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Form **990-PF**

Return of Private Foundation

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

		dar year 2009, or tax year beginning,	addon may a	se able to use a copy of tills	and ending	, rop 0.	tang roqua omonto.	
		all that apply: Initial return		Initial return of a fo			Final return	
u 0,		Amended ret	urn	X Address change			Name change	•
	4b - 1	Name of foundation			<u></u> -		A Employer identification	number
Use	tne i ibel.	THE PETER & KARE	N IAC	OVELLI CHARI	TABLE			
	erwis						11-3568113	3
-	rint	Number and street (or P O box number if	mail is not de	livered to street address)	Room/s	suite	B Telephone number	·
	type		Y, SU	ITE C			864-272-29	31
See	-	ific City or town, state, and ZIP code			<u> </u>		C If exemption application is p	
Instr	uctio	ns. GREENVILLE, SC	29615				D 1. Foreign organization	s, check here
H CI	heck		501(c)(3) ex	empt private foundation			Foreign organizations me check here and attach or	eeting the 85% test,
	Sec	ction 4947(a)(1) nonexempt charitable t	rust 🔲	Other taxable private founda	ntion		E If private foundation sta	
I Fai	ır ma	rket value of all assets at end of year	J Accounti	ng method: X Cash	Accrual		under section 507(b)(1	
(fro	om P	Part II, col. (c), line 16)	C Ot	her (specify)			F If the foundation is in a	
	\$	2,312,702.	Part I, colu	mn (d) must be on cash l	basis.)		under section 507(b)(1	
Pa	rt I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and	(d)	(a) Revenue and	(b) Net investme	nt	(c) Adjusted net	(d) Disbursements
		(The total of amounts in columns (b), (c), and necessarily equal the amounts in column (a))	(u) may not	expenses per books	income		income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., receive	ed .	2,002,450.			N/A	
	2	Check Inf the foundation is not required to a	ttach Sch B					
	3	Interest on savings and temporary cash investments		1,621.	1,6			STATEMENT
	4	Dividends and interest from securities		457.	4	57.		STATEMENT
1	5a	Gross rents						<u> </u>
Ì	b	Net rental income or (loss)						
0	6a	Net gain or (loss) from sale of assets not on lin		<30,806.	>			<u> </u>
ᇎ	b	Gross sales price for all assets on line 6a 120	<u>962.</u>					
Revenue	7	Capital gain net income (from Part IV, line 2)				0.		ļ <u>.</u>
- 1		Net short-term capital gain						
ļ	9	Income modifications Gross sales less returns ETVED and allowances	7					
	10a							
ļ		Less Cast of goods sold	ပ္တု					<u> </u>
		Gross profit grupps 7 2010	<u>위</u>		• • • • • • • • • • • • • • • • • • • •			<u> </u>
İ		Other income	RS-O	50.		<u>50.</u>		STATEMENT
\rightarrow		Total. Add lines, Lintough Ti.		1,973,772.	2,1		<u> </u>	<u> </u>
İ	13	Compensation of officers, directors, trustees,	etc.	0.		0.		
		Other employee salaries and wages					 	
ses		Pension plans, employee benefits						
ıısı		Legal fees	1T 4	1,195.	E	97.		
Expen		Accounting fees STN Other professional fees	11 4 .	1,190.		<i>51</i> •		
ы Ш		Interest						
i≩i	18	Taxes						
str	19	Depreciation and depletion						
and Administrative	ł	Occupancy	•					
퉏	21	Travel, conferences, and meetings						
힏	22	Printing and publications						
	23	Other expenses STM	4T 5	2,831.	2,8	31.		
. ⊑ 1	ì	Total operating and administrative	- - • .	2,001.	2,0	<u>~ + •</u>		
ě	- '	expenses. Add lines 13 through 23		4,026.	3,4	28.		
ŏ	25	Contributions, gifts, grants paid		79,711.	J / =			79,71
ļ		Total expenses and disbursements.						1,0,11
	-"	Add lines 24 and 25		83,737.	3,4	28 -		79,71
	27	Subtract line 26 from line 12:			3,=		 	// 1
		Excess of revenue over expenses and disburs	ements	1,890,035.				
	1	Net investment income (if negative, enter				0.		<u> </u>
	1	Adjusted net income (if negative, enter -0					N/A	†

THE PETER & KAREN IACOVELLI CHARITABLE Form 990-PF (2009) FOUNDATION 11-3568113 Page 2 Part II Balance Sheets Attached schedules and amounts in the description Beginning of year End of year column should be for end-of-year amounts only (a) Book Value (b) Book Value (c) Fair Market Value 1 Cash - non-interest-bearing 2 Savings and temporary cash investments 2,303,401271,906. 2,303,401. 3 Accounts receivable ► Less: allowance for doubtful accounts 4 Pledges receivable ▶ Less: allowance for doubtful accounts 5 Grants receivable 6 Receivables due from officers, directors, trustees, and other disqualified persons ... 7 Other notes and loans receivable Less: allowance for doubtful accounts 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Investments - U.S. and state government obligations b Investments - corporate stock STMT 6 151,768. 7,858. 9,301. c Investments - corporate bonds 11 Investments - land, buildings, and equipment basis Less accumulated depreciation 12 Investments - mortgage loans 13 Investments - other 14 Land, buildings, and equipment; basis Less accumulated depreciation 15 Other assets (describe ▶ 16 Total assets (to be completed by all filers) 423,674. 2,311,259. 2,312,702. 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue

