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-EZ**

Department of the Treasury
Internal Revenue 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)**

▶ Sponsoring 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

▶ *The organization may have to use a copy of this return to satisfy state reporting requirements*

OMB No 1545-1150

**2009**

**Open to Public Inspection**

**A** For the 2009 calendar year, or tax year beginning SEP 1, 2009 and ending AUG 31, 2010

**B** Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending

Please use IRS label or print or type See Specific Instructions

**C** Name of organization
PASSOVER LEAGUE OF PHILADELPHIA
C/O LAPENSOHN ACCOUNTING PROFESSIONALS

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
121 SOUTH BROAD STREET, 5TH FLOOR

City or town, state or country, and ZIP + 4
PHILADELPHIA, PA 19107-4544

**D** Employer identification number
23-6267034

**E** Telephone number
610-660-0510

**F** Group Exemption Number ▶

- **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

**G** Accounting method: ☐ Cash ☒ Accrual Other (specify) ▶

**I** Website: ▶ WWW.PASSOVERLEAGUE.ORG

**H** Check ▶ ☒ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**J** Tax-exempt status (check only one) — ☒ 501(c)( 3 ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

**K** Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** 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 ▶ $ 142,079.

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

| | | | | | |
|---|---|---|---|---|---|
| Revenue | 1 | Contributions, gifts, grants, and similar amounts received | | 1 | 51,103. |
| | 2 | Program service revenue including government fees and contracts | | 2 | |
| | 3 | Membership dues and assessments | | 3 | |
| | 4 | Investment income | | 4 | 9,314. |
| | 5a | Gross amount from sale of assets other than inventory STMT 3 | 5a 81,662. | | |
| | b | Less: cost or other basis and sales expenses | 5b 80,081. | | |
| | c | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) | | 5c | 1,581. |
| | 6 | Special events and activities (complete applicable parts of Schedule G). If any amount is from **gaming**, check here ▶ ☐ | | | |
| | a | Gross revenue (not including $ _____ of contributions reported on line 1) | 6a | | |
| | b | Less: direct expenses other than fundraising expenses | 6b | | |
| | c | Net income or (loss) from special events and activities (Subtract line 6b from line 6a) | | 6c | |
| | 7a | Gross sales of inventory, less returns and allowances | 7a | | |
| | b | Less: cost of goods sold | 7b | | |
| | c | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | | 7c | |
| | 8 | Other revenue (describe ▶ _____) | | 8 | |
| | 9 | **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶ | | 9 | 61,998. |
| Expenses | 10 | Grants and similar amounts paid (attach schedule) | | 10 | 44,584. |
| | 11 | Benefits paid to or for members | | 11 | |
| | 12 | Salaries, other compensation, and employee benefits | | 12 | |
| | 13 | Professional fees and other payments to independent contractors | | 13 | |
| | 14 | Occupancy, rent, utilities, and maintenance | | 14 | 9,600. |
| | 15 | Printing, publications, postage, and shipping | | 15 | 805. |
| | 16 | Other expenses (describe ▶ SEE STATEMENT 1 ) | | 16 | 4,588. |
| | 17 | **Total expenses.** Add lines 10 through 16 ▶ | | 17 | 59,577. |
| Net Assets | 18 | Excess or (deficit) for the year (Subtract line 17 from line 9) | | 18 | 2,421. |
| | 19 | Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) | | 19 | 292,190. |
| | 20 | Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 4 | | 20 | 3,239. |
| | 21 | Net assets or fund balances at end of year. Combine lines 18 through 20 ▶ | | 21 | 297,850. |

RECEIVED JUN 16 2011 OGDEN UT IRS

SCANNED JUN 30 2011

## Part II Balance Sheets. If Total assets on line 25, column (B) are $1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

| | | (A) Beginning of year | | (B) End of year |
|---|---|---|---|---|
| 22 | Cash, savings, and investments | 48,443. | 22 | 37,521. |
| 23 | Land and buildings | | 23 | |
| 24 | Other assets (describe ▶ SEE STATEMENT 2 ) | 243,747. | 24 | 260,329. |
| 25 | **Total assets** | 292,190. | 25 | 297,850. |
| 26 | **Total liabilities** (describe ▶ _____) | 0. | 26 | 0. |
| 27 | **Net assets or fund balances** (line 27 of column (B) **must** agree with line 21) | 292,190. | 27 | 297,850. |

**Part III Statement of Program Service Accomplishments** (See the instructions for Part III.)

What is the organization's primary exempt purpose? SEE STATEMENT 6

Describe what was achieved in carrying out the organization's exempt purposes In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

**Expenses** (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others )

28 PROVIDE SEDERS FOR DISADVANTAGED PEOPLE IN AND AROUND THE PHILADELPHIA AREA

(Grants $ ) If this amount includes foreign grants, check here ▶ ☐ 28a 43,598.

