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Return of Private Foundation
or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation
Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0052

ror ca	Hend	ar year 2011 of tax year deginning		, anu enum	<u>y</u>		
Nam	e of t	oundation				A Employer identification	number
TH	ΙE	DIPIETRO FAMILY FOUNDAT	rion, inc.			52-2165377	
Numi		d street (or P.O box number if mall is not delivered to street a		Roo	om/suite	B Telephone number	
10) (HITTENDEN LANE				410-581-78	322
City		wn, state, and ZIP code				C If exemption application is p	pending, check here
		IGS MILLS, MD 21117					
		all that apply Initial return	Initial return of a for	mer public charr	ty	D 1. Foreign organization	s, check here 🕨 🗔
		Final return	Amended return				
		Address change	Name change			Foreign organizations management of the control of	eeting the 85% test, omputation
H CI	neck	type of organization X Section 501(c)(3) exe	empt private foundation		_	E If private foundation sta	itus was terminated
	Sec		Other taxable private foundat	ion		under section 507(b)(1	
l Fai	r mai	ket value of all assets at end of year J Accounting	g method X Cash	Accrual		F If the foundation is in a	60-month termination
(fro	m P	art II, col. (c), line 16)	ner (specify)			under section 507(b)(1)(B), check here
_▶	\$	168,503. (Part I, colur	mn (d) must be on cash b	asis.)			
Pa	rt I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not	(a) Revenue and	(b) Net invest		(c) Adjusted net	(d) Disbursements for charitable purposes
		necessarily equal the amounts in column (a)	expenses per books	ıncome		Income	(cash basis only)
I	1	Contributions, gifts, grants, etc., received	2,415.			N/A	
ļ		Check X if the foundation is not required to attach Sch B					
	3	Interest on savings and temporary cash investments					
l	4	Dividends and interest from securities	693.	. <u> </u>	693.		STATEMENT 1
	5a	Gross rents					
	b	Net rental Income or (loss)				***************************************	
<u>o</u>	6a	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all 1 0 0 0 0	<9,984.	>	·····		
Revenue	þ	assets on line 6a		<u></u>	0.	***************************************	
3e		Capital gain net Income (from Part IV, Ilne 2)			<u> </u>		
_		Net short-term capital gain			*************		
	9	Income modifications Gross sales less returns					
	_	and allowances	***************************************	***************************************	*************		
		Less: Cost of goods sold		•••••			
		Other Income RECEIVED					
	11 12	Other income RECEIVED	<6,876.	>	693.		
	_		8 0.		0.		0.
	14	Compensation of officers, directors, trustees etc. Other employee salaries and wages 92012					
	15	Pension plans, employee_benefits.	18				
ses		Legal fees OGDEN 117					
ens		Accounting fees STMT 2	850.		850.		0.
×		Other professional fees					
9	17	Interest					
雍	18	Taxes STMT 3	1,565.	1	,565.		0.
and Administrative Expen	19	Depreciation and depletion					
Ę.	20	Occupancy					
Ą	21	Travel, conferences, and meetings					
P	22	Printing and publications					
Ð	23	Other expenses					
J.Z. atir	24	Total operating and administrative					
NUV I 4 2012	1	expenses. Add lines 13 through 23	2,415.	2	,415.		0.
4 o	25	Contributions, gifts, grants pald	112,875.				112,875.
⊣	26	Total expenses and disbursements.					
≥		Add lines 24 and 25	115,290.	2	,415.		112,875.
Ž	27	Subtract line 26 from line 12				,	
ANNED I	a	Excess of revenue over expenses and disbursements	<122,166.	>		-	<u> </u>
끶	6	Net investment income (if negative, enter -0-)			0.	, , , , , , , , , , , , , , , , , , , ,	
Z	<u> </u>	Adjusted net income (if negative, enter -0-)	-	, ,		N/A	
€1235	רט	LUA For Panerwork Peduction Act Notice con	Instructions				Form QQQ_DE (2011)

