

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



### Form 990-PF

# EXTENDED UNTIL 8-15-2010 Return of Private Foundation

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

OMB No 1545-0052 2009

Department of the Treasury Internal Revenue Service

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

			10 000 0 00p) 0. 1. 1. 10. 10. 10.				
For	calenda	r year 2009, or tax year beginning , a	and ending				
G (	Check a	Il that apply. Initial return Initial ret	urn of a former public o	harity		Final return	
		Amended return Add	ress change	Name	change		
_	the IR	ARTHUR L. & GERALDINE C. S	CHNEEBERG		A Emp		
Ot	herwise	·	· · · · · · · · · · · · · · · · · · ·		B Telep	phone number (see page 10	of the instructions)
_	print	Number and street (or P O box number if mail is not delivered	' 1	Room/suite			
	r type. Specifi	_	E ONE		1	emption application is pendi	
	ruction	City of town, state, and 211 code	10046		D 1. Fo	oreign organizations, check	here
		ODDITE THE	19046			oreign organizations meetir	· —
$\overline{}$	-	rpe of organization X Section 501(c)(3) exempt private				5% test, check here and att	· · ·
			e private foundation		1	rate foundation status was	
		tet value of all assets at end J Accounting method	Cash X Acc	rual	Secur	on 507(b)(1)(A), check here	·
	• .	rom Part II, col (c). Uther (specify)			1	foundation is in a 60-mont	. [1
	ne 16) 🕨		pe on cash basis )		unde	r section 507(b)(1)(B), chec	ck nere
Р	art l	Analysis of Revenue and Expenses (The	(a) Revenue and expenses per	(b) Net in	vestment	(c) Adjusted net	(d) Disbursements for charitable
		total of amounts in columns (b), (c), and (d) may not necessarily equal	books	inco		income	purposes
	Ţ	the amounts in column (a) (see page 11 of the instructions) )					(cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)					
	2	Check ► X if the foundation is <b>not</b> required to attach Sch B					
	3	Interest on savings and temporary cash investments	2,007		2,007	2,007	
	4	Dividends and interest from securities	110		110	110	
	5a	Gross rents .					
<u>o</u>	b	Net rental income or (loss)					
Š	6a	Net gain or (loss) from sale of assets not on line 10				:	
Š.	b	Gross sales price for all assets on line 6a					
Revenue	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					
	b	Less: Cost of goods sold					
	C	Gross profit or (loss) (attach schedule)					
	11	Other income (attach schedule)					
	12	Total. Add lines 1 through 11	2,117		2,117	2,117	
	13	Compensation of officers, directors, trustees, etc			-		
enses	14	Other employee salaries and wages				750	
ü	15	Pension plans, employee benefits			LULI	<u>/</u>	
	16a	Legal fees (attach schedule)				S	
Ú	ь	Accounting fees (attach schedule)		10 10	JL 27		
Operating and Administrative Exp	С	Other professional fees (attach schedule)				SS	
rat	17	Interest			00C		
ist	18	Taxes (attach schedule) (see page 14 of the instructions)			<u>GDEN</u>	, U1	
Ë	19	Depreciation (attach schedule) and depletion					
늄	20	Occupancy					
₹	21	Travel, conferences, and meetings					
2	22	Printing and publications					
<u>а</u>	23	Other expenses (att. sch.)					
Ž	24	Total operating and administrative expenses.		<u> </u>			
rat		Add lines 13 through 23	l o		0		0
be	25	Contributions, gifts, grants paid	520				520
0	26	Total expenses and disbursements. Add lines 24 and 25	520	····	0	0	520
	27	Subtract line 26 from line 12:					
	a	Excess of revenue over expenses and disbursements	1,597				
	Ь	Net investment income (if negative, enter -0-)			2,117		
	c	Adjusted net income (if negative, enter -0-)				2,117	
						, _ <del>_</del> .	