29 PROVIDE DISADVANTAGED PEOPLE WITH FOOD BASKETS FOR PASSOVER

(Grants $ ) If this amount includes foreign grants, check here ▶ ☐ 29a 665.

30

(Grants $ ) If this amount includes foreign grants, check here ▶ ☐ 30a

31 Other program services (attach schedule)

(Grants $ ) If this amount includes foreign grants, check here ▶ ☐ 31a

32 **Total program service expenses** (add lines 28a through 31a) ▶ 32 44,263.

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (See the instructions for Part IV )

| (a) Name and address | (b) Title and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-.) | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
|---|---|---|---|---|
| PAUL PERLSTEIN, ESQUIRE<br>4013 SMOKE ROAD, DOYLESTOWN, PA 18901 | PESIDENT<br>0.00 | 0. | 0. | 0. |
| BRIAN M. LEVINE, C/O JOSEPH LEVINE & SONS, 4737 STREET ROAD, TREVOSE, PA | VICE PRESIDENT<br>0.00 | 0. | 0. | 0. |
| FRANK BRODSKY, 106 MCCLENAGHAN MILL ROAD, WYNNEWOOD, PA 19096 | VICE PRESIDENT<br>0.00 | 0. | 0. | 0. |
| RICHARD CHAITT, 1464 WINDSOR PARK LANE, HAVERTOWN, PA 19083 | SECRETARY/TREASURER<br>0.00 | 0. | 0. | 0. |

**Part V Other Information** (Note the statement requirements in the instructions for Part V)

| | | | 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 | | X |
| 34 | Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes | 34 | | X |
| 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. | | | |
| a | 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 |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0. | | | |
| b | Did the organization file **Form 1120-POL** for this year? | 37b | | X |
| 38a | 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: | | | |
| a | Initiation fees and capital contributions included on line 9 39a N/A | | | |
| b | Gross receipts, included on line 9, for public use of club facilities 39b N/A | | | |
| 40a | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: 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 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 ▶ 0. | | | |
| d | Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0. | | | |
| e | 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 | | | |
| 42a | The organization's books are in care of ▶ PRESIDENT Telephone no. ▶ 610-660-0510 Located at ▶ 215 PRESIDENTIAL BLVD, BALA CYNWYD, PA ZIP + 4 ▶ 19004 | | | |
| b | 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 account)? 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.** | 42b | | X |
| c | At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶ | 42c | | X |
| 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 ▶ 43 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 | | X |
| 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 | | X |

**Part VI** **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51

| | | | Yes | No |
|---|---|---|---|---|
| 46 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 46 | | X |
| 47 | Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | 47 | | X |
| 48 | Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 48 | | X |
| 49a | Did the organization make any transfers to an exempt non-charitable related organization? | 49a | | X |
| b | If "Yes," was the related organization a section 527 organization? | 49b | | |

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

| (a) Name and address of each employee paid more than $100,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
|---|---|---|---|---|
| NONE | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

f Total number of other employees paid over $100,000 ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

NONE

| (a) Name and address of each independent contractor paid more than $100,000 | (b) Type of service | (c) Compensation |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |

d Total number of other independent contractors each receiving over $100,000 ▶

Under 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 officer) is based on all information of which preparer has any knowledge

**Sign Here**

▶ Signature of officer BOARD Member Date 6-14-2011

▶ HOWARD C. LAPENSOHN, CPA, BOARD MEMBER
Type or print name and title

**Paid Preparer's Use Only**

| Preparer's signature ▶ | Date 6/14/11 | Check if self-employed ▶ ☐ | Preparer's identifying number (See instr.) |
|---|---|---|---|
| Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ LAPENSOHN ACCOUNTING PROFESSIONALS, LLC 121 SOUTH BROAD ST. 5TH FLOOR PHILADELPHIA , PA 19107-4544 | | | EIN ▶ Phone no. ▶ 215-985-9000 |