123511 12-02-11

		ETRO FAMILI			IVC .	•		32-210	JJII Pages
Part IV Gapital Gains	and Lo	sses for Tax on Ir	nvestment	Income					
(a) List and desc	ribe the kir	id(s) of property sold (e g	, real estate,	-	(b) H	low acquired - Purchase	(c)	Date acquired	(d) Date sold
		or common stock, 200 sh			b	- Donation	(1	no , day, yr.)	(mo , day, yr.)
1a ARTIO INTL EQU	ITY F	UND		-	1	P	05	/05/05	04/04/11
b WASHINGTON MUT						P	0.9	/08/99	04/04/11
C					1		_		
d							+		
					+-		-		· · · · · · · · · · · · · · · · · · ·
<u>e</u>	(0.5	Name and the state of the state	(=) Cook	ha- alba- basis	1			(h) Gain or (los:	·\
(e) Gross sales price	(1) (epreciation allowed (or allowable)	1 10,	t or other basis opense of sale			11	a) plus (f) minus	
- FO 000	ļ	(or unorrapio)	pias 07	<u> </u>	0			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<1,228.
a 50,000.			 	51,22					<8,756.
b 50,000.				58,75	90.		-		<u> </u>
<u> </u>									
d	.								
е									
Complete only for assets showi	ng gain in d	column (h) and owned by	the foundation	on 12/31/69			(I) Ga	ins (Col (h) gai	n minus
/I) F.M.V4.40/04/00	1 (j) Adjusted basis		cess of col (i)			COI. (K	, but not less the osses (from col.	an -U-) or /h\\
(i) F.M.V. as of 12/31/69		as of 12/31/69	over	col. (j), if any					
a									<1,228.
b									<8,756.
C									
d									
е									
	·	C té coro plan anto	r in David L line	-	7				
2 Capital gain net income or (net c	anıtal loss)	if gain, also ente If (loss), enter -C	n un Part I, mie i N- in Part I line i	<i>r</i> 7	þ	2			<9,984.
, ,		•			,				
3 Net short-term capital gain or (lo			nd (6)		٦ '	İ			
If gain, also enter in Part I, line 8 If (loss), enter -0- in Part I, line 8		5)			P	9		N/2	Δ.
Part V Qualification (Jnder S	ection 4940(e) for	r Reduced	Tax on Ne	t Inv	estment	Incor		
(For optional use by domestic private									
(For optional use by domestic prival	ie ivuiiuati	ons subject to me section	4340(a) tax on	net mvestment	incom	0.,			
If section 4940(d)(2) applies, leave	this part bl	ank							
M/se the foundation hable for the co	otion 4040	tou on the distributable or	mount of any vo	ar in the hone n	ariod?				Yes X No
Was the foundation liable for the se				=	enou?		•		162 [22] 140
If "Yes," the foundation does not qual 1 Enter the appropriate amount in					riac				·
The second secon	Bacil Colu		idedolis belole	-		· · · · · · · · · · · · · · · · · · ·			(d)
(a) Base period years	. 1	(b) Adjusted qualifying di	etributione	Net value of n	(a) Loncha		ceate	Dist	(d) ribution ratio
Calendar year (or tax year beginn	ing in)			IAEL ASIDE OLI	IUIICIIa			(col. (b) c	Irvided by col. (c))
2010			50,339.			258,1			.582384
2009			91,080.			269,0			.338488
2008			51,194.			427,8			.353370
2007			99,910.			585,0			.170780
2006		15	55,005.			573,0)63.		.27048
									.
2 Total of line 1, column (d)								2	1.71550
3 Average distribution ratio for the	5-year ba	se period - divide the total	l on line 2 by 5,	or by the number	er of y	ears			
the foundation has been in exist	ence if less	than 5 years						3	.34310
4 Enter the net value of noncharita	able-use as	sets for 2011 from Part X	line 5					4	200,535
			,		•	•			
5 Multiply line 4 by line 3								5	68,804
5 Multiply line 4 by line 5 .	•			•					
6 Feb 40/ of making continues to a con-	/40/	(D-41 b 076)							0
6 Enter 1% of net investment inco	ime (1% o	r Part I, line 27b)					• •	6	
								_	CO 004
7 Add lines 5 and 6								7	68,804
8 Enter qualifying distributions fro	m Part XII	, line 4	•					8	112,875
If line 8 is equal to or greater the See the Part VI instructions	an line 7, c	heck the box in Part VI, lin	ne 1b, and comp	plete that part us	ing a	1% tax rate			

