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Form 990 - EZ

Internal Rovenue Service

Short Form Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) Sponsoning organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

OM8 No 1545-1150

Department of the Treasury The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public inspection

Second Same Chame of Organization DEmployer identification number Same Same Chame of Part DONOR FUND NUMBER THREE 26 - 0012966 Same S	Ā	For t	he 2009 ca	llendar year, or tax year beginning JUL 1, 2009		and end	ing JU	N 30	,	2010		
North State	В	Check	if Please	C Name of organization				D Empl	oyer	identification number		
Second Color Port Donor Property Donor	Γ	Addir	ess use IRS									
Recombaut Eighphone number 15.0 15.5	F	Nam	Name legator NIDT DONOD FIND NIIMRED THREE							26-0012966		
Section Strick(S) organizations and 9478(H) 19046 150 215-277-3010	F	Initi	Initial type Number and street (or P.O. box, if mail is not delivered to street address) Room/suite F.T.									
Space Spa	٦	Ten	nın- Specific	165 TOWNSHIP LINE ROAD		1	50	21	5-	277-3010		
Section 501c(3) organizations and 4947(3)(1) nonexempt characteristic trasts must attach a completed Schedular (Form 990 or 990-EZ) Website: ►N/A I website: ►N/A I website: ►N/A I are enempt status (check only one) — X 501(c)(3) I misent no)	7	Ame	ended tions									
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Tax-exempt status (check only one)	_	Wehs	ıta: ► N/	'A						the organization is not		
Continuous Interval Interv	•				I) or	527	1			•		
Form 990 return is not required, but of the organization chooses to the a return, be sure to file a complete return Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ Point Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I) Contributions, pitts, grants, and sumilar amounts received 1	_			·								
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	932			or Privacy Act and Paperwork Reduction Act Notice, see the separate instr	uction	 S.			121	Form 990-EZ (2009)		

Form **990-EZ** (2009)

$\overline{}$	m 990-EZ (2009) NPT DONOR FUND NUMBER TE			<u> 26-</u>	<u>-00129</u>	66 Page 2
	art III Statement of Program Service Accomplishm		Part III)	_	7	penses
Wh	at is the organization's primary exempt purpose? SEE STATEMED	NT 2			1	r section 501(c)(3)
Des	scribe what was achieved in carrying out the organization's exempt p	ourposes. In a clear and cond	ise manner, descr	be) organizations and 7(a)(1) trusts, optiona
the	services provided, the number of persons benefited, and other relevant	vant information for each prog	gram title.		for others)	
28						
		•				
	(Grants \$) If this amount includes foreig	in grants, check here	>		28a	
29					1-1-	
			·			
	(Grants \$) If this amount includes foreig	n grants, check here	•		29a	
30	The time different interests for each	in grants, shook nore		اسبيا	1	
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	/Cranto \$	on arcate, about have	•	<u> </u>	30a	
24	(Grants \$) If this amount includes foreig	in grants, check here			308	
31	Other program services (attach schedule)		_	$\overline{}$	24.5	
	(Grants \$) If this amount includes foreig	n grants, check here	<u>_</u>		31a	
	Total program service expenses (add lines 28a through 31a)	/ Employees			32	0.
P	art IV List of Officers, Directors, Trustees, and Key	/ Employees. List each one er	ven if not compensated	_		or Part IV)
		(b) Title and average hours	(c) Compensation		ontributions employee	(e) Expense
	(a) Name and address	per week devoted to	(If not paid, enter		efit plans &	account and
		position	-0-)	d	eferred	other allowances
				com	pensation	
_	LEEN R. HEISMAN	BOARD MEMBER			_	_
_	O NPT, JENKINTOWN, PA 19046	1.00	0.		0.	0.
_	ARK PITCAIRN	BOARD MEMBER	_		_	
_	O NPT, JENKINTOWN, PA 19046	1.00	0.		0.	0.
_	RISTOPHER A. LIEDEL	BOARD MEMBER		İ		
<u>C/</u>	O NPT, JENKINTOWN, PA 19046	1.00	0.	<u>.</u>	0.	0.
SH	ARON MUELLER	BOARD MEMBER		Ì		
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9321 02-0	72 8-10				Form '	990-EZ (2009)

	•		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		Х
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		Х
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not			
	reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting,			
	and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/	A
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			
	complete applicable parts of Sch. N	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions			
b	Did the organization file Form 1120-POL for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made			
	in a prior year and still outstanding at the end of the period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations Enter	1		
а	initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A	1		
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under	1		
	section 4911 ► 0 , section 4912 ► 0 , section 4955 ► 0 .			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the			
	year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction		Ì	
	has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers.			,
	or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the			
	organization D.			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed NONE			
42 a	The organization's books are in care of ► MARGARET A. BANDERA Telephone no ► 215-27	7-3	038	
		904	6	
þ	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	
	account)?	42b		Х
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		<u> </u>
	If "Yes," enter the name of the foreign country			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here			
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44		<u>X</u>
45	is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	45		<u>X</u>
		Form 99	10-EZ (2	2009)