May the IRS discuss this return with the preparer shown above? See instructions ▶ [X] Yes ☐ No

**SCHEDULE A** (Form 990 or 990-EZ)

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

**2009**

**Open to Public Inspection**

| Name of the organization | Employer identification number |
|---|---|
| PASSOVER LEAGUE OF PHILADELPHIA<br>C/O LAPENSOHN ACCOUNTING PROFESSIONALS | 23-6267034 |

## Part I 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 )

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

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).**

4 ☐ 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: _____

5 ☐ 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 )

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ 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.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II )

9 ☒ 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 )

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ 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 ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

e ☐ 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).

f 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 ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

| | | Yes | No |
|---|---|---|---|
| (i) | A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? | 11g(i) | |
| (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 (see instructions)) | (iv) Is the organization in col. (i) listed in your governing document? Yes | (iv) No | (v) Did you notify the organization in col. (i) of your support? Yes | (v) No | (vi) Is the organization in col. (i) organized in the U.S.? Yes | (vi) No | (vii) Amount of support |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Total | | | | | | | | | |

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I )

## Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|---|---|---|---|---|---|---|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants ") | | | | | | |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 **Total.** Add lines 1 through 3 | | | | | | |
| 5 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 | | | | | | |

## 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 | | | | | | |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| 9 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) 12

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

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 more, check 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 ▶ ☐

**Part III Support Schedule for Organizations Described in Section 509(a)(2)** (Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶ | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|---|---|---|---|---|---|---|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") | 44,818. | 75,970. | 47,107. | 50,872. | 51,103. | 269,870. |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 **Total.** Add lines 1 through 5 | 44,818. | 75,970. | 47,107. | 50,872. | 51,103. | 269,870. |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | 0. |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year | | | | | | 0. |
| c Add lines 7a and 7b | | | | | | 0. |
| 8 **Public support** (Subtract line 7c from line 6) | | | | | | 269,870. |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶ | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|---|---|---|---|---|---|---|
| 9 Amounts from line 6 | 44,818. | 75,970. | 47,107. | 50,872. | 51,103. | 269,870. |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 15,814. | 15,863. | 16,251. | 8,116. | 9,315. | 65,359. |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | 15,814. | 15,863. | 16,251. | 8,116. | 9,315. | 65,359. |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 13 **Total support** (Add lines 9, 10c, 11, and 12.) | 60,632. | 91,833. | 63,358. | 58,988. | 60,418. | 335,229. |

14 **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**

| | | |
|---|---|---|
| 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) | 15 | 80.50 % |
| 16 Public support percentage from 2008 Schedule A, Part III, line 15 | 16 | % |

**Section D. Computation of Investment Income Percentage**

| | | |
|---|---|---|
| 17 Investment income percentage for **2009** (line 10c, column (f) divided by line 13, column (f)) | 17 | 19.50 % |
| 18 Investment income percentage from **2008** Schedule A, Part III, line 17 | 18 | % |

19a **33 1/3% support tests - 2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒

b **33 1/3% support tests - 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

FORM 990-EZ OTHER EXPENSES STATEMENT 1

| DESCRIPTION | AMOUNT |
|---|---|
| BANK CHARGES | 665. |
| INSURANCE | 1,430. |
| INVESTMENT FEES | 1,000. |
| MEETINGS | 357. |
| OFFICE SUPPLIES | 1,136. |
| TOTAL TO FORM 990-EZ, LINE 16 | 4,588. |

FORM 990-EZ OTHER ASSETS STATEMENT 2

| DESCRIPTION | BEG. OF YEAR | END OF YEAR |
|---|---|---|
| OTHER INVESTMENTS - SEE ATTACHED | 243,747. | 260,329. |
| TOTAL TO FORM 990-EZ, LINE 24 | 243,747. | 260,329. |

