

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



990-PF

Department of the Treasury Internal Revenue Service

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

2008

For	calend			0/09				
G	Check	all that apply Initial return Final retur	n Amende	d return	X	Address change	Name change	
Use	the IF				A Employer identification number			
	label.	The Dale L. Reese Foundati			25	-6741622		
Otl	herwis	·				phone number (see page 1	10 of the instructions)	
	print	Number and street (or P O box number if mail is not delivered		Room/suite	21	5-643-3100		
	r type.	,		.00	C If exe	emption application is pend	ding, check here	
	Speci	Only of fown, state, and 217 code			D 1 F	oreign organizations, che	ck here	
	ructio	DIGC DCII IN 19			2 F	oreign organizations mee	ing the	
		type of organization X Section 501(c)(3) exempt private			8	5% test, check here and a	ittach computation 🕨 📘	
			e private foundation			ate foundation status was		
		rket value of all assets at end J Accounting method	X Cash Acc	rual	unde	r section 507(b)(1)(A), che	eck here	
	-	(from Part II, col. (c), Other (specify)				foundation is in a 60-mon	. 1 1	
	ne 16)		be on cash basis)		unde	r section 507(b)(1)(B), che	ck here	
P	art i	Analysis of Revenue and Expenses (The	(a) Revenue and	(h) Not m	.cotmont	(a) Advicted ast	(d) Disbursements	
		total of amounts in columns (b), (c), and (d) may not necessarily	expenses per books	(b) Net inv		(c) Adjusted net income	for charitable purposes	
		equal the amounts in column (a) (see pg 11 of the instructions))					(cash basis only)	
	1	Contributions, gifts, grants, etc , received (attach schedule)	250,000					
	2	Check ► X if the foundation is not required to attach Sch B						
	3	Interest on savings and temporary cash investments						
	4	Dividends and interest from securities	12,163		12,163			
	5a	Gross rents						
မှ	b	Net rental income or (loss)						
Revenue	6a	Net gain or (loss) from sale of assets not on line 10 Stmt 1	-251,477					
Š	b	Gross sales price for all assets on line 6a 262, 085						
ř	7	Capital gain net income (from Part IV, line 2)			0			
	8	Net short-term capital gain				0		
	9	Income modifications						
	10a	Gross sales less returns & allowances	4					
	Ь	Less Cost of goods sold						
	С	Gross profit or (loss) (attach schedule)					·	
	11	Other income (attach schedule)				_		
<u>6</u>	12	Total. Add lines 1 through 11	10,686		12,163	0		
JAN 2 5 2 e Expenses	13	Compensation of officers, directors, trustees, etc	1,655				1,655	
S E	14	Other employee salaries and wages						
	15	Pension plans, employee benefits				ECENTO-	 	
₹ã	16a	Legal fees (attach schedule)	1 120				1 120	
~ ×	þ	Accounting fees (attach schedule) Stmt 2	1,130		5	AN 2 I 2010	1,130	
SCANNED Administrative	C	Other professional fees (attach schedule) Stmt 3	668		El El		668	
多ts	17	Interest	202					
\$:	18	Taxes (attach schedule) (see page 14 of the instructions) Stmt 4	293			IDEM IT	293	
<u>ਲੂ ਵ</u>	19	Depreciation (attach schedule) and depletion					1	
	20	Occupancy					<u> </u>	
P	21	Travel, conferences, and meetings						
<u> </u>	22	Printing and publications	4.4				4.4	
i. G	23	Other expenses (att sch) Stmt 5	44				44	
rat	24	Total operating and administrative expenses.	3 700		^		3 700	
Operating and		Add lines 13 through 23	3,790		0		3,790	
ō	25	Contributions, gifts, grants paid	28,000				28,000	
	26	Total expenses and disbursements Add lines 24 and 25	31,790		0	0	31,790	
	27	Subtract line 26 from line 12	21 104					
	a	Excess of revenue over expenses & disbursements	-21,104		12 162			
	b	Net investment income (if negative, enter -0-)			12,163	0		
	C	Adjusted net income (if negative, enter -0-)	L			u	l.	

•	Part I	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End of	year
_		should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing	7,098	7,631	7,631
	2	Savings and temporary cash investments	189,064	323,689	323,689
	3	Accounts receivable >			
		Less allowance for doubtful accounts ▶			
- 1	4	Pledges receivable ▶			
		Less allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see page 15 of the			
		instructions)			
	7	Other notes and loans receivable (att. schedule)			
		Less allowance for doubtful accounts ▶			
Assets	8	Inventories for sale or use			
SS	9	Prepaid expenses and deferred charges			
۲	10a	Investments—U.S. and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule) See Stmt 6	513,562	382,300	399,584
	С	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment basis			
		Less accumulated depreciation (attach sch.)			
	12	Investments—mortgage loans			
-	13	Investments—other (attach schedule)			
	14	Land, buildings, and equipment basis			***************************************
		Less accumulated depreciation (attach sch.)			
	15	Other assets (describe ▶)			
	16	Total assets (to be completed by all filers—see the			
		instructions. Also, see page 1, item I)	709,724	713,620	730,904
	17	Accounts payable and accrued expenses			
ွ	18	Grants payable			
<u>:</u>	19	Deferred revenue			
訚	20	Loans from officers, directors, trustees, and other disqualified persons			
Liabilities	21	Mortgages and other notes payable (attach schedule)			
7	22	Other liabilities (describe ► See Statement 7)		25,000	
	23	Total liabilities (add lines 17 through 22)	0	25,000	
		Foundations that follow SFAS 117, check here			
nces		and complete lines 24 through 26 and lines 30 and 31.			
5	24	Unrestricted			
Net Assets or Fund Bala	25	Temporarily restricted			
8	26	Permanently restricted			
틸		Foundations that do not follow SFAS 117, check here 🕨 🗓			
피		and complete lines 27 through 31			
히	27	Capital stock, trust principal, or current funds	709,724	688,620	
ţ	28	Paid-in or capital surplus, or land, bldg, and equipment fund	ļ		
SS	29	Retained earnings, accumulated income, endowment, or other funds			
ă	30	Total net assets or fund balances (see page 17 of the			
e		instructions)	709,724	688,620	
	31	Total liabilities and net assets/fund balances (see page 17			
\perp		of the instructions)	709,724	713,620	<u> </u>
	Part I				
1		net assets or fund balances at beginning of year—Part II, column (a), line 30 (mu	st agree with		
		of-year figure reported on prior year's return)		1	709,724
		amount from Part I, line 27a		2	-21,104
		rincreases not included in line 2 (itemize)▶		3	
		ines 1, 2, and 3		4	688,620
		eases not included in line 2 (itemize)	h) line 20	5	COO COO
_6	ı otal	net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (D), fine 30	. 6	688,620

