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SCANNED NOV 3 0 2010

Return of Private Foundation

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

Department of the Treasury Internal Revenue Service Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements OMB No 1545-0052 2009

Content and page Initial return In	<u>For</u>	caler	dar year 2009, or tax yea	ir beginning		, and ending		
Use the IRS Name of foundation A Employer Identification number Italian Ita	G (heck	all that apply	Initial return	Initial return of a fo	rmer public charity	Final return	 1
See See See See See See See See See Se				Amended return	Address chan	ge 🔲	Name change	
Cheerings. KERSNOWSKI FAMILY FOUNDATION In the production of the	Use	the	IRS Name of foundation				A Employer Identification	number
print Number and street (or P O Dox number If mail is not derivered to street existence existence) Received a Street P C C P - 880 - 3531	-	abel						
sor types 4284 FELL ROAD 267-880-3531			· · · · · · · · · · · · · · · · · · ·			1-		
See Specific Clay or Lown, state, and ZIP code instructions Continuation Cont		•			Hivered to street address)	Room/sulte		
Instruction CVPLESTOWN, PAR 18902 If Check type of organization: XI Section 591(c)(3) exempt private foundation I Section 4917(c)(1, none rept) cantable future in the form Part II, cot. (c), line 16). I Sain market value of all assets at end of year II and the value private foundation I Sain market value of all sasets at end of year II and the value private foundation. I sain market value of all sasets at end of year II analysis of Revenue and Express of the foundation is in a 60-month termination under section 501(h), check here II the foundation is in a 60-month termination under section 501(h), check here II the foundation is in a 60-month termination under section 501(h), check here II the foundation is in a 60-month termination under section 501(h), check here II the foundation is in a 60-month termination under section 501(h), check here II the foundation is in a 60-month termination under section 501(h), check here II the foundation is in a 60-month termination under section 501(h), check here II the foundation is in a 60-month termination under section 501(h), check here II the foundation is in a 60-month termination under section 501(h), check here II the foundation is in a 60-month termination under section 501(h), check here II the foundation is in a 60-month termination under section 501(h), check here II the foundation is in a 60-month termination under section 501(h), check here II the foundation is in a 60-month termination under section 501(h), check here II the foundation is in a 60-month termination under section 501(h), check here II the foundation is in a 60-month termination under section 501(h), check here II the foundation is in a 60-month termination under section 501(h), check here II the foundation is in a 60-month termination under section 501(h), check here II the foundation is in a 60-month termination (i) the foundation is in a 60-month termination under section 501(h), check here II the foundation is in a 60-month termination (i) the foundation is in a 60-month termination (i			1110 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
H. Check type of organizations:		•	City or town, state, a					
Section 4947(a)(1) nonexempt charable trust Other travable private foundation E If private foundation status was terminated under section 507(a)(1)(a), check here If sur market value of all assets at each of year Accounting method Seath Continue of the part II, cot. (c), ine 16 Seath Continue of the part II, cot. (c), ine 16 Seath Continue of the part II, cot. (c), ine 16 Seath Continue of the part II, cot. (c), ine 16 Seath Continue of the part II, cot. (c), ine 16 Seath Continue of the part II, cot. (c), ine 16 Seath Continue of the part II, cot. (c), ine 16 Seath Continue of the part II, cot. (c), ine 16 Seath Continue of the part II, cot. (c), ine 16 Seath Continue of the part II, cot. (c), ine 16 Seath	ш ('haak				<u> </u>	Foreign organization: Foreign organizations me	S, Check here
Far market value of all assets at end of year	Ϊ	_				tion		
True	L F						E If private foundation sta	tus was terminated
181 146				· —	-	Accidal		
Part I						pasis.)		
1 Contributions gifts, grants, etc. received 375. N/A	Pa	ırt İ			(a) Revenue and	(b) Net investment		(d) Disbursements
Check	_		necessarily equal the amoun	its in column (a))				
Comparison of		1			375.	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	N/A	
Part		2						
Sa Ret Short - Chesh from sale of assets not on line 10 1,984		3	interest on savings and tempo cash investments	onary		2,420.		STATEMENT 1
D Net runtal income or gloss)		4	Dividends and interest fro	om securities .	1,575.	<u>1,575.</u>		STATEMENT 2
68 Net gain or flosts from sate of seasets not on line 10		5a	Gross rents					
B Gross askes price for set in the factor of the set in the factor of th		١.	· · · -		1 004	····	{ }	<u></u>
