notice, see Instructions.

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C Adjusted net income (if negative, enter -0-)

27-2832137

Form 990-PF (2011)

CASE	C	$\gamma$ MN	<b>ION</b>	S	TNC
CADE	\	JI'II'	ICJIN	u	TINC

	art If Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only		Beginning of year	End of	End of year		
ra	rt	Balance Sneets column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value		
Ţ	1	Cash - non-interest-bearing		238,632.	238,632.		
		Savings and temporary cash investments		1,119,852.	1,119,852.		
		Accounts receivable ► 47,962.		······································	<del></del>		
		Less allowance for doubtful accounts ▶	İ	47,962.	47,962.		
	4	Pledges receivable	<del></del>	······································	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>		
	•	Less allowance for doubtful accounts					
	5	Grants receivable		532,000.	532,000.		
	6	Receivables due from officers, directors, trustees, and other					
	٠	disqualified persons					
1	7	Other notes and loans receivable			<del></del>		
	•	Less allowance for doubtful accounts					
	8	Inventories for sale or use			<del></del>		
) je	0	Prepaid expenses and deferred charges		148,539.	148,539.		
Assets	a IU	Investments - U.S. and state government obligations		210/0031			
'		Investments - corporate stock					
		·					
		Investments - corporate bonds					
- [	11	Investments - land, buildings, and equipment basis					
ı,		Less accumulated depreciation			<del></del>		
- 1		Investments - mortgage loans	<del></del>		· · · · · · · · · · · · · · · · · · ·		
- 1	13	Investments - other					
	14	Land, buildings, and equipment basis					
		Less accumulated depreciation	0.	40,000.	40,000.		
	15	Other assets (describe ► RESTRICTED CASH )	0.	40,000.	40,000.		
		The large to the beautiful to the large to t	0.	2,126,985.	2,126,985.		
		Total assets (to be completed by all filers)	0.	267,160.	2,120,303.		
		Accounts payable and accrued expenses		207,100.			
- 1.	18	Grants payable		186,667.			
<u>[</u>	19	Deferred revenue		100,007.			
≂∣	20	Loans from officers, directors, trustees, and other disqualified persons		666,667.			
	21	Mortgages and other notes payable	0.	927,459.			
-  2	22	Other liabilities (describe STATEMENT 6)	0.	927,439.			
- 1			0	2 047 052			
	23	Total liabilities (add lines 17 through 22)	0.	2,047,953.			
		Foundations that follow SFAS 117, check here					
g .		and complete lines 24 through 26 and lines 30 and 31.		70 022			
ဦ ဒ	24	Unrestricted		79,032.			
Net Assets or Fund Balanc	25	Temporarily restricted					
80 2	26	Permanently restricted					
Š		Foundations that do not follow SFAS 117, check here					
ř		and complete lines 27 through 31.					
<u>ن</u> ا	27	Capital stock, trust principal, or current funds					
Se	28	Paid-in or capital surplus, or land, bldg, and equipment fund					
۶   ځ	29	Retained earnings, accumulated income, endowment, or other funds		70.000			
ž	30	Total net assets or fund balances	0.	79,032.			
;	31	Total liabilities and net assets/fund balances	0.	2,126,985.			
Pa	rt	Analysis of Changes in Net Assets or Fund Ba	alances				
				<del></del>			
		I net assets or fund balances at beginning of year - Part II, column (a), line (	ου	.	0.		
,		st agree with end-of-year figure reported on prior year's return)		1	79,032.		
		r amount from Part I, line 27a		3	79,032.		
		r increases not included in line 2 (itemize)		4	79,032.		
		lines 1, 2, and 3		5	79,032.		
5 D	ect	eases not included in line 2 (itemize)			<u> </u>		

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79,032.

6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

Part IV Capital Gains	and Loss	ses for Tax on In	vestmen	t Income					
		(s) of property sold (e g common stock, 200 shs			(b) I	How acquired - Purchase - Donation	(c) Date acquire (mo , day, yr )		(d) Date sold (mo , day, yr )
1a					-				
b NC	ONE								
<u>c</u>					ļ		<u> </u>	_	
<u>d</u>			<u> </u>		ļ				<del></del>
e	<del></del>							<u>.</u>	<del></del>
(e) Gross sales price		oreciation allowed or allowable)		st or other basis expense of sale			(h) Gain or ( (e) plus (f) mi		))
<u>a</u>	<del> </del>								
b	ļ		<del> </del>		$\dashv$				
<u>C</u>	<del> </del>	<del>_</del>			-				
<u>d</u> e	<del> </del>				-				
Complete only for assets show	.L Ino gain in col	umn (h) and owned by t	he foundation	on 12/31/69			(I) Gains (Col (h)	gain r	minus
	1	Adjusted basis		cess of col (I)			ol' (k), but not less	than	-0-) ar
(i) F M V as of 12/31/69		of 12/31/69		col (j), if any			Losses (from	col (h	
a									
b									
<u>c</u>									
<u>d</u>				<u></u>					
<u>e</u>						<del> </del>			
2 Capital gain net income or (net o	apital loss)	If gain, also enter If (loss), enter -0-	ın Part I, line ın Part I, line	7 7	}	2			
3 Net short-term capital gain or (id	oss) as defined	d in sections 1222(5) an	d (6)						
If gain, also enter in Part I, line 8	, column (c)				<b> </b>				
Part V Qualification	ladar Ca	-diam 4040/a) fam	Daduasa	I Tay on Not	100	3			·
							Come		
(For optional use by domestic priva	te toundations	s subject to the section 4	1940(a) tax or	ı net investment ir	ICOM	<del>}</del> )			
If section 4940(d)(2) applies, leave	this part blank	(							
Was the foundation liable for the se	ction 4942 tax	on the distributable am	ount of any v	ear in the base ne	riod?				X Yes No
If "Yes," the foundation does not qu				· ·					
1 Enter the appropriate amount in					es				
(a) Base period years		(b)			(c)		.	ıstrıbı	(d) ution ratio
Calendar year (or tax year beginn	ing in)	Adjusted qualifying dis		Net value of no	ncna	ritable-use asset	100. 1-	) divi	ded by col (c))
2010		<u> </u>	0.				0.		.000000
2009			<del> </del>						
2008		<del></del>						-	
2007 2006									
2000				<u> </u>			<del>                                      </del>		-
2 Total of line 1, column (d)							2		
3 Average distribution ratio for the	5-vear base i	period - divide the total o	on line 2 by 5.	or by the number	r of ye	ars			
the foundation has been in exist				•	•		3		
		·							
4 Enter the net value of noncharita	ible-use asset	s for 2011 from Part X,	line 5				4		
5 Multiply line 4 by line 3							5		
6 Enter 1% of net investment inco	me (1% of Pa	rt I, line 27b)					6		<u> </u>
7 Add lines 5 and 6							7		
	m Ded VIII	. 4							
8 Enter qualifying distributions from If line 8 is equal to or greater that			1b, and comp	plete that part usin	ng a 1	% tax rate	8		
See the Part VI instructions			_						000 55