Part IV Capital Gains an	d Losses for Tax on Investmer	nt Income				
(a) List and describe	e the kind(s) of property sold (e.g., real estate, iouse, or common stock, 200 shs. MLC Co.)		(b) How acquired P—Purchase D—Donation	(c) Date (mo , d	acquired lay, yr)	(d) Date sold (mo , day, yr)
1a N/A						
<u>b</u>						
_ c						
d						
<u>e</u>			<u> </u>			
(e) Gross sales price	(f) Depreciation allowed (or allowable)	10.	or other basis pense of sale		(h) Gair (e) plus (f	or (loss)) minus (g)
а						
<u>b</u>						
C						
d						
<u>e</u>						
Complete only for assets showing	gain in column (h) and owned by the fou					ol (h) gain minus
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col (i) ol (j), if any	col	(k), but not Losses (fro	less than -0-) or om col (h))
a						
b						
С						
d						
e		· · · · · · · · · · · · · · · · · · ·				· · · · · · · · · · · · · · · · · · ·
2 Capital gain net income or (net cap	ortal loss) If gain, also enter in P If (loss), enter -0- in P			2		
3 Net short-term capital gain or (loss	a) as defined in sections 1222(5) and (6)	_				
, , ,	column (c) (see pages 13 and 17 of the i	nstructions)				
If (loss), enter -0- in Part I, line 8	(-) (-)			3		
	der Section 4940(e) for Reduce	d Tax on Ne	Investment Inco	me		
	on 4942 tax on the distributable amount of yunder section 4940(e). Do not complet	• •	e base period? Y	es 🗓 No)	
1 Enter the appropriate amount in ea	ach column for each year, see page 18 o	f the instructions	before making any er	ntries		
(a) Base period years Calendar year (or tax year beginning i	(b) Adjusted qualifying distributions	Net valu	(c) ue of noncharitable-use as	ssets		(d) abution ratio avided by col (c))
2007	49,	417	637,	050		0.077572
2006	45,		929,			0.04887
2005		200	927,	293		0.044430
2004	30,	521	865,	568		0.035263
2003		120	770,			0.040370
2. Tatal of line 1. column (d)						0.246504
2 Total of line 1, column (d)3 Average distribution ratio for the 5-	year base period—divide the total on lin	e 2 hv 5 or hv 4h	Δ.	2		0.24050
	s been in existence if less than 5 years	e 2 by 5, or by th	e	3		0.04930
4 Enter the net value of noncharitable	e-use assets for 2008 from Part X, line 5	5		4		498,31
5 Multiply line 4 by line 3				5		_24,56
6 Enter 1% of net investment income	e (1% of Part Line 27h)			6		12:
	. (. 70 or r arc i, into 21 of					
7 Add lines 5 and 6				7	-	24,689
8 Enter qualifying distributions from If line 8 is equal to or greater than	Part XII, line 4 line 7, check the box in Part VI, line 1b,	and complete tha	at part using a 1% tax	8 rate See	J	31,790
the Part VI instructions on page 18			<u></u>			

<u>Form</u>	990-PF (2008) The Dale L. Reese Foundation 25-6741622		1	age 4
, Pa	irt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instruction	s)		
1a '	Exempt operating foundations described in section 4940(d)(2), check here ▶ and enter "N/A" on line 1			
	Date of ruling letter (attach copy of ruling letter if necessary—see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check			122
	here X and enter 1% of Part I, line 27b			
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4%			
	of Part I, line 12, col (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)			0
3	Add lines 1 and 2			122
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)			0
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			122
				122
6	Credits/Payments			
а	2008 estimated tax payments and 2007 overpayment credited to 2008 6a			
b	Exempt foreign organizations—tax withheld at source			
С	Tax paid with application for extension of time to file (Form 8868) 6c 310			
ď	Backup withholding erroneously withheld 6d 6d			
7	Total credits and payments Add lines 6a through 6d			<u>310</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			188
11	Enter the amount of line 10 to be Credited to 2009 estimated tax ▶ 188 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		Yes	No
	participate or intervene in any political campaign?	1a		х
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19			
	of the instructions for definition)?	1b		х
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials	1.2		
	published or distributed by the foundation in connection with the activities			
С	Did the foundation file Form 1120-POL for this year?	1c	1	x
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year	10	-	
•	(1) On the foundation \$ (2) On foundation managers \$ \$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on			
-	foundation managers > \$	1		
2				.
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2	_	X
	If "Yes," attach a detailed description of the activities			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of			
_	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year? N/A	4b		<u> </u>
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5	<u> </u>	X
	If "Yes," attach the statement required by General Instruction T			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			
	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that	1		
	conflict with the state law remain in the governing instrument?	6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	X	
8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the			
	instructions) ▶ None			
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	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3)	<u> </u>	 -	
-	or 4942(j)(5) for calendar year 2008 or the taxable year beginning in 2008 (see instructions for Part XIV on	1 '		
	page 27)? 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		х
		Form 99	 ∩_₽F	
		roim ಶ ಭ	V-L L	(∠∪∪8)