20 Loans	s from officers, directors, trustees, and other disqualified persons	2,450.	
21 Mort	tgages and other notes payable		
22 Other	er liabilities (describe 🕨)		
23 Total	al liabilities (add lines 17 through 22)	2,450.	0.
Foun	ndations that follow SFAS 117, check here		
ande	complete lines 24 through 26 and lines 30 and 31.		
24 Unre	estricted		
25 Temp	porarily restricted		
26 Perm	manently restricted		
Foun	ndations that do not follow SFAS 117, check here		
and	complete lines 27 through 31.		
27 Capit	ital stock, trust principal, or current funds	539,032.	539,032.
28 Paid-	I-ın or capital surplus, or land, bldg., and equipment fund	0.	0.
29 Retai	ained earnings, accumulated income, endowment, or other funds	<117,808.	1,772,227.
30 Total	al net assets or fund balances	421,224.	2,311,259.
31 Total	al liabilities and net assetsfund halances	123 674	2 211 250

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30		
	(must agree with end-of-year figure reported on prior year's return)	1	421,224.
2	Enter amount from Part I, line 27a	2	1,890,035.
3	Other increases not included in line 2 (itemize)	3	0.
4	Add lines 1, 2, and 3	4	2,311,259.
5	Decreases not included in line 2 (itemize)	5	0.
<u>6</u>	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	2,311,259.

THE PETER & KAREN IACOVELLI CHARITABLE Form 990-PF (2009) 11-3568113 FOUNDATION Page 3 Part IV Capital Gains and Losses for Tax on Investment Income (b) How acquired P - Purchase (a) List and describe the kind(s) of property sold (e.g., real estate, (c) Date acquired (d) Date sold (mo., day, yr.) (mo., day, yr.) 2-story brick warehouse; or common stock, 200 shs. MLC Co.) D - Donation 1a PHILADELPHIA TRUST CO - SHORT-TERM (SEE b ATTACHED) P **VARIOUS** VARIOUS c PHILADELPHIA TRUST CO LONG-TERM P d ATTACHED) **VARIOUS** VARIOUS (g) Cost or other basis (f) Depreciation allowed (h) Gain or (loss) (e) Gross sales price (or allowable) plus expense of sale (e) plus (f) minus (g) 30,020 <2,221.> 27.799 b C 121.748 <28.585.> 93,163 d Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (1) Gains (Col. (h) gain minus col. (k), but not less than -0-) or (j) Adjusted basis (k) Excess of col. (i) (i) F.M.V. as of 12/31/69 Losses (from col (h)) as of 12/31/69 over col. (j), if any <2,221.> b C <28,585.> d e If gain, also enter in Part I, line 7 2 Capital gain net income or (net capital loss) If (loss), enter -0- in Part I, line 7 <30,806.> 3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). N/A If (loss), enter -0- in Part I, line 8 Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income (For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.) If section 4940(d)(2) applies, leave this part blank. Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? Yes X No If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part. Enter the appropriate amount in each column for each year; see instructions before making any entries. (d) Distribution ratio (b)
Adjusted qualifying distributions (a) Base period years

2007 24,250. 492,685. .04922 2006 22,129. 476,354. .04645 2005 22,444. 470,096. .04774 2004 22,679. 472,753. .04797 2 Total of line 1, column (d). 2 .26101 3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years 3 .05220 4 Enter the net value of noncharitable-use assets for 2009 from Part X, line 5 4 450,598 5 Multiply line 4 by line 3 5 23,523 6 Enter 1% of net investment income (1% of Part I, line 27b) 6 0 7 Add lines 5 and 6 7 23,523	Calendar year (or tax year beginning in)	Adjusted qualitying distributions	Net value of noncharitable-use assets	(col.	(b) divided by col. (c))		
2006	2008	31,072.	446,292.		.069623		
2005	2007	2007 24,250. 492,685.					
2004 22,679. 472,753. .04797 2 Total of line 1, column (d). 2 .26101 3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years 3 .05220 4 Enter the net value of noncharitable-use assets for 2009 from Part X, line 5 4 .450,598 5 Multiply line 4 by line 3 5 .23,523 6 Enter 1% of net investment income (1% of Part I, line 27b) 6 .0 7 Add lines 5 and 6 7 .23,523	2006	22,129.	476,354.		.046455		
2 Total of line 1, column (d). 3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years 4 Enter the net value of noncharitable-use assets for 2009 from Part X, line 5 5 Multiply line 4 by line 3 6 Enter 1% of net investment income (1% of Part I, line 27b) 7 Add lines 5 and 6 7 23,523	2005	22,444.	470,096.		.047743		
Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years 4 Enter the net value of noncharitable-use assets for 2009 from Part X, line 5 5 Multiply line 4 by line 3 6 Enter 1% of net investment income (1% of Part I, line 27b) 7 Add lines 5 and 6 7 23,523	2004	22,679.	472,753.		.047972		
4 Enter the net value of noncharitable-use assets for 2009 from Part X, line 5 5 Multiply line 4 by line 3 6 Enter 1% of net investment income (1% of Part I, line 27b) 7 Add lines 5 and 6 7 23,523		ase period - divide the total on line 2 by 5,	or by the number of years	2	.261013		
5 Multiply line 4 by line 3 5 23,523 6 Enter 1% of net investment income (1% of Part I, line 27b) 6 0 7 Add lines 5 and 6 7 23,523	the foundation has been in existence if les	s than 5 years		3	.052203		
6 Enter 1% of net investment income (1% of Part I, line 27b) 7 Add lines 5 and 6 7 23,523	4 Enter the net value of nonchardable-use a	4 Enter the net value of nonchardable-use assets for 2009 from Part X, line 5					
7 Add lines 5 and 6 7 23,523	5 Multiply line 4 by line 3			5	23,523.		
	6 Enter 1% of net investment income (1% of	6 Enter 1% of net investment income (1% of Part I, line 27b)					
	7 Add lines 5 and 6		_	7	23,523.		
If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.	If line 8 is equal to or greater than line 7, (plete that part using a 1% tax rate.	8	79,711.		