	Dar 11	Ralanca Sheets Attached schedules and amounts in the description column	Beginning of year	End o	f year					
	Part II	Balance Sheets Atlached schedules and amounts in the description column 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								
	2	Savings and temporary cash investments	50,599	52,059	54,137					
ĺ	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 (attach schedule) (see page 16 of the								
ļ		instructions)								
	7	Other notes and loans receivable (att. schedule)			·					
		Less allowance for doubtful accounts ▶								
ts	8									
Assets	9	Prepaid expenses and deferred charges								
As	10a	Investments—U S and state government obligations (attach schedule)								
	b	Investments—corporate stock (attach schedule) SEE STMT 1	11,027	11,136	10,393					
	C	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		<del></del>	· · · · · · · · · · · · · · · · · · ·					
		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)	61,626	63,195	64,530					
_	17	Accounts payable and accrued expenses			,					
	18	Grants payable								
es	19	Deferred revenue								
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons								
ab	21	Mortgages and other notes payable (attach schedule)								
=	22	Other liabilities (describe SEE STATEMENT 2 )	37	9						
	23	Total liabilities (add lines 17 through 22)	37	9						
_		Foundations that follow SFAS 117, check here ▶								
s		and complete lines 24 through 26 and lines 30 and 31.								
ces	24	Unrestricted	}							
an	25	Temporarily restricted								
3a	26	Permanently restricted								
or Fund Balanc	-	Foundations that do not follow SFAS 117, check here ▶ X	-							
٦		and complete lines 27 through 31.								
Ī	27	Capital stock, trust principal, or current funds	<b>\</b>							
		Paid-in or capital surplus, or land, bldg , and equipment fund								
Net Assets	29	Retained earnings, accumulated income, endowment, or other funds	61,589	63,186						
SS	30	Total net assets or fund balances (see page 17 of the								
Ť	30	instructions)	61,589	63,186						
Ž	31	Total liabilities and net assets/fund balances (see page 17		3,200						
	"	of the instructions)	61,626	63,195						
_	Part I		01/020	0,230						
		net assets or fund balances at beginning of year—Part II, column (a), line 30 (must a	agree with							
		of-year figure reported on prior year's return)	-g. 00 mai	1	61,589					
		r amount from Part I, line 27a		2	1,597					
		r increases not included in line 2 (itemize) ▶		3						
		lines 1, 2, and 3		4	63,186					
		eases not included in line 2 (itemize) ▶		5	22,200					
		eases not included in line 2 (itemize)  I net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b),	line 30	6	63,186					
	ıota	niet assets of fund balances at end of year fille 4 millius line 3)—Fait II, column (b),	e 30		- 000 DE :					

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

Form 990-PF (2009)

Part VI instructions on page 18

orm	990-PF (2009) ARTHUR L. & GERALDINE C. SCHNEEBERG 23-2866495			Ρ.	<u>age 4</u>
<u>Pa</u>	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instruc	tions)			
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1				
	Date of ruling or determination letter (attach copy of letter if necessary—see instructions)				
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check				42
	here 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				42
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)				<u> </u>
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-				0 42
6	Credits/Payments				
а	2009 estimated tax payments and 2008 overpayment credited to 2009				
b	Exempt foreign organizations—tax withheld at source				
С	Tax paid with application for extension of time to file (Form 8868)  6c 200				
d	Backup withholding erroneously withheld				
7	Total credits and payments. Add lines 6a through 6d				<u> 200</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				158
11	Enter the amount of line 10 to be. Credited to 2010 estimated tax ▶ 158 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?	Ì	1a		X
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)?	Ì	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials	j			
	published or distributed by the foundation in connection with the activities.				
_	Did the foundation file Form 1120-POL for this year?		1c		X
C C	·		-10		
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year.				
	(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  \$				
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		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		X
	If "Yes," attach the statement required by General Instruction T				
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either				
	By language in the governing instrument, or				
	By state legislation that effectively amends the governing instrument so that no mandatory directions that				
	conflict with the state law 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	Х	
8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the				
	instructions) > PA				
Ь	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General				
b			٥,	x	
^	(or designate) of each state as required by General Instruction G? If "No," attach explanation		8b		
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or				
	4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page				
	27)? If "Yes," complete Part XIV		9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their				
	names and addresses		_10_		<u> </u>
		Fo	rm <b>99</b>	0-PF	(2009)

Form 990-PF (2009)