Form 990-PF (2008) The Dale , Part VII-B Statements R			741622	ntinuad)		Page 6
	egarding Activities for Which Fo	rm 4/20 May Be	Required (CO	ntinuea)		
5a' During the year did the foundation	The state of the s	10.154.330	п,	es X No		
	wise attempt to influence legislation (section		Y	es X No		
	specific public election (see section 4955),	or to carry on,	\Box	. .		
directly or indirectly, any voter		•		res X No		
	il for travel, study, or other similar purposes		∐ Y	es X No		
	tion other than a charitable, etc., organizati		п,	. 👽		
	r section 4940(d)(2)? (see page 22 of the ii		Y	′es 🗓 No		
	than religious, charitable, scientific, literary		п.	. o.		
	ne prevention of cruelty to children or anima			′es X No		
	did any of the transactions fail to qualify u			NT / 7		
	a current notice regarding disaster assistar		e instructions)?	N/A	5b	
	notice regarding disaster assistance check					
	5a(4), does the foundation claim exemption	i from the tax	NT / N 🗆 .	. nl		
because it maintained expenditure			N/A 📙 Y	′es ∐ No		
	ared by Regulations section 53 4945-5(d)					
	r, receive any funds, directly or indirectly, to	pay premiums	\Box			
on a personal benefit contract?				′es 🔀 No	1	١
	r, pay premiums, directly or indirectly, on a	personal benefit conti	ract?		6b	<u> </u>
If you answered "Yes" to 6b, also f			□,	. 귱		
	is the foundation a party to a prohibited tax			es X No		
	ny proceeds or have any net income attribi			N/A	7b	
	ut Officers, Directors, Trustees, l	Foundation Man	agers, Highly	Paid Employe	ees,	
and Contractors				<u> </u>		
1 List all officers, directors, trustees	, foundation managers and their compen		I	(d) Contributions to		
(a) Nar	me and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	employee benefit plans and deferred compensation	acco	Expense unt, other wances
Patricia M . Hayden	Blue Bell	Trustee				
765 Skippack Pike, #100	PA 19422	As Needed	552	0		0
Carol A. Bowes	Blue Bell	Trustee				
765 Skippack Pike, #100	PA 19422	As Needed	552	0		0
Seymour S. Borislow	Blue Bell	Trustee				
765 Skippack Pike, #100	PA 19422	As Needed	551	0		0
2 Compensation of five highest-pa	id employees (other than those included	on line 1—see page	23 of the instruct	tions).	L	
If none, enter "NONE."						
		(b) Title, and average		(d) Contributions to	(e)	Expense
(a) Name and address of ea	ch employee paid more than \$50,000	hours per week	(c) Compensation	employee benefit plans and deferred	acco	unt, other
		devoted to position		compensation	alic	wances
NONE						
						
		T				
				,		
					<u> </u>	
Total number of other employees paid or	ver \$50,000				000	DE
				For	m 990	-PF (2008)

Form 990-PF (2	008) The Dale L. Reese Foundation	25-6741622	Page 7
Part VIII	Information About Officers, Directors, Trustees, Four and Contractors (continued)	ndation Managers, Highly Paid Em	ployees,
3 Five high	est-paid independent contractors for professional services (see page	23 of the instructions). If none, enter "NOI	NE."
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE			
Total number of	others receiving over \$50,000 for professional services		•
Part IX-A	Summary of Direct Charitable Activities		
List the foundations	on's four largest direct charitable activities during the tax year. Include relevant statis and other beneficiaries served, conferences convened, research papers produced, e	tical information such as the number	Expenses
1 N/A			
-			
2			
3			
4			
Part IX-B	Summary of Program-Related Investments (see page	ge 23 of the instructions)	
	largest program-related investments made by the foundation during the tax year on	lines 1 and 2	Amount
1 N/A			
All other progran	n-related investments. See page 24 of the instructions		
3			
Total. Add lines	1 through 3		

Pa	art X Minimum Investment Return (All domestic foundations must complete this part. Fore	eign 1	oundations,
<u> </u>	see page 24 of the 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	157,194
b	Average of monthly cash balances	1b	348,706
С	Fair market value of all other assets (see page 24 of the instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	505,900
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0		
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	505,900
4	Cash deemed held for charitable activities. Enter 1½ % of line 3 (for greater amount, see page 25		
	of the instructions)	4_	7,589
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	_5_	498,311
6	Minimum investment return. Enter 5% of line 5	6	24,916
Pa	art XI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private of	perati	ng
	foundations and certain foreign organizations check here and do not complete this part)	. —	
1	Minimum investment return from Part X, line 6	1	24,916
2a	Tax on investment income for 2008 from Part VI, line 5	ļ	
b	Income tax for 2008 (This does not include the tax from Part VI)	ļ	
С	Add lines 2a and 2b	2c	122
3	Distributable amount before adjustments Subtract line 2c from line 1	3_	24,794
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	_ 5	24,794
6	Deduction from distributable amount (see page 25 of the instructions)	_ 6_	
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	24,794
Pa	Qualifying Distributions (see page 25 of the instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes	ļ	[
а	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	<u>1a</u>	31,790
b	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,	1	
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	31,790
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income	İ	
	Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	122
6	Adjusted qualifying distributions. Subtract line 5 from line 4	_6_	31,668
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation	ation	
	qualifies for the section 4940(e) reduction of tax in those years		