Form 990-PF (2009) FOUNDATIO					68113		Page 4
	nvestment Income (Section 49			1948 - s	ee instr	uctio	ns)
1a Exempt operating foundations described in	section 4940(d)(2), check here ▶ □ and	enter "N/A" on line	۱. }	-			_
Date of ruling or determination letter:	(attach copy of letter if n	ecessary-see in <mark>s</mark> tru	ictions)				
b Domestic foundations that meet the section	4940(e) requirements in Part V, check here	▶ 🗶 and enter	1%	1			0.
of Part I, line 27b							
c All other domestic foundations enter 2% of	line 27b. Exempt foreign organizations enter 4	% of Part I, line 12,	col. (b)				
	947(a)(1) trusts and taxable foundations only.		• •	2			0.
3 Add lines 1 and 2		•		3			0.
4 Subtitle A (income) tax (domestic section 4	947(a)(1) trusts and taxable foundations only.	Others enter -0-)		4			0.
5 Tax based on investment income. Subtrac		,		5			0.
6 Credits/Payments:	ŕ		• •			-	
a 2009 estimated tax payments and 2008 over	erpayment credited to 2009	6a					
b Exempt foreign organizations - tax withheld		6Ь		1			
c Tax paid with application for extension of til	• • •	6c		1			!
d Backup withholding erroneously withheld		6d		1			
7 Total credits and payments. Add lines 6a th		· L_ <u>x</u> g		7			0.
• •	imated tax. Check here if Form 2220 is at	tached	•	8			
9 Tax due. If the total of lines 5 and 8 is more				9			0.
	al of lines 5 and 8, enter the amount overpaid	•	🤇	10			<u> </u>
11 Enter the amount of line 10 to be: Credited	•		Refunded	11			
Part VII-A Statements Regard			Rejuited	1 11 1			
1a During the tax year, did the foundation atter		uslation or did it nar	ticinate or interveni	ın		Yes	No
any political campaign?	mpt to innocince any national, state, or local leg	isiation or did it par	tiopate of littervers	5 III	1a	1.00	X
	ar (either directly or indirectly) for political purp	 Incac (cap instructio	one for definition)?	• •	1b		X
	ch a detailed description of the activities a	-	•	nd or	. 10	 	_ ^
distributed by the foundation in conne		no copies of any i	nateriais publishe	tu oi			
c Did the foundation file Form 1120-POL for					1.		x
	expenditures (section 4955) imposed during t	ho waser		-	1c	1	
	O (2) On foundation manage		0.				-
	te foundation during the year for political experi	· · · · · · · · · · · · · · · · · · ·		-			
	0 •	iditale tax iliiposed	OH IOUHUALIOH]
2 Has the foundation engaged in any activities		. IDCO			١.		x
If "Yes," attach a detailed description of	· · · · · · · · · · · · · · · · · · ·	inor		•	2		<u> </u>
3 Has the foundation made any changes, not		n instrument artiale	o of incorporation	0.		i	
	es, " attach a conformed copy of the char	-	s or incorporation,	UI			v
4a Did the foundation have unrelated business	· ·	•	- •	-	3	 	X
b If "Yes," has it filed a tax return on Form 990		cai:		. N/A	· 4a	 	<u> </u>
5 Was there a liquidation, termination, dissoli			•	. 14/ F	1	+	v
If "Yes," attach the statement required					- 5	 	X
	ating to sections 4941 through 4945) satisfied	outhor:			1		
By language in the governing instrument,		CILIEI.				1	
, , ,	i, or Is the governing instrument so that no mandat	any directions that s	anfliat with the stat	o law			1
remain in the governing instrument?	is the governing manufaction that no that date	ory un ections that c	OBTINCT WITH THE STAT	t law			
7 Did the foundation have at least \$5,000 in a	eseats at any time during the year?		•	-	6	X	
If "Yes," complete Part II, col. (c), and				-	7	X	 ,
•		lana)			i		1
8a Enter the states to which the foundation rep	Jords of Willi Willelf it is registered (see MStruc				-		
	adation furnished a copy of Form 990-PF to the	Attornou Conorel /s	or decidents)		— I	1	
		Autorney General (C	n uesignate)		1	1.	
· · · · · · · · · · · · · · · · · · ·	uction G? If "No," attach explanation				8b_	X	
	ite operating foundation within the meaning of			endar			
	2009 (see instructions for Part XIV)? If "Yes,"				9	-	X
10 Did any persons become substantial contri	butors during the tax year? If "Yes," attach a sche	dule listing their names	and addresses		. 10	1	X
					Form 99 6)-PF	(2009)