		RALDINE C. SCHNEE		2866495				P	age <b>6</b>
Pa	art VII-B Statements Regarding A	ctivities for Which Form	4720 May Be R	equired (cont	inued)				
5a	During the year did the foundation pay or incur	any amount to		_		_			
	(1) Carry on propaganda, or otherwise attempt	to influence legislation (section 49	)45(e))?		Yes 🛚	No			
	(2) Influence the outcome of any specific public	c election (see section 4955), or to	carry on,		_	_			
	directly or indirectly, any voter registration d	Irive?		<u>∐</u> .	Yes 🛚	No 2			
	(3) Provide a grant to an individual for travel, st	tudy, or other similar purposes?			Yes 🗵	No			
	(4) Provide a grant to an organization other that	ın a charitable, etc , organization d	escribed in			_			
	section 509(a)(1), (2), or (3), or section 494	0(d)(2)? (see page 22 of the instru	ictions)		Yes 🛚	No			
	(5) Provide for any purpose other than religious	s, charitable, scientific, literary, or e	educational		_	٦			
	purposes, or for the prevention of cruelty to	children or animals?			Yes 🛚	No			
b	If any answer is "Yes" to 5a(1)-(5), did any of the	e transactions fail to qualify under	the exceptions desc	ribed in					
	Regulations section 53 4945 or in a current noti	• •	, ,	nstructions)?	۳	N/A	5b		ļ
	Organizations relying on a current notice regard	•			▶ [	J			
С	If the answer is "Yes" to question 5a(4), does the	·	n the tax	/- 🗆	_	٦		,	
	because it maintained expenditure responsibility	•		N/A 📙	Yes _	」No			
	If "Yes," attach the statement required by Regul	` *							
6a	Did the foundation, during the year, receive any	funds, directly or indirectly, to pay	premiums		<b>-</b>	a			
	on a personal benefit contract?				Yes 2	No			
b	Did the foundation, during the year, pay premiur	ms, directly or indirectly, on a perse	onal benefit contract	7			6b		X
_	If "Yes" to 6b, file Form 8870.					Fl			
7a -	At any time during the tax year, was the founda	Yes 2	No N/A		<u></u>	<del>-</del>			
b D	If yes, did the foundation receive any proceeds art VIII Information About Officer				Doid En		7b		L
F	and Contractors	s, Directors, Trustees, Fo	unuation mana	igers, mgmy	raiu Lii	пріоуе	55,		
1 1	List all officers, directors, trustees, foundation	managers and their compensa	tion (see page 22 o	f the instruction	s).				
					<del>† – – – – – – – – – – – – – – – – – – –</del>	ributions to			
	(a) Name and addres	s	(b) Title, and average hours per week	(c) Compensation (If not paid, enter	employ	ee benefit		pense a	
	.,		devoted to position	-0-)		id deferred ensation	othe	er allowa	inces
AF	RTHUR L SCHNEEBERG	JENKINTOWN							
	01 OLD YORK ROAD	PA 19046	0.00	1	,	o			0
	ERALDINE C SCHNEEBERG	JENKINTOWN							
80	01 OLD YORK ROAD	PA 19046	1.00		,	0			0
			<u> </u>		<u> </u>				
					<u> </u>				
2	Compensation of five highest-paid employed	es (other than those included or	n line 1—see page 2	23 of the instruct	ions).				
	If none, enter "NONE."								
			(b) Title, and average			ributions to ee benefit	(a) Ev	pense a	ecount
	(a) Name and address of each employee pa	nd more than \$50,000	hours per week devoted to position	(c) Compensation	plans an	d deferred		er allowa	
					compe	ensation			
NC	ONE								
			<del>                                     </del>	<del> </del>	ļ <u> </u>		<del> </del>		
	•		-						
			+	-	<del> </del>		-		
			1						
		<del></del>		<del>                                     </del>	┼──				
			1						
			<del></del>	<del>                                     </del>	+				
			1	1	1		1		
ot-	I number of other employees paid over \$50,000			L	<u> — —</u>		<u> </u>	$\Box$	
Jid							,,, QQ	O-PF	(2009)
						ru		~	(2005)

Form 990-PF (2009) ARTHUR L. & GERALDINE C. SCHNEEBER	G 23-2866495	Page <b>7</b>				
Part VIII Information About Officers, Directors, Trustees, Founda	tion Managers, Highly Paid Emp	loyees,				
and Contractors (continued)						
Five highest-paid independent contractors for professional services (see page 23	<del></del>					
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation				
NONE						
		<del></del>				
Total number of others receiving over \$50,000 for professional services		<b>&gt;</b>				
Part IX-A Summary of Direct Charitable Activities						
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.						
1 N/A						
·						
2						
		<del></del>				
3						
·						
4						
·						
Part IX-B Summary of Program-Related Investments (see page 2	24 of the instructions)					
Describe the two largest program-related investments made by the foundation during the tax year on lines 1	1 and 2	Amount				
1 N/A						
2	ľ					
	İ					
All other program-related investments See page 24 of the instructions	<del></del>					
3						
	1					
•						