Form **990-PF** (2008)

	are Am Undistributed income (see page 20 0)	the instructions)	·		
•	Postable table and at 10000 (D. 100)	(a)	(b)	(c)	(d)
1	Distributable amount for 2008 from Part XI,	Corpus	Years prior to 2007	2007	2008
•	line 7				24,794
2	Undistributed income, if any, as of the end of 2007				
	Enter amount for 2007 only			27,954	
	Total for prior years 20, 20, 20				···
3	Excess distributions carryover, if any, to 2008				
	From 2003				
	From 2004	[
	From 2005	ļ			
	From 2006				
	From 2007				
f	Total of lines 3a through e				
4	Qualifying distributions for 2008 from Part XII,				
	line 4 ▶ \$31,790				
а	Applied to 2007, but not more than line 2a			27,954	
b	Applied to undistributed income of prior years (Election				
	required—see page 26 of the instructions)				
С	Treated as distributions out of corpus (Election				······
	required—see page 26 of the instructions)				
d	Applied to 2008 distributable amount				3,836
	Remaining amount distributed out of corpus				3,030
5	Excess distributions carryover applied to 2008	-		***************************************	
	(If an amount appears in column (d), the same				
	amount must be shown in column (a))				
6	Enter the net total of each column as				
-	indicated below:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5				
	Prior years' undistributed income Subtract		 		· · · · · · · · · · · · · · · · · · ·
~	line 4b from line 2b				
c	Enter the amount of prior years' undistributed				·
·	income for which a notice of deficiency has been				
	issued, or on which the section 4942(a) tax has		1		
	been previously assessed				
а			- 		
u	Subtract line 6c from line 6b Taxable				
_	amount—see page 27 of the instructions				·····
е	Undistributed income for 2007 Subtract line				
	4a from line 2a Taxable amount—see page				
	27 of the instructions				
Ţ	Undistributed income for 2008 Subtract lines				
	4d and 5 from line 1. This amount must be				
_	distributed in 2009				20,958
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (see page 27 of the				
	instructions)				
8	Excess distributions carryover from 2003 not				
	applied on line 5 or line 7 (see page 27 of the				
	instructions)				
9	Excess distributions carryover to 2009.				
	Subtract lines 7 and 8 from line 6a				
0	Analysis of line 9				
а	Excess from 2004				
b	Excess from 2005				
С	Excess from 2006				
d	Excess from 2007				
е	Excess from 2008				
			 		

The Dale L. Reese Foundation 215-643-3100

765 Skippack Pike, Suite 100 Blue Bell PA 19422

b The form in which applications should be submitted and information and materials they should include

In writing

c Any submission deadlines

None

Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors None

. Part XV Supplementary Information (continued)

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	
a Paid during the year See Statement 8				28,000
Total		1	▶ 3a	28,000
b Approved for future payment N/A				
Total			▶ 3b	
5			_	. 000 DE

	unts unless otherwise indicated	Unrelate	d business income	Excluded	by section 512, 513, or 514	(e)
1 Program sen	vice revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See page 28 of the instructions)
					-	
		~	· ·			· - · - · - · · · · · · · · · · · · · ·
c						
d					-	
е						
f						
g Fees and	d contracts from government agencies					
2 Membership	dues and assessments					
3 Interest on sa	avings and temporary cash investments					
4 Dividends an	d interest from securities			14	12,163	
Net rental inc	come or (loss) from real estate					
a Debt-fina	anced property					
b Not debt-	-financed property					
6 Net rental inc	come or (loss) from personal property					
7 Other investr	ment income					
) from sales of assets other than inventory					-251,47
9 Net income of	or (loss) from special events					
	or (loss) from sales of inventory					
1 Other revenu	e a	_				
b						
c		_				
d						
е		_				
	d columns (b), (d), and (e)			0	12,163	-251,47
	ne 12, columns (b), (d), and (e)				13	-239,31
	n line 13 instructions on page 28 to verify calcula					<u>u</u>
Part XVI-B	Relationship of Activities to the	<u>Accomplishm</u>		<u>Purpose</u>	S	
Line No.	Explain below how each activity for which incor				uted importantly to	
Line No. ▼	the accomplishment of the foundation's exempt				uted importantly to	
▼					uted importantly to	
	the accomplishment of the foundation's exempt				uted importantly to	
▼	the accomplishment of the foundation's exempt				uted importantly to	
▼	the accomplishment of the foundation's exempt				uted importantly to	
▼	the accomplishment of the foundation's exempt				uted importantly to	
▼	the accomplishment of the foundation's exempt				uted importantly to	
▼	the accomplishment of the foundation's exempt				uted importantly to	
▼	the accomplishment of the foundation's exempt				uted importantly to	
▼	the accomplishment of the foundation's exempt				uted importantly to	
▼	the accomplishment of the foundation's exempt				uted importantly to	
▼	the accomplishment of the foundation's exempt				uted importantly to	
▼	the accomplishment of the foundation's exempt				uted importantly to	
▼	the accomplishment of the foundation's exempt				uted importantly to	
▼	the accomplishment of the foundation's exempt				uted importantly to	
▼	the accomplishment of the foundation's exempt				uted importantly to	
▼	the accomplishment of the foundation's exempt				uted importantly to	
▼	the accomplishment of the foundation's exempt				uted importantly to	
▼	the accomplishment of the foundation's exempt				uted importantly to	
▼	the accomplishment of the foundation's exempt				uted importantly to	
▼	the accomplishment of the foundation's exempt				uted importantly to	
▼	the accomplishment of the foundation's exempt				uted importantly to	
▼	the accomplishment of the foundation's exempt				uted importantly to	
▼	the accomplishment of the foundation's exempt				uted importantly to	
▼	the accomplishment of the foundation's exempt				uted importantly to	