Form	990-PF (2011) THE DIPIETRO FAMILY FOUNDATION, INC. 52-216			age 4
Pa	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	instru	ction	s)
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 X and enter 1%			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-)			0.
	Add lines 1 and 2			0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0.
	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			0.
6	Credits/Payments			
а	2011 estimated tax payments and 2010 overpayment credited to 2011 6a 6a			
	Exempt foreign organizations - tax withheld at source 6b			
C	Tax paid with application for extension of time to file (Form 8868)			
d	Backup withholding erroneously withheld 6d			
7	Total credits and payments. Add lines 6a through 6d			0.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached.			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			0.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
11	Enter the amount of line 10 to be: Credited to 2012 estimated tax ▶ Refunded ▶ 11			
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 intervene in		Yes	
	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)?	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or			
	distributed by the foundation in connection with the activities.			
	Did the foundation file Form 1120-POL for this year?	16		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year.			
	(1) On the foundation. ► \$ O . (2) On foundation managers. ► \$ O .			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			
	managers. > \$O.			v
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	١,	•	v
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
	in Did the foundation have unrelated business gross income of \$1,000 or more during the year?	48		A
	• • • • • • • • • • • • • • • • • • • •	4b 5		X
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	ļ <u></u>		
c	If "Yes," attach the statement required by General Instruction T. Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
6	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			
		6		x
7	remain in the governing instrument? 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.		-	1
R:	a Enter the states to which the foundation reports or with which it is registered (see instructions)			
-	MD	-		
ı	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	8b	Х	1
9	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1	
_	year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes," complete Part XIV	9		Х
_10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses	10		X
		Form 99 0)-PF	(2011)

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Total. Add lines 1 through 3

P	Minimum Investment Return (All domestic foundations must	t complete this part. Foreign four	ndations, see	instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, et	tc , purposes.		
а	Average monthly fair market value of securities		1a	198,411. 5,178.
	Average of monthly cash balances		1b	5,178.
	Fair market value of all other assets	_	10	
ď	Total (add lines 1a, b, and c)	1	1d	203,589.
е	Reduction claimed for blockage or other factors reported on lines 1a and	ļ		
	1c (attach detailed explanation)	0.		
2	Acquisition indebtedness applicable to line 1 assets		2	0.
3	Subtract line 2 from line 1d		3	203,589.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see	e instructions)	4	3,054.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Pa		5	200,535.
6	Minimum investment return. Enter 5% of line 5		6	10,027.
P	pistributable Amount (see instructions) (Section 4942(j)(3) and (foreign organizations check here and do not complete this part)	j)(5) private operating foundations ar	nd certain	
1	Minimum investment return from Part X, line 6		1	10,027.
2a	Tax on investment income for 2011 from Part VI, line 5	a		
b	Income tax for 2011 (This does not include the tax from Part VI.)			
C	Add lines 2a and 2b		20	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1		3	10,027.
4	Recoveries of amounts treated as qualifying distributions		4	0.
5	Add lines 3 and 4	·	5	10,027.
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	I, line 1	7	10,027.
P	art XII Qualifying Distributions (see instructions)			
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purpos	es.		110 075
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26		.1a .	112,875.
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		•	3a	
b	Cash distribution test (attach the required schedule)		3b	110 055
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and		4	112,875.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investor	nent		•
	income. Enter 1% of Part I, line 27b		5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4		6	112,875.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years whe	n calculating whether the foundation	qualifies for th	ie section

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2010	(c) 2010	(d) 2011
1 Distributable amount for 2011 from Part XI,				
line 7				10,027.
2 Undistributed income, if any, as of the end of 2011	***************************************		- 11400000000000000000000000000000000000	20/02/8
a Enter amount for 2010 only			0.	
b Total for prior years	······································			411111 1111 1111 1111 1111 1111 1111 1111 1111 1111 1111 1111 1111 1111 1111 111
		0.		
3 Excess distributions carryover, if any, to 2011.			######################################	
a From 2006 129,022.				
b From 2007 73,345.				
c From 2008 132, 453.				
d From 2009 78,370.				
e From 2010 140,394.				
f Total of lines 3a through e	553,584.			
4 Qualifying distributions for 2011 from		······································	······································	
Part XII, line 4 ▶\$112,875.				
a Applied to 2010, 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		U •		
(Election required - see instructions)	0.			
d Applied to 2011 distributable amount				10,027.
e Remaining amount distributed out of corpus	102,848.			10,027.
5 Excess distributions carryover applied to 2011	0.			0.
(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	656,432.			
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 2010. Subtract line				
4a from line 2a. Taxable amount - see instr.		,	0.	,
f Undistributed income for 2011, Subtract			, ,,	
lines 4d and 5 from line 1 This amount must				
be distributed in 2012			,,	0.
7 Amounts treated as distributions out of				······································
corpus to satisfy requirements imposed by		•		
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2006				
not applied on line 5 or line 7	129,022.			
9 Excess distributions carryover to 2012.				***************************************
Subtract lines 7 and 8 from line 6a	527,410.			
IO Analysis of line 9:				,
a Excess from 2007 73,345.	,			
b Excess from 2008 132,453.				
c Excess from 2009 78,370.			,	
d Excess from 2010 140,394.				
e Excess from 2011 102,848.				
	<u></u>	<u>11</u>	<u> </u>	Form 000 DE (0044)

