

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-PF**

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

Department of the Treasury Internal Revenue Service Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements. OMB No 1545-0052

FOr C	alen	dar year 2011 or tax year beginning			, and ei	namg		
Nan	ne of	foundation					A Employer identificatio	n number
Th.	다다	LLANDAFF FAMILY TRUST					52-7082663	1
		nd street (or P O box number if mail is not delivered to street	address)			Room/suite	B Telephone number	-
		D PEACHBLOSSOM PT ROAD					410822532	1
	-	own, state, and ZIP code					C If exemption application is	
		ron, MD 21601						
		all that apply: Initial return		Initial return of a fo	rmer public o	harity	D 1. Foreign organization	ns, check here
•		Final return		Amended return	·	•		
		Address change		Name change			Foreign organizations m 2. check here and attach of	neeting the 85% test, computation
H C	heck	type of organization: X Section 501(c)(3) ex	empt pri	vate foundation			E If private foundation st	atus was terminated
	-			kable private founda	ition		under section 507(b)(1	
I Fa	ır ma	rket value of all assets at end of year J Accounti	ng metho	od: X Cash	Accr	ual	F If the foundation is in a	60-month termination
(fr	om P	Part II, col. (c), line 16)	her (spec	cify)			under section 507(b)(1	
	\$	597,689 . (Part I, colu	mn (d) n	nust be on cash L	basis)	· · · · · · · · · · · · · · · · · · ·		· ··-
Pa	rt I	(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))		Revenue and	(b) Net in		(c) Adjusted net	(d) Disbursements for charitable purposes
		necessarily equal the amounts in column (a)	expe	enses per books	inco	ome	income	(cash basis only)
	1	Contributions, gifts, grants, etc., received					N/A	
		Check If the foundation is not required to attach Sch. B						
	3	Interest on savings and temporary cash investments		11.		11.		STATEMENT 1
ļ	4	Dividends and interest from securities	ļ <u>.</u>	8,427.		<u>8,427.</u>		STATEMENT 2
	5a	Gross rents						
	b	Net rental income or (loss)						
يو خ		Net gain or (loss) from sale of assets not on line 10 Gross sales price for all		4,886.				
التاريخ Revenue	D	assets on line 6a		· · · · · · · · · · · · · · · · · · ·		4 006		
<u>آج</u> ہے		Capital gain net income (from Part IV, fine 2)				4,886.		
2		Net short-term capital gain						
	_	Income modifications Gross sales less returns						
SCAMME		and allowances	 				-	
00		Less Cost of goods sold						
		Gross profit or (loss) Other income		34.		0.		STATEMENT 3
		Total Add lines 1 through 1 RECEIVED		13,358.	1	3,324	 	
		Compensation of officers, directors, trustees, etc	70	0.		0.		0.
		Other employee salar and wages 2 4 2012	OSC OSC		· · · · · · · · · · · · · · · · · · ·			
	15	Pension plans, employed benefits	क्र					
Ses		Lagal food						
ë		Accounting fees OGPEN,4UT		1,850.		1,850.		0.
Expenses		Other professional fees						
	17	Interest						
Administrative	18	Taxes	ļ					
nist	19	Depreciation and depletion						<u> </u>
Ē	20	Оссиралсу			-			_
¥	21	Travel, conferences, and meetings						
and	22	Printing and publications	ļ		-			
ing		Other expenses	ļ					
Operating	24	Total operating and administrative		1 050		1 050		_
ခို		expenses. Add lines 13 through 23	<u> </u>	1,850.		1,850		31,500.
•		Contributions, gifts, grants paid	<u> </u>	31,500.				31,500.
	26	Total expenses and disbursements.		22 250		1,850		31,500.
		Add lines 24 and 25		33,350.		1,000	· · · · · · · · · · · · · · · · · · ·	31,500.
		Subtract line 26 from line 12:		<19,992.	L			
	1	Excess of revenue over expenses and disbursements		<u> </u>		1,474		-
		Net investment income (if negative, enter -0-) Adjusted net income (if negative, enter -0-)				-13/3	N/A	
1235 12-0		LHA For Paperwork Reduction Act Notice, see	instructi	ons.				Form 990-PF (2011)
12-07	2-11	Link for apointon nousellon not money, see		••.				

For	Form 990-PF (2011) THE LLANDAFF FAMILY TRUST				52-7082661 Page 2			
	art	rt II Balance Sheets Attached schedules and amounts in the description column should be for end of year amounts only		End of				
<u></u>	art	Balance Sneets column should be for end-of-year amounts only		(a) Book Value	(b) Book Value	(c) Fair Market Value		
	1	Cash - non-interest-bearing		38,430.	9,775.	9,775.		
		Savings and temporary cash investments	ļ					
	3	Accounts receivable						
		Less: allowance for doubtful accounts						
	4	Pledges receivable -						
		Less: allowance for doubtful accounts						
	1 -	Grants receivable	-					
	6	Receivables due from officers, directors, trustees, and other						
	_	disqualified persons	 					
	7	Other notes and loans receivable						
	_	Less: allowance for doubtful accounts						
ets	_	Inventories for sale or use	<u> </u>					
Assets	l	Prepaid expenses and deferred charges	-					
	l	Investments - U.S. and state government obligations	ے ⊢	160 206	160 700	261 267		
	l		6 _	160,306.	162,709.	261,267.		
	l	Investments - corporate bonds	\vdash		-			
	11	Investments - land, buildings, and equipment basis						
		Less accumulated depreciation						
		Investments - mortgage loans Investments - other STMT	7	340,049.	346,309.	326,647.		
	13		′	340,049.	340,309.	320,047.		
	14	Land, buildings, and equipment: basis		•				
	4.5							
	15	Other assets (describe	'					
	16	Total assets (to be completed by all filers)		538,785.	518,793.	597,689.		
		Accounts payable and accrued expenses		33077031	32077330	33,,003.		
	18	Grants payable						
ω.	19	Deferred revenue						
Liabilities	1	Loans from officers, directors, trustees, and other disqualified persons						
ig	21	Mortgages and other notes payable						
Ë	l .	Other liabilities (describe	١ ا					
	23	Total liabilities (add lines 17 through 22)		0.	0.			
		Foundations that follow SFAS 117, check here						
		and complete lines 24 through 26 and lines 30 and 31.						
Ses	24	Unrestricted						
Fund Balances	25	Temporarily restricted						
Ba	26	Permanently restricted	,					
Š		Foundations that do not follow SFAS 117, check here	X					
or F		and complete lines 27 through 31.						
ţ	27	Capital stock, trust principal, or current funds		0.	0.			
Assets	28	Paid-in or capital surplus, or land, bldg., and equipment fund		0.	0.			
ţ	29	Retained earnings, accumulated income, endowment, or other fun	ıds	538,785.	518,793.	STATEMENT 5		
Net	30	Total net assets or fund balances	-	538,785.	518,793.			
				E20 70E	E10 702			
_	31	Total liabilities and net assets/fund balances		538,785.	518,793.			
P	art	III Analysis of Changes in Net Assets or Fu	ınd Bal	ances				
1	Tota	I net assets or fund balances at beginning of year - Part II, column ((a), line 30	-				
•		st agree with end-of-year figure reported on prior year's return)	(4),] 1	538,785.		
2	•	r amount from Part I, line 27a			2	<19,992.>		
		r increases not included in line 2 (itemize)			3	0.		
		lines 1, 2, and 3			4	518,793.		
5	Decr	eases not included in line 2 (itemize)				0.		
6	Tota	I net assets or fund balances at end of year (line 4 minus line 5) - P	art II, colu	mn (b), line 30	6	518,793.		
						Form 990-PF (2011)		