P	art XVII	Exempt Organi	_	ansters	го апо	Transaction	ons an	a Relation	ships With	Noncha	ritable		
1	Did the o	organization directly or i		e in any o	f the follo	wing with any	other ord	anization de	Scribed			Yes	No
•		n 501(c) of the Code (o					_	-				103	110
	organiza				, -	,			,				1
a	=	s from the reporting fou	ndation to a no	ncharitabl	e exempt	organization	of						ĺ
	(1) Casi	h									1a(1)		х
	(2) Othe	er assets									1a(2)		Х
t	Other tra	insactions											
	(1) Sale	s of assets to a noncha	ritable exempt	organizati	on						1b(1)		Х
	(2) Purc	hases of assets from a	noncharitable	exempt or	ganızatıoı	n					1b(2)		X
	(3) Ren	tal of facilities, equipme	nt, or other ass	ets							1b(3)		X
	(4) Rein	nbursement arrangeme	nts								1b(4)		X
	(5) Loar	is or loan guarantees									1b(5)		<u> X</u>
	(6) Perf	ormance of services or	membership o	r fundraisii	ng solicita	ations					1b(6)		X
	_	of facilities, equipment,	-								1c		_X_
d		swer to any of the above						-					
		the goods, other assets									t		
		any transaction or shari	[of the goo					-	
	(a) Line no	(b) Amount involve	d (c) Name	of nonchar	itable exem	npt organization	(d)	Description o	f transfers, transac	ctions, and s	sharing arrange	ments	
N/	<u>A</u>						 						
							 -					·	
		 				 	 						—–
						·	 -						
			 	-			 				· <u>-</u>		
							+						
													
		-											
						 .	1						
							1						
				_									
2a	Is the for	undation directly or indir	ectly affiliated	with, or re	lated to, c	one or more ta	x-exemp	t organization	ıs			_	_
	describe	d in section 501(c) of th	e Code (other	than section	on 501(c)	(3)) or in secti	on 527?				Y€	es X	No
b	If "Yes,"	complete the following	schedule										
	(-	(a) Name of organization	n	(b)	Type of org	ganization	_		(c) Descripti	on of relatio	nship		
	N/A_						ļ						
													
							 					_	
_													
	Under per belief, it is	true, correct, and complete	hat I have exam ır e Declaration of p	red this retu preparer Leth	rn, includin ner than tax	ng accompanying xpayer or fiducia	g sohedule W≀iś base	s and statemer d on all informa	nts, and to the bes ation of which prep	arer has an	vledge and y knowledge		
	k .		N,	1	人		نا. ، دا			uti			
- {	Signa	iture of officer or trustee	//	10	//	Date	11141	Ja 🕨	Title	<u> </u>	<u> </u>	•	
<u>e</u>	T		- 	/	4	/ ""	—т	Data	- 1	— Т	Preparer's identif	hone	
Here			/	/	1 /			Date	Check if		number (see Sig		00
Sign	ا ج ا د	Preparer's	/ 1	Á	//			1 1	self-employe	-d ▶ □	page 30 of the in:		
֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	Paid Preparer's Use Only	signature	()	14				14/10	3cii-eilipioye	~ ′ □	P00585		
	Prep Jse	Firm's name (or yours if	BORTST	WW.	ACTO	R & KAT	FMAN			T			
	~ -	self-employed), address,	765 Sk	idak	k Pi	R & KAU ke, Sui	te 1	00		EIN ▶	23-246	495	8
		and ZIP code	Blue	Behl,	PA	19422-	1734				215-64		
				\ T - '						1 33.0 1.0	Form 99		
				\ <i>I</i>									

Statement 1 - Form 990-PF, Part I, Line 6a - Sale of Assets

	Net Gain / Loss		\$ -251,477	\$ -251,477	
	Depreciation		₹	\$	
	Expense			0	
	Cost		513,562 \$	513,562 \$	
How Received	Sale Price	Purchase	262,085 \$	262,085 \$	
	Date Sold		9/18/08 \$	w.	
Description	Date Acquired	Corp	Various		
De	Whom Sold	Provident Bankshares Corp		Total	

Statement 2 - Form 990-PF, Part I, Line 16b - Accounting Fees

Charitable Purpose	1,130	1,130
	\$	₩
Adjusted Net		0
Ā	ν	₩
Net Investment		0
Inve	w	ψ.
otal	1,130	1,130
	w	w
	ı, LLC	
on	Kaufmann	
Description	Factor &	
	Borislow, Factor & Kaufmann, LLC	Total
1	щ	

Statement 3 - Form 990-PF, Part I, Line 16c - Other Professional Fees

Charitable Purpose	668	668
	₩	တ ျ
Adjusted Net	£O.	0
Net Investment		0
Inve	δ	ψ
otal	668	899
	ŵ.	w
Description	Investment Advisory Fees	Total

Statement 4 - Form 990-PF, Part I, Line 18 - Taxes

Charitable Purpose	293	293
O.L.	₩	\$
Justed Net		0
Adj	w	δ
Net Investment		0
Inves	٠	w
Total	293	293
Σ	w	w
Description		
	Excise Tax	Total

Federal Statements

Statement 6 - Form 990-PF, Part II, Line 10b - Corporate Stock Investments

Description					
	Beginning of Year	End of Year	Basis of Valuation		Fair Market Value
Provident Bankshares Corporation		_			
\$	513,562 \$		Cost	\$	
FPA New Income Inc		74,000	Cost		74,000
Fidelity Advisor Strategic Income)	,1,000	COBC		74,000
		34,300	Cost		38,806
Pimco Total Return Fund		74,000	Cost		76 716
Vanquard Short-Term Corporate Fun	ıd	74,000	COSC		76,716
_		200,000	Cost		210,062
Total \$	513,562 \$	382,300		\$_	399,584