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Forr	n 990-PF (201	(1) THE DIP	IETRO FAMILY	FOUNDATIO	N, INC.	52-21	65377 Page 10
P	art XIV P	rivate Operating Fo	oundations (see ins	tructions and Part VII-	A, question 9)	N/A	
1 8	If the founda	ation has received a ruling or	determination letter that i	t is a private operating			
		and the ruling is effective for			. ▶		
t		o indicate whether the found		*	section	4942(J)(3) or 49	42(j)(5)
		ser of the adjusted net	Tax year		Pnor 3 years		
		n Part I or the minimum	(a) 2011	(b) 2010	(c) 2009	(d) 2008	(e) Total
		return from Part X for					
	each year lis						
	85% of line	,					
					··		
•		istributions from Part XII,					
		ch year listed				-	
•		cluded in line 2c not					
		y for active conduct of					Į
	exempt activ	·					
(istributions made directly					
		induct of exempt activities					
•		e 2d from line 2c					<u> </u>
3		a, b, or c for the est relied upon:					
;		rnative test - enter					
	(1) Value o	of all assets					
		of assets qualifying section 4942(j)(3)(B)(i)					
-		t" alternative test - enter					
		num investment return art X, line 6 for each year					
		ternative test - enter:					
	• •	upport other than gross					
	• •	nent income (interest,					
		ds, rents, payments on					
		ies loans (section (5)), or royalties)		Til			
		rt from general public					<u> </u>
	and 5	or more exempt			10		
	organiz	zations as provided in	,				
		1 4942(j)(3)(B)(iii)					
		t amount of support from					
		mpt organization					
T _G		investment income Supplementary Info	rmetion (Comple	to this part only	if the foundation	n had \$5 000 or m	ore in assets
F.		at any time during			ii tile loulidatio	11 Had 40,000 of 111	010 111 000010
_		on Regarding Foundation		4011011011	····		
1		on Regarding Foundation which the state of the foundation when the state of the foundation which the state of	_	than 20% of the total con	tributions received by t	he foundation before the clo	nee of any tay
		inagers of the foundation wi nly if they have contributed (moutions received by t	ne roundation before the cit	130 OF ATTY CAX
NIC	ONE	,,	**************************************				
		anagers of the foundation w	o own 10% or more of th	e etack of a corporation	/or an equally large no	rtion of the ownership of a r	nartnershin or
	other entity	r) of which the foundation ha	is a 10% or greater interes	st.	(or an equally large po-	ition of the ownership of a p	Authoromp of
NC	ONE	,	·				
_		on Regarding Contribut	ion Grant Gift Loan	Sahalamhin ata D	rograms		
2		► X if the foundation				c not accept upsolicited rec	waete for funde. If
		tion makes gifts, grants, etc.					
			<u> </u>				
	a ine name,	address, and telephone nun	nder of the person to who	m applications should be	addressed		
_	h The form in	n which applications should	he submitted and informa	tion and materials they s	hould include:		
			De Submitted and imprina				
	c Any Submit	ssion deadlines:					
_	d Any restric	tions or limitations on award	is, such as by geographic	al areas, charitable fields	, kinds of institutions, o	or other factors:	
	•		•				