12-02-11

			DAFF FAMILY		Income				52	<u>2-708</u>	2661	Page 3
Г	(a) List and descr	ribe the kir	nd(s) of property sold (e.g.	., real estate,	lincome	(b) h	low acquir Purchase	ed (c) Date a		(d) Da	
		arehouse; (or common stock, 200 shs	s. MLC Co.)		ď	- Donation		(mo., da		(mo., d	
	1000 CA INC CAPITAL GAINS	DTVTI	ENDS				P		7/0:	3/00	07/2	2/11
c												
d												
е		(4) [(a) Cos	at ar other been	Щ			(h) Co	ın or (loss)		
	(e) Gross sales price	(1) (epreciation allowed (or allowable)		st or other basis expense of sale					ın or (loss) (f) mınus (
a	22,273.				20,81	.8.						,455.
b	3,431.										3	<u>,431.</u>
C		-										
_ <u>d</u>			·									
	Complete only for assets showing	ng gain in (column (h) and owned by	the foundation	on 12/31/69			(1)	Gains (Co	ol. (h) gain	minus	
	(i) F.M.V. as of 12/31/69	(i) Adjusted basis as of 12/31/69	, ,	cess of col. (ı) col. (ı), ıf any			còl (k), but n	ot less than from col. (1 -0-) or	
a												,455.
b										-	3	<u>,431.</u>
	···											
<u>d</u> e						\dashv				-	_	
	Capital gain net income or (net ca	inital loss)	If gain, also enter			}	2				4	,886.
	Net short-term capital gain or (los				1	7						, 000.
	f gain, also enter in Part I, line 8,			iu (0).]						
	f (loss), enter -0- in Part I, line 8		•	0 - 1 1	Tauran Nad		3	A I		N/A		
			ection 4940(e) for					it incc	ome			
(101	optional use by domestic private	e touridatio	ins subject to the section 4	4940(a) tax on	net investment it	icome	.)					
If se	ction 4940(d)(2) applies, leave the	his part bla	nk.									
Was	the foundation liable for the sec	tion 4942	tax on the distributable am	ount of any ye	ear in the base pei	rıod?					Yes	X No
	es," the foundation does not qual											
1	Enter the appropriate amount in (each colur		uctions before	making any entri						(d)	
C	Base period years alendar year (or tax year beginni	na in)	(b) Adjusted qualifying dis	tributions	Net value of no	(c) nchar	ıtable-use	assets	1 (Distrib col. (b) div	ùtión ratio ided by col.	(c))
<u>_</u>	2010		2	8,600.			578,	604.				49429
	2009		2	2,400.			485,	933.			.0	46097
	2008			9,631.			713,					69572
	2007			4,191.			970,					45526 F1008
	2006	L		7,754.			918,	300.	1		• 0	<u>51998</u>
2	Fotal of line 1, column (d)								2		2	62622
	Average distribution ratio for the	5-year bas	e period - divide the total (on line 2 by 5,	or by the number	of ye	ars					
1	the foundation has been in existe	nce if less	than 5 years						3		.0	<u>52524</u>
4 (Enter the net value of noncharitat	ole-use ass	ets for 2011 from Part X,	line 5					4		634	<u>,741.</u>
5	Multiply line 4 by line 3								5		33	<u>,339.</u>
6 1	Enter 1% of net investment incon	ne (1% of	Part I, line 27b)						6			115.
7	Add lines 5 and 6								7		33	,454.
	Enter qualifying distributions fron	n Part XII.	line 4						8			,500.
	If line 8 is equal to or greater than See the Part VI instructions.			: 1b, and comp	olete that part usin	ng a 19	% tax rate.					
_										г.	QQQ	DE (2011)

	1990-PF (2011) THE LLANDAFF FAMILY TRUST 52-70 Int VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - s	08266 see inst	1 ructio	Page 4
, 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) Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%			229.
k _f	of Part I, line 27b			
	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			229.
*	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-		2	229.
6	Credits/Payments:			
a	2011 estimated tax payments and 2010 overpayment credited to 2011 6a 322.			
þ	Exempt foreign organizations - tax withheld at source			
C	Tax paid with application for extension of time to file (Form 8868)			
đ	Backup withholding erroneously withheld		_	
7	Total credits and payments. Add lines 6a through 6d		3	<u>322.</u>
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			
9	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			93.
	Enter the amount of line 10 to be: Credited to 2012 estimated tax > 93. Refunded > 11 rt VII-A Statements Regarding Activities			0.
			Yes	No
ıa	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a		X
.	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?	1b	+	X
U	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or	<u> </u>	1-	 ^
	distributed by the foundation in connection with the activities.			
c	Did the foundation file Form 1120-POL for this year?	10		x
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
-	(1) On the foundation. \blacktriangleright \$ 0 . (2) On foundation managers. \blacktriangleright \$ 0 .			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation	-		
	managers. ▶ \$ 0.	-		
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2	<u> </u>	X
	If "Yes," attach a detailed description of the activities			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or			
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3	 	X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	<u>4a</u>		X
	If "Yes," has it filed a tax return on Form 990-T for this year?		+	 _
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5_		X
•	If "Yes," attach the statement required by General Instruction T			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:	1		
	 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 	- 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	X	+
•	If "Yes," complete Part II, col. (c), and Part XV	<u> </u>	+	†
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)		1	
	MD			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)			
	of each state as required by General Instruction G? If "No," attach explanation	8b		X
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar			
	year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes," complete Part XIV	9		X
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)