Form	990-PF(2011) CASE COMMONS INC							2832			Page 4
_	rt VI Excise Tax Based on Investment Income (Section 4940	)(a),	494	40(b),	4940(	e), or 4	948	- see	instru	ıctio	1s)
1a	Exempt operating foundations described in section 4940(d)(2), check here  and en	iter "N/	/A" o	n line 1		<u>}</u>					
	Date of ruling or determination letter (attach copy of letter if nece										
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here	• 🗀	and	d enter	1%	}	1				43.
	of Part I, line 27b										
C	All other domestic foundations enter 2% of line 27b $$ Exempt foreign organizations enter 4% $$	of Par	rt I, I	line 12,	col (b)	J					_
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Other	hers er	nter	<del>-</del> 0-)			2				0.
3	Add lines 1 and 2						3				43.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Ot	thers e	enter	r <del>-</del> 0-)			4				0.
5	Tax based on Investment income. Subtract line 4 from line 3. If zero or less, enter -0-						5	ļ			43.
6	Credits/Payments										
а	2011 estimated tax payments and 2010 overpayment credited to 2011	<u>6a</u>	_								
b	Exempt foreign organizations - tax withheld at source	6b	_								
C	Tax paid with application for extension of time to file (Form 8868)	6c	_			43.					
đ	Backup withholding erroneously withheld	_6d					1				
	Total credits and payments Add lines 6a through 6d						7				<u>43.</u>
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attack.	ched					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				1		10				
	Enter the amount of line 10 to be Credited to 2012 estimated tax				Refur	nded ►	11	<u> </u>			
	rt VII-A Statements Regarding Activities								· · · · · ·	<b>.</b>	
1a	During the tax year, did the foundation attempt to influence any national, state, or local legisla	ation o	or di	d it part	icipate or	intervene	ın		<u> </u>	Yes	
	any political campaign?								<u>1a</u>		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purpos								1b	· ······	Δ
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and	d copi	ies d	of any i	materials	publish	ed or				
	distributed by the foundation in connection with the activities.									:	v
	Did the foundation file Form 1120-POL for this year?								1c		<u>X</u>
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the					0.					
	(1) On the foundation > \$ (2) On foundation managers			4			-				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expendit	ture tax	X IM	iposea (	n tounga	lion					
	managers. > \$ 0.	102							2	:	х
Z	Has the foundation engaged in any activities that have not previously been reported to the IR	10'							<del></del>		
•	If "Yes," attach a detailed description of the activities.	netrum	oont	articlos	of Incorr	oration	`r				
3	Has the foundation made any changes, not previously reported to the IRS, in its governing in bylaws, or other similar instruments? If "Yes," attach a conformed copy of the change		ii <del>c</del> iit,	, articles	or micorp	ioration,	,,		3	Х	
40	Did the foundation have unrelated business gross income of \$1,000 or more during the year								4a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?						N	/A	4b		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?							,	5		X
٠	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 eit	ther									
•	By language in the governing instrument, or										
	<ul> <li>By state legislation that effectively amends the governing instrument so that no mandatory</li> </ul>	v direct	tions	s that c	onflict with	the state	e law		1		
	remain in the governing instrument?								6		X
7	Did the foundation have at least \$5,000 in assets at any time during the year?								7	Х	
	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 instruction	ns) 🕨	•								
	DE, NY										
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the At	ttorney	y Ger	neral (o	r designat	е)					
	of each state as required by General Instruction G? If "No," attach explanation								8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of sec	ction 4	1942	?(j)(3) o	r 4942(j)(	5) for cale	endar				
	year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes," co	omple	ete F	Part XI	/				9	X	
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedul	te listing	g thei	ir names	and addres	ses			10	<u> </u>	X

4,471.

5,389

0.

0.