Form 990-PF (2011) THE DIPIETRO	FAMILY FOUNDAT	TON, THE.	52-216	5377 Page 11
Part XV Supplementary Information				
3 Grants and Contributions Paid During the		Payment		
Recipient 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	of substantial contributor	Toopen		
A STEP 2 SUCCESS 11019 MCCORMICK RD HUNT VALLEY, MD 21030	NONE	PUBLIC CHARITY	GENERAL FUND	600.
ALZHEIMMERS ASSOC 1850 YORK RD TIMONIUM, MD 21093	NONE	PUBLIC CHARITY	GENERAL FUND	
CYSTIC FIBROSIS FOUNDATION 10626 YORK RD, STE A HUNT VALLEY, MD 21030	NONE	PUBLIC CHARITY	GENERAL FUND	2,825.
FAMILY TREE 2108 N CHARLES ST BALTIMORE, MD 21218	NONE	PUBLIC CHARITY	GENERAL FUND	
GARRISON FOREST CAPITAL CAMPAIGN 300 GARRISON FOREST RD OWINGS MILLS, MD 21117	NONE	PUBLIC CHARITY	general fund	70,000
	MTINUATION SHE	EI(S)		112,875
b Approved for future payment NONE				
Total .			▶ 3b	0
1,0181				orm 990-PF (2011

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Part XVI-A Analysis of Income-Producing Activities