123541

Form 990-PF (2011) THE LLANDAFF FAMILY TRUS	T		52-70826	61 Page 6
Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be I	Required (contin	ued)	
5a During the year did the foundation pay or incur any amount to:				
(1) Carry on propaganda, or otherwise attempt to influence legislation (section			es X No	
(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indir			
any voter registration drive?			es X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes	7	Ye	es X No	
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section			
509(a)(1), (2), or (3), or section 4940(d)(2)?			es 🗓 No	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or			
the prevention of cruelty to children or animals?			es 🛣 No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	ler the exceptions described	ın Regulatıons	.	
section 53.4945 or in a current notice regarding disaster assistance (see instru	ctions)?		N/A 5	ib
Organizations relying on a current notice regarding disaster assistance check h			▶∟⊥	
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr				
expenditure responsibility for the grant?	N.	I/A	es L No	
If "Yes," attach the statement required by Regulations section 53.4945	5-5 <i>(d).</i>			
6a Did the foundation, during the year, receive any funds, directly or indirectly, to p	pay premiums on			
a personal benefit contract?		Y6	es X No	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		_6	b X
If "Yes" to 6b, file Form 8870				
7a At any time during the tax year, was the foundation a party to a prohibited tax s		Ye	es X No	
b If "Yes," did the foundation receive any proceeds or have any net income attribu				<u>b </u>
Part VIII Information About Officers, Directors, Truston Paid Employees, and Contractors	ees, Foundation Ma	nagers, Highly	/	
List all officers, directors, trustees, foundation managers and their	nomponention			
List all officers, directors, trustees, foundation managers and their	(b) Title, and average	(c) Compensation	(d) Contributions to	(e) Expense
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	account, other allowances
THOMAS E. HILL	TRUSTEE		ŀ	
6620 PEACHBLOSSOM PT ROAD				
EASTON, MD 21601	1.00	0.	0.	0.
CATHERINE V. HILL	TRUSTEE			
6620 PEACHBLOSSOM PT ROAD				
EASTON, MD 21601	1.00	0.	0.	0.
	**			
			j	
2 Compensation of five highest-paid employees (other than those inc	luded on line 4\ If none	enter "NONE "		
	(b) Title, and average	enter NONE.	(d) Contributions to employee benefit plans	(e) Expense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	employee benefit plans and deferred compensation	account, other allowances
NONE	uevoted to position	ļ	Compensation	allowalices
NONE				
***			-	
	<u></u>		<u></u>	
Total number of other employees paid over \$50,000			_	0
			Form 9	90-PF (2011)

123551 12-02-11

Form **990-PF** (2011)

For	m 990-PF (2011) THE LLANDAFF FAMILY TRUST	52-	7082661 Page 8
P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations,	see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	608,841.
b	Average of monthly cash balances	1b	35,566.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	644,407.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1eO .		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	644,407.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	9,666.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4	5	634,741.
6	Minimum investment return Enter 5% of line 5	6	31,737.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.)	ıd certaın	
1	Minimum investment return from Part X, line 6	1	31,737.
2a	Tax on investment income for 2011 from Part VI, line 5		
	Income tax for 2011. (This does not include the tax from Part VI.)		
	Add lines 2a and 2b	2c	229.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	31,508.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	31,508.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	31,508.
Ρ	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	31,500.
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 3h. Enter here and on Part V. line 8, and Part XIII, line 4	4	31.500.

Form **990-PF** (2011)

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

income. Enter 1% of Part I, line 27b

Adjusted qualifying distributions. Subtract line 5 from line 4

4940(e) reduction of tax in those years.

Page 9

Part XIII Undistributed Income (se	ee instructions)			
	(a) Corpus	(b) Years prior to 2010	(c) 2010	(d) 2011
1 Distributable amount for 2011 from Part XI,				
line 7				31,508.
2 Undistributed income, if any, as of the end of 2011				
a Enter amount for 2010 only			0.	
ь Total for prior years:				
, ,		0.		
3 Excess distributions carryover, if any, to 2011:				
a From 2006 5,327.				
b From 2007				
c From 2008 14,104.				
d From 2009				
e From 2010				
f Total of lines 3a through e	19,431.			
4 Qualifying distributions for 2011 from				<u></u>
Part XII, line 4: ► \$ 31,500.				
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				
· ·	0.			
(Election required - see instructions)	0.0			31,500.
d Applied to 2011 distributable amount	0.			21,200.
e Remaining amount distributed out of corpus	8.			8.
5 Excess distributions carryover applied to 2011 (If an amount appears in column (d), the same amount	0.			
must be shown in column (a)) 6 Enter the net total of each column as indicated below;				
a Corpus Add lines 31, 4c, and 4e Subtract line 5	19,423.			
b Prior years' undistributed income. Subtract	17,125.			
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	5,319.			
9 Excess distributions carryover to 2012.				"
Subtract lines 7 and 8 from line 6a	14,104.			
10 Analysis of line 9;				
a Excess from 2007			1	
b Excess from 2008 14, 104.				
c Excess from 2009				
d Excess from 2010				
e Excess from 2011				

Form **990-PF** (2011)

Form 990-PF (2011) THE LLA Part XIV Private Operating Fo	NDAFF FAMIL		II.A. guestion 9\)82661 Page 10
1 a If the foundation has received a ruling of			II-A, question 9)	N/A	
foundation, and the ruling is effective for					
b Check box to indicate whether the found			in section	4942(j)(3) or 4	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years	1 4042())(0) 01 C	1
income from Part I or the minimum	(a) 2011	(b) 2010	(c) 2009	(d) 2008	(e) Total
investment return from Part X for	<u> </u>		 	· <u>-</u>	
each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII,	·			-	
line 4 for each year listed					
d Amounts included in line 2c not		<u></u>		1	
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the					
alternative test relied upon: a "Assets" alternative test - enter:					
(1) Value of all assets					
(2) Value of assets qualifying	_				
under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part X, line 6 for each year listed					
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)	<u>. —</u>				
(2) Support from general public					
and 5 or more exempt organizations as provided in					
section 4942(j)(3)(B)(III)					
(3) Largest amount of support from					
an exempt organization			-		ļ
(4) Gross investment income		to this new only	if the foundation	had \$5 000 ar m	oro in cocoto
Part XV Supplementary Info at any time during t			ir the foundation	i nau \$5,000 or in	ore in assets
		Tuotions.,			
 Information Regarding Foundation List any managers of the foundation wh 		than 20/ of the total cor	itributions recoved by the	n foundation hofore the old	one of any tay
year (but only if they have contributed in			ittibutions received by the	e toutioation before the cit	JSE OF ALLY LAX
NONE	, , , , , , , , , , , , , , , , , , ,	()()/			
b List any managers of the foundation wh	o own 10% or more of th	ne stock of a corporation	(or an equally large port	ion of the ownership of a	nartnership or
other entity) of which the foundation has			(or an equally large per-		54. W. G.
NONE					
2 Information Regarding Contributi	on, Grant, Gift, Loan	, Scholarship, etc., F	rograms:		
Check here ▶ ☐ If the foundation o				not accept unsolicited req	uests for funds. If
the foundation makes gifts, grants, etc	(see instructions) to indi	viduals or organizations	under other conditions, o	complete items 2a, b, c, ar	d d.
a The name, address, and telephone num	ber of the person to who	m applications should b	e addressed:		
THOMAS E. HILL, 410-					
218 N. WASHINGTON ST	REET, EASTO	N, MD 2160	1		
b The form in which applications should b	e submitted and informa	tion and materials they	should include:		
LETTER					
c Any submission deadlines:					
d Any restrictions or limitations on awards	s, such as by geographic	al areas, charitable fields	s, kınds of institutions, or	other factors:	
122801 12-02-11					Form 990-PF (2011)