28

40.00

40.00

SOFTWARE

116,000.

115,000.

ENGINEER

FL, NEW YORK, NY 10003

FL, NEW YORK, NY 10003

Total number of other employees paid over \$50,000

SAMUEL OBUKWELU - 841 BROADWAY,

Part VIII Information About Officers, Directors, Trustees, Founda Paid Employees, and Contractors (continued)	tion Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter	"NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
PIVOTAL LABS, INC.		
841 BROADWAY, 8TH FLOOR, NEW YORK, NY 10003	COMPUTER CONSULTING	G 4579468.
IDEO	DESIGN CONSULTING	
28 MERCER STREET, NEW YORK, NY 10013	SUPPORT	390,000.
TIPPING POINT PARTNERS LLC - 86 CHAMBERS		
STREET, STE 701, NEW YORK, NY 10007	BUSINESS CONSULTING	312,731.
AXIS MUNDI CONSULTING, INC	INTEGRATION	
2761 N. LAKERIDGE TRAIL, BOULDER, CO 80302	CONSULTING	302,100.
FREEDMAN CONSULTING LLC - 1616 P STREET NW,	COMMUNICATION	-
STE 410, WASHINGTON, DC 20036	CONSULTING	180,000.
Total number of others receiving over \$50,000 for professional services		▶ 8
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year include relevant statist number of organizations and other beneficiaries served, conferences convened, research papers produced.	ical information such as the uced, etc	Expenses
SEE STATEMENT 8  2  3  4  Part IX-B Summary of Program-Related Investments		9,423,387.
Describe the two largest program-related investments made by the foundation during the tax year on I	ines 1 and 2	Amount
1 N/A		
2		
All other program-related investments. See instructions.  3		
Total. Add lines 1 through 3	<b>&gt;</b>	0.
	I	Form <b>990-PF</b> (2011)

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign	foundations,	see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
	Average monthly fair market value of securities	1a	0.
	Average of monthly cash balances	1b	1,550,248.
	Fair market value of all other assets	1c	40,000.
d	Total (add lines 1a, b, and c)	1d	1,590,248.
	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)	0.	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	1,590,248.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	23,854.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	1,566,394.
6	Minimum Investment return. Enter 5% of line 5	6	78,32 <u>0</u> .
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundation foreign organizations check here X and do not complete this part )	s and certain	
1	Minimum investment return from Part X, line 6	1	
2a	Tax on investment income for 2011 from Part VI, line 5		
b	Income tax for 2011 (This does not include the tax from Part VI)		
C	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	
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	6,755,748.
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	6,755,748.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		<u>.</u>
	income Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	6,755,748.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundat	ion qualifies for	the section

Part XIII Undistributed Income	see instructions)	N/A		
•	(a)	(b)	(c)	(d)
	Corpus	Years prior to 2010	2010	2011
1 Distributable amount for 2011 from Part XI, line 7				
2 Undistributed income, if any, as of the end of 2011				
a Enter amount for 2010 only				
<b>b</b> Total for prior years				
	<b></b>	HIII	:	
3 Excess distributions carryover, if any, to 2011				
a From 2006	-			
<b>b</b> From 2007	-			
c From 2008				
d From 2009				
e From 2010	<u> </u>			
f Total of lines 3a through e				
4 Qualifying distributions for 2011 from				
Part XII, line 4 > \$	1			
a Applied to 2010, but not more than line 2a				
b Applied to undistributed income of prior				
years (Election required - see instructions)			.''************************************	
c Treated as distributions out of corpus				
(Election required - see instructions)			<del></del>	
d Applied to 2011 distributable amount e Remaining amount distributed out of corpus				
-		<del></del>		
5 Excess distributions carryover applied to 2011 (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:				
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5				
<b>b</b> Prior years' undistributed income. Subtract				
line 4b from line 2b				
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				
d Subtract line 6c from line 6b Taxable				
amount - see instructions				
e Undistributed income for 2010 Subtract line				
4a from line 2a Taxable amount - see instr				
f Undistributed income for 2011 Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2012			······································	
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)				
8 Excess distributions carryover from 2006				
not applied on line 5 or line 7				
9 Excess distributions carryover to 2012. Subtract lines 7 and 8 from line 6a				
10 Analysis of line 9				
a Excess from 2007	1			
b Excess from 2008	4			
c Excess from 2009	1			
d Excess from 2010	1			
e Excess from 2011	],		<u> </u>	5 000 DF (0044)