8 Net short-term capital gain 9 Income modifications 10a and discharges 10 Less Cost of poords solid c Gross profit or (loss) 11 Other income 12 Total. Add lines 1 through 11 6,354. 5,979. 13 Compensation of efficers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees 16 Pension plans, employee benefits 16a Legal fees 16 Cother professional fees 17 Interest 18 Taxes 19 Depreciation and depletion 2,405. 0. 20 Cocupancy 21 Travel, conferences, and meetings 22 Penting and publications 23 Other expenses 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, grits, grants paid 26 Total superating and administrative axpenses. Add lines 13 through 23 26 Total superating and administrative 27 Subtract in the superases and structure of the gastweenter -0.0 28 Excess of servine 4 (14,832) 29 Subtract in the superases and structure of the gastweenter -0.0 20 Cocupancy 21 Travel, conferences, and meetings 20 Contributions, grits, grants paid 21 Add lines 24 and 25 Contributions 22 Contributions, grits, grants paid 23 Contributions, grits, grants paid 24 Total superases and structure of the gastweenter -0.0 26 Excess of servine 4 (14,832) 27 Subtract in the superases and structure of the gastweenter -0.0 28 Excess of servine 4 (14,832) 29 Subtract in the superases and structure of the gastweenter -0.0 29 Continuous and structure of the gastweenter -0.0 20 Cocupancy 21 Travel, conferences, and meetings 22 Subtract in the superases and structure of the gastweenter -0.0 29 Continuous and structure of the gastweenter -0.0 20 Cocupancy 21 Travel, conferences and meetings 22 Subtract in the superase and continuous and structure of the gastweenter -0.0 21 Total superases and continuous and structure of the gastweenter -0.0 20 Cocupancy 21 Travel, conferences, and meetings 22 Contributions, grits, grants paid 23 Contributions, grits, grants paid 24 Total operating and administrative 25 Contributions of the gastweenter -0.0 26 Cocupancy	e	Ha_			1,984.			
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14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees b Accounting fees STMT 3 726 0 0 0	_	12	Total. Add lines 1 throug	h 11	6,354.	5,979.		
15 Pension plans, employee benefits 16a Legal fees b Accounting fees STMT 3 726 0 0 0		13	Compensation of officers, dire	ectors, trustees, etc	0.	0.		0.
16a Legal fees		14	• •	•				
C Other professional fees 17 Interest 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 30 Other expenses 31 STMT 4 2,151. 0. 0. 32 Other expenses. Add lines 13 through 23 6,038. 0. 0. 33 Contributions, grifts, grants paid 34 Total expenses and disbursements Add lines 24 and 25 C I I I I I I I I I I I I I I I I I I	Ø	1		benefits		· · · · · · · · · · · · · · · · · · ·		
C Other professional fees 17 Interest 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 30 Other expenses 31 STMT 4 2,151. 0. 0. 32 Other expenses. Add lines 13 through 23 6,038. 0. 0. 33 Contributions, grifts, grants paid 34 Total expenses and disbursements Add lines 24 and 25 C I I I I I I I I I I I I I I I I I I	nse	l	<u> </u>	CMMM 2	726			
25 Contributions, gifts, grants paid 26 Total expenses and disbutisements. Add lines 24 and 25 CE VED 20,870. 0. 14,832. 20,870. 0. 14,832. 21,832. 20,870. 5,979. C Adjusted nel-incume (if negative, enter -0-) CE	Š			STMT 3	/20.			0.
25 Contributions, gifts, grants paid 26 Total expenses and disbutisements. Add lines 24 and 25 CE VED 20,870. 0. 14,832. 20,870. 0. 14,832. 21,832. 20,870. 5,979. C Adjusted nel-incume (if negative, enter -0-) CE	ē Ē	l	•					
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25 Contributions, gifts, grants paid 26 Total expenses and disbutisements. Add lines 24 and 25 CE VED 20,870. 0. 14,832. 20,870. 0. 14,832. 21,832. 20,870. 5,979. C Adjusted nel-incume (if negative, enter -0-) CE	ĝ	23	Other expenses	STMT 4	2,151.	0.		
25 Contributions, gifts, grants paid 26 Total expenses and disbutisements. Add lines 24 and 25 CE VED 20,870. 0. 14,832. 20,870. 0. 14,832. 21,832. 20,870. 5,979. C Adjusted nel-incume (if negative, enter -0-) CE	īati	24						
25 Contributions, girts, grants paid 26 Total expenses and disbutisements. Add lines 24 and 25 CE VED 20,870. 0. 14,832. 20,870. 0. 14,832. 21,832. 20,870. 5,979. C Adjusted nel-incume (if negative, enter -0-) CE CE Adjusted nel-incume (if negative, enter -0-) CE CE Adjusted nel-incume (if negative, enter -0-) CE	8		•	-		0.		
27 Subtrace line 26 from line 12 a Excess of Branue Approximent Income (if negative, enter -0-) b Net investment income (if negative, enter -0-) c Adjusted net-income (if negative, enter -0-) N/A		ı			14,832.			14,832.
27 Subtrace line 26 from line 12 a Excess of Branue Approximent Income (if negative, enter -0-) b Net investment income (if negative, enter -0-) c Adjusted net-income (if negative, enter -0-) N/A		26	Total expenses and dist	TEITHED	20 070	^		14 005
b Net investment income (if negative, enter-0-) C Adjusted net-income (if negative, enter-0-) N/A		27	Subtract line 24 and 25	12	20,8/0.	<u> </u>		14,832.
b Net investment income (if negative, enter-0-) C Adjusted net-income (if negative, enter-0-) N/A		²	Subtract line 20 from III0	14 0 2010 O	<14.516	>		***************************************
C Adjusted net-income (il-pegetive, enter-07)		h	Net investment income	It necestive enter -()	114/010			
022601						5/5/5.	N/A	
	9235 02-0	01 2-10	LHA For Privacy Act a	nd Paperwork Reduction	Act Notice, see the Instruct	lons.		Form 990-PF (2009)