Part XV Supplementary Informatio	n (continued)			
3 Grants and Contributions Paid During the		Payment	T	
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
ADKINS ARBORETUM	NONE	501C(3)	OPERATIONS	
P.O. BOX 100				1 000
RIDGELY, MD 21660				1,000.
	NONE	501C(3)	OPERATIONS	
ADVENTURE UNLIMITED 5201 S QUEBEC STREET	NONE	5010(3)	DPERATIONS	
GREENWOOD VILLAGE CO 80111				400,
BUTTERFIELD YOUTH SERVICES	NONE	501C(C)	OPERATIONS	
P.O. BOX 333 MARSHALL MO 65340-0333				250,
MACHINEL NO 033 TO 0030				
CAROLINE CO HUMANE SOCIETY	NONE	501C(C)	OPERATIONS	
407 W. BELL STREET				
RIDGELY, MD 21660				100.
CARSON SCHOLARS FUND, INC 305 W. CHESAPEAKE AVE SUITE L-020 TOWSON MD 21204	NONE	501C(3)	EDUCATION	500.
Total SEE CC	NTINUATION SHE	ET(S)	<u>▶ 3a</u>	31,500.
b Approved for future payment				
NONE				
Total			▶ 3b	0.

<u> </u>			
Part XVI-A	Analysis of	f Income-Producin	g Activities

Enter gross amounts unless otherwise indicated.	Unrelated	business income		ed by section 512, 513, or 514	(e)	
-	(a) Business	(b)	(c) Exclu- sion	(d)	Related or exempt	
1 Program service revenue:	code	Amount	code	Amount	function income	
a	-	·	_			
b	-					
C	_					
d	_	.				
e	_		+			
g Fees and contracts from government agencies	- 					
Membership dues and assessments	 					
3 Interest on savings and temporary cash						
investments			14	11.		
4 Dividends and interest from securities			14	8,427.		
5 Net rental income or (loss) from real estate:			1 - 1			
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			18	4,886.		
9 Net income or (loss) from special events						
O Gross profit or (loss) from sales of inventory						
11 Other revenue:				24		
a MISCELLANEOUS	_		14	34.		
b	_		 			
<u> </u>						
d						
e			5.	13,358.	0.	
13 Total. Add line 12, columns (b), (d), and (e)	<u> </u>	<u> </u>	· • I	13		
(See worksheet in line 13 instructions to verify calculations.	١			10	13,330	

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

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).					
V	and tourndually a diversity background, and all bit broading rained for boost backgrounds.					
23621 2-02-11	Form 990-PF (2011					

Form 990-PF (2		LANDAFF FAMILY	TRUST		52-708		age 13
Part XVII	Information Re Exempt Organ	egarding Transfers To a nizations	and Transactions a	and Relationsl	hips With Noncha	ritable ———	
1 Did the or	ganization directly or indi	rectly engage in any of the following	ng with any other organization	on described in secti	on 501(c) of	Yes	No
the Code (other than section 501(c)(3) organizations) or in section 52	27, relating to political organ	nizations?			
a Transfers	from the reporting found	ation to a noncharitable exempt or	ganization of:			1 1	
(1) Cash						1a(1)	X
(2) Other	assets					1a(2)	X
b Other tran	sactions:						
(1) Sales	of assets to a noncharita	ible exempt organization				1b(1)	X
(2) Purch	ases of assets from a no	ncharitable exempt organization				1b(2)	X
(3) Renta	l of facilities, equipment,	or other assets				1b(3)	X
(4) Reiml	bursement arrangements	•				1b(4)	X
(5) Loans	s or loan guarantees					1b(5)	X
(6) Perfo	rmance of services or me	embership or fundraising solicitation	ons			1b(6)	X
c Sharing of	f facilities, equipment, ma	uling lists, other assets, or paid em	ployees			1c	<u>X</u>
d If the ansv	ver to any of the above is	"Yes," complete the following sche	edule. Column (b) should alv	ways show the fair m	arket value of the goods, o	other assets,	
or services	s given by the reporting f	oundation. If the foundation receiv	ed less than fair market valu	ie in any transaction	or sharing arrangement, s	how in	
column (d) the value of the goods,	other assets, or services received.			· · · · · · · · · · · · · · · · · · ·		
(a) Line no	(b) Amount involved	(c) Name of noncharitable	e exempt organization	(d) Description	of transfers, transactions, and	sharing arrangeme	ents
		N/A					
							
							
				 			
			·				
		<u> </u>					
		<u> </u>					
ın section	501(c) of the Code (other	tly affiliated with, or related to, one r than section 501(c)(3)) or in sect		zations described		Yes 🗓] No
u n res, co	omplete the following sch (a) Name of org		(b) Type of organization	1	c) Description of relations	nin	
	N/A		(b) 13po or organization	 	e, soonphon or rolations		
	N/A						
	· · · · · · · · · · · · · · · · · · ·			 			
	0 0	· · · · · · · · · · · · · · · · · · ·	-				
Under	penalties of perjury, I declare	that I have examine this return, including	ng accompanying schedules and	statements, and to the t	pest of my knowledge		
Sign and be	elief, it is true, correct, and cor	that I have examined this return, includir mplete Declaration of preparer (other tha	n taxpayer) is based on all inform	nation of which preparer		the IRS discuss in with the prepar	er
Here	- 1 NAVIAN		16-18-12	(reis)		wn below (see ins	"No
🛌	nature of officer or trustee		Date	Title			_ 110
	Print/Type preparer's na	 		Date	Check If PTIN		
		Ι Λ			self- employed		
Paid	MARTHA G.	RUSSELL / MAL	. O Clusell CPA	5-16-12		0040849	
Preparer	Firm's name ► CBI			·	Firm's EIN ► 34-18		
Use Only	Tamonano P CDI				THE SERVE SEE TO	.,	
- J,	Firm's address ▶ 28	614 MARLBORO AV	E. SUITE 103				
		STON, MD 21601			Phone no. (410	822-69	50
						rm 990-PF (
						(/