Statement 7 - Form 990-PF, Part II, Line 22 - Other Liabilities

Description	Beginning of Year	 End of Year
Loan payable	\$	\$ 25,000
Total	\$0	\$ 25,000

25-6741622	Federal Statements
•-	
<u>F</u>	orm 990-PF, Part XV, Line 2b - Application Format and Required Contents
In writing	Description
	Form 990-PF, Part XV, Line 2c - Submission Deadlines
	Description
None	
	Form 990-PF, Part XV, Line 2d - Award Restrictions or Limitations
	Description
None	
	·

Statement 8 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year

Name	Address		
Address	Relationship Status	Purpose	Amount
gdn	333 E. Lancaster Ave #414		
		General Fund	200
Associa	P.O. Box 7023		
7A 22116		General Fund	100
	7 E. Lancaster Avenue, 3r		
19003	•	General Fund	200
Blind and	100 West 15th Street		
19013		General Fund	200
dation	One Medical Center Boulev		
		General Fund	4,000
_	138 S. Commodore Drive		
Little Egg Harbor NJ 0	0808	General Fund	5,500
	1311 Mamaroneck Ave #310		
White Plains NY 10605		General Fund	100
Main Line Meals on Wheels	235 Lancaster Avenue		
Devon PA 19333		General Fund	2,000
	512 Township Line Road, S		
Blue Bell PA 19422		General Fund	200
Foundat	1068 West Baltimore Pike		
Media PA 19063		General Fund	3,000
	3925 Chestnut Street		
Philadelphia PA 19104		General Fund	500
Resea	501 St. Jude Place		
Memphis TN 38105		General Fund	500
	1700 N. Broad Street, Sui		
PA 19121		Athletic Department	5,000
	1700 N. Broad Street, Sui		
Philadelphia PA 19121		Owl Club	200
	918 County Line Road		
Bryn Mawr PA 19010		General Fund	006
The Children's Tumor Foun	95 Pine Street, 16th Floo		(
3	ייים טטטט פיינטטייע עיין דייים טטטט	פפוועד שוומ	000
Cleveland Cillic Foun	9300 Bucita Aveilae	General Fund	000 8
S	P.O. Box 4072		
Pittsfield MA 01202		General Fund	

25-6741622
•

Federal Statements

Direct Public Support

Contributor	Cash Contribution	Noncash Contribution
Dale L. Reese Charitable Lead Annuity Trust dated 07/09/03	250,000	
Total	250,000	0

25-6741622	Federal Stateme	ents					
Taxable Dividends from Securities							
Description FSC Securities Corporation Total	Amount \$ 12,163 \$ 12,163	Unrelated Business Code	Exclusion Code 14	Posta Code			