Form **990-PF** (2009)

Form ₂ 9	90-PF (2009) KIERSNOWSKI FAMILY FOUND	DATION	84-	1567200 Page 2
Pari	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End o	
	Countral allowed by the allowing willy	(a) Book Value	(b) Book Value	(c) Fair Market Value
1	· · ·	23,058.		·
	Savings and temporary cash investments	· · · · · · · · · · · · · · · · · · ·	·····	
3	Accounts receivable			
١.	Less allowance for doubtful accounts	· · · · · · · · · · · · · · · · · · ·		7
4	Pledges receivable ► Less: allowance for doubtful accounts ►	-		
5	Grants receivable			
٦	Receivables due from officers, directors, trustees, and other			
"	disqualified persons			
7	Other notes and loans receivable			
'	Less allowance for doubtful accounts			
v 8	Inventories for sale or use			
Assets	Prepaid expenses and deferred charges			
₹ 10	Investments - U.S. and state government obligations			
	Investments - corporate stock STMT 5	183,838.	224,689.	179,381.
	: Investments - corporate bonds			
11	Investments - land, buildings, and equipment basis			
	Less: accumulated depreciation			
12	Investments - mortgage loans			
13	Investments - other	23,000.		-
14	Land, buildings, and equipment basis ► 7,746. Less: accumulated depredation STMT 6 ► 5,979.			n
	Less: accumulated depreciation STMT 6 >	672.	1,767.	1,767.
15	Other assets (describe ►)			
16	Total assets (to be completed by all filers)	230,568.	226,456.	181,148.
17	Accounts payable and accrued expenses	230,300.	220,430.	101,140.
18	Grants payable		· · · · · · · · · · · · · · · · · · ·	
مدا .	Deferred revenue			
Liabilities 20 21	Loans from officers, directors, trustees, and other disqualified persons			
등 21	Mortgages and other notes payable			
ت ₂₂	Other liabilities (describe STATEMENT 7)	0.	10,404.	
23	Total liabilities (add lines 17 through 22)	0.	10,404.	
	Foundations that follow SFAS 117, check here	_	-	
.,	and complete lines 24 through 26 and lines 30 and 31.			
發 24	Unrestricted .			
[25	Temporarily restricted			
<u>a</u> 26	Permanently restricted			
<u>ا</u> قِ	Foundations that do not follow SFAS 117, check here			
<u>اة</u>	and complete lines 27 through 31.		_	
g 27	Capital stock, trust principal, or current funds	0.	0.	
3 28	Paid-in or capital surplus, or land, bldg , and equipment fund	0.	0.	
Net Assets or Fund Balances 06 82 22 92 52 95 92 92 92 92 92 92 92 92 92 92 92 92 92	Retained earnings, accumulated income, endowment, or other funds	230,568.	216,052.	
ž 30	Total net assets or fund balances	230,568.	216,052.	
31	Total liabilities and net assets/fund balances	230,568.	226,456.	
Parl				
	il net assets or fund balances at beginning of year - Part II, column (a), line 3			
	st agree with end-of-year figure reported on prior year's return)			230,568.
	or amount from Part I, line 27a		1 2	<14,516.>
	er increases not included in line 2 (itemize)		3	0.
	lines 1, 2, and 3	······································	4	216,052.
	reases not included in line 2 (itemize)		5	0.
6 Tot	I net assets or fund balances at end of year (line 4 minus line 5) - Part II, col	umn (b), line 30	6	216,052.

Part IV Capital Gains a	nd Lo	sses for Tax on In	vestment	Income						
(a) List and descr 2-story brick wa	ibe the ki rehouse,	nd(s) of property sold (e g or common stock, 200 shs	, real estate, MLC Co)		P	low acqu - Purcha - Donatio	se '`	Date aco		(d) Date sold (mo , day, yr.)
1a MORGAN STANLEY	SMI	TH BARNEY				P	0	7/01	/08	03/30/09
b MORGAN STANLEY	SMI	TH BARNEY				P	V	ARIO	US	03/30/09
<u>c</u>					<u> </u>					
<u>d</u>				 -	<u> </u>					
8				 	Щ,					
(a) Gross sales price	(1) l 	Depreciation allowed (or allowable)		t or other basis xpense of sale				(h) Gain e) plus (f	or (loss) minus (
a 70.					2.					8.
b 4,689.				2,71	3.			 		1,976.
<u>c</u>								_	_	
<u>d</u>										
Complete only for assets showin	a asın in	column (h) and owned by t	he foundation	on 12/31/60			(1) (Coupe (Cal	/h) gain	
Complete only for assets showin	<u></u>	(i) Adjusted basis		cess of col (I)				iains (Col k), but not		
(I) F M V as of 12/31/69	,	as of 12/31/69		col (j), rf any				Losses (fr		
a					-					8.
<u>a</u>									-	1,976.
<u> </u>							_			
d		-								
8										
2 Capital gain net income or (net ca	nital loce	If gain, also enter			}	2				1,984.
,		((1000), 1		1	<u>ا</u> (
3 Net short-term capital gain or (los if gain, also enter in Part I, line 8,			d (6)		٦١					
If (loss), enter -0- in Part I, line 8	column (u)				3			N/A	
Part V Qualification U	nder S	Section 4940(e) for	Reduced	Tax on Net	Inv	estme	ent Inco	me		
If section 4940(d)(2) applies, leave the Was the foundation liable for the section of the sectio	ion 4942 ify under	tax on the distributable am section 4940(e) Do not co	mplete this pa	irt				_		Yes X No
(a)		(b)		The state of the s	(C)			Ī .		(d)
Base penod years Calendar year (or tax year beginn)	וחו מר	Adjusted qualifying dis	Inbutions	Net value of no		ntable-us	se assets	(c		oùtión ratio vided by col (c))
2008	<u> </u>		8,241.			166	,689.			.049439
2007		1	1,724.			162	,157.			.072300
2006			1,020.				,659.			.065339
2005			4,293.				,076.			.078500
2004			1,678.			<u> 153</u>	,130.	ļ.,		.010958
2 Total of line 1, column (d)								2		.276536
3 Average distribution ratio for the the foundation has been in existe	•	•	on line 2 by 5,	or by the number	r of ye	ars		3		.055307
4 Enter the net value of noncharitat		•	lına 5							157,486.
4 Enter the het value of honcharitat	11 0- 058 as	sets for 2009 from Part A,	IIII 3					4		
5 Multiply line 4 by line 3								5	<u>-</u>	8,710.
6 Enter 1% of net investment incor	ne (1% o	f Part I, line 27b)						6		60.
7 Add lines 5 and 6								7	_	8,770.
8 Enter qualifying distributions from	n Part XII	, line 4						8		14,832.
If line 8 is equal to or greater than See the Part VI instructions	line 7, c	heck the box in Part VI, line	1b, and com	plete that part usi	ng a 1	% tax ra	te			
										orm 000-DE (2000)