Form **8868**

(Rev. January 2012)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

	omplete only Pa	art I and check this box			ightharpoons
If you are filing for an Additional (Not Automatic) 3-Mo	nth Extension,	complete only Part II (on page 2 o	of this form	1	
Do not complete Part II unless you have already been gra	anted an automa	atic 3-month extension on a previo	usly filed F	orm 8868.	
Electronic filing (e-file). You can electronically file Form 8	868 if you need	a 3-month automatic extension of	ime to file	6 months f	or a corporation
equired to file Form 990-T), or an additional (not automatic) 3-month extens	sion of time. You can electronically	file Form 8	8868 to requ	uest an extension
of time to file any of the forms listed in Part I or Part II with	the exception of	Form 8870, Information Return fo	r Transfers	Associated	With Certain
Personal Benefit Contracts, which must be sent to the IRS	in paper format	(see instructions). For more details	on the ele	ctronic filin	g of this form,
risit www.irs.gov/efile and click on e-file for Charities & Non		,		•	
Part I Automatic 3-Month Extension of	Time. Only	submit original (no copies n	eeded).		
A corporation required to file Form 990-T and requesting ar					
Part I only			•		
All other corporations (including 1120-C filers), partnerships of file income tax returns	s, REMICs, and t	rusts must use Form 7004 to requ	est an exte	nsion of tim	e
Type or Name of exempt organization or other filer, see	instructions		Employe	r identificat	ion number (EIN) o
print					
ile by the THE LLANDAFF FAMILY TRU	ST		<u> </u>	52-7	082661
ue date for Number, street, and room or suite no. If a P.O.		tions	Social security number (SSN)		
turn See 6620 PEACHBLOSSOM PT RO	AD				
City, town or post office, state, and ZIP code F EASTON, MD 21601	or a foreign add	lress, see instructions.			
Enter the Return code for the return that this application is	for (file a separa	te application for each return)			0 4
Application	Return	Application			Return
s For	Code	Is For			Code
orm 990	01	Form 990-T (corporation)			07
orm 990·BL	02	Form 1041-A			08
orm 990-EZ	01	Form 4720			09
orm 990-PF	04	Form 5227			10
<u> </u>	05	Form 6069			11
orm 990-T (sec 401(a) or 408(a) trust)					12
orm 990-T (sec 401(a) or 408(a) trust)	06	Form 8870			1 12
orm 990-T (trust other than above)	06	Form 8870			
orm 990-T (trust other than above) THOMAS E. H.			MD 216	01	
orm 990-T (trust other than above) THOMAS E. H. The books are in the care of ► 6620 PEACHBI		r ROAD - EASTON, 1	MD 216	01	12
orm 990-T (trust other than above) THOMAS E. H The books are in the care of ► 6620 PEACHBI Telephone No ► 410-822-3400	06 ILL LOSSOM P	FAX No ►	4D 216	01	▶ □
orm 990-T (trust other than above) THOMAS E. H. The books are in the care of \blacktriangleright 6620 PEACHBI Telephone No \blacktriangleright 410-822-3400 If the organization does not have an office or place of but	06 ILL LOSSOM Proposition of the University of U	Γ ROAD - EASTON, I FAX No ► inted States, check this box			▶ □
THOMAS E. H. The books are in the care of ▶ 6620 PEACHBI Telephone No ▶ 410-822-3400 If the organization does not have an office or place of but If this is for a Group Return, enter the organization's four	06 ILL LOSSOM P' Isiness in the Ur digit Group Exe	FAX No Fattes, check this box emption Number (GEN)	If this is fo	r the whole	▶ ☐ group, check this
orm 990-T (trust other than above) THOMAS E. H. The books are in the care of ▶ 6620 PEACHBI Telephone No ▶ 410-822-3400 If the organization does not have an office or place of but If this is for a Group Return, enter the organization's four ox ▶ ☐ If it is for part of the group, check this box	06 ILL LOSSOM Properties of the Urror digit Group Exertain and atta	FAX No Fax this box emption Number (GEN)	If this is fo	r the whole	▶ ☐ group, check this
THOMAS E. H. The books are in the care of \(\bigsim \) \(\frac{6620 PEACHBI}{200 PEACHBI} \) Telephone No \(\bigsim \) \(\frac{410 - 822 - 3400}{200 PEACHBI} \) If the organization does not have an office or place of but of this is for a Group Return, enter the organization's four \(\bigsim \) \(\bigsim \) If it is for part of the group, check this box \(\bigsim \) I request an automatic 3-month (6 months for a corporation)	06 ILL LOSSOM P Isiness in the Ur digit Group Exe	FAX No Fatted States, check this box emption Number (GEN)ch a list with the names and EINs to file Form 990-T) extension of times.	If this is fo of all member of until	r the whole ers the ext	group, check this ension is for
THOMAS E. H. The books are in the care of ► 6620 PEACHBI Telephone No ► 410-822-3400 If the organization does not have an office or place of but If this is for a Group Return, enter the organization's four If it is for part of the group, check this box ■ I request an automatic 3-month (6 months for a corporation) AUGUST 15, 2012 , to file the enterprise of the group of the	06 ILL LOSSOM P Isiness in the Ur digit Group Exe	FAX No Fax this box emption Number (GEN)	If this is fo of all member of until	r the whole ers the ext	group, check this ension is for
THOMAS E. H. The books are in the care of ► 6620 PEACHBI Telephone No ► 410-822-3400 If the organization does not have an office or place of but if this is for a Group Return, enter the organization's four ox ► If it is for part of the group, check this box I request an automatic 3-month (6 months for a corporation of the organization) is for the organization's return for:	06 ILL LOSSOM P Isiness in the Ur digit Group Exe	FAX No Fatted States, check this box emption Number (GEN)ch a list with the names and EINs to file Form 990-T) extension of times.	If this is fo of all member of until	r the whole ers the ext	group, check this ension is for
THOMAS E. H. The books are in the care of ► 6620 PEACHBI Telephone No ► 410-822-3400 If the organization does not have an office or place of but If this is for a Group Return, enter the organization's four local in the second of the group, check this box ■ If it is for part of the group, check this box ■ I request an automatic 3-month (6 months for a corporation of the organization's return for: ■ X calendar year 2011 or	D6 ILL LOSSOM Properties of the United States of t	FAX No Fates, check this box emption Number (GEN) to file Form 990-T) extension of time tion return for the organization name	If this is fo of all member of until	r the whole ers the ext	group, check this
THOMAS E. H. The books are in the care of ► 6620 PEACHBI Telephone No ► 410-822-3400 If the organization does not have an office or place of but of this is for a Group Return, enter the organization's four leaves an automatic 3-month (6 months for a corporation of the organization), to file the elements of the organization's return for:	D6 ILL LOSSOM Properties of the United States of t	FAX No Fates, check this box emption Number (GEN) to file Form 990-T) extension of time tion return for the organization name	If this is fo of all member of until	r the whole ers the ext	group, check this
THOMAS E. H. The books are in the care of ▶ 6620 PEACHBI Telephone No ▶ 410-822-3400 If the organization does not have an office or place of but if this is for a Group Return, enter the organization's four left it is for part of the group, check this box ▶ I request an automatic 3-month (6 months for a corporation of the organization's return for: ■ X calendar year 2011 or ■ tax year beginning	06 ILL LOSSOM Properties of the United States and attain required sexempt organization, and attain the united sexempt organization.	FAX No Fa	If this is fo of all memb e until ned above	r the whole ers the extens	group, check this