	i ilozolato	d business income			
ter gross amounts unless otherwise indicated.	(a) Business	d business income (b)	(C) Exclu- sion	oy section 512, 513, or 514 (d)	(e) Related or exempt
Program service revenue	code	Amount	code	Amount	function income
a					
b					
C					
d					
e					
f					
g Fees and contracts from government agencies					
Membership dues and assessments					
Interest on savings and temporary cash] }				
Investments .					
Dividends and interest from securities			14	693.	
Net rental income or (loss) from real estate:		,			
a Debt-financed property					
b Not debt-financed property					
Net rental income or (loss) from personal					
property					
Other investment income					
Gain or (loss) from sales of assets other					
than inventory	[18	<9,984.	>
Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory					<u></u>
Other revenue		1			i
			1 1		
a		-			L
b					
b					
b					
b t d Subtotal Add columns (b), (d), and (e)).	<9,291.	
b c d e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e)) .	<9,291.	
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In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? If 'Yes,' complete the following schedule. (a) Name of organization N/A Under penalties of perjury, I declare than have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief. It sprue, correct, and compile. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge shown before the period of fittee of officer of trustee Print/Type preparer's name Preparer's signature Preparer's signature Date Check if self- employed GERALD H. LEAN, CPA Preparer's signature Date Check if self- employed Firm's name NADEN/LEAN, LLC Firm's name NADEN/LEAN, LLC Firm's address 10626 YORK ROAD, SUITE H HUNT VALLEY, MD 21030 Phone no (410) 453-5500		·	 							
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In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? If 'Yes,' complete the following schedule. (a) Name of organization N/A Under penalties of perjuny, I declare than have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief. It sprue, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge shown below (see instr.)? Yes X No by If 'Yes,' complete the following schedules. (a) Name of organization (b) Type of organization (c) Description of relationship May the IRS discuss this return with the preparer shown below (see instr.)? Yes No PRESIDENT Title Print/Type preparer's name Preparer Signature Date Check if self- employed GERALD H. LEAN, CPA Preparer Use Only Firm's name NADEN/LEAN, LLC Firm's address NADEN/LEAN, LLC Firm's address NADEN/LEAN, MD 21030 Phone no (410) 453-5500		·	 							
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? If 'Yes,' complete the following schedule. (a) Name of organization N/A Under penalties of perjuny, I declare than have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief. It sprue, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge shown below (see instr.)? Yes X No by If 'Yes,' complete the following schedules. (a) Name of organization (b) Type of organization (c) Description of relationship May the IRS discuss this return with the preparer shown below (see instr.)? Yes No PRESIDENT Title Print/Type preparer's name Preparer Signature Date Check if self- employed GERALD H. LEAN, CPA Preparer Use Only Firm's name NADEN/LEAN, LLC Firm's address NADEN/LEAN, LLC Firm's address NADEN/LEAN, MD 21030 Phone no (410) 453-5500										
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? If 'Yes,' complete the following schedule. (a) Name of organization N/A Under penalties of perjury, I declare than have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief. It sprue, correct, and compile. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge shown before the period of fittee of officer of trustee Print/Type preparer's name Preparer's signature Preparer's signature Date Check if self- employed GERALD H. LEAN, CPA Preparer's signature Date Check if self- employed Firm's name NADEN/LEAN, LLC Firm's name NADEN/LEAN, LLC Firm's address 10626 YORK ROAD, SUITE H HUNT VALLEY, MD 21030 Phone no (410) 453-5500										
b If Yes, complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A Under penalties of perjury, I declare that have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is frue, coget, and complete declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge return with the preparer shown below (see instr.)? Vision Visio	2a is the four	ndation directly or indire	ctly affiliated with, or	related to, one	or more tax-exempt organ	izations described				_
(a) Name of organization (b) Type of organization (c) Description of relationship N/A	in section	501(c) of the Code (other	ar than section 501(c)(3)) or in sect	ion 527?			Yes	Σ	∐ No
N/A Under penalties of perjury, I declare that There examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it sprue, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge return with the preparer sound belief, it sprue, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge return with the preparer in the preparer. Date Print/Type preparer's name Preparer's signature Date Check if PTIN self- employed Prim's name ▶ NADEN/LEAN, LLC Firm's name ▶ NADEN/LEAN, LLC Firm's address ▶ 10626 YORK ROAD, SUITE H HUNT VALLEY, MD 21030 Phone no (410) 453-5500	b If "Yes," co									
Sign Here Under penalties of perjury, I declare that have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief. It is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge return with the preparer shown below (see inst;)? PRESIDENT X Yes No			ganization		(b) Type of organization		(c) Description of relatio	nship		
Sign Here and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge PRESIDENT Title Print/Type preparer's name Preparer's signature GERALD H. LEAN, CPA Preparer Use Only Firm's address > 10626 YORK ROAD, SUITE H HUNT VALLEY, MD 21030 PRESIDENT Title PRESIDENT PRESIDENT Title PRESIDENT PRESIDENT Title Print/Type preparer's name Preparer's signature Date Check if PTIN self- employed Firm's EIN > 52-1134847 Phone no (410) 453-5500		N/A								
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Here Signature of officer of trustee Date Date Print/Type preparer's name Preparer's signature Date Date Print/Type preparer's name Preparer's signature Preparer's signature Preparer's signature Print/Type preparer's name Preparer's signature Preparer's name Prepare								May the IRS	discuss	this
Here Signature of officer of trustee Print/Type preparer's name Preparer's signature GERALD H. LEAN, CPA Preparer Firm's name ► NADEN/LEAN, LLC Firm's address ► 10626 YORK ROAD, SUITE H HUNT VALLEY, MD 21030 PRESIDENT X Yes No PRESIDENT X Yes No PRESIDENT X Yes No PRESIDENT A Yes No Preparer Self- employed Firm's EIN ► 52-1134847 Phone no (410)453-5500	Sign and be	eller, it is true, correct, and c	amplete. Declaration of pr	reparer (other tha	n taxpayer) is based on all infor	mation of which prepare	nas any knowledge	return with th	re prepa	arer .
Paid Print/Type preparer's name Preparer's signature Date Check ☐ if self- employed self- employed Preparer Firm's name ► NADEN/LEAN, LLC Firm's address ► 10626 YORK ROAD, SUITE H HUNT VALLEY, MD 21030 Paid Print/Type preparer's name 10/26/12 P00296807 Firm's EIN ► 52-1134847	Here	(VI rable &	111V		1 11/6/12	PRESI		(T)	` _	— 1'
Paid Preparer Use Only Firm's address ► 10626 YORK ROAD, SUITE H HUNT VALLEY, MD 21030 Self- employed 10/26/12 P00296807 Firm's EIN ► 52-1134847	Sigr	nature of officer of truste	e		Date	Title	L.			
Paid Preparer Use Only Firm's address ► 10626 YORK ROAD, SUITE H HUNT VALLEY, MD 21030 Self- employed 10/26/12 P00296807 Firm's EIN ► 52-1134847		Print/Type preparer's r	name	Preparer's s	ignature	Date	Check if PTI	N		
Paid GERALD H. LEAN, CPA Image: Second of the property of the proper				H	11 8		self- employed			
Preparer Use Only Firm's name ► NADEN/LEAN, LLC Firm's EIN ► 52-1134847 Firm's address ► 10626 YORK ROAD, SUITE H HUNT VALLEY, MD 21030 Phone no (410)453-5500	Paid	GERALD H.	LEAN, CPA	Har	ld Lean	10/26/12		00296	807	7
Use Only Firm's address ► 10626 YORK ROAD, SUITE H HUNT VALLEY, MD 21030 Phone no (410)453-5500				·	<u> </u>	<u> </u>				
Firm's address ► 10626 YORK ROAD, SUITE H HUNT VALLEY, MD 21030 Phone no (410)453-5500	-								- •	
HUNT VALLEY, MD 21030 Phone no (410)453-5500		Firm's address ▶ 1 (0626 YORK	ROAD.	SUITE H					
							Phone no (41	0)453	3-55	00
		<u> </u>			<u></u>		1 : 110110 110			

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

2011

Name of the organization Employer identification number 52-2165377 THE DIPIETRO FAMILY FOUNDATION, INC. Organization type (check one): Filers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. Special Rules For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. 🔟 For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF),

but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification-number

THE DIPIETRO FAMILY FOUNDATION, INC.