Total. Add lines 1 through 3

Suitability test (prior IRS approval required) За Cash distribution test (attach the required schedule) 3b 520 4 Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see page 26 of the instructions) 5 6 Adjusted qualifying distributions. Subtract line 5 from line 4

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

qualifies for the section 4940(e) reduction of tax in those years

Form 990-PF (2009)

1 [	Distributable amount for 2009 from Part XI,	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
	ne 7			~~ .	3,022
	Indistributed income, if any, as of the end of 2009.				<u>5,022</u>
	Enter amount for 2008 only				
	Fotal for prior years 20 , 20 , 20		<u> </u>		
	Excess distributions carryover, if any, to 2009		——· <del>—</del> ·—		······································
	From 2004 646				
	From 2005 2 , 017			1	
	From 2006				
	From 2007	į			
	From 2008			<u> </u>	
	Fotal of lines 3a through e	2,663			
	Qualifying distributions for 2009 from Part XII,				
	ine 4 ▶ \$ 520				
	Applied to 2008, but not more than line 2a			1	
	Applied to undistributed income of prior years				
(	Election required—see page 26 of the instructions)			<u> </u>	
	Freated as distributions out of corpus (Election				
	equired—see page 26 of the instructions)				
d A	Applied to 2009 distributable amount				520
e F	Remaining amount distributed out of corpus				
5	Excess distributions carryover applied to 2009	2,502			2,502
(	If an amount appears in column (d), the same				
á	amount must be shown in column (a) )				
6 I	Enter the net total of each column as	1			
i	indicated below:				
a (	Corpus. Add lines 3f, 4c, and 4e Subtract line 5	161			
ь	Prior years' undistributed income Subtract			1	
	ine 4b from line 2b				
	Enter the amount of prior years' undistributed			]	
	ncome for which a notice of deficiency has				
	been issued, or on which the section 4942(a)			1	
	tax has been previously assessed				
	Subtract line 6c from line 6b Taxable			1	
	amount—see page 27 of the instructions				
	Undistributed income for 2008 Subtract line				
	4a from line 2a. Taxable amount—see page				
	27 of the instructions Undistributed income for 2009. Subtract lines			l	
	4d and 5 from line 1. This amount must be				
	distributed in 2010				0
	Amounts treated as distributions out of corpus	·			
	to satisfy requirements imposed by section	<u>'</u>			
	170(b)(1)(F) or 4942(g)(3) (see page 27 of the			1	
	instructions)			1	
	Excess distributions carryover from 2004 not				
	applied on line 5 or line 7 (see page 27 of the				
	instructions)				
	Excess distributions carryover to 2010.				
	Subtract lines 7 and 8 from line 6a	161			
	Analysis of line 9.				
	Excess from 2005161				
b	Excess from 2006	]			
С	Excess from 2007				
d	Excess from 2008				
e	Excess from 2009	1			000 DF