orm	990-PF (2009) FOUNDATION	11-3568	113	1	Page 5
Pa	rt VII-A Statements Regarding Activities (continued)				
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of				
	section 512(b)(13)? If "Yes," attach schedule (see instructions)		11		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before			_	
	August 17, 2008?		12	ŀ	X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?		13	Х	
	Website address ► N/A				
14	The books are in care of ▶ PETER IACOVELLI Telephone no.	▶864-34	6-2	754	
	Located at ▶ 148 MILESTONE WAY, SUITE C, GREENVILLE, SC	ZIP+4 ▶29	615		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here			. ▶	
		15	N	/A	
Pa	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required			 ,	
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			Yes	No
1a	During the year did the foundation (either directly or indirectly):	_			
		<u>'es</u> X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)				
		es X No		İ	-
		es X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Y	es X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available				
	for the benefit or use of a disqualified person)?	es X No		_	
	(6) Agree to pay money or property to a government official? (Exception. Check "No"		_ [-
	ıf the foundation agreed to make a grant to or to employ the official for a period after				
	termination of government service, if terminating within 90 days.)	'es X No			-
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations		-	, ~	
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)?	N/A	1b		
	Organizations relying on a current notice regarding disaster assistance check here				-
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected				
	before the first day of the tax year beginning in 2009?		1c		<u>X</u>
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation				-
	defined in section 4942(j)(3) or 4942(j)(5)):				
a	At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginni	ng	-		
	before 2009?	es X No			
	If "Yes," list the years ,,				
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorre	at			-
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attac	h	- 1		
	statement - see instructions.)	N/A	2b		
C	of the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			-	
)				
38	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time		-		
	during the year?	es X No			
t	olf "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified persons a	fter			-
-	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to	dispose			
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule				
	Form 4720, to determine if the foundation had excess business holdings in 2009.)	N/A	3b		
	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		4a		<u>X</u>
t	b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpo	se that			
	had not been removed from jeopardy before the first day of the tax year beginning in 2009?		4b		\mathbf{x}

THE PETER & KAREN IACOVELLT CHARTTABLE Form 990-PF (2009) 11-3568113 Page 6 Part VII-B | Statements Regarding Activities for Which Form 4720 May Be Required (continued) 5a During the year did the foundation pay or incur any amount to: Yes X No (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly. Yes X No any voter registration drive? (3) Provide a grant to an individual for travel, study, or other similar purposes? Yes X No (4) Provide a grant to an organization other than a charitable, etc., organization described in section Yes X No 509(a)(1), (2), or (3), or section 4940(d)(2)? (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? Yes X No b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? 5b Organizations relying on a current notice regarding disaster assistance check here c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? N/A Yes No If "Yes," attach the statement required by Regulations section 53.4945-5(d). 6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on Yes X No a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 6b X If "Yes" to 6b, file Form 8870. Yes X No 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? 7b N/A Information About Officers, Directors, Trustees, Foundation Managers, Highly Part VIII Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation. (d) Contributions to employee benefit plans and deferred compensation (b) Title, and average hours per week devoted to position (c) Compensation (e) Expense account, other (if not paid, (a) Name and address allowances PETER IACOVELLI PRESIDENT 148 MILESTONE WAY, SUITE C 0 . GREENVILLE, SC 29615 1.00 0 VICE PRESIDENT/TREASURER KAREN IACOVELLI 148 MILESTONE WAY, SUITE C GREENVILLE, SC 29615 1.00 0 0 0. SECRETARY TODD LINEBERGER 148 MILESTONE WAY, SUITE C GREENVILLE, SC 29615 1.00 0 0 0. 2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (d) Contributions to employee benefit plans and deferred (e) Expense account, other allowances (b) Title, and average (a) Name and address of each employee paid more than \$50,000 'hours per week devoted to position (c) Compensation NONE

2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000

(b) Title, and average hours per week devoted to position

(c) Compensation

(d) Contributions to employee benefit plans and deferred compensation

(e) Expense (c) Compensation

(f) Compensation

(g) Contributions to employee benefit plans account, other allowances

(g) Compensation

(h) Title, and average hours per week devoted to position

(g) Compensation

(h) Title, and average hours per week devoted to position

(h) Title, and average hours per week devoted to position

(h) Title, and average hours per week devoted to position

(h) Title, and average hours per week devoted to position

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(h) Title, and average hours per week devoted to position