52-2165377

Part I	Contributors	(see instructions).	Use duplicate copies	of Part I if additiona	I space is needed.
--------	---------------------	---------------------	----------------------	------------------------	--------------------

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1	DAVID DIPIETRO & CHRISTY DIPIETRO 10 CHITTENDEN LANE OWINGS MILLS, MD 21117	\$2,415.	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
		s	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.)

Name of organization

Employer identification number

THE DIPIETRO FAMILY FOUNDATION, INC.

52-2165377

(a) No.	Noncash Property (see instructions). Use duplicate copies of Pa	(c) FMV (or estimate)	(d) Date received
from Part I	Description of noncash property given	(see instructions)	
		\$	
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate)	(d) Date received
Part I	Description of noneash property given	(see instructions)	- 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
Part I			
		 \$	
(2)			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-			

	(Form 990, 990-EZ, or 990-PF) (2011)		Page			
Name of orga	anization		Employer Identification number			
ти энч	PIETRO FAMILY FOUNDATI	ON. INC.	52-2165377			
Part III	Exclusively religious, charitable, etc., indiverse complete columns (a) through (e) and the total of exclusively religious, charitable, etc. Use duplicate copies of Part III if addition	vidual contributions to section 501(c the following line entry: For organization, contributions of \$1,000 or less for	(r)(, (8), or (10) organizations that total more than \$1,000 for the ons completing Part III, enter			
(a) No.						
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
_		(e) Transfer of gif	ft			
	Transferee's name, address, a	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		(e) Transfer of gi	ift			
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee			
(a) No.						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		(e) Transfer of gi	it it			
	Transferee's name, address,		Relationship of transferor to transferee			

FORM 990-PF DIVIDEND	S AND	INTER	EST FROM	SECUE	RITIES	STATEMENT	1
SOURCE			AMOUNT	CAPITAL GAINS DIVIDENDS		COLUMN (A) AMOUNT	
DEUTSCHE BANK SECURITIES	•	693.		0.	69	693.	
TOTAL TO FM 990-PF, PART I, LN 4			693. 0.		693.		
FORM 990-PF	AC	COUNTI	NG FEES			STATEMENT	2
DESCRIPTION	EXPE	A) NSES BOOKS		(B) (C) ET INVEST- ADJUSTED ENT INCOME NET INCOM			
ACCOUNTING FEES		850.		850.		0.	
TO FORM 990-PF, PG 1, LN 16B		850.		850.		0.	
FORM 990-PF	TAXES				STATEMENT 3		
DESCRIPTION	EXPE	A) NSES BOOKS	(B) NET INV MENT IN				
TAX ON INVESTMENT INCOME		1,565.	1	,565.			0.
TO FORM 990-PF, PG 1, LN 18		1,565.	1	,565.			0.
FORM 990-PF CORPO		RPORAT	E STOCK			STATEMENT	4
DESCRIPTION				ВО	OK VALUE	FAIR MARKET VALUE	I.
DESCRIPTION VARIOUS CORP STOCK MUTUAL FUI	NDS			BO	OK VALUE 217,854.		