FORM 990-EZ GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES STATEMENT 3

| DESCRIPTION | GROSS SALES PRICE | COST OR OTHER BASIS | EXPENSE OF SALE | NET GAIN OR (LOSS) |
|---|---|---|---|---|
| FED HOME LN BK 4.875 | 25,000. | 25,001. | 0. | <1.> |
| ISHARES S&P SM CAP VAL INDEX FUND: IJS | 3,660. | 4,817. | 0. | <1,157.> |
| MID CAP SPDR TRUST: MDY | 8,706. | 7,043. | 0. | 1,663. |
| SPDR TRUST UNIT SR 1: SPY | 7,502. | 6,240. | 0. | 1,262. |
| SECTOR SPDR HEALTH FUND SHARES OF BENEFICIAL INT: XLV | 4,504. | 5,150. | 0. | <646.> |
| SECTOR SPDR HEALTH FUND SHARES OF BENEFICIAL INT: XLV | 2,825. | 2,672. | 0. | 153. |
| SECTOR SPDR FINCL SELECT SHARES OF BENEFICIAL INT: XLF | 3,402. | 3,356. | 0. | 46. |
| SECTOR SPDR FINCL SELECT SHARES OF BENEFICIAL INT: XLF | 1,063. | 837. | 0. | 226. |
| FED FARM CR BK 3.45 | 25,000. | 24,965. | 0. | 35. |
| TO FORM 990-EZ, LINE 5 | 81,662. | 80,081. | 0. | 1,581. |

FORM 990-EZ OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 4

| DESCRIPTION | AMOUNT |
|---|---|
| UNREALIZED LOSS ON INVESTMENTS | 3,239. |
| TOTAL TO FORM 990-EZ, LINE 20 | 3,239. |

FORM 990-EZ INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS STATEMENT 5

A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT? . . . . . [ ] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [ ] YES [X] NO

PROVIDE SEDERS AND FOOD BASKETS FOR DISADVANTAGED PEOPLE.

**PASSOVER LEAGUE OF PHILADELPHIA**
**FORM: 990-0308**
**YEAR ENDED AUGUST 31, 2010**
**EIN: 23-6267034**

**Page 1, Line 24 - Investments**

| (Charles Schwab) SECURITY | # of SHS | RATE | MATURITY | ADJUSTED COST | MARKET VALUE |
|---|---|---|---|---|---|
| **Fixed Income Group:** | | | | | |
| AmrExpCredit 5.0% (10 Notes Due 12/2/10) | 25000 | 5.00% | 12/02/10 | 25,419 75 | 25,261 98 |
| AT&T INC 4 85% (14 Notes Due 2/15/14) | 25000 | 4 85% | 02/15/14 | 25,133 73 | 27,792 90 |
| Dun & Bradstreet 5 50% (11 Notes Due 3/15/11) | 25000 | 5 50% | 03/15/11 | 25,300 00 | 25,669 03 |
| Fed Home Ln Bk 4.625% (19 Notes Due 3/11/19) | 15000 | 4 63% | 03/11/19 | 15,313 09 | 15,302 54 |
| Fed Home In Bk 5 1% (14 Notes Due 11/19/14) | 25000 | 5.10% | 11/19/14 | 25,416.25 | 25,229 55 |
| GE Capital 5.25% (12 Notes Due 10/19/12) | 25000 | 5.25% | 10/19/12 | 25,450 25 | 27,006 50 |
| Total Fixed Income Investments | | | | 142,033 07 | 146,262 50 |
| **Other Securities:** | | | | | |
| ISHARES MSCI EMRG MKT FD Emerging Markets Indx EEM | 45 00 | NA | NA | 1,687.65 | 1,802 70 |
| ISHARES Russell Microcap Index Fund· IWC | 90 00 | NA | NA | 4,354 55 | 3,379 50 |
| ISHARES S&P U S PFD Fund S&P U S PFD Stk Index Fd PFF | 200 00 | NA | NA | 7,223 95 | 7,988 00 |
| ISHARES TR MSCI EAFE FD Emerging Market Indx· EFA | 55 00 | NA | NA | 2,965 20 | 5,243 70 |
| ISHARES TR MSCI EAFE FD Emerging Market Indx EFA | 50 00 | NA | NA | 2,751.45 | ^ |
| ISHARES TR Russell 2000 Index Fund IWM | 60 00 | NA | NA | 4,452 95 | 7,823 40 |
| ISHARES TR Russell 2000 Index Fund IWM | 70 00 | NA | NA | 3,930 15 | ^ |
| Mid Cap S P D R Trust· MDY | 60 00 | NA | NA | 8,748 95 | 13,111 00 |
| Mid Cap S P D R Trust MDY | 40 00 | NA | NA | 3,431 15 | ^ |
| Powershs QQQ Trust QQQQ | 150 00 | NA | NA | 6,767 15 | 10,865 00 |
| Powershs QQQ Trust QQQQ | 100 00 | NA | NA | 3,007 85 | ^ |
| Rydex ETF Trust S&P 500 Equal WT Indx Fd RSP | 160 00 | NA | NA | 6,829 91 | 10,822 00 |
| Rydex ETF Trust S&P 500 Equal WT Indx Fd RSP | 120 00 | NA | NA | 3,012 39 | ^ |
| S P D R Trust Unit SR 1 SPY | 100 00 | NA | NA | 12,762 75 | 18,429 25 |
| S P D R Trust Unit SR 1 SPY | 75.00 | NA | NA | 6,389 70 | ^ |
| Sector SPDR Consumer FD Shares of Beneficial XLY | 100 00 | NA | NA | 2,380 85 | 8,151 30 |
| Sector SPDR Consumer FD Shares of Beneficial XLY | 75 00 | NA | NA | 2,000 70 | ^ |
| Sector SPDR Consumer FD Shares of Beneficial XLY | 95 00 | NA | NA | 2,632 36 | ^ |
| Sector SPDR Engy Select Shares of Beneficial Int XLE | 120 00 | NA | NA | 6,043 83 | 6,144 00 |
| Sector SPDR Health Fund Shares of Beneficial Int. XLV | 300 00 | NA | NA | 9,223 95 | 8,430 00 |
| Sector SPDR Indl Select Shares of Beneficial Int XLI | 125 00 | NA | NA | 3,212 33 | 6,201 80 |
| Sector SPDR Indl Select Shares of Beneficial Int XLI | 95 00 | NA | NA | 2,516 46 | ^ |
| Vanguard Info Technology VGT | 65 00 | NA | NA | 3,143.85 | 5,675 48 |
| Vanguard Info Technology VGT | 50.00 | NA | NA | 2,509 40 | ^ |
| | | | | 111,979 48 | 114,067 13 |
| | | | | 254,012 55 | 260,329 63 |
| | | | **Total Unrealized Gain for Current Assets** | | **6,317.08** |