THOMAS E. H. The books are in the care of ▶ 6620 PEACHBI Telephone No ▶ 410-822-3400 If the organization does not have an office or place of but if this is for a Group Return, enter the organization's four ox ▶ If it is for part of the group, check this box ▶ I request an automatic 3-month (6 months for a corporation or the organization's return for: ■ X calendar year 2011 or ■ tax year beginning If the tax year entered in line 1 is for less than 12 months.	06 ILL LOSSOM Properties of the United States and attain required sexempt organization, and attain the united sexempt organization.	FAX No Fa	If this is fo of all member of until	r the whole ers the extens	group, check this ension is for
THOMAS E. H. The books are in the care of ▶ 6620 PEACHBI Telephone No ▶ 410-822-3400 If the organization does not have an office or place of but on the significant of the group, check this box ▶ If it is for part of the group, check this box ▶ I request an automatic 3-month (6 months for a corporation of the organization of the group, check this box ▶ I request an automatic 3-month (6 months for a corporation of the organization of the organization of the group, check this box ▶ I request an automatic 3-month (6 months for a corporation of the organization	06 ILL LOSSOM Properties of the United States and attain required sexempt organization, and attain the united sexempt organization.	FAX No Fa	If this is fo of all memb e until ned above	r the whole ers the extens	group, check this ension is for
THOMAS E. H. The books are in the care of ▶ 6620 PEACHBI Telephone No ▶ 410-822-3400 If the organization does not have an office or place of but if this is for a Group Return, enter the organization's four ox ▶ If it is for part of the group, check this box I request an automatic 3-month (6 months for a corporation or the organization's return for: ■ X calendar year 2011 or ■ Tax year beginning If the tax year entered in line 1 is for less than 12 moration or the corporation of the corporation or the corporation of the corporation of the organization or the corporation of	06 ILL LOSSOM Properties Isiness in the United the digit Group Exercited for and attainst and attainst and attainst and attainst area of the companion of the	FAX No Fa	If this is fo of all memb e until ned above	r the whole ers the extens	group, check this ension is for
THOMAS E. H. The books are in the care of ▶ 6620 PEACHBI Telephone No ▶ 410-822-3400 If the organization does not have an office or place of but if this is for a Group Return, enter the organization's four ox ▶ If it is for part of the group, check this box ▶ I request an automatic 3-month (6 months for a corporation or the organization's return for: ▶ X calendar year 2012 or to file the enterprise of the tax year beginning If the tax year entered in line 1 is for less than 12 moration or the control of the proof of the tax year entered in line 1 is for less than 12 moration. Grange in accounting period.	06 ILL LOSSOM Properties Isiness in the United the digit Group Exercited for and attainst and attainst and attainst and attainst area of the companion of the	FAX No Fa	If this is fo of all membe e until ned above	r the whole ers the extens The extens	group, check this ension is for
THOMAS E. H. The books are in the care of ▶ 6620 PEACHBI Telephone No ▶ 410-822-3400 If the organization does not have an office or place of but this is for a Group Return, enter the organization's four ox ▶ If it is for part of the group, check this box ■ I request an automatic 3-month (6 months for a corporation or the organization's return for: ■ X calendar year 2012 to file the enterprise of the tax year beginning If the tax year entered in line 1 is for less than 12 more Change in accounting period If this application is for Form 990-BL, 990 PF, 990-T, 4 nonrefundable credits. See instructions	06 ILL LOSSOM Properties of the United States of t	FROAD - EASTON, I FAX No Fatted States, check this box emption Number (GEN) the a list with the names and EINs to file Form 990-T) extension of time tion return for the organization named ending Initial return Inter the tentative tax, less any	If this is fo of all memb e until ned above	r the whole ers the extens	group, check this ension is for
THOMAS E. H. The books are in the care of ▶ 6620 PEACHBI Telephone No ▶ 410-822-3400 If the organization does not have an office or place of but if this is for a Group Return, enter the organization's four ox ▶ If it is for part of the group, check this box ▶ I request an automatic 3-month (6 months for a corporation or the organization's return for: ▶ X calendar year 2012 , to file the end of the group of the organization's return for: ▶ X calendar year 2011 or ▶ Thomas T	06 ILL LOSSOM Properties of the United States of t	FAX No Fa	If this is foot all members of all m	r the whole ers the extens The extens	group, check this ension is for
THOMAS E. H. The books are in the care of ▶ 6620 PEACHBI Telephone No ▶ 410-822-3400 If the organization does not have an office or place of but if this is for a Group Return, enter the organization's four ox ▶ If it is for part of the group, check this box ▶ I request an automatic 3-month (6 months for a corpor AUGUST 15, 2012 , to file the elements of the organization's return for: X calendar year 2011 or X calendar year 2011 or The tax year entered in line 1 is for less than 12 mor Change in accounting period If this application is for Form 990-BL, 990 PF, 990-T, 4 nonrefundable credits. See instructions If this application is for Form 990-PF, 990-T, 4720, or estimated tax payments made Include any prior year	JOSSOM Properties of the United States of the Unite	FAX No Fax No Fax No Fax No Fax No Fax No Fated States, check this box emption Number (GEN) ch a list with the names and EINs on the form 990-T) extension of time tion return for the organization named ending Initial return Inter the tentative tax, less any refundable credits and lowed as a credit	If this is fo of all membe e until ned above	r the whole ers the extens The extens	group, check this ension is for
THOMAS E. H. The books are in the care of ▶ 6620 PEACHBI Telephone No ▶ 410-822-3400 If the organization does not have an office or place of but if this is for a Group Return, enter the organization's four ox ▶ If it is for part of the group, check this box I request an automatic 3-month (6 months for a corporation or the organization's return for: ■ X calendar year 2012 , to file the end of the group of this box I request an automatic 3-month (6 months for a corporation of the group of the	of ILL LOSSOM Properties of the United States of t	FAX No Fa	If this is foot all members above	r the whole ers the extens The extens n \$	group, check this ension is for
THOMAS E. H. The books are in the care of ▶ 6620 PEACHBI Telephone No ▶ 410-822-3400 If the organization does not have an office or place of but of this is for a Group Return, enter the organization's four least an automatic 3-month (6 months for a corporation of the organization's return for: ■ X calendar year 2012 to file the end of the tax year beginning If the tax year entered in line 1 is for less than 12 moral change in accounting period If this application is for Form 990-BL, 990 PF, 990-T, 4 nonrefundable credits. See instructions If this application is for Form 990-PF, 990-T, 4720, or estimated tax payments made Include any prior year	JOSSOM Properties of the United States of the Unite	FROAD - EASTON, I FAX No Fatted States, check this box emption Number (GEN)	If this is foot all members and above Final returns as a sa	r the whole ers the extens The extens n \$	group, check this ension is for son