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Part XIV Private Operating F	<b>oundations</b> (see ins	tructions and Part VII-	A, question 9)		
1 a If the foundation has received a ruling of	r determination letter that	it is a private operating			
<ul> <li>foundation, and the ruling is effective for</li> </ul>	r 2011, enter the date of th	ne ruling	▶ 06/	09/10	
b Check box to indicate whether the found	lation is a private operatin	g foundation described in	section X	4942(j)(3) or 49	42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2011	(b) 2010	(c) 2009	(d) 2008	(e) Total
investment return from Part X for					
each year listed	0.	0.	0.	0.	0.
<b>b</b> 85% of line 2a	0.	0.	0.	0.	0.
c Qualifying distributions from Part XII,					
line 4 for each year listed	6,755,748.	0.	0.	0.	6,755,748.
d Amounts included in line 2c not					, , , , , , , , , , , , , , , , , , , ,
used directly for active conduct of		1			
exempt activities	0.	0.	0.	0.	0.
e Qualifying distributions made directly			<u> </u>		
for active conduct of exempt activities					
Subtract line 2d from line 2c	6,755,748.	0.	0.	0.	6,755,748.
3 Complete 3a, b, or c for the alternative test relied upon a "Assets" alternative test - enter				0.	
(1) Value of all assets	2,126,985.	0.			2,126,985.
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)		0.			0.
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					0.
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)		0.			0.
(2) Support from general public and 5 or more exempt					
organizations as provided in section 4942(j)(3)(B)(III)		0.			0.
(3) Largest amount of support from		_			
an exempt organization		0.			0.
(4) Gross investment income		0.			0.
Part XV Supplementary Info	rmation (Complet	te this part only i	f the foundation	had \$5,000 or mo	ore in assets
at any time during t	he year-see instr	uctions.)			
1 Information Regarding Foundatio	n Managers:				
a List any managers of the foundation who year (but only if they have contributed in			ibutions received by the	foundation before the clos	se of any tax
NONE					
b List any managers of the foundation who other entity) of which the foundation has			or an equally large portio	on of the ownership of a pa	artnership or
NONE	<b>.</b>				
2 Information Regarding Contributi	ion Grant Gift Loan	Scholarship etc. Dr.	oarame'		
Check here ► X if the foundation o the foundation makes gifts, grants, etc.	nly makes contributions t	o preselected charitable o	organizations and does n	ot accept unsolicited requ	ests for funds If
a The name, address, and telephone num	·	·			
<b>b</b> The form in which applications should b	e submitted and informat	ion and materials they sh	ould include		
c Any submission deadlines					
d Any restrictions or limitations on awards	s, such as by geographica	l areas, charitable fields,	kınds of institutions, or o	other factors	
	<del></del>				

Part AV Supplementary informatio			<del></del>	
3 Grants and Contributions Paid During the	Year or Approved for Future	Payment	,	<del> </del>
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year	or substantial contributor			
,				
NONE				
NONE				
<del></del>				
Total			<b>▶</b> 3a	0,
b Approved for future payment				
NONE				
110112			;	
				<del> </del>
Total			▶ 3b	0.

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

Enter gross amounts unless otherwise indicated	Unrelated I	ousiness income		ed by section 512, 513, or 514	(e)
1 Program service revenue	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
a CONFIGURATION INCOME	C006		-		2,480,000.
b LICENSING AND HOSTING	-				185,471.
· — ·					100/1/10
d	-		<del></del>		· · · · · · · · · · · · · · · · · · ·
O	-				
f					<del></del>
g Fees and contracts from government agencies					_
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments			14	2,168.	
4 Dividends and interest from securities					
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					
8 Gain or (loss) from sales of assets other than inventory					
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue					
a		···			
b	_	····			<del> </del>
c	_				
d	_				
e	_	<del> </del>			
12 Subtotal Add columns (b), (d), and (e)	<u> </u>		).	2,168.	2,665,471.
13 Total. Add line 12, columns (b), (d), and (e)				13	2,667,639.
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities	to the Accor	plishment of	Exempt	Purposes	

Part XVI-B	Relationship of A	ctivities to the A	Accomplishment of	<b>Exempt Purposes</b>
------------	-------------------	--------------------	-------------------	------------------------

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)
1	
	SEE STATEMENT 9

123621 12-02-11

Pa	it XVII	Information Re Exempt Organ	egarding Transfers To a	and Transactions a	and Relationships W	ith Noncharitable	е	
1.	Did the o		rectly engage in any of the followin	on with any other organization	on described in section 501/c	a) of	Yes	No
		-	)(3) organizations) or in section 52			,		
			ation to a noncharitable exempt or					
	(1) Cash	·		•		1a(1)	l	X
	(2) Othe	r assets				1a(2)		X
b	Other tran	nsactions						
	(1) Sales	s of assets to a noncharital	ble exempt organization			1b(1)		X
	(2) Purc	hases of assets from a no	ncharitable exempt organization			1b(2)		X
	(3) Rent	al of facilities, equipment,	or other assets			1b(3)		X
	(4) Reim	bursement arrangements				1b(4)		<u>X</u>
	<b>(5)</b> Loan	s or loan guarantees				1b(5)	ļ	X
			mbership or fundraising solicitation			<u>1b(6)</u>		X
			iling lists, other assets, or paid em			<u>1c</u>		X
	or service	es given by the reporting fo	"Yes," complete the following sche oundation of the foundation received other assets, or services received		•		sets,	
(a) Lii	<del></del>	(b) Amount involved	(c) Name of noncharitable	exempt organization	(d) Description of transfer	s, transactions, and sharing a	rangeme	nts
(4) 2	10 110	(B) / Williams with a second	N/A	o compe organization	(a) Bessirption of transfer	o, management and ording an		
			21,722					
	1							
							·	
								_
				<del></del>				
	ın section	-	I tly affiliated with, or related to, one r than section 501(c)(3)) or in sect edule		zations described	Yes	X	 ] No
		(a) Name of org		(b) Type of organization	(c) Descri	iption of relationship		
		N/A						
		<del></del>						
Sig	and b		that I have examined this return, includir inplete Declaration of preparer (other tha				e prepar	er
He		<u> </u>	- teel	9/25/2012	CEO	X Yes		No
	Sıg	nature of officer or trustee		Date	Title			
		Print/Type preparer's na	ame Preparer's s	ignature	Date Check [	if PTIN		
_			MITA	y abonimina	self- em		<b></b>	
Pai		THERESA DO		<u> </u>	10 110	P00252		
	eparer		S & COMPANY, LL	ıP	Firm's I	EIN ► 22-17323	49	
US	e Only		4 EISENHOWER PA	DYWAY			-	
			VINGSTON, NJ 07		Phone	no 973-994-	940	0
		1 THE	VINGBION, NO UT			Form <b>99</b> (		

### Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Integral Revenue Service

#### **Schedule of Contributors**

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

OMB No 1545-0047

Name of the organiza	ation	Employer identification number
	CASE COMMONS INC	27-2832137
Organization type (ch	eck one):	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)( ) (enter number) organization	RECEIVED
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	OCT 01 2012 8
	527 political organization	OGDEN (SE
Form 990-PF	X 501(c)(3) exempt private foundation	SUDEN, UT
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	zation filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in Complete Parts I and II.	money or property) from any one
Special Rules		
509(a)(1) and	501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the I 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of that on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.	
total contribu	501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one continuous of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or one of cruelty to children or animals. Complete Parts I, II, and III.	
contributions If this box is o purpose. Do	501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one consider use exclusively for religious, charitable, etc., purposes, but these contributions did not checked, enter here the total contributions that were received during the year for an exclusion of complete any of the parts unless the <b>General Rule</b> applies to this organization because intable, etc., contributions of \$5,000 or more during the year.	total to more than \$1,000.  Sively religious, charitable, etc.,
but it <b>must</b> answer "N	tion that is not covered by the General Rule and/or the Special Rules does not file Schedulo" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part IV, line 2, or 990-EZ, or 990-EZ, or 990-EZ, or 990-PF).	

Name of organization

Employer identification number

CASE COMMONS INC

27-2832137

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	litional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	THE ANNIE E. CASEY FOUNDATION INC  701 ST. PAUL STREET  BALTIMORE, MD 21202	\$6,834,780.	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total 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) Total 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) Total 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) Total 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) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Employer identification number

#### CASE COMMONS INC

27-2832137

art II	Noncash Property (see instructions). Use duplicate copies of P	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<b>\$</b>	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	990, 990-EZ, or 990-PF) (

Relationship of transferor to transferee

Transferee's name, address, and ZIP + 4

CASE COMMONS INC

. . . . .

' INDEPENDENT OF AECF, AND IT IS CONTEMPLATED THAT INDEPENDENCE WILL CONTINUE FOR THE FORESEEABLE FUTURE.

TO FORM 990-PF, PAGE 12, PART XVI-B

GENERAL EXPLANATION FORM AND LINE REFERENCES STATEMENT 10

FORM/LINE IDENTIFIER

DESCRIPTION/RETURN REFERENCE

990-PF, PART VIII

CEO COMPENSATION AND CONTRIBUTED SERVICES

FORM 990-PF

SUMMARY OF DIRECT CHARITABLE ACTIVITIES

STATEMENT

#### ACTIVITY ONE

TO HELP FRONT-LINE CHILD WELFARE CASEWORKERS MAKE BETTER CASE MANAGEMENT DECISIONS THROUGH THE USE OF INNOVATIVE SOFTWARE TECHNOLOGY. THE FOUNDATION PROVIDES ACCESS TO THE SOFTWARE AS WELL AS OPTIONAL DATA HOSTING, CONSULTING AND SOFTWARE SUPPORT AND TRAINING SERVICES.

EXPENSES

TO FORM 990-PF, PART IX-A, LINE 1

9,423,387.

FORM 990-PF

RELATIONSHIP OF ACTIVITIES TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES STATEMENT

#### EXPLANATION OF RELATIONSHIP OF ACTIVITIES LINE

CONSISTENT WITH ITS PRIMARY MISSION TO FOSTER PUBLIC POLICIES, HUMAN-1 SERVICE REFORMS, AND COMMUNITY SUPPORTS THAT MORE EFFECTIVELY MEET THE NEEDS OF TODAY'S VULNERABLE CHILDREN AND FAMILIES, THE ANNIE E. CASEY FOUNDATION, INC., ("AECF") IN THE EARLY 2000'S BEGAN TO INVESTIGATE THE POTENTIAL OF EMERGING TECHNOLOGIES. RESEARCH BY AECF REVEALED THAT, WHILE THE PRIVATE SECTOR HAS RACED AHEAD IN ADOPTING THESE TECHNOLOGIES, PUBLIC SECTOR HUMAN SERVICES AGENCIES AND PROVIDERS HAVE CONTINUED TO FALL BEHIND; AS A RESULT, THEIR INFORMATION MANAGEMENT SYSTEMS MAKE DATA DIFFICULT TO TRACK, ANALYZE AND APPLY.

TO ADDRESS THIS UNMET NEED, AECF UNDERTOOK THE INITIAL DEVELOPMENT OF A TRULY WEB-BASED, REAL-TIME FAMILY INFORMATION MANAGEMENT PLATFORM TARGETED AT HELPING FRONT-LINE CHILD WELFARE CASEWORKERS MAKE BETTER CASE MANAGEMENT DECISIONS (THE "SOFTWARE") BY PROVIDING THEM WITH BETTER DATA, BETTER USABILITY AND BETTER TOOLS (INCLUDING A UNIQUE ANALYTICS PACKAGE) TO TRANSFORM HOW CASEWORKERS PROVIDE SERVICES TO VULNERABLE CHILDREN AND FAMILIES - AND IMPROVE THE QUALITY OF COMPLIANCE.