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

If you are filing for an Autiomatic 3-Month Extension, complete only Part I and check his box If you are filing for an Autionatic (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form)	Department of the Internal Revenue		File a separate application for each return.				
■ If you are flaing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form) Do not complete Part I ulness you have already been granted an automatics 3-month extension on a previously filed from 8688 Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 5-month extension—check this box and complete Part I only All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income of the returns noted below (6 months for a corporation required to file Form 990-T) However, you cannot file Form 8686 electronically (1) you want the additional; (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T) However, you cannot file Form 8686 electronically (1) you want the additional; (including 1120-C filers), partnerships, and the returns noted below (6 months for a corporation required to file Form 990-T) However, you cannot file Form 8686 electronicity (1) you want the additional; (including 1120-C filers), you must submit the fully completed and signed page 2 (Part II) of Form 8686 Form more dialise on the electronic filing of this form, you want is gowerfile and click on e-file for Charties & Nonproting 17 per 17 per 17 per 17 per 18 per			tomatic 3-Month Extension, complete only Part I and check this box			L	▶ X
Port Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 3-month extension on a previously filed Form 8868 Part I only A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns Electronic Filing (e-file). Generally, you can electronically file Form 8868 file you want a 3-month automatic extension of time to file one of the returns noted below (if months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you wan the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6059, or 8870, group returns, or a composate or consolidated Form 990-T instead, you must submit the fully completed and supped page 2 (Part II) of Form 8868 Form more details on the electronic filing of this form, visit www insignificant and click on e-file for Charties & Nonprofits Type or Description of the properties of the supped page 2 (Part II) of Form 8868 Form more details on the electronic filing of this form, visit www insignificant and click on e-file for Charties & Nonprofits Type or Description of the properties of the file of Charties & Nonprofits Type or Description of the properties of the propert	If you are	filing for an Ad	ditional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of the	ıs form)			, (==
A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T) However, you cannot file Form 8868 electronically (1) you want the additional (not automatic) 3-month extension or (2) you like Form 980-T, group returns, or a composite or consolidated Form 990-T Instead, you must submit the fully completed and signed page 2 (Part III) of Form 8868 For more details on the electronic filing of this form, visit www its gowlefile and click on e-file for Chantles & Nonprofits Type or print firely the disciplance of the property of the print file by the disciplance of the electronic filing of this form, visit www its gowlefile and click on e-file for Chantles & Nonprofits The Dale L. Reese Foundation or each return Form 990-E Form 990-F The work of the displance of the form for the form 990-E Form 990-F The books are in the car					В		
All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns Electronic Filing (e-file), Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns no field below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T interest, you must submit the fully completed and signed page 2 (Part II) of Form 8868 For more details on the electronic filing of this form, visit www is govietile and click on e-file for Charities 8 Nonprofits Type or print print The Dalle L. Reese Foundation C/O Carol A. Bowes Name of Exempt Organization The Dalle L. Reese Foundation C/O Carol A. Bowes Oity, town or post office, state, and ZIP code For a foreign address, see instructions 801 Yale Avenue City, town or post office, state, and ZIP code For a foreign address, see instructions 801 Yale Avenue City, town or post office, state, and ZIP code For a foreign address, see instructions 801 Yale Avenue Form 990-EZ Form 9							
All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file form 590-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T instead, you must submit the fully completed and signed page (2) feat il) of Form 8868 For more details on the electronic filing of this form, visit www irs govietile and click on e-file for Charities & Nonprofits Type or print Type or make details on the electronic filing of this form, visit www irs govietile and click on e-file for Charities & Nonprofits Number, street, and room or sulte no if a P O box, see instructions 801 Yale Avenue 309 Form 990-T Form 990-T Form 990-E Swarthmore PA 19081-1821 Check type of return to be filed (file a separate application for each return) Form 990-E Form 990-E Form 990-E Form 990-F Form 990		required to file	Form 990-T and requesting an automatic 6-month extension—check this box and cor	mplete			► □
one of the returns noted below (6 months for a corporation required to file Form 990-T) However, you cannot file Form 8688 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 66069, or 8870, group returns, or a composite or consolidated Form 990-T Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868 For more details on the electronic filing of this form, visit www its goverfile and click on e-file for Charities & Nonprofits Type or print Type or print Type or print The Dale L. Reese Foundation The The Dale L. Re	All other corpo			an extension o	ıf		
one of the returns noted below (6 months for a corporation required to file Form 990-T) However, you cannot file Form 8688 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 66069, or 8870, group returns, or a composite or consolidated Form 990-T Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868 For more details on the electronic filing of this form, visit www its goverfile and click on e-file for Charities & Nonprofits Type or print Type or print Type or print The Dale L. Reese Foundation The The Dale L. Re	Electronic Fil	ing (e-file). Ge	nerally, you can electronically file Form 8868 if you want a 3-month automatic extensi	on of time to f	ile		
returns, or a composite or consolidated Form 990-T instead, you must submit the fully completed and signed page 2 (Part II) of Form 8888 For more details on the electronic filing of this form, visit www irs gov/efile and click on e-file for Chanties & Noprotits Type or print							
Sees Form or details on the electronic fling of this form, visit www irs gov/eflie and click on e-flie for Charities & Nonprofits	electronically	ıf (1) you want	the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or	or 8870, grou	р		
Name of Exempt Organization	returns, or a c	omposite or co	insolidated Form 990-T. Instead, you must submit the fully completed and signed pag	e 2 (Part II) of	Form		
The Dale L. Reese Foundation c/o Carol A. Bowes 801 Yale Avenue 309 City, town or post office, state, and ZIP code For a foreign address, see instructions 801 Yale Avenue 700 City town or post office, state, and ZIP code For a foreign address, see instructions 801 Yale Avenue 700 City, town or post office, state, and ZIP code For a foreign address, see instructions 801 Yale Avenue 700 City, town or post office, state, and ZIP code For a foreign address, see instructions 801 Yale Avenue 700 Form 990-8 Form 990-B. Form 990-B. Form 990-T (corporation) Form 990-Form 990-Form 990-Form 990-T (corporation) Form 990-Form 990-Form 990-Form 990-Torm 990-To	8868 For mor	e details on th	e electronic filing of this form, visit www irs gov/efile and click on e-file for Charities &	Nonprofits			
The Dale L. Reese Foundation C/O Carol A. Bowes Number, street, and room or sulte no. If a P O box, see instructions 801 Yale Avenue Structions Swarthmore Form 990-BL Form 990-BL Form 990-FC Form 990-FC Form 990-FC Form 990-FC Telephone No > 215-643-3100 Form 990-F If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 2/15/10, to file the exempt organization return for the organization named above The extension is for the organization is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions Ja If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions Ja Balance Due. Subtract the 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment). See instructions Jac \$ 3	Type or	Name of Exe	empt Organization	Employ	er ident	ification nu	mber
Number, street, and room or suite no. If a P O box, see instructions 801 Yale Avenue 309 City, town or post office, state, and ZIP code. For a foreign address, see instructions Swarthmore PA 19081-1821 Check type of return to be filed (file a separate application for each return) Form 990-BL Form 990-BL Form 990-EZ Form 990-EZ Form 990-PP Form 990-PP The books are in the care of ▶ Borislow, Factor & Kaufmann LLC Telephone No ▶ 215-643-3100 FAX No ▶ If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the names and ElNs of all imembers the extension will cover 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 2/15/10, to file the exempt organization return for the organizations return for be organization return for the organization re	print	The Da	le L. Reese Foundation	' '			