_	n 990-PF (2009) KIERSNOWSKI FAMILY FOUNDATION 84-156			Page 4
Pa	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	instru	ctio	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.			·····
•	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 🗶 and enter 1%			60.
	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)			
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			60.
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-			60.
6	Credits/Payments Credits/Payments		******	
a	2009 estimated tax payments and 2008 overpayment credited to 2009 . 6a			
b	Exempt foreign organizations - tax withheld at source			
C	Tax paid with application for extension of time to file (Form 8868)			
d	Backup withholding erroneously withheld 6d 6d			
7	Total credits and payments Add lines 6a through 6d			0.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			<u>60.</u>
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
	Enter the amount of line 10 to be Credited to 2010 estimated tax ▶ Refunded ▶ 11			
Pε	rt VII-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in		Yes	No
	any political campaign?	_1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or			
	distributed by the foundation in connection with the activities			
C	Did the foundation file Form 1120-POL for this year?	10		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
	(1) On the foundation ▶ \$ O . (2) On foundation managers ▶ \$ O .			
8	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			
	managers > \$O.			
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
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		Х
	If "Yes," has it filed a tax return on Form 990-T for this year? N/A	4b		17
Ö	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
e	If "Yes," attach the statement required by General Instruction T.			
0	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?		v	
7	· · ·	8	X	
′	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	Α	ļ
Ra	Enter the states to which the foundation reports or with which it is registered (see instructions) NONE			
va	TAOTATE	.		
h	of the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)	.		
~	of each state as required by General Instruction G? If "No," attach explanation	8b	X	l
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	On		
-	year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," complete Part XIV	9		х
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10		X
		orm 990	-PF	
	••		- • 1	,

	n,990-PF (2009) KIERSNOWSKI FAMILY FOUNDATION	84-156	<u>7200</u>		Page 5
	art VH-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?				Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	 	13	X	
	Website address N/A	. 267 0			
14	The books are in care of ► DAVID T. KIERSNOWSKI Located at ► 4284 FELL ROAD, DOYLESTOWN, PA	≥267-88 ZIP+4 ▶18		531	
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here	20174 - 21	0702	_	
		15	N	/A	
P	art 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
18	a During the year did the foundation (either directly or indirectly)				
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	es X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)				
	a disqualified person?	es X No			
		es X No			
		es X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available				
		es X No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"	68 LAE 110			
	if the foundation agreed to make a grant to or to employ the official for a period after				
		es X No			
	b If any answer is "Yes" to 1a(1)-(6), did any of the acts fall to qualify under the exceptions described in Regulations	es LAL NU			
•	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)?	N/A	1 . 1	:	1
	Organizations relying on a current notice regarding disaster assistance check here	N/A ▶□	1b		
	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		1.		٠,
2	before the first day of the tax year beginning in 2009?		1c		X
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))				
8	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 ▶,,,		[
t	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorre	et			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attac				
	statement - see instructions)	N/A	2b		
	If 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				
		es X No			
t	b If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified persons a				
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to				
	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	,.		
Δs	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	74 \ W	3b		X
	b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpo:	a that	4a		
•	had not been removed from jeopardy before the first day of the tax year beginning in 2009?	sa tugt	_ [v
		<u> </u>	4b	D=	X
		Fo:	m 990 .	-PF (2009)

orm 990-PF (2009) KIERSNOWSKI FAMILY FOUNI			84-15672	00 Page 6
Part VII-B Statements Regarding Activities for Which	Form 4720 May Be I	Required (contin	nued)	·····
 5a During the year did the foundation pay or incur any amount to (1) Carry on propaganda, or otherwise attempt to influence legislation (section) 			es X No	
Influence the outcome of any specific public election (see section 4955);	or to carry on, directly or indir	ectly,		
any voter registration drive?		Y	es X No	
(3) Provide a grant to an individual for travel, study, or other similar purpose	s?	Y ₀	98 X No	
(4) Provide a grant to an organization other than a charitable, etc., organization	on described in section			
509(a)(1), (2), or (3), or section 4940(d)(2)?		Yı	SS X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary	r, or educational purposes, or t			
the prevention of cruelty to children or animals?		-	es X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify ur	ider the exceptions described i	in Regulations		
section 53 4945 or in a current notice regarding disaster assistance (see instr	uctions)?	• ••	N/A	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				
expenditure responsibility for the grant?	N	I/A 🔲 Y	s No	
If "Yes," attach the statement required by Regulations section 53.494				
8a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on			
a personal benefit contract?		Yo	s X No	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a	personal benefit contract?		. 🛄	3b X
If "Yes" to 6b, file Form 8870.				
7a At any time during the tax year, was the foundation a party to a prohibited tax		Y ₀	es X No	
b If yes, did the foundation receive any proceeds or have any net income attribu				7b
Part VIII Information About Officers, Directors, Trus	tees, Foundation Ma	nagers, Highly	y	
List all officers, directors, trustees, foundation managers and their	compensation.		<u> </u>	
	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans	(e) Expense
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	and deferred compensation	account, other allowances
DAVID T. KIERSNOWSKI	DIRECTOR		551.951.25511	
4284 FELL ROAD	1			
DOYLESTOWN, PA 18902	0.00	0.	0.	0.
MARY L. KIERSNOWSKI	DIRECTOR			
4284 FELL ROAD	1			
DOYLESTOWN, PA 18902	0.00	0.	0.	0.
]			
		<u> </u>		
2 Compensation of five highest-paid employees (other than those in		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	(e) Expense account, other
NONE	devoted to position		compensation	allowances
NONE	4			
	4			
	 			