WITH A VIEW TO CAUSING THE DEVELOPMENT OF THE SOFTWARE TO BE INDEPENDENT OF AECF, AECF CAUSED THE FORMATION OF CASE COMMONS, INC. ("CCI"). THE SOFTWARE DEVELOPED BY CCI IS INTENDED FOR USE BY PROVIDERS OF SOCIAL SERVICES, SUCH AS GOVERNMENTAL CHILD WELFARE AGENCIES, FOSTER CARE PROVIDERS, AND COMMMUNITY-BASED CASE MANAGEMENT ORGANIZATIONS, AND THEREBY TO LESSEN THE BURDENS ON THEM. CCI ALSO PROVIDES SERVICES RELATED TO THE SOFTWARE, INCLUDING HOSTING, ON-SITE CONSULTATION, AND TRAINING. ALTHOUGH AECF CURRENTLY HAS REPRESENTATIVES ON THE BOARD OF DIRECTORS OF CCI AND CONTINUES TO PROVIDE SUBSTANTIAL FUNDING OF THE SOFTWARE DEVELOPMENT UNDER THE AUSPICES OF CCI, A MAJORITY OF THE DIRECTORS OF THE CCI BOARD ARE

FORM 990-PF INTEREST ON SAVI	NGS AND TEM	PORARY CASH	INVESTMENTS	STATEMENT 1
SOURCE				AMOUNT
VARIOUS			-	2,168.
TOTAL TO FORM 990-PF, PART I,	LINE 3, CO	LUMN A	=	2,168.
FORM 990-PF	OTHER I	NCOME		STATEMENT 2
DESCRIPTION	:	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
CONFIGURATION INCOME LICENSING AND HOSTING		2,480,000. 185,471.	0.	
TOTAL TO FORM 990-PF, PART I,	LINE 11 =	2,665,471.	0.	2,665,471.
FORM 990-PF	LEGAL	FEES		STATEMENT 3
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
LEGAL FEES	64,683.	0	. (	64,683.
TO FM 990-PF, PG 1, LN 16A =	64,683.	0	. (	64,683.
FORM 990-PF C	THER PROFES	SIONAL FEES		STATEMENT 4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
SOFTWARE DEVELOPMENT FEES OTHER CONSULTING FEES	4,752,163. 1,475,958.	0	•	
HOSTING AND OTHER TECHNOLOGY	137,911.	0	•	
TECHNOLOGY	116,872.		20,443	

FORM 990-PF	OTHER E	XPENSES		STATEMENT 5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOM	
OFFICE EXPENSES PAYROLL PROCESSING FEES OTHER EXPENSES INSURANCE	51,702. 29,100. 4,962. 27,190.	0.	6,58	
TO FORM 990-PF, PG 1, LN 23	112,954.	0.	16,15	96,798.
FORM 990-PF	OTHER LIA	BILITIES		STATEMENT 6
DESCRIPTION		ВС	Y AMOUNT	EOY AMOUNT
REFUNDABLE ADVANCES			0.	927,459.
TOTAL TO FORM 990-PF, PART I	I, LINE 22	<del></del>	0.	927,459.

FORM 990-PF PART VIII - LIST TRUSTEES AND	OF OFFICERS, DI	STATEMENT 7		
NAME AND ADDRESS	TITLE AND AVRG HRS/WK			EXPENSE
PATRICK MC CARTHY 701 ST. PAUL STREET BALTIMORE, MD 21201-2311	CHAIR OF THE BO	ARD 0.	0.	0.
KATHLEEN ANNE FEELY 841 BROADWAY, 8TH FL NEW YORK, NY 10003	PRESIDENT/BOARD 40.00	MEMBER 0.	0.	0.
BARBARA GUNN SEEDCO, 915 BROADWAY, 17TH FL NEW YORK, NY 10010	SECRETARY/BOARD 4.00	MEMBER 0.	0.	0.
DOUGLAS NELSON 9549 LEE VALLEY BLANCHARDVILLE, WI 53516	TREASURER/BOARD 4.00	MEMBER 0.	0.	0.
BLAIR LEVIN ASPEN INSTITUTE, ONE DUPONT CIRCLE NW, STE 700 WASHINGTON, DC 20036-1133	BOARD MEMBER	0.	0.	0.
CHARLES SIMON 841 BROADWAY, 8TH FL NEW YORK, NY 10003	GEN'L COUNSEL & 40.00			0.
HEATHER WESTON 841 BROADWAY, 8TH FL NEW YORK, NY 10003	CHIEF OPERATING 32.00		8,820.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6,	PART VIII	339,300.	19,762.	0.