	rt XIV Private Operating Fou	indations (see or	age 27 of the inch	ructions and D	art V/ILA ause	ction (I)	Pag
<u>- Г.</u> 1а	If the foundation has received a ruling or d				art VII-A, ques	suon 9)	
ıa	foundation, and the ruling is effective for 2		•	iy			
b	Check box to indicate whether the foundation		•	ed in section	4942(j)(3) or	4942(	)(5)
2a	Enter the lesser of the adjusted net	Tax year	I g roundation desemb	Prior 3 years		1 40420	
	income from Part I or the minimum	(a) 2009	(b) 2008	(c) 2007	(d) 20	006	(e) Total
	investment return from Part X for						
	each year listed						
b	85% of line 2a						
c	Qualifying distributions from Part XII,	<del> </del>		<del></del>			
•	line 4 for each year listed						
d	Amounts included in line 2c not used directly		<del> </del>	<del></del>	<del> </del>		
_	for active conduct of exempt activities						
е	Qualifying distributions made directly	· · · · · · · · · · · · · · · · · · ·		<del></del>			
•	for active conduct of exempt activities				İ		
	Subtract line 2d from line 2c						
3	Complete 3a, b, or c for the			<del></del>		<u>-</u>	
	alternative test relied upon						
а	"Assets" alternative test—enter						
-	(1) Value of all assets		,				
	(2) Value of assets qualifying under	<del></del>		1			
	section 4942(j)(3)(B)(i)		1	1	1		
b	"Endowment" alternative test—enter 2/3						
	of minimum investment return shown in						
	Part X, line 6 for each year listed		1	1			
С	"Support" alternative test—enter						
	(1) Total support other than gross					ŀ	
	investment income (interest,				ľ	}	
	dividends, rents, payments on						
	securities loans (section						
	512(a)(5)), or royalties)		<del> </del>	<del></del>			
	(2) Support from general public and 5 or more exempt				]		
	organizations as provided in		ĺ		i		
	section 4942(j)(3)(B)(III)						
	(3) Largest amount of support from						
	an exempt organization						
	(4) Gross investment income						
P	ert XV Supplementary Inform	nation (Complete	this part only if	the foundation	had \$5,000	or more in	assets at
	any time during the ye	ear-see page 28	of the instruction	ons.)			
	Information Regarding Foundation Mai	nagers:					
а	List any managers of the foundation who l	nave contributed more	than 2% of the total co	ontributions received	d by the foundatio	n	
	before the close of any tax year (but only	f they have contributed	more than \$5,000) (	See section 507(d)(	2))		
	N/A						··
b	List any managers of the foundation who	own 10% or more of th	e stock of a corporation	n (or an equally lar	ge portion of the		
	ownership of a partnership or other entity)	of which the foundation	n has a 10% or greate	er interest			
_	N/A						
2	Information Regarding Contribution, G						
	Check here ► X if the foundation only	makes contributions to	o preselected charitab	le organizations and	d does not accept		
	unsolicited requests for funds. If the found	lation makes gifts, grai	nts, etc. (see page 28	of the instructions) t	to individuals or		
_	organizations under other conditions, com	plete items 2a, b, c, ar	nd d				
а	The name, address, and telephone numb	er of the person to who	om applications should	be addressed.			
	N/A						
			<del></del>				
b	The form in which applications should be	submitted and informa	tion and materials the	should include:			
_	N/A						
С	Any submission deadlines:						
	N/A						
_	Any restrictions or limitations on awards,						

Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Recipient Purpose of grant or show any relationship to status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year WHYY PUBLIC TELEVISION CHARITABLE 155 N 6TH STREET 120 PHILADELPHIA PA 19106 AVON FOUNDATION CHARITABLE 1345 AVE OF THE AMERICAS 400 NYC NY 10105 520 ▶ 3a Total **b** Approved for future payment N/A **▶** 3b Total

Part XVI-A	Analysis of Income-Producing Analysis otherwise indicated		business income	Excluded	1 by section 512, 513, or 514	514 (e)	
1 Program se		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See page 28 of the instructions)	
•			· · · · · · · · · · · · · · · · · · ·			······································	
		_					
f					·	·	
	nd contracts from government agencies						
=	p dues and assessments		··			·	
	savings and temporary cash investments		· · · · · · · · · · · · · · · · · · ·			2,00	
	and interest from securities			<u> </u>		110	
	ncome or (loss) from real estate						
	nanced property	<del></del>	·····	<u> </u>			
	bt-financed property	·	·				
	ncome or (loss) from personal property		· · · · · · · · · · · · · · · · · · ·				
7 Other inves				<del>                                     </del>			
	ss) from sales of assets other than inventory		<u> </u>				
	e or (loss) from special events	<del>  </del>				· · · · ·	
	t or (loss) from sales of inventory			-			
	•	<del>                                     </del>				<del></del>	
	nue a	1					
		1 1					
			<del></del>	<u> </u>			
		_				<del></del>	
B	dd columns (b), (d), and (e)				0	2 117	
		<u> </u>				2,11	
	line 12, columns (b), (d), and (e)				13	2,11	
Part XVI-E	t in line 13 instructions on page 28 to verify calcula  Relationship of Activities to the		nt of Evampt D	rnocor	•		
						<del></del>	
Line No. ▼	Explain below how each activity for which incor accomplishment of the foundation's exempt pur instructions)					he	
N/A		·			<del></del>		
			·	-			
		·			<del></del>		
	<del></del>		·				
			<del></del>				
	<del>                                     </del>	<del></del>			<del></del>	· · · · · · · · · · · · · · · · · · ·	
		··· · - · ·			<del></del>	,	
<del></del> -							
		·	<del></del>	,			
	<del></del>	<del></del>	<u></u>				
		······					
		· · · · · · · · · · · · · · · · · · ·					