(h) Title, and average hours per week devoted to position

(h) Title, and average hours per week devoted to position

(h) Title, and average hours per week devoted to position

(c) Compensation

(d) Compensation

(e) Expense entering hours per week devoted to position

(e) Expense entering hours per week devoted to position

(h) Title, and average hours per week devoted to position

(h) Title, and average hours per week devoted to position

(h) Title, and average hours per week devoted to position

(h) Title, and average hours per week devoted to position

(h) Title, and average hours per week devoted to position

(h) Title, and average hours per week devoted to position

(h) Title, and average hours per week devoted to position

(h) Title, and average hours per week devoted to position

(h) Title, and average hours per week devoted to position

(h) Title, and average hours per week devoted to position

(h) Ti

FOUNDATION FOUNDATION	11-3	568113 Page 7
Part VIII Information About Officers, Directors, Trustees, Foun Paid Employees, and Contractors (continued)	dation Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, er	nter "NONE."	
(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		▶ 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant st number of organizations and other beneficiaries served, conferences convened, research papers p	atistical information such as the produced, etc.	Expenses
1 N/A		
2		
3		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year	on lines 1 and 2.	Amount
1 N/A		7
2		
All other program-related investments. See instructions.		
3		
Total Add Inog 1 through 2		
Total. Add lines 1 through 3		0.

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations, se	e 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	30,282.
Ь	Average of monthly cash balances	1b	427,178.
	Fair market value of all other assets	1c	
	Total (add lines 1a, b, and c)	1d	457,460.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.	, i	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	457,460.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	6,862.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	450,598.
6	Minimum investment return. Enter 5% of line 5	6	22,530.
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.)	nd certain	
1	Minimum investment return from Part X, line 6	1	22,530.
2a	Tax on investment income for 2009 from Part VI, line 5		
b	Income tax for 2009. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	22,530.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	22,530.
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	22,530.
P	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	79,711.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	79,711.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from fine 4	6	79,711.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation (4940(e) reduction of tax in those years.	qualifies for t	ne section

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI,		, , , , , , , , , , , , , , , , , , ,	2000	
line 7				22,530.
2 Undistributed income, if any, as of the end of 2009				
a Enter amount for 2008 only	·	-	15,137.	
b Total for prior years:			13,13,6	-
J. Fortal Co., J. Land		0.		
3 Excess distributions carryover, if any, to 2009:				
a From 2004				
b From 2005				
c From 2006		-		
d From 2007				
e From 2008				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2009 from				
Part XII, line 4: ►\$ 79,711.				
a Applied to 2008, but not more than line 2a			15,137.	,
b Applied to undistributed income of prior			10,107.	
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus		0.	-	
(Election required - see instructions)	0.	-	-	
d Applied to 2009 distributable amount	- 0.			22,530.
e Remaining amount distributed out of corpus	42,044.		2	22,530.
'	42,044.	· .	· · · · · · · · · · · · · · · · · · ·	0.
5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount				U•
must be shown in column (a).)				
6 Enter the net total of each column as indicated below:		-		
	42,044.	-	-	
a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income. Subtract	42,044.			
line 4b from line 2b	_	0.		
· · · · · · · · · · · · · · · · · · ·	-	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		0.		
assessedd Subtract line 6c from line 6b. Taxable	-	<u> </u>		
		0.		
amount - see instructions		0.		
e Undistributed income for 2008. Subtract line			0	
4a from line 2a. Taxable amount - see instr f Undistributed income for 2009. Subtract			0.	·
lines 4d and 5 from line 1. This amount must				
be distributed in 2010	:		_	•
7 Amounts treated as distributions out of			-	0.
		-		
corpus to satisfy requirements imposed by	0.		~=	
section 170(b)(1)(F) or 4942(g)(3) 8 Excess distributions carryover from 2004			-	
-			-	
not applied on line 5 or line 7				
9 Excess distributions carryover to 2010.	42 044			
Subtract lines 7 and 8 from line 6a	42,044.			
10 Analysis of line 9:				
a Excess from 2005				
b Excess from 2006				
c Excess from 2007				
d Excess from 2008		-		
e Excess from 2009 42,044.		<u> </u>	<u> </u>	<u> </u>

Form 990-PF (2009) FOUNDAT					<u>568113 </u>	Page 10
Part XIV Private Operating F	oundations (see in	structions and Part V	II-A, question 9)	N/A		
1 a If the foundation has received a ruling of	r determination letter that	t it is a private operating				
foundation, and the ruling is effective for	r 2009, enter the date of	the ruling	. ▶ ∟			
b Check box to indicate whether the found	lation is a private operati	ng foundation described	I in section	4942(j)(3) or	4942(j)(5)	
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years			
income from Part I or the minimum	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(e) Tot	tal
investment return from Part X for						
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						-
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 regulation						
512(a)(5)), or royalties)						
(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						
(4) Gross investment income					1	
Part XV Supplementary Info			y if the foundation	on had \$5,000 or n	nore in ass	ets
1 Information Regarding Foundation	on Managers:					
a List any managers of the foundation where year (but only if they have contributed in			ntributions received by	the foundation before the c	lose of any tax	
NONE					·	
b List any managers of the foundation who ther entity) of which the foundation ha			n (or an equally large po	rtion of the ownership of a	partnership or	
NONE						
2 Information Regarding Contribut Check here ► X if the foundation of the foundation makes gifts, grants, etc.	only makes contributions	to preselected charitable	le organizations and doe			. If
a The name, address, and telephone num	ber of the person to who	om applications should b	oe addressed:			
NOT APPLICABLE	·					
b The form in which applications should	be submitted and inform	ation and materials thev	should include:			
NOT APPLICABLE			·····			
c Any submission deadlines: NOT APPLICABLE						
d Any restrictions or limitations on award NOT APPLICABLE	is, such as by geographic	cai areas, charitable field	is, kinds of institutions,	or other factors:		