Form 8868 (Rev. 1-2012)						Page 2
If you are filing for an Additional (Not Automatic) 3-Month E	xtension,	complete only Part II and check the	s box		<b>•</b>	X
Note. Only complete Part II if you have already been granted an				8868.		
<ul> <li>If you are filing for an Automatic 3-Month Extension, comple</li> </ul>						
Part II Additional (Not Automatic) 3-Month I	Extensio	n of Time. Only file the origi	nal (no d	copies n	eeded).	
		Enter filer's	identifyi	ng numbe	er, see instr	uctions
Type or Name of exempt organization or other filer, see instr	uctions		Employe	r identific	ation numbe	r (EIN) or
print						
File by the CASE COMMONS INC X 27-2832						<u> </u>
due date for filing your return See 841 BROADWAY, 8TH FLOOR	Social se	ecunty nui	mber (SSN)			
City, town or post office, state, and ZIP code. For a NEW YORK, NY 10003	foreign add	lress, see instructions.				
Enter the Return code for the return that this application is for (fi	ile a separa	te application for each return)			[	0 4
					· · · · · · · ·	Datum
Application · –	Return	Application				Return
Is For	Code	ls For				Code
Form 990	01	Form 1041-A				08
Form 990-BL Form 990-EZ	01	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					12
STOP! Do not complete Part II if you were not already grante		· · · · · · · · · · · · · · · · · · ·	viously file	ed Form 8	3868.	
THE FOUNDATION						
<ul> <li>The books are in the care of ► 841 BROADWAY,</li> </ul>	8TH F	LOOR - NEW YORK, N	Y 100	03		
Telephone No. ► 347-746-0680		FAX No. ▶			_	
If the organization does not have an office or place of business	ss in the Ur	nited States, check this box	-		▶ [	
If this is for a Group Return, enter the organization's four digit			If this is fo	r the who	le group, ch	eck this
box ▶ . If it is for part of the group, check this box ▶	_	ach a list with the names and EINs o				
4 I request an additional 3-month extension of time until	NOVEM	BER 15, 2012.				
5 For calendar year $2011$ , or other tax year beginning		, and endir	<del></del>			·
6 If the tax year entered in line 5 is for less than 12 months,	check reas	on: 🔲 Initial return L	Final	return		
Change in accounting period						
7 State in detail why you need the extension		ODVARIAN DEGUNARED	- T.). C			
WE ARE WAITING FOR THIRD PART		ORMATION REQUESTED	INC	RDER	TO FIL	ıE A
COMPLETE AND ACCURATE RETURN.	<u> </u>					
	0000			T	<u> </u>	
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720,	, or 6069, e	enter the tentative tax, less any	8a	\$		43.
nonrefundable credits. See instructions.  b If this application is for Form 990-PF, 990-T, 4720, or 6069		refundable gradite and estimated	Oa	<b>3</b>		
If this application is for Form 990-PF, 990-T, 4720, or 6069 tax payments made. Include any prior year overpayment a	-					
previously with Form 8868.	allowed as a	a credit and any amount paid	8b	s		0.
c Balance due. Subtract line 8b from line 8a. Include your p	avment wit	th this form if required by using		1		
EFTPS (Electronic Federal Tax Payment System). See inst		in this term, in required, by seining	8c	\$		43.
		st be completed for Part II		<del></del>		
Under penalties of periury. I declare that I have examined this form, inclu						
it is true, correct, and complete, and that I am authorized to prepare this	iding accomj form	panying schedules and statements, and t	o the best (	ot my know	dedge and beli	ef,
it is true, correct, and complete, and that I am authorized to prepare this  Signature   Title	form	panying schedules and statements, and t	o the best o		rledge and beli	ef,

## Form **8868** (Rev. January 2012)

(PISY. JENUARY 2012)
Department of the Tressury
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

	u are filing for an Automatic 3-Month Extension, complet				*********	$(\mathbf{X})$
	u are filing for an Additional (Not Automatic) 3-Month Ext					
	t complete Part II unless you have already been granted a					
	onic filing (e-file). You can electronically file Form 8868 if y					
	d to file Form 990-T), or an additional (not automatic) 3-mor					
	to file any of the forms listed in Part I or Part II with the exc					
	al Benefit Contracts, which must be sent to the IRS in pap		see instructions). For more details o	n the elec	ctronic nung of this fe	э <b>т,</b>
visit w	ww.irs.gov/efile and click on e-file for Charities & Nonprofits  Automatic 3-Month Extension of Time	Onlys	ubmit original (no copies ne	aded).		
A com	oration required to file Form 990-T and requesting an auton	natic 6-mo	onth extension · check this box and	complete		
Part I d	·					
	er corporations (including 1120-C filers), pertnerships, REM	ICs. and ti	rusts must use Form 7004 to reques	t an exter	nsion of time	_
	ncome tex returns.					
Туре с	Name of exempt organization or other filer, see instru	ctions.		Employe	r identification numb	er (EIN) or
print						
	CASE COMMONS INC			X	27-283213	7
File by the due date for Number, street, and room or suite no. If a P.O. box, see instructions.  Social security number (5)					ecurity number (SSN	)
Sting your return. See 86 CHAMBERS STRET, NO. 701					<del></del>	
Instructio	City, town or post office, state, and ZIP code. For a following YORK, NY 10007	oreign add	ress, see instructions.			
	NEW TORK, NI 10007		<del></del>		<del></del>	
Enter t	he Return code for the return that this application is for (file	o conomi	te application for each return)			04
Eillei (	tie Uatout code for the leterit met me abbitogram is in fine	a sopara	to appropriate for cast forcerry	************	***************************************	تيت.
Applic	etion	Return	Application			Return
Is For		Code	is For			Code
Form 9		01	Form 990-T (corporation)			
	990-BL	02	Form 1041-A			
	980-EZ	01	Form 4720			09
	980-PF	04	Form 5227			10
	990-T (sec. 401(a) or 408(a) trust)	05	Form 6089			11
Form 9	990-T (trust other than above)	08	Form 8870			12
	THE FOUNDATION					
	books are in the care of > 86 CHAMBERS STI	RET, 1		, NY	10007	
	ephone No. ► 215-751-2370		FAX No. P			_
	ne organization does not have an office or place of business					لــا
	is is for a Group Return, enter the organization's four digit					
box			· · · · · · · · · · · · · · · · · · ·		ers the extension is	for.
1 1	request an automatic 3-month (6 months for a corporation AUGUST 15, 2012 to file the example.	-			<b>-</b>	
;	s for the organization's return for:	t otganiza:	tion return for the organization name	90 800V8.	ine extension	
	► X calandar year 2011 or					
ì	tax year beginning	en	d ending			
					<b> '</b>	
2	f the tax year entered in line 1 is for less than 12 months, c	heck reas	on: Initial return I	Final retu	m	
	Change in accounting period				••	
3a (	f this application is for Form 990-BL, 990-PF, 990-T, 4720, o	or 6089, er	nter the tentative tax, less any			
2	nonrefundable credits. See instructions.			Зв	\$	0.
	f this application is for Form 990-PF, 990-T, 4720, or 6069,					
9	estimated tax payments made. Include any prior year overp	ayment all	lowed as a credit.	<u>3b</u>	\$	0.
0	Balance due. Subtract line 3b from line 3a. Include your pa	yment witi	h this form, if required,			
<u>k</u>	ov using EFTPS (Electronic Federal Tax Payment System).	<u>See Instruc</u>	ctions.	30	\$	0.
<u>Ceutio</u>	n. If you are going to make an electronic fund withdrawal w	ith this Fo	m 8868, see Form 8453-EO and Fo	m 8879-		
LHA	For Privacy Act and Paperwork Reduction Act Notice,	see Instru	ictions.		Form 8868 (Re	v. 1·2012)