Sol Yale Avenue 309	File by the	c/o Ca	rol A. Bowes	25-6	7416	22	
return See instructions City, town or post office, state, and ZIP code For a foreign address, see instructions Swarthmore PA 19081-1821 Check type of return to be filed (file a separate application for each return) Form 990- Form 990-BL Form 990-EZ Form 990-FF Form 990-FF Form 990-FF Form 990-FF Form 1041-A Form 990-T (trust other than above) Form 990-FF Form 990-FF Form 1041-A Form 990-T (trust other than above) Form 8870 Form 990-FF Form 1041-A Form 990-Te If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the organization does not have an office or place of business in the United States, check this box If this so for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the organization 3-month (6 months for a corporation required to file Form 990-T) extension of time until 2/15/10 , to file the exempt organization return for the organization named above The extension is for the organization's return for		Number, stre	eet, and room or suite no. If a P.O. box, see instructions				
City, town or post office, state, and ZIP code For a foreign address, see instructions Swarthmore PA 19081-1821 Check type of return to be filed (file a separate application for each return) Form 990-BL Form 990-BL Form 990-EZ Form 990-EZ Form 990-FORM 990-FORM 990-FORM 990-FORM 990-T (corporation) Form 990-FORM 990-FORM 990-FORM 990-TORM 990-T (corporation) Form 990-T (corporation) Form 990-TORM 990-FORM 990-FORM 990-TORM 990-TORM 990-TORM 990-TORM 990-TORM 990-TORM 990-TORM 990-FORM 990-FORM 990-FORM 990-FORM 990-FORM 990-TORM 990-TORM 990-FORM 990-FORM 990-FORM 990-FORM 990-FORM 990-FORM 990-FORM 990-FORM 990-TORM 990-T		801 Ya	le Avenue 309				
Check type of return to be filed (file a separate application for each return) Form 990				-			
Form 990-T (corporation) Form 990-T (sec 401(a) or 408(a) trust) Form 990-EX Form 990-EX Form 990-PF Form 990-PF Form 990-T (trust other than above) Form 990-T (trust other t	Check type of						
Form 990-BL Form 990-EZ Form 990-FZ Form 990-FZ Form 990-FZ Form 990-FS The books are in the care of ▶ Borislow, Factor & Kaufmann LLC Telephone No ▶ 215-643-3100 FAX No ▶ If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for business in the United States, check this box If this is for business in the United States, check this box If this is for the whole group, check this box If this is for the whole group, check this box If this is for the whole group, check this box If this is for the whole group, check this box If this is for the whole group, check this box If this is for the whole group, check this box If this a palication is for Form 90 the extension will cover If the organization's return for the organization named above The extension is for the organization's return for the organization named above The extension is for the extension is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made include any prior year overpayment allowed as a credit Balance Due. Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment) System) See instructions	\neg					Form 4720	
Form 990-EZ Form 990-PF	Form 99	00-BL			\vdash		
The books are in the care of ▶ Borislow, Factor & Kaufmann LLC Telephone No ▶ 215-643-3100 FAX No ▶ If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box If this is for the whole group, check this box If this is made allowed the extension will cover 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 2/15/10, to file the exempt organization return for the organization named above. The extension is for the organization's return for the extension is for Homestan for the organization's return for the organization's return for the extension is for Homestan for the organization's return for the extension is for Homestan for the organization's return for the extension is for Homestan for the organization's return for the extension is for Homestan for the organization for Homestan for Hom	Form 99	90-EZ			\vdash		
The books are in the care of ▶ Borislow, Factor & Kaufmann LLC Telephone No ▶ 215-643-3100 FAX No ▶ If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box If this is for the whole group, check this box If this is for the whole group, check this box If this is for the whole group, check this box If this is for the whole group, check this box If this is for the whole group, check this box If this is for the whole group, check this box If the group, check this bo	X Form 99	0-PF			H		
If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this sum and attach I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 2/15/10, to file the exempt organization return for the organization named above. The extension is for the organization's return for Calendar year or Calendar year or X tax year beginning 7/01/08, and ending 6/30/09 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit Calendar year or or year overpayment allowed as a credit Balance Due. Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	The books	are in the car	e of ▶ Borislow, Factor & Kaufmann LLC				
If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization for the group, check this box If this is with the names and EINs of all members the extension will cover I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 2/15/10, to file the exempt organization return for the organization named above. The extension is for the organization's return for Calendar year or If this tax year beginning 7/01/08, and ending 6/30/09 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit Calcal of the extension is for Form 990-PF, 990-	Telephone	No. ► 21	5-643-3100 FAYNS N				
If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) for the whole group, check this box If it is for part of the group of time If it is for part of the group of time If it is for part of the group and attach If it is for part of the group of time If it is for part of the group of time If it is for part of the group and attach If it is for part of the group of time If it is for part of the group of time If it is for part of the group of time If it is for mand attach If it is for mand attach If it	•						, \Box
for the whole group, check this box If it is for part of the group, check this box If it is for part of the group, check this box If it is for part of the group, check this box If it is for part of the group, check this box If it is for part of the group, check this box If it is for part of the group, check this box If it is for part of the group, check this box If it is for part of the group, check this box If it is for part of the group, check this box If it is for part of the group, check this box If it is for part of the group, check this box If it is group and attach If it is for part of the group, check this box If it is group and attach If				lf this is			▶ ⊔
a list with the names and EINs of all members the extension will cover 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 2/15/10, to file the exempt organization return for the organization named above. The extension is for the organization's return for ▶				_			
1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 2/15/10 , to file the exempt organization return for the organization named above. The extension is for the organization's return for calendar year or tax year beginning 7/01/08 , and ending 6/30/09. 2 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period. 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions 5 If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 5 Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment. System). See instructions 3a \$ 3	_	, ,		ano allach			
until 2/15/10 , to file the exempt organization return for the organization named above. The extension is for the organization's return for Lalendar year or Lata year beginning 7/01/08 , and ending 6/30/09 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions 3c. \$ 3							
for the organization's return for Calendar year or				cion ic			
calendar year or 7/01/08, and ending 6/30/09 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions 3c. \$ 3.				31011 13			
▶ X tax year beginning 7/01/08, and ending 6/30/09 2 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions 3a \$ 3 b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit 3b \$ c Balance Due. Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions 3c \$ 3		-					
If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 3a. \$	► X	tax year begini	ing 7/01/08, and ending 6/30/09				
less any nonrefundable credits See instructions b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit c Balance Due. Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions 3a \$ 3 \$ 3	2 If this tax	x year is for les	s than 12 months, check reason 🔲 Initial return 🔲 Final return 🔲 Char	nge in accoun	ting peri	od	
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit b Balance Due. Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions 3c \$ 3			·	20	•		310
payments made Include any prior year overpayment allowed as a credit c Balance Due. Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions 3b \$ 3c \$ 3c \$ 3				Ja	Ψ		
c Balance Due. Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions 3c \$ 3			•	3ь	\$		0
deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions 3c \$ 3							
System) See instructions 3c \$ 3							
			· · · · · · · · · · · · · · · · · · ·	3c	\$		310
Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO				n 8879-EO			