Part XV Supplementary Informatio	 		· · · · · · · · · · · · · · · · · · ·	
3 Grants and Contributions Paid During the				
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
CASA OF TALBOT COUNTY	NONE	501C(3)	OPERATIONS	
P.O. BOX 2049				
EASTON, MD 21601				1,500
CATO INSTITUTE	NONE	501C(3)	OPERATIONS	
1000 MASSACHUSETTS AVE, NW WASHINGTON, DC 20001-5403				1,000
CHESTNUT HILL BENEVOLENT	NONE	501C(3)	OPERATIONS	
910 BOYLSTON ROAD				
CHESTNUT HILL, MA 02467-2400				1,000,
CRITCHLOW ADKINS CHILDREN'S CENTER	NONE	501C(3)	OPERATIONS	
P.O. BOX 2950				
EASTON, MD 21601			-	500.
DELMARVA NESTING FOUNDATION	NONE	501C(3)	OPERATIONS	
6480 LOCUST GROVE ROAD EASTON MD 21601				1,000.
DORCHESTER CO HUMANE SOCIETY	NONE	501C(3)	OPERATIONS	
P.O. BOX 132		,		
CAMBRIDGE, MD 21613				200.
EASTON HIGH SCHOOL AFTER GRADUATION	NONE	501C(3)	OPERATIONS	
PARTY				
6326 COUNTRY CLUB RD				100
EASTON, MD 21601				100.
	NONE	E010/3\	ODEDIMEONA	
EASTON VOLUNTEER FIRE DEPT 315 AURORA PARK DRIVE	NONE	501C(3)	OPERATIONS	
EASTON, MD 21601				1,000.
EVERGREEN COVE	NONE	501C(3)	OPERATIONS	
770 PORT ST POB 744				
EASTON, MD 21601	<u> </u>			100.
GEORGE MASON UNIVERSITY-MERCATUS	NONE	501C(3)	EDUCATION	
CENTER				
3301 NORTH FAIRFAX DRIVE ARLINGTON, VA 22201-4433				1,000.
Total from continuation sheets				29,250.

Part XV **Supplementary Information** Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount status of contribution any foundation manager Name and address (home or business) or substantial contributor recipient GODSPEED MISSIONARY CARE NONE 501C(3) **DPERATIONS** 7520 MONTICELLO ROAD 250. COLUMBIA, SC 29203 GUIDEPOSTS NONE 501C(3) OPERATIONS P.O. BOX 5834 HARLAN, IA 51593-5334 500. HABITAT FOR HUMANITY NONE 501C(3) OPERATIONS P.O. BOX 2366 EASTON, MD 20601 200. 501C(3) HERITAGE FOUNDATION NONE OPERATIONS 214 MASSACHUSETTS AVE. NE POB 97057 WASHINGTON DC 20002-4999 2,000, HISTORICAL SOCIETY OF TALBOT COUNTY NONE 501C(3) OPERATIONS 25 S. WASHINGTON STREET EASTON, MD 21601 500. INTERNATIONAL PARTNERSHIP UKRAINE NONE 501C(3) OPERAIONS P.O. BOX 3740 BOONE NC 28607 200. JOHNS HOPKINS/BRADY UROLOGICAL NONE 501C(3) EDUCATION INSTITUTE 4940 EASTERN AVENUE RM A 344 BALTIMORE, MD 21224 250. JUDICIAL WATCH NONE 501C(3) OPERATIONS P.O. BOX 96234 WASHINGTON, DC 20077-7480 250. LIFETIME WELLS FOR GHANA NONE 501C(3) OPERATIONS 24321 SHORE HIGHWAY 1,000. DENTON, MD 21629 LYNN HOUSE OF POTOMAC NONE 501C(3) OPERATIONS 440 WEST BRADDOCK ROAD 1,000. ALEXANDRIA, VA 22304-1010 Total from continuation sheets

THE LLANDAFF FAMILY TRUST

Supplementary Information Part XV Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount status of contribution any foundation manager Name and address (home or business) recipient or substantial contributor MEMORIAL HOSPITAL FOUNDATION NONE 501C(3) OPERATIONS P.O. BOX 1846 EASTON MD 21601 500. 501C(3) OPERATIONS MID-SHORE MEDIATION NONE 300 TALBOT STREET #206 EASTON MD 21601 500. 501C(3) **OPERATIONS** NONE MID-SHORE RIVER KEEPER CONSERVANCY 23 N HARRISON STREET EASTON MD 21601 300. NATIONAL RIGHT TO WORK LD 501C(3) OPERATIONS NONE 8001 BRADDOCK ROAD 500. SPRINGFIELD, VA 22160 OPERATION OPEN ARMS NONE 501C(3) OPERATIONS P.O. BOX 101 500. ST. JAMES CITY, FL 33956 501C(3) OPERATIONS NONE PARALYZED VETERANS OF AMERICA P.O. BOX 758532 250. TOPEKA, KS 66675-8910 PICKERING CREEK AUDUBON CENTER NONE 501C(3) **OPERATIONS** 11450 AUDUBON LANE 250. EASTON MD 21601 PRO ENGLISH NONE 501C(3) OPERATIONS P.O. BOX 97005 250. WASHINGTON, DC 20090-7005 RADCLIFFE CREEK SCHOOL NONE 501C(3) EDUCATION 201 TALBOT BLVD CHESTERTWON, MD 21620 <u>150.</u> 501C(3) EDUCATION SALISBURY UNIVERSITY FOUNDATION NONE P.O. BOX 2655 SALISBURY MD 21802-2655 250. Total from continuation sheets