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<ul> <li>If you are filing for an Additional (Not A</li> </ul>					$\triangleright$ $X$
Note. Only complete Part II if you have all			iled Form 8	868.	
If you are filing for an Automatic 3-Mon			aal /na aa		
Part II Additional (Not Auto	matic) 3-ivionth Extensi	on of Time. Only file the origin			
		Enter filer's		g number, see ir	
· · · · · · · · · · · · · · · · · · ·	or other filer, see Instructions		Employer	identification nur	mber (EIN) or
print   CASE COMMONS INC	ı		X	27-28321	37
due data de-	sulte no. If a P.O. box, see instru	uctions			
return See 841 BROADWAY, 8T		curity number (SS	)(V)		
Instructions. City, town or post office, state	e, and ZIP code. For a foreign ac	ddress, see instructions.			
NEW YORK, NY 10	003				
Enter the Return code for the return that t	his application is for (file a separ	rate application for each return)			0 4
Amelication	D-A	Taurileasies			Datas
Application Is For	Return	1. ''_			Return
Form 990	01	15 FOI	7 7773	2525 4 3	Code
Form 990-BL	02	Form 1041-A			08
Form 990-EZ	01	Form 4720			09
Form 990-PF	04	Form 5227			10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069		<del></del>	11
Form 990-T (trust other than above) 06 Form 8870					12
STOPI Do not complete Part II if you we	re not already granted an auto	matic 3-month extension on a previ	lously filed	Form 8868.	
	FOUNDATION				
• The books are in the care of ▶ 841	BROADWAY, 8TH F	FLOOR - NEW YORK, N	Y 1000	3	
Telephone No. ► 347-746-06	80	FAX No. ▶			
<ul> <li>If the organization does not have an off</li> </ul>	ice or place of business in the U	Inited States, check this box			· 🗀
• If this is for a Group Return, enter the o	rganization's four digit Group E	kemption Number (GEN) II	f this is for t	the whole group,	check this
box ▶ . If it is for part of the group,		tach a list with the names and EINs of	all member	rs the extension	ls for.
4 I request an additional 3-month exte		IBER 15, 2012.			
5 For calendar year $2011$ , or other		, and ending			<del></del> '
6 If the tax year entered in line 5 is for	less than 12 months, check rea	son: L Initial return L	Final ref	turn	
Change in accounting period					
7 State in detail why you need the ext	ension DARMY TAL	ORMATION REQUESTED	IN OR	DER TO F	TT.F A
COMPLETE AND ACCUR		ORMATION REQUESTED	IN ON	DER TO F	THE V
COMPLETE AND ACCOM	AIL REIORN.	<del></del>		<del></del>	<del></del>
8a If this application is for Form 990-BL	000-PE 000-T 4720 or 6060	anter the tentative tax less any	TT		
8a If this application is for Form 990-BL nonrefundable credits. See Instruction		onto the tentative tax, less any	8a	\$	43.
b If this application is for Form 990-PF		v refundable credits and estimated	3525	<del></del> -	
tax payments made. Include any pri			<u> </u>		
previously with Form 8868.	or year everpayment anomes as	a silvent and any annount para		\$	0.
c Balance due. Subtract line 8b from	line 8a. Include your payment w	ith this form, if required, by using		· <del>·</del>	
EFTPS (Electronic Federal Tax Paym	• • •		8c	\$	43.
		st be completed for Part II o	nly.		
Under penalties of perjury, I declare that I have a	examined this form, including accom		_	ny knowledge and	bellef,
it is true, correct, and complete, and that I am at	uthorized to prepare this form.				
Signature >	Title ► CEO		Date	<u> </u>	
				Form 8868 (F	Rev. 1-2012)

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