• If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box . . . ▶ ☐

**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).

**Part II** **Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

| Type or print | Name of exempt organization | Employer identification number |
|---|---|---|
| File by the extended due date for filing your return See instructions | Passover League of Philadelphia | 23-6267034 |
| | Number, street, and room or suite no If a P.O box, see instructions. | |
| | 215 Presidential Blvd. 1st Floor | |
| | City, town or post office, state, and ZIP code For a foreign address, see instructions | |
| | Bala Cynwyd, PA 19004 | |

Enter the Return code for the return that this application is for (file a separate application for each return) . . . . . 0 3

| Application Is For | Return Code | Application Is For | Return Code |
|---|---|---|---|
| Form 990 | 01 | | |
| Form 990-BL | 02 | Form 1041-A | 08 |
| Form 990-EZ | 03 | Form 4720 | 09 |
| Form 990-PF | 04 | Form 5227 | 10 |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | 11 |
| Form 990-T (trust other than above) | 06 | Form 8870 | 12 |

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

• The books are in the care of ▶ Howard C. Lapensohn, CPA/PFS/CITP

Telephone No ▶ 215-985-9000 FAX No. ▶ 215-985-5765

• If the organization does not have an office or place of business in the United States, check this box . . . . . ▶ ☐

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . . . ▶ ☑. If it is for part of the group, check this box . . . . ▶ ☐ and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until July 15, , 20 11 .

5 For calendar year _____, or other tax year beginning September 1, , 20 09 , and ending August 31, , 20 10 .

6 If the tax year entered in line 5 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 needed to assemble documents and records necessary to file a complete and accurate Form 990EZ.

| | | | |
|---|---|---|---|
| 8a | 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. | 8a | $ |
| b | 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 previously with Form 8868. | 8b | $ |
| c | **Balance due.** Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 8c | $ |

## Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ▶ [signature] Title ▶ CPA/PFA/CITP Date ▶ 4/4/11