Part XV Supplementary Informatio 3 Grants and Contributions Paid During the				,
Recipient	If recipient is an individual,		No.	,
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
GARRISON FOREST SCHOOL ANNUAL FUND 300 GARRRISON FOREST RD OWINGS MILLS, MD 21117	NONE	PUBLIC CHARITY	GENERAL FUND	
MINGS KIDDS, KD ZIII.				
GODS ECONOMY PO BOX 18023 PORTLAND, OR 97218	NONE	PUBLIC CHARITY	GENERAL FUND	
		,		
HAVERFORD COLLEGE 370 LANCASTER AVE HAVERFORD, PA 19041	NONE	PUBLIC CHARITY	GENERAL FUND	5,000
INVENTORD, EN 19041				3,000
HOUSE OF RUTH 2201 ARGONNE DR	NONE	PUBLIC CHARITY	GENERAL FUND	4 500
BALTIMORE, MD 21218				4,500
JOHN CARROLL SCHOOL 703 E CHURCHVILLE RD BEL AIR, MD 21014	NONE	PUBLIC CHARITY	GENERAL FUND	1,000
KELLY BRUSH FOUNDATION 7 ASPEN DR SOUTH BURLINGTON, VT 05403	NONE	PUBLIC CHARITY	GENERAL FUND	500
MARYLAND RACING ASSN THOROUGHBRED FUND 30 E PADONIA RD, STE 303 TIMONIUM, MD 21093	NONE	PUBLIC CHARITY	GENERAL FUND	
				1
MOVEMBER FOUNDATION PO BOX 2726 VENICE, CA 90294	NONE	PUBLIC CHARITY	GENERAL FUND	
PLATT CADDIE SCHOLARSHIP PO BOX 808 SOUTHEASTERN, PA 19399	NONE	PUBLIC CHARITY	GENERAL FUND	
PMC JIMMY FUND 10 BROOKLINE PLACE WEST	none	PUBLIC CHARITY	GENERAL FUND	500
BROOKLINE, MA 02445 Total from continuation sheets		_ 		39,450

Part XV Supplementary Informatio 3 Grants and Contributions Paid During the				
, Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	CONTIDUTION	741100111
				!
ST THOMAS CHURCH	NONE	PUBLIC CHARITY	GENERAL FUND	
232 ST THOMAS LANE				5 500
OWINGS MILLS, MD 21117				5,500
		DUDI TO CUADIMY	TEMED ST. EIDID	
TUCK ANNUAL GIVING 100 TUCK HALL	NONE	PUBLIC CHARITY	GENERAL FOND	
HANOVER NH 03755				5,000
UNITED WAY OF CENTRAL MARYLAND	NONE	PUBLIC CHARITY	GENERAL FUND	
PO BOX 1576				
BALTIMORE, MD 21203				10,000
UNIVERSITY OF VERMONT	NONE	PUBLIC CHARITY	GENERAL FUND	
100 CAMPUS DRIVE BURLINGTON, VT 05405				500
DONDINGTON, VI USING				
WVBBTS ANNUAL GIVING CAMPAIGN	NONE	PUBLIC CHARITY	GENERAL FUND	
PO BOX 277				
WATERVILLE VALLEY, NH 03215				
AMERICAN CANCER SOCIETY	NONE	PUBLIC CHARITY	GENERAL FUND	
8219 TOWN CENTER DRIVE BALTIMORE MD 21236				100
BALTIMORE, MD 21230				
FRIENDS OF CITY PARK - NEW ORLEANS	NONE	PUBLIC CHARITY	GENERAL FUND	
601 POYDRAS ST				
NEW ORLEANS, LA 70130				250
KENNEDY KRIEGER INSTITUTE	NONE	PUBLIC CHARITY	GENERAL FUND	
716 NORTH BROADWAY				1,000
BALTIMORE, MD 21205			-	1,000
BIG BROTHERS & BIG SISTERS OF THE	NONE	PUBLIC CHARITY	GENERAL FUND	
GREATER CHESAPEAKE				
3600 CLIPPER MILL ROAD				
BALTIMORE, MD 21211				5,000
AMERICAN RED CROSS	NONE	PUBLIC CHARITY	GENERAL PUND	
4700 MOUNT HOPE DRIVE	NONE	LOBBIC CRARIII	1000	
BALTIMORE, MD 21215				250
Total from continuation sheets		·	<u> </u>	<u> </u>

3 Grants and Contributions Paid During the	e Year (Continuation)			
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or contribution	Amount '
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	711102111
HE FIRST TEE BALTIMORE	none	PUBLIC CHARITY	GENERAL FUND	
508 LOCH RAVEN BLVD				
BALTIMORE, MD 21286				150
NETWORK FOR GOOD	NONE	PUBLIC CHARITY	GENERAL FUND	
7920 NORFOLK AVENUE				
BETHESDA, MD 20814		 		100
AUTISM SPEARS - KENNEDY KRIEGER INSTITUTE	NONE	PUBLIC CHARITY	GENERAL FUND	
707 N BROADWAY				
BALTIMORE, MD 21205			<u> </u>	100
		 	 	
·			<u>, , , , , , , , , , , , , , , , , , , </u>	ļ
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