	4			
	1			
		 		
	1			
Total number of other employees paid over \$50,000				0
				100 DE (1000)

3 Five highest-paid independent contractors for professional services. If no	one, enter "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
		Ì
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 reli	evant statistical information such as the	Funance
number of organizations and other beneficiaries served, conferences convened, research	papers produced, etc	Expenses
1N/A		
2		
3		
4		
Part IX-B Summary of Program-Related Investments	have a local of the second of	A
Describe the two largest program-related investments made by the foundation during the $1 N/A$	tax year on lines 1 and 2	Amount
1N/A		
		-
2		
All other program-related investments. See postructions		
All other program-related investments See instructions		
3		
		1

þ	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign fou		e instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes	<u> </u>	
8		1a	150,790.
b	Average of monthly cash balances	1b	7,327.
C	Fair market value of all other assets	10	1,767.
d	Total (add lines 1a, b, and c)	1d	159,884.
8	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) . 18 0.		
2	Acquisition indebtedness applicable to line 1 assets	1 2	0.
3	Subtract line 2 from line 1d	3	159,884.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	2,398.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	157,486.
6	Minimum investment return. Enter 5% of line 5	6	7,874.
P	pistributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations a foreign organizations check here and do not complete this part.)	nd certain	
1	Minimum investment return from Part X, line 6	1	7,874.
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	60.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	7,814.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	7,814.
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	7,814.
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	14,832.
b	Program-related investments - total from Part IX-B	16	14,832.
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	14,832.
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	60.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	14,772.
	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	4	·

Form **990-PF** (2009)

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,			7,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1	
line 7	······································	**************************************		7,814.
2 Undistributed income, if any, as of the end of 2009				
a Enter amount for 2008 only	······································	·	1,197.	'' 156665 '''''
b Total for prior years:		·		
C France distributions are in the coope		0.		····
3 Excess distributions carryover, if any, to 2009				
a From 2004				
b From 2005				
c From 2006				
d From 2007				
e From 2008	0.			
f Total of lines 3a through e	<u>U.</u>			······
4 Qualifying distributions for 2009 from Part XII, line 4: ▶\$ 14,832.				
<u>-</u>			1 107	
a Applied to 2008, but not more than line 2a	······································		1,197.	······································
b Applied to undistributed income of prior		^		
years (Election required - see instructions)		0.	••••••	***************************************
c Treated as distributions out of corpus	^			
(Election required - see instructions)	0.	··· ··································	***************************************	
d Applied to 2009 distributable amount	5,821.			7,814.
e Remaining amount distributed out of corpus	0.			
Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:			***************************************	
2 Corpus Add Ilnes 3f, 4c, and 4e Subtract line 5	5,821.			
b Prior years' undistributed income Subtract				······································
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b Taxable				······································
amount - see instructions		0.		
e Undistributed income for 2008 Subtract line				***************************************
4a from line 2a Taxable amount - see instr.			0.	
f Undistributed income for 2009 Subtract				
lines 4d and 5 from line 1. This amount must			,	
be distributed in 2010				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2004				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2010.				
Subtract lines 7 and 8 from line 6a	5,821.			
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 5,821.				
				Form 000 DE (2000)

923581 02-02-10 Form **990-PF** (2009

Part XV Supplementary Information	(continued)			
3 Grants and Contributions Paid During the Y	ear or Approved for Future	Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	Contribution	
a Paid during the year				
				İ
				}
				ĺ
SEE STATEMENT 8				
Total			▶ 3a	14,832.
b Approved for future payment	_			
NONE				
·				
	1			
Total	<u> </u>			0.
923611 02-02-10				orm QQD_DF (2000)

Part XVI-A	Analys	sis of Incom	ne-Producing	Activities

Enter gross amounts unless otherwise indicated	Unrelated t	ousiness income		y section 512, 513, or 514	(e)	
	(a) Business	(b) Amount	(C) Exclu- sion	(d)	Related or exempt	
1 Program service revenue	code		code	Amount	function income	
a	-				_ _	
b	- }					
c						
d	- }					
·	-					
<u> </u>	-		++-			
g Fees and contracts from government agencies						
2 Membership dues and assessments	1					
3 Interest on savings and temporary cash			14	2 420		
Investments			14	2,420. 1,575.		
4 Dividends and interest from securities			1.4	1,3/3.		
5 Net rental income or (loss) from real estate	-					
a Debt-financed property b Not debt-financed property	+	 _				
6 Net rental income or (loss) from personal	-	·				
property						
7 Other investment income						
8 Gain or (loss) from sales of assets other than inventory					1,984	
9 Net income or (loss) from special events						
10 Gross profit or (loss) from sales of inventory						
11 Other revenue						
a						
b	_					
c						
d	_					
B	_ -	<u>. </u>				
12 Subtotal Add columns (b), (d), and (e)			0.	3,995.	1,984 5,979	
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations)		_		13	5,979	
Part XVI-B Relationship of Activities	to the Accor	nplishment of	Exempt P	urposes		

Line No.	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes)
	NONE

Form **990-PF** (2009)