JENKINTOWN, PA

Pa	rt XVII	Information Regardanization	-	insfers To a	and Transaction	ns an	d Relationship	os With No	onchar	itable		
1	Did the org	anization directly or indir		in any of the fo	ollowing with any of	her orga	anization described				Yes	No
	·	601(c) of the Code (other		-		_		l				
_	· •	rom the reporting founda	shop to a nor	charitable ever	mat arganization of							
а		rom the reporting rounds	מוטוו נט מ ווטו	ichantable exer	iipt organization of					4-(4)		
	(1) Cash									1a(1)		X
	(2) Other a									1a(2)		<b>├</b> ^
U	Other trans		ماما.							1		
	• •	of assets to a noncharita	•	_	-1					1b(1)		X
	• •	ises of assets from a no			3000					1b(2)		X
		of facilities, equipment,		:15						1b(3)		X
		ursement arrangements								1b(4)		X
		or loan guarantees mance of services or me	mharchin ar	fundroising col	voitations					1b(5)		X
_		facilities, equipment, ma		_						1b(6)		X
		er to any of the above is				an (h) ch	nould always show	the foir mark	n.t	_ 10_		1
a		e goods, other assets, o										
		y transaction or sharing										
	(a) Line no	(b) Amount involved	(c) Name	of noncharitable	exempt organization		(d) Description of tra	insfers, transac	tions, and	sharing arrange	ments	
<u> </u>	<u> </u>					Щ						
			<u> </u>									
			ļ									
			<u> </u>									
			<u> </u>									
			ļ		· · · · · · · · · · · · · · · · · · ·		·					
										· · · · · ·		
								<u> </u>				
				- <del></del>								
		<u></u>	<u> </u>									
						l						
2a	Is the foun	dation directly or indirect	tly affiliated w	rith, or related t	o, one or more tax-	exempt	organizations					_
	described	in section 501(c) of the (	Code (other t	han section 50	1(c)(3)) or in section	า 527?				□ Ye	es 🛚 🗶	i No
_ <u>b</u>	If "Yes," co	implete the following sch	nedule									
	<u></u>	a) Name of organization		(b) Type	e of organization		((	c) Description of	of relations	hip		
	N/A						<del></del>			··		
		····					·			·		
		····		<u></u>			<u>-</u>	· · · · · · · · · · · · · · · · · · ·				
							·	·				
				<u> </u>								
- 1	Under penal	ties of perjury, I declare that	I have examin	ed this return, inc	luding accompanying	schedule:	s and statements, and	to the best of r	ny knowle	dge and		
- 1	belief, it is	ne, correct, and complete (	<b>Y.</b> 11		In taxpayer or floucian	1		which preparer	has any k	nowledge		
		or a reme 6.	Muleel	elep		9/10	<u> </u>	Glerifer				
2	Signatu	re of officer or trustee	L		Date	-1	Tı	tle				
Sign Here				١.,	•	,	Date	Check if		Preparer's identifi number (see Sig		an
چ	اٰ <u>ح</u> ع.	Preparer	Ux , PLA	MI.	P		6-17-2010	self-employed	<b>                                     </b>	page 30 of the in		
š	Paid Preparer's Use Only	signature	C/m	A IVV								
	Pa ep:	Firm's name (or yours if	SKLAR	CARMOSI		MA						
		self-employed), address,			RD STE 1				EIŅ ▶	23-128		
		and ZIP code	JENK:	INTOWN.	PA 19046	;			Phone no	215-88	5 - 5	81

19046

Phone no 215-885-5811

23-2866495 '

## **Federal Statements**

#### Statement 1 - Form 990-PF, Part II, Line 10b - Corporate Stock Investments

Descri	ntion
	P (1011

•	 Beginning of Year	 End of Year	Basis of Valuation	 Fair Market Value
UNIT TRUST PORTFOLIOS	\$ 10,027	\$ 10,136	COST	\$ 9,393
REINVESTMENT FUND	1,000	1,000	COST	1,000
TOTAL	\$ 11,027	\$ 11,136		\$ 10,393

### Statement 2 - Form 990-PF, Part II, Line 22 - Other Liabilities

Description	Beginning End of of Year Year				
EXCHANGES	\$	37	\$	9	
TOTAL	\$	37	\$	9	