Form 990-PF (2009) FOUNDATION

Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual. Recipient Purpose of grant or Foundation show any relationship to contribution **Amount** status of any foundation manager Name and address (home or business) or substantial contributor recipient a Paid during the year NONE TURN THE CORNER PUBLIC UNRESTRICTED 10,000. FOUNDATION CHARITY CONTRIBUTION TO 214 HOMMOCKS ROAD SUPPORT GENERAL LARCHMONT, NY 10538 OPERATIONS ST. JOSEPH'S CATHOLIC NONE PUBLIC UNRESTRICTED 64,211. SCHOOL CHARITY CONTRIBUTION TO 100 ST. JOSEPH'S DRIVE SUPPORT GENERAL GREENVILLE, SC 29601 OPERATIONS OPEN EYES PICTURES NONE PUBLIC UNRESTRICTED 5,000. 2656 BRIDGEWAY, SUITE 202 CHARITY CONTRIBUTION TO SAUSALITO, CA 94965 SUPPORT GENERAL OPERATIONS HOSPICE OF PALM BEACH NONE PUBLIC UNRESTRICTED 500. COUNTY CHARITY CONTRIBUTION TO 5300 EAST AVENUE SUPPORT GENERAL WEST PALM BEACH, FL 33407 OPERATIONS → 3a 79,711. Total b Approved for future payment NONE **▶** 3b 0. Total

11-3568113

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Form 990-PF (2009)

FOUNDATION

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Part XVI-A	Analysis of Income-Producing Activitie	S
·		
	Unrelated b	HEIDA

Enter gross amounts unless otherwise indicated.	Unrelate	d business income		ded by section 512, 513, or 514	(e)
1 Program service revenue:	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	Related or exempt function income
	code	· · · · · · · · · · · · · · · · · · ·	code		
a	 	· · · · · · · · · · · · · · · · · · ·			
b					
c					
d	<u> </u>				
e				<u> </u>	······································
					
g Fees and contracts from government agencies					
2 Membership dues and assessments	<u> </u>				*-*
3 Interest on savings and temporary cash			اما	1 601	
investments			14		
4 Dividends and interest from securities			14	457.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property	ļ				
6 Net rental income or (loss) from personal					
property	<u> </u>				
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory			18	<30,806.	>
9 Net income or (loss) from special events	 				
10 Gross profit or (loss) from sales of inventory	<u> </u>				
11 Other revenue:					
2 CLASS ACTION SETTLEMENT			14	50.	
b	ļ		-		
C	<u></u>		ļ		
d					
e	ļ				
12 Subtotal. Add columns (b), (d), and (e)	L	0.		<28,678.	
13 Total. Add line 12, columns (b), (d), and (e)				. 13	<28,678.
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities to	o the Acc	omplishment of Ex	emp	t Purposes	
Line No. Explain below how each activity for which incor			contrib	outed importantly to the accord	nplishment of
the foundation's exempt purposes (other than t	by providing fu	inds for such purposes).			
					
					
					···
			_		
					·
					
			_		
				<u>.</u>	
			_		·
	 _	··-			
			_		

THE PETER & KAREN IACOVELLI CHARITABLE 11-3568113 Page 13 Form 990-PF (2009) FOUNDATION Information Regarding Transfers To and Transactions and Relationships With Noncharitable Part XVII **Exempt Organizations** Yes No Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting foundation to a noncharitable exempt organization of: 1a(1) (1) Cash Х 1a(2) (2) Other assets **b** Other transactions: (1) Sales of assets to a noncharitable exempt organization 1b(1) 16(2) (2) Purchases of assets from a noncharitable exempt organization (3) Rental of facilities, equipment, or other assets 1b(3) X 1b(4) (4) Reimbursement arrangements (5) Loans or loan guarantees 1b(5) X 1b(6) (6) Performance of services or membership or fundraising solicitations X c Sharing of facilities, equipment, mailing lists, other assets, or paid employees 1c d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (c) Name of noncharitable exempt organization (b) Amount involved (d) Description of transfers, transactions, and sharing arrangements (a) Line no N/A

		<u></u>		
_				
			1	
2a	Is the foundation directly or indirectly affiliated with, or related to, one	or more tax-exempt organiz	rations described	
	in section 501(c) of the Code (other than section 501(c)(3)) or in sec	tion 527?		Yes X No
<u>_b</u>	If "Yes," complete the following schedule.			
	(a) Name of organization	(b) Type of organization	(c) Description	of relationship
	N/A			
			·	
	Under penalties of perjury, I declare that I have examined this veturn, including account	ompanying schedules and statem	ents, and to the best of my knowledge ar	nd belief, it is true, correct,
	and complete Declaration of preparer (other than taxpayer or fiduciary) is based on	all information of which preparer	$\left(\cdot \right) _{-}$	
	Sla Deard V	6/1/10	RES	
ere	Signature of officer or trustee	Date '	Title	
Sign Here	Preparer's	D	Check if self-	Preparer's identifying number
Š	signature Signature Firm's name (or yours ELLIOTT DAVIS LLC/Firm's name (or yours PO BOX 6286		5 21 10 employed ► _	
	ELLIOTT DAVIS LLC/F	TTC	! EIN ▶	
	ri self-employed). PO BOX 6286			
	address, and ZIP code GREENVILLE, SC 2960	06-6286	Phone no.	864-242-3370
				Form 990-PF (2009)