For	n 990-F	PF (2009) KIERS	NOWSKI F	AMILY	FOUNDATION	84	-1567200	Page 13				
P	art XI			nsfers T	o and Transactions ar	nd Relationships With N	oncharitable					
<u> </u>		Exempt Organ				 						
1		•			owing with any other organization		ļ <u> </u>	res No				
_		•			n 527, relating to political organiz	ations?						
а		fers from the reporting found:	10(1)	x								
	(1) (vasii Other assets			•		1a(1)	$\frac{X}{X}$				
h		transactions					1a(2)					
U		Gales of assets to a noncharita	hle exempt organiz	ation			16(1)	х				
		Purchases of assets from a no			on.		1b(2)	X				
		Rental of facilities, equipment,	1b(3)	X								
		Reimbursement arrangements					1b(4)	X				
		oans or loan guarantees	• ••		••		. 1b(5)	X				
	(6) F	Performance of services or me	embership or fundra	aısıng solici	tations		1b(6)	X				
C	Shari	ng of facilities, equipment, ma	uling lists, other ass	ets, or paid	l employees .		10	X				
d		· ·				ays show the fair market value of th	-	ts,				
		• • •				in any transaction or sharing arran	gement, show in					
(a)	-	nn (d) the value of the goods, (b) Amount involved			ved table exempt organization	(d) n (t)						
(4)	⊔ne no	(u) Amount myored	(6) 1401110	N/.		(d) Description of transfers, transa	cuons, and snaring arra	ngements				
					<u> </u>			 -				
_												
_												
_		<u> </u>										
_						 						
_		·										
_						 						
22	Is the	foundation directly or indirec	tly affiliated with o	r related to	one or more tax-exempt organiza	ations described						
		ction 501(c) of the Code (othe					Yes	X No				
ь		s," complete the following sch		<i>X-77</i> -	-							
		(a) Name of org			(b) Type of organization	(c) Description o	f relationship					
		N/A										
_												
_												
$\overline{}$	Under	penalties of periusy I declare that I is	have evernined this ret	um including	eccompanying schedules and stateme	este, and to the heat of my knowledge and	t ballof it is true come					
		nder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge										
	. 4	Mary J. Riesnowski 11/12/10 President										
2	$\frac{1}{s}$	ignature of officer or trustee		Title								
H		Descendo N	7		Date '		Preparer's identify	ng number				
Sign Here	_ 2° 5	signature	Le a	lla	CPA II	Z D self- employed ► []					
6,	Paid Oar	Firm's name (or yours ANTO		S MYT	CHELL LLP	EIN >						
	Itself-employed) 303 EAST 17TH AVENUE, SUITE 600											
		address, and ZIP opde DENV	/ER, CO 8	0203		Phone no	303-830-1	1120				
						·	Form 990 -	PF (2009)				

ation and A	mortiza	tion Det	tail F	ORM 990-PF PA	GE 1		990-PF
				Description	of property		
Date placed in service	Method/ IRC sec	Life or rate	Line No	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
COMPUTER		·					
<u>040604</u>	1200DB	5.00			1,063.	1,002.	61
							244
					<u></u>	**************************************	
06 ₁ 15 ₀ 9	200DB	5.00	19B	3,500.	1,750.		2,100
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	placed in service COMPUTER 040604 COMPUTER 07480 COMPUTER 061509 TOTAL	placed in service IRC sec IRC se	placed in service or rate COMPUTER 040604200DB5.00 COMPUTER AND PRINT 061509200DB5.00 TOTAL 990-PF PC	placed in service No or rate Date placed in service Method/ Ric sec or rate No other basis COMPUTER 0406042000B5.00 17 2,126. COMPUTER 0718062000B5.00 17 2,120. COMPUTER AND PRINTER EQUIPMENT 0615092000B5.00 19B 3,500. **TOTAL 990-PF PG 1 DEPR 7,746.	Paced in Service IRC sec of rate Mo other basis reduction	Date Method/ Life Line Rose reduction Reserving Re	

LINE 3, CO				AMOUNT	
LINE 3, CO					
LINE 3, CO				2,3	20. 00.
•	LUMN A			2,4	20.
S AND INTER	EST FROM	SECUR	ITIES	STATEMENT	2
GROSS	AMOUNT			COLUMN (A	.)
	1,575.		0.	1,5	75.
T 4	1,575.		0.	1,5	75.
ACCOUNTI	NG FEES			STATEMENT	3
(A) EXPENSES PER BOOKS					
726.		0.		0	
726.		0.			0.
OTHER E	XPENSES	======================================		STATEMENT	4
(A) EXPENSES PER BOOKS					
1,500. 125. 376. 150.		0. 0. 0.			0.
2,151.		0.			0.
	GROSS ACCOUNTI (A) EXPENSES PER BOOKS 726. 726. OTHER E (A) EXPENSES PER BOOKS 1,500. 125. 376. 150.	GROSS AMOUNT 1,575. 1,575. ACCOUNTING FEES (A) (B) EXPENSES NET INVERTED BOOKS MENT INCENT GROSS AMOUNT DI 1,575. 1,575. ACCOUNTING FEES (A) (B) EXPENSES NET INVEST- PER BOOKS MENT INCOME 726. 0. 726. 0. OTHER EXPENSES (A) (B) EXPENSES PER BOOKS MENT INCOME 1,500. 0. 1,500. 0. 125. 0. 376. 0. 150. 0.	1,575. 0. ACCOUNTING FEES (A) (B) (C) EXPENSES NET INVEST- ADJUSTED NET INCOME 726. 0. 726. 0. OTHER EXPENSES (A) (B) (C) ADJUSTED NET INCOME PER BOOKS MENT INCOME 1,500. 0. 125. 0. 376. 0. 150. 0.	GROSS AMOUNT DIVIDENDS COLUMN (A AMOUNT 1,575. 0. 1,5 ACCOUNTING FEES STATEMENT (A) (B) (C) (D) (D) (D) (D) (D) (D) (D) (D) (D) (D	