Part	Section 501(c)(3) organizations and section organizations and section 4947(a)(1) nonexempt charitab and 51						
46 Did	the organization engage in direct or indirect political campaign activitie	es on behalf of or in opposition to	candidates for public			Yes	No
offi	office? If "Yes," complete Schedule C, Part I						
7 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II							X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E							
19a Did the organization make any transfers to an exempt non-charitable related organization?							
	Yes," was the related organization a section 527 organization?			L	49b	_	
	mplete this table for the organization's five highest compensated emploin \$100,000 of compensation from the organization. If there is none, en		s, trustees and key er	nployees) who ea	ich rec	eived i	nore
	(a) Name and address of each employee paid more than \$100,000 NONE	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contribution to employee benefit plans & deferred compensation	(e	e) Expe count r allow	and
5 1 Co	al number of other employees paid over \$100,000 mplete this table for the organization's five highest compensated indeperant part of there is none, enter "None" NONE (a) Name and address of each independent contractor paid mo		ved more than \$100			om the	
d Tot	al number of other independent contractors each receiving over \$100,0	000	.				
Sign Here		accompanying schedules and statemer all information of which preparer has any Director	its, and to the best of my knowledge	knowledge and bel	lef, it is	true,	
Paid Preparer			ck if self-	earer's identifying nu	mber (S	ee instr	<u> </u>
Jse Only	Firms name (or yours If self-employed) address. and ZIP+4 RSM MCGLADREY, INC. 512 TOWNSHIP LINE ROA BLUE BELL, PA 19422	D ONE VALLEY SQ	250 Phon	• 44-/94 •► 215-64	4 1-1	<i>97 (</i> 860	0
May the I	RS discuss this return with the preparer shown above? See instruction	S	<u> </u>	▶ [3	Ye	s [No
				F	orm 99	90-EZ	2009

SCHEDULE A

(Form 990 or 990-EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

NPT DONOR FUND NUMBER THREE 26-0012966 Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is. (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a X Type I **b** Type II c Type III - Functionally integrated d Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No 11g(i) the governing body of the supported organization? (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) h Provide the following information about the supported organization(s).

(i) Name of supported organization	(II) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section	(iv) Is the organization (in col. (i) listed in your governing document? Yes No		organizal	tion in col	(vi) Is organizatio (i) organiz U S	on in col	(vii) Amount of support	
		(see instructions))			Yes No		Yes No			
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LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11. column (f) 6 Public support. Subtract line 5 from line 4

the organization without charge

Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 7 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the

business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 11 Total support. Add lines 7 through 10

12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)

organization, check this box and stop here Section C. Computation of Public Support Percentage

	<u>`</u>				
14	Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14			
15	Public support percentage from 2008 Schedule A, Part II, line 14	15			
16a	33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or m	ore, c	heck this box and		
	stop here. The organization qualifies as a publicly supported organization			▶□	_

b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2009

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membership fees received (Do not included any nursusual grants ?) Gross receipts from admissions, membership and sold or services performed, or facilities furnished in any activity that is related to the organization is tax-exempt purpose of Gross receipts from admission and the part of an unrelated trade or business under section 513 4 Tax revenues leved for the organization's benefit and either paid to or expended on its behalf or the organization's benefit and either paid to or expended on the behalf or the value of services of the organization's benefit and either paid to or expended on the behalf of the organization should be above the organization of the organization without change for the organization without change for the organization without change for the organization without change for the organization without change for the organization without change for the organization without change for the organization without change for the organization without change for the organization of the organization without change for the organization of the organization o		(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total			
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FORM 990-EZ		M 990-EZ INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS			
A)	DIRECTLY OR	ANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL STRACT?	`[] YES	[X]	NO
B)		ANIZATION, DURING THE YEAR, PAY PREMIUMS, INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?	. [] YES	[X]	NO

990-EZ PG 2

STATEMENT

THIS ORGANIZATION WAS ESTABLISHED TO SUPPORT THE PHILANTHROPIC ACTIVITIES OF NATIONAL PHILANTHROPIC TRUST.