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No 1545-0047

2009

Employer identification number

THE PETER & KAREN IACOVELLI CHARITABLE 11-3568113 FOUNDATION Organization type (check one): Filers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF X 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. Special Rules For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, fine 1. Complete Parts I and II For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year. aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization

THE PETER & KAREN IACOVELLI CHARITABLE FOUNDATION

11-3568113

Employer identification number

Contributors (see instructions) Part I

(b) Name, address, and ZIP + 4 PETER IACOVELLI	(c) Aggregate contributions	(d) Type of contribution
PETER IACOVELLI		
148 MILESTONE WAY, SUITE C GREENVILLE, SC 29615	\$ 2,000,000.	Person X Payroll
(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		Person Payroll Noncash (Complete Part II of there is a noncash contribution)
	(b) Name, address, and ZIP + 4 (b) Name, address, and ZIP + 4 (b) Name, address, and ZIP + 4 (b) Name, address, and ZIP + 4 (b) Name, address, and ZIP + 4	(b) Name, address, and ZIP + 4 (c) Aggregate contributions \$ (c) Aggregate contributions \$ (b) Name, address, and ZIP + 4 (c) Aggregate contributions \$ (c) Aggregate contributions \$ (d) Aggregate contributions \$ (e) Aggregate contributions \$ (f) Aggregate contributions \$ (h) Name, address, and ZIP + 4 (h) Aggregate contributions \$ (h) Aggregate contributions \$ (h) Aggregate contributions

2009 Tax Information Statement

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THE PETER & KAREN IACOVELLI Recipient's Name and Address FOUND. (215)979-3434 11-3568113 23-2979239 PTC165 Recipient's Tax ID number: Payer's Federal ID number. Account Number: **Questions?**

2nd TIN notice Corrected Payer's Name and Address PHILADELPHIA TRUST COMPANY PHILADELPHIA, PA 19103

1760 MARKET STREET

6 RUGOSA WAY GREER , SC 29650 2009 Form 1099-B: Proceeds from Broker and Barter Exchange Transactions

OMB No. 1545-0715

Reported to the IRS are Gross Proceeds less commissions and option premiums.

Number				. 7 (Federal
of	disiro.	Description	Date D	Date of	Stocks Bonds etc?	Cost or	Net Gain	Tax
(Box 5)	(Box 1b)	(Box 7)		(Box 1a)	(Box 2)			(Box 4)
Short Term ! 140.0000	Short Term Sales Reported on 1099-B 140.0000 097023105 BOEIN	n 1099-B BOEING COMPANY	10/23/2008 0	01/12/2009	6,118.56	6,386.27	-267.71	0.00
135.0000	135.0000 194162103	COLGATE-PALMOLIVE	05/15/2008 0	01/12/2009	8,844.16	9,690.17	-846.01	0.00
180.0000	180.0000 670346105	NUCOR CORP	10/23/2008 0	01/12/2009	7,353.44	6,360.17	993,27	0.00
250.0000	250.0000 902973304	US BANCORP	08/21/2008 0	01/12/2009	5,483.14	7,583.73	-2,100.59	0.00
Total Short 1	Total Short Term Sales Reported on 1099-B	ted on 1099-B			27,799.30	30,020.34	-2,221,04	0.00
Long Term 1 250.0000	Long Term 15% Sales Reported on 1099-B 250.0000 060505104 BANK OF A	ed on 1099-B BANK OF AMERICA CORP	08/09/2007 01/12/2009	1/12/2009	2,954.98	12,260.10	-9,305.12	0.00
250.000	250.0000 17275R102	CISCO SYSTEMS INC	04/25/2006 0	01/12/2009	4,028.15	5,100.00	-1,071.85	0.00
250.000	250.0000 205887102	CONAGRA INCORPORATED	08/16/2006 01	01/12/2009	4,132.97	5,657.50	-1,524.53	0.00
150.000	150.0000 20825C104	CONOCOPHILLIPS	12/12/2005 01/12/2009	1/12/2009	7,602.52	9,174.00	-1,571.48	0.00
250.000	250.0000 26441C105	DUKE ENERGY HOLDING CORP	06/29/2005 01	01/12/2009	3,850.60	4,321,93	-471.33	0.00
400.0000	400.0000 427866108	HERSHEY FOODS	VARIOUS 01	01/12/2009	13,926.12	21,865.00	-7,938.88	0.00
1000 0000	1000 0000 45810H107	INTEGRAL SYS INC MD	09/12/2000 01	01/12/2009	13,879.92	8,842.50	5,037.42	00.0
250.0000	250.0000 502424104	L-3 COM HLDGS INC	07/18/2006 01	01/12/2009	19,050.64	18,545.50	505.14	0.00
250.000	250.0000 615394202	MOOG INC	06/29/2005 01	01/08/2009	8,525.30	8,128.50	396.80	0.00
150.0000	150.0000 629491101	NYSE EURONEXT INC	05/31/2007 01/12/2009	1/12/2009	3,695.99	12,682.32	-8,986.33	00.00