FORM 990-PF CO	DRPORATE STOCK		STATEMENT 5		
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE		
CORPORATE STOCK		224,689.	179,381.		
TOTAL TO FORM 990-PF, PART II, LIN	NE 10B	224,689.	179,381		
FORM 990-PF DEPRECIATION OF ASSE	ETS NOT HELD FOR	INVESTMENT	STATEMENT 6		
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE		
COMPUTER COMPUTER COMPUTER AND PRINTER EQUIPMENT	2,126. 2,120. 3,500.	2,126. 1,753. 2,100.	0. 367. 1,400.		
TOTAL TO FM 990-PF, PART II, LN 14	7,746.	5,979.	1,767.		
FORM 990-PF OTH	HER LIABILITIES		STATEMENT 7		
DESCRIPTION		BOY AMOUNT	EOY AMOUNT		
NEGATIVE CASH RENEGADE		0.	8,404. 2,000.		
TOTAL TO FORM 990-PF, PART II, LIN	NE 22	0.	10,404.		

	AND CONTRIBUTIONS DURING THE YEAR	STATI	EMENT 8
RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT	RECIPIENT STATUS	AMOUNT
ROMANOWSKI HALL OF FAME UNKNOWN DOYLESTOWN, PA 18902	NONE		200.
YMCA UNKNOWN DOYLESTOWN, PA 18902	NONE		2,500.
COACHES VS CANCER UNKNOWN DOYLESTOWN, PA 18902	NONE		250.
AMERICAN CANCER SOCIETY UNKNOWN DOYLESTOWN, PA 18902	NONE		100.
PINE CREEK TROUT STOCKING CLUB UNKNOWN DOYLESTOWN, PA 18902	NONE		250.
EENEGADES INC UNKNOWN DOYLESTOWN, PA 18902	NONE		10,300.
CENTRAL BUCKS HS EAST UNKNOWN DOYLESTOWN, PA 18902	NONE		1,132.
BRANDON BOGER MEMORIAL FUND UNKNOWN DOYLESTOWN, PA 18902	NONE		100.
TOTAL TO FORM 990-PF, PART XV, I	LINE 3A		14,832.

- 4562

Department of the Treasury Internal Revenue Service (99 Name(s) shown on return

Depreciation and Amortization 990-PF

(Including Information on Listed Property)

▶ See separate instructions.

► Attach to your tax return.

2009

Attachment Sequence No 6

Business or activity to which this form relates KIERSNOWSKI FAMILY FOUNDATION FORM 990-PF PAGE 1 84-1567200 Part | Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 250,000. Maximum amount. See the instructions for a higher limit for certain businesses 2 2 Total cost of section 179 property placed in service (see instructions) 3 Threshold cost of section 179 property before reduction in limitation 3 800,000 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-5 5 Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filling separately, see Instructions 6 (a) Description of property (b) Cost (business use only) (c) Elected cost 7 Listed property. Enter the amount from line 29. 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 Tentative deduction. Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 12 13 Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during 1,750. the tax year 14 15 Property subject to section 168(f)(1) election 15 16 Other depreciation (including ACRS) 16 MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2009 305. 17 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2009 Tax Year Using the General Depreciation System (c) Basis for depreciation (business/investment use only - see instructions) (b) Month and (d) Recovery period (a) Classification of property year placed in service (e) Convention (f) Method (g) Depreciation deduction 3-year property 19a 1,750 5 YRS. HY 200DB b 5-year property 350. 7-year property C 10-year property d 15-year property е f 20-year property g 25-year property 25 yrs. S/L 27.5 yrs. MM S/L Residential rental property 27.5 yrs. MM S/L MM S/L 39 yrs. i Nonresidential real property MM Section C - Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System 20a Class life S/L b 12-year 12 yrs. S/L 40·year c 40 yrs. MM S/L Part IV Summary (See Instructions.) 21 Listed property. Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr. 2,405. 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23