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

Form 8868 (Rev. 4-2009)

• If yo	u are filing for an Automatic 3-Month Extension, complete only Part I and check this box		▶ [X]
	ou are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this	form).	
Do no	t complete Part II unless you have already been granted an automatic 3-month extension on a previously file	ed For	m 8868.
Part	Automatic 3-Month Extension of Time. Only submit original (no copies needed)		
A core	oration required to file Form 990-T and requesting an automatic 6-month extension - check this box and com	plete	
Part I	·	•	▶ □
All oth	er corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an	exten.	sion of time
to file i	ncome tax returns		
noted (not at you m	onic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extensio below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronic atomatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or corpust submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filings gov/efile and click on e-file for Chanties & Nonprofits	cally if	(1) you want the additional ated Form 990-T Instead,
Туре		Empl	oyer identification number
print	NPT DONOR FUND NUMBER THREE	2	6-0012966
File by ti due date filing you	Number, street, and room or suite no. If a P.O. box, see instructions.		
return S instructi			
Check	t type of return to be filed (file a separate application for each return).		
\Box	Form 990 Form 990-T (corporation) Form 47	20	
	Form 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 52		
	Form 990-EZ Form 990-T (trust other than above) Form 60		
	Form 990-PF		
			· · · · · · · · · · · · · · · · · · ·
	MARGARET A. BANDERA		10015
• The	books are in the care of 165 TOWNSHIP LINE RD, STE 150 - JENKINT	OWN	, PA 19046
	ephone No. ▶ 215-277-3038 FAX No. ▶		
	ne organization does not have an office or place of business in the United States, check this box	_	▶ 🗀
	nis is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)		
box 🕨	► L	memb	ers the extension will cover.
1	request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time untifeEBRUARY 15, 2011, to file the exempt organization return for the organization named a		The extension
	is for the organization's return for:		
	calendar year or		
	tax year beginning JUL 1, 2009 , and ending JUN 30, 2010		-
2	If this tax year is for less than 12 months, check reason: Initial return Final return		Change in accounting period
	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any		
	nonrefundable credits. See instructions.	3a	\$
		ا ۵۰	
		3b	\$
		2-	e NT/A
	See instructions.	_ 3C	φ 1V/Ω
1 2 3a b c	FEBRUARY 15, 2011 , to file the exempt organization return for the organization named at is for the organization's return for: Calendar year	3a 3b	The extension Change in accounting p \$ \$ N/A

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

،، • 88 Form	68 (Rev. 4-2009)			Page 2
Note.	u are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this bo only complete Part II if you have already been granted an automatic 3-month extension on a previously filed u are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).	Form		▶ 🗓
Part	Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no co	opies r	needed)	
Туре о	Name of Exempt Organization	Emp	loyer ide	ntification number
print	NPT DONOR FUND NUMBER THREE	2	6-00	12966
File by the extended due date t filing the	Number, street, and room or suite no if a P O. box, see instructions	For I	RS use o	nly
return Se			_	
F	type of return to be filed (File a separate application for each return): orm 990 X Form 990-EZ Form 990-T (sec. 401(a) or 408(a) trust) Form 1041-A Form 990-BL Form 990-PF Form 990-T (trust other than above) Form 4720	==	orm 5227 orm 6069	
STOP	Do not complete Part II if you were not already granted an automatic 3-month extension on a previou	sly file	d Form	8868.
Tele If the	MARGARET A. BANDERA books are in the care of ► 165 TOWNSHIP LINE RD, STE 150 - JENKINT phone No. ► 215-277-3038 FAX No. ► e organization does not have an office or place of business in the United States, check this box s is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the If it is for part of the group, check this box ► and attach a list with the names and EINs of all	ıs ıs fo	r the who	ble group, check this
4 I 5 F 6 if	request an additional 3-month extension of time until or calendar year or other tax year beginning this tax year is for less than 12 months, check reason. MAY 16, 2011 JUL 1, 2009 and ending Jul 1, 2009 Final return Final return The state in detail why you need the extension Initial return The state in detail why you need the extension Initial return The state in detail why you need the extension Initial return The state in detail why you need the extension Initial return The state in detail why you need the extension Initial return Initial re	JUN	30,	2010 in accounting period
<u> </u>	ADDITIONAL TIME IS REQUIRED TO GATHER INFORMATION IN COMPLETE AND ACCURATE RETURN.	RDE	R TO	PREPARE A
8a If	this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any onrefundable credits. See instructions.	8a	s	
ta	this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated ax payments made. Include any prior year overpayment allowed as a credit and any amount paid			
	previously with Form 8868.	8b	\$	
-	alance 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		N/A
<u> </u>	Signature and Verification	l oc	<u> </u>	N/A
it is true.	enalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the correct, and complete, and that I am authorized to prepare this form.		,	viedge and belief,
<u>Signatur</u>	e ACCOUNTANT	Date		0000 (Day 4 0000)
			Fo	rm 8868 (Rev. 4-2009)