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

2009 Tax Information Statement

		המ- -
Account Number:	PTC165	Recipient's Name and Address
Recipient's Tax ID number:	11-3568113	THE PETER & KAREN IACOVELLI
Payer's Federal ID number:	23-2979239	FOUND.
Questions?	(215)979-3434	6 RUGOSA WAY
Corrected	2nd TIN notice	GREER, SC 29650

Payer's Name and Address
PHILADELPHIA TRUST COMPANY
1760 MARKET STREET
PHILADELPHIA, PA 19103

Federal Income Tax Withheld	(Box 4)	0.00	00'0	0.00
Net Gain or Loss		-1,672.86	-1,981.55	-28,584.57
Cost or other Basis		4,573.18	10,597.50	121,748.03
Stocks Bonds, etc.	(Box 2)	2,900.32	8,615.95	93,163.46
Date of Sale	(Box 1a)	01/12/2009	01/12/2009	
Date Acquired		VARIOUS	07/18/2006	
Description	(Box 7)	TYCO INTERNATIONAL LTD	WHITING PETROLEUM CORP	Fotal Long Term 15% Sales Reported on 1099-B
CUSIP	(Box 1b)	125.0000 G9143X208	250.0000 966387102	m 15% Sales Re
Number of shares	(Box 5)	125.0000	250.0000	Total Long Ter

Form **8868** (Rev. April 2009) Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box	▶ 🛣
• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of the	s form).
Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously to	filed Form 8868.
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 6-month extension - check this box and cor	nplete
Part I only	▶ □
All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request a to file income tax returns.	n extension of time
Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extensi noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electron (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or or you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic fawwwww.sc.gov/efile and click on e-file for Charties & Nonprofits.	nically if (1) you want the additional onsolidated Form 990-T, Instead.
Type or Name of Exempt Organization	Employer identification number
print THE PETER & KAREN IACOVELLI CHARITABLE	
File by the	11-3568113
due date for Number, street, and room or suite no. If a P.O. box, see instructions.	
filing your return See instructions	
GREENVILLE, SC 29615	
Check type of return to be filed (file a separate application for each return)	
Tomas (corporation)	·
Form 990-BL	
X Form 990-PF Form 1041-A Form 8	
PETER IACOVELLI • The books are in the care of ▶ 148 MILESTONE WAY, SUITE C - GREENVILLE	7 CC 20615
Telephone No. ► 864-346-2754 FAX No. ►	s, BC 23013
If the organization does not have an office or place of business in the United States, check this box	
	nis is for the whole group, check this
box . If it is for part of the group, check this box and attach 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 un AUGUST 15, 2010 , to file the exempt organization return for the organization named as is for the organization's return for: ▼ X calendar year 2009 or	
tax year beginning, and ending	<u> </u>
2 If this tax year is for less than 12 months, check reason.	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 \$ 0.
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 \$ 0.
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	
OUC INSTRUCTIONS	3c \$ 0.

FORM 990-PF INTEREST ON SAVI	NGS AI	ND TEM	PORARY C	ASH]	INVESTMENTS	STATEMENT	1
SOURCE						AMOUNT	
PHILADELPHIA TRUST CO.					-	1,6	21.
TOTAL TO FORM 990-PF, PART I,	LINE	3, CO	LUMN A		=	1,6	21.
FORM 990-PF DIVIDEND	S AND	INTER	EST FROM	SEC	JRITIES	STATEMENT	2
SOURCE		GROSS	AMOUNT		PITAL GAINS DIVIDENDS	COLUMN (A AMOUNT)
PHILADELPHIA TRUST CO.	_		457.		0.	4	57.
TOTAL TO FM 990-PF, PART I, LN 4 457. 0.					0.	457.	
FORM 990-PF	0'	THER I	NCOME	 -		STATEMENT	3
DESCRIPTION			(A) REVENUE PER BOOK		(B) NET INVEST- MENT INCOME		
CLASS ACTION SETTLEMENT				50.	50	•	
TOTAL TO FORM 990-PF, PART I,	LINE	11		50.	50	•	
FORM 990-PF	AC	COUNTI	NG FEES			STATEMENT	4
DESCRIPTION	EXPE		(B) NET INV MENT IN	EST-	(C) ADJUSTED NET INCOM		
ACCOUNTING FEES	:	1,195.		597	•		0.
TO FORM 990-PF, PG 1, LN 16B		1,195.		597	•		0.

FORM 990-PF	OTHER E	XPENSES		STATEMENT
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTEI NET INCOM	
MANAGEMENT FEES	2,831.	2,831.		0
TO FORM 990-PF, PG 1, LN 23	2,831.		0	
FORM 990-PF	CORPORAT	E STOCK		STATEMENT
DESCRIPTION		во	OOK VALUE	FAIR MARKET VALUE
PHILIADELPHIA TRUST COMPANY			7,858.	9,301
TOTAL TO FORM 990-PF, PART I	I, LINE 10B		7,858.	9,301