P	Listed Propert recreation, or a	y (Include aumusement.)	utomobiles, o	ertain oti	her vehic	les, cell	ular tele	phone	s, certain	compute	ers, and	propert	y used fo		unment,
•	Note: For any v	rehicle for wi Section A, all	hich you are t of Section B	using the , and Sec	standard ction C if	d mileag applica	e rate oi ble.	dedu	cting leas	expens	ө, сотр	leteonly	y 24a, 24	b, colum	ins (a)
	Section A	- Depreciati	on and Othe	r Informa	ation (Ca	aution:	See the	instruc	ctions for I	imits for	passeng	ger autoi	mobiles)		_
<u>24</u> ε	Do you have evidence to s	upport the bu	sıness/investm	ent use cl	aimed?	Y	es _	No	24b If 'Y	es," is th	ne evide	nce writ	ten?	Yes [No
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business investmen use percenta	t n	(d) Cost or ther basis	l (bu	(e) sis for depri siness/inve use only	stment	(f) Recovery period	Me	g) thod/ ention	Depre	(h) eciation uction	Elec sectio	(i) cted on 179 ost
25	Special depreciation alloused more than 50% in					ın servi	ce during	the t	ax year ar	nd	25				.,
26	Property used more that						_			· · ·		1		<u>t</u>	
				%								1			
				%											
		1		%				_					_		
27	Property used 50% or le	ess in a quali	fied business	s use:		<u> </u>									
	•			%						S/L -					
				%						S/L·					
				%						S/L -	-				
28	Add amounts in column	(h), lines 25	through 27.	Enter her	e and on	line 21	, page 1		_		28				
29	Add amounts in column	(i), line 26. E	nter here and	d on line	7, page 1	1					-		29		
				Section	B - Infor	mation	on Use	of Vet	nicles	·	_		•		
If y	mplete this section for ve ou provided vehicles to y se vehicles.												ing this s	section fo	or
				Τ (a)	(b)		(c)	(d)	(e)	(f	}
30	Total business/investment year (do not include comr		uring the	1	hicle		hicle	V	/ehicle	1	ııcie	1 ''		Vehicle	
31	Total commuting miles	• ,	the vear									<u> </u>			
	Total other personal (no	_	•											-	
-	driven	oomatmig	,,												
33	Total miles driven during	the vear.								<u> </u>	-	_			_
	Add lines 30 through 32]		1							
34	Was the vehicle availab		al use	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	during off-duty hours?	•												1	
35	Was the vehicle used p	nmanly by a	more							Ì					
	than 5% owner or relate	ed person?													
36	Is another vehicle availa	ble for perso	onal												
	4361	Section C	- Questions	for Emp	lovers W	/ho Pro	vide Vel	nicles	for lise b	v Their I	Employe				
Δn	swer these questions to										_		ro not m	oro than	E04
ow	ners or related persons.								_					-T	370 T
37	Do you maintain a writte employees?	en policy stat	tement that p	orohibits a	all persor	nal use o	of vehicl	es, Inc	luding coi	nmuting	, by you	r		Yes	No
38	Do you maintain a writte	en policy stat	tement that p	rohibits į	oersonal	use of v	rehicles,	өхсөр	ot commu	ing, by y	our				
	employees? See the ins	tructions for	vehicles use	d by con	orate of	ficers, c	irectors	or 1%	6 or more	owners					
39	Do you treat all use of v	ehicles by er	mployees as	personal	use?										
40	Do you provide more that	an five vehic	les to your er	nployees	, obtain i	informat	tion from	your	employee	s about					
	the use of the vehicles,														
41	Do you meet the require	ments conc	eming qualifi	ed autom	obile de	monstra	ation use	?							
F****	Note: If your answer to	<u>37, 38, 39, 4</u>	0, or 41 is "Y	es," do n	ot compl	ete Sec	tion B fo	r the c	covered ve	<u>hicles.</u>					<u> </u>
P	art VI Amortization														
_	(a) Description o	f costs	Da	(b) te amortization begins					A.	(f) Amortization for this year					
<u>42</u>	Amortization of costs th	at begins du	inng your 200	09 tax ye	ar:										
												[
	Amortization of costs th	•	•	•								43			
<u>44</u>	Total. Add amounts in o	column (f). Se	ee the instruc	tions for	where to	<u>report</u>						44			

916252 11-04-09

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For	rm 8868 (Rev. 4-2009)	Page 2							
•	If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this bo	×							
Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.									
	If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).								
	Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no or	opies needed).							
	Name of Exempt Organization	Employer identification number							
	pe ar								
pri	KIERSNOWSKI FAMILY FOUNDATION	84-1567200							
	by the Number, street, and room or suite no. If a P.O. box, see instructions.	For IRS use only							
due filing	date to 4284 FELL ROAD								
retur	n. See City, town or post office, state, and ZIP code. For a foreign address, see instructions.								
instr	DOYLESTOWN, PA 18901								
Che	eck type of return to be filed (File a separate application for each return):	_							
	Form 990 Form 990-EZ Form 990-T (sec. 401(a) or 408(a) trust) Form 1041-A	Form 5227 Form 8870							
	Form 990-BL X Form 990-PF Form 990-T (trust other than above) Form 4720	Form 6069							
STO	PPI Do not complete Part II if you were not already granted an automatic 3-month extension on a previous	sty filed Form 8868.							
		.,							
	DAVID T. KIERSNOWSKI	10001							
	he books are in the care of A059 RED BIRD CIRCLE, DOYLESTOWN, PA -	18901							
	elephone No. ► 267-880-3531 FAX No. ►								
	the organization does not have an office or place of business in the United States, check this box								
	this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this								
box		nembers the extension is for.							
4	I request an additional 3-month extension of time until NOVEMBER 15, 2010.								
5	For calendar year 2009, or other tax year beginning, and ending								
6	If this tax year is for less than 12 months, check reason: Initial return Final return	Change in accounting period							
7	State in detail why you need the extension ADDITIONAL TIME IS REQUESTED IN ORDER TO GATHER DOCUMENTS.	NTS NEEDED FOR THE							
		NIS NEEDED FOR THE							
	TAX RETURN PREPARATION.								
8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any	8a \$ 0.							
_	nonrefundable credits. See instructions.	63 \$							
D	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated								
	tax payments made. Include any prior year overpayment allowed as a credit and any amount paid	8b s 0.							
_	previously with Form 8868.	00 \$							
C	Balance Due. Subtract line 8b from line 8a. 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.	8c \$ 0.							
	Signature and Verification	<u>oc \$</u>							
l Inde	pen <u>alties</u> of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the	hest of my knowledge and belief.							
it is tr	us correct, and complete, and that I am authorized to grepare this form.	.1 1							
Signa	$1/1 \cdot 0 \cdot 0 \cdot 1/000 = 0.00$	Date > 8/12/10							
J.H.10	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	Form 8868 (Rev. 4-2009)							