THE LLANDAFF FAMILY TRUST

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Foundation Purpose of grant or show any relationship to Amount status of contribution any foundation manager Name and address (home or business) recipient or substantial contributor SAT 7 NORTH AMERICA NONE 501C(3) OPERATIONS P.O. BOX 2770 EASTON, MD 21601 200. 501C(3) OPERATIONS SMILE TRAIN NONE P.O. BOX 96208 WASHINGTON, DC 20090-6208 250. 501C(3) **OPERATIONS** NONE SOCIETY OF ST. VINCENT DE PAUL 8648 COMMERCE DR #400 1,500. EASTON, MD 21601 501C(3) **OPERATIONS** NONE TALBOT COMMUNITY CONNECTIONS, INC P.O. BOX 2615 250. EASTON, MD 21601 TALBOT HUMANE SOCIETY NONE 501C(3) OPERATIONS 7894 OCEAN GATEWAY POB 1143 500. EASTON, MD 21601 501C(3) OPERATIONS NONE TALBOT INTERFAITH SHELTER 102 EAST DOVER STREET 250, EASTON MD 21601 NONE 501C(3) OPERATIONS THE COUNTRY SCHOOL COUGAR 716 GOLDSBOROUGH STREET 2,500, EASTON, MD 21601 THE INTERNATIONAL FOUNDATION NONE 501C(3) OPERATIONS 1700 ROUTE 23 NORTH STE 300 500, WAYNE, NJ 07470 NONE 501C(3) OPERATIONS THE MARY BAKER EDDY LIBRARY P.O. BOX 1507 BOSTON, MA 02117-1507 500. 501C(3) THE PRINCIPIA NONE **OPERATIONS** DEPT. 502022 P.O. BOX 66990 500 ST, LOUIS, MO 63166-9927 Total from continuation sheets

Part XV **Supplementary Information** Grants and Contributions Paid During the Year (Continuation) If recipient is an individual. Recipient Foundation Purpose of grant or show any relationship to Amount any foundation manager status of contribution Name and address (home or business) or substantial contributor recipient NONE 501C(3) THOMAS PERRIN SMITH HOUSE OPERATIONS P.O. 280 500, EASTON, MD 20601 UNIVERSITY OF DELAWARE NONE 501C(3) EDUCATION 150 SOUTH COLLEGE AVENUE NEWARK, DE 19716 <u>300.</u> UNIVERSITY OF RICHMOND NONE 501C(3) EDUCATION P.O. BOX 408443 ATLANTA GA 30384-3443 1,000. WATER FOR PEOPLE NONE 501C(3) OPERATIONS 6666 W. QUINCEY AVENUE DENVER, CO 80235-3098 2,000. WOUNDED WARRIORS PROJECT FAMILY NONE 501C(3) OPERATIONS SUPPORT 4899 BELFORT ROAD STE 300 JACKSONVILLE, FL 32256 1,500. Total from continuation sheets

AND TEM	PORARY CA	ASH I	INVESTMENTS	STATEMENT	1
				AMOUNT	
MORGAN STANLEY SMITH BARNEY					11.
E 3, CO	LUMN A		-	1	11.
D INTER	EST FROM	SEC	JRITIES	STATEMENT	2
GROSS	AMOUNT			COLUMN (A) AMOUNT)
-	11,858.		3,431.	8,42	27.
	11,858.		3,431.	8,42	27.
OTHER I	NCOME			STATEMENT	3
		34.	0	•	
E 11		34.	0	•	
CCOUNTI	NG FEES			STATEMENT	4
(A) ENSES BOOKS					
					
1,850.	1 ,	,850	•		0.
	GROSS OTHER I CCOUNTI (A) ENSES	E 3, COLUMN A D INTEREST FROM GROSS AMOUNT 11,858. 11,858. OTHER INCOME (A) REVENUE PER BOOKS E 11 CCOUNTING FEES (A) (B) ENSES NET INVI	E 3, COLUMN A D INTEREST FROM SECULAR GROSS AMOUNT 11,858. 11,858. OTHER INCOME (A) REVENUE PER BOOKS 34. E 11 34. CCOUNTING FEES (A) (B) ENSES NET INVEST-	CAPITAL GAINS DIVIDENDS 11,858. 3,431. 11,858. 3,431. 11,858. 3,431. OTHER INCOME (A) REVENUE NET INVEST-PER BOOKS MENT INCOME 34. 0 CCOUNTING FEES (A) (B) (C) ADJUSTED	AMOUNT E 3, COLUMN A CAPITAL GAINS COLUMN (A AMOUNT 11,858. 3,431. 8,42 11,858. 3,431. 8,42 OTHER INCOME (A) (B) (C) REVENUE PER BOOKS MENT INCOME NET INCOME 34. 0. E 11 34. 0. CCCOUNTING FEES STATEMENT (A) (B) (C) ADJUSTED NET INCOME 34. 0. CCCOUNTING FEES STATEMENT

FORM 990-PF	OTHER FUNDS		STATEMENT	5
DESCRIPTION		(A) BEGINNING OF YEAR	(B) END OF YEAR	
RE OR ACCUMULATED INCOME		538,785.	518,7	93.
TOTAL TO FORM 990-PF, PART II,	538,785.	518,7	93.	
FORM 990-PF	CORPORATE STOCK		STATEMENT	6
DESCRIPTION		BOOK VALUE	FAIR MARKE	r
300 ANADARKO PETROLEUM CORP 900 DEERE & CO 2200 INTEL CORP 1000 INT'L GAME TECHNOLOGY 600 NATIONAL OILWELL VARCO INC 251 PNC FINANCIAL(PREV MERC) 1000 INTEL CORP 400 ILLINOIS TOOL WORKS INC		14,381. 29,223. 7,026. 27,291. 23,581. 13,948. 24,039. 23,220.	22,89 69,63 53,39 17,20 40,79 14,40 24,29	15. 50. 00. 94. 75.
TOTAL TO FORM 990-PF, PART II,	LINE 10B	162,709.	261,20	67.
FORM 990-PF	OTHER INVESTMENTS		STATEMENT	7
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKE	r
CALAMOS GROWTH & INCOME FUND DAVIS OPPORTUNITY FUND HOTCHKIS & WILEY LARGE CAP ROYCE PENNSYLVANIA MUTUAL FD	COST COST COST COST	61,966. 163,697. 42,472. 78,174.	80,1 126,1 29,28 91,0	77. 85.