

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



Form 990-PF

Department of the Treasury

Internal Revenue Service

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

Treated as a Private Foundation

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

OMB No 1545-0052

For calendar year 2009, or tax year beginning 09/01/09, and ending 08/31/10G Check all that apply. Initial return Initial return of a former public charity Final return Amended return Address change Name change Name of foundation Employer identification number Use the IRS YETTA DEITCH NOVOTNY CHARITABLE 23-7642807 label. TRUST 9/24/90 Otherwise. Telephone number (see page 10 of the instructions) 215-564-1300 print Number and street (or P O box number if mail is not delivered to street address) Room/suite 2 PENN CENTER PLAZA 803 or type. If exemption application is pending, check here See Specific City or town, state, and ZIP code 1. Foreign organizations, check here Instructions. **PHILADELPHIA** PA 19102-1723 2. Foreign organizations meeting the X Section 501(c)(3) exempt private foundation Check type of organization 85% test, check here and attach computation Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation If private foundation status was terminated under section 507(b)(1)(A), check here X Cash J Accounting method Fair market value of all assets at end of year (from Part II, col (c), Other (specify) If the foundation is in a 60-month termination under section 507(b)(1)(B), check here 5,028,304 (Part I, column (d) must be on cash basis) line 16) ▶ \$ Analysis of Revenue and Expenses (The Part I (a) Revenue and (d) Disbursements expenses per (b) Net investment (c) Adjusted net for charitable total of amounts in columns (b), (c), and (d) may not necessarily equal books income ıncome purposes the amounts in column (a) (see page 11 of the instructions)) (cash basis only) Contributions, gifts, grants, etc , received (attach schedule) 1 Check ► |X| If the foundation is **not** required to attach Sch B 2 210 210 3 Interest on savings and temporary cash investments 139,408 131,282 Dividends and interest from securities 5a Gross rents 6 b Net rental income or (loss) -18,211 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 1,258,289 Capital gain net income (from Part IV, line 2) Net short-term capital gain 8 7 9 Income modifications ൂ10a Gross sales less returns & allowances b Less Cost of goods sold Gross profit or (loss) (attach schedule) Stmt 1 204,582 204,582 11 Other income (attach schedule) 325,989 336,074 12 Total. Add lines 1 through 11 162,505 162,505 13 Compensation of officers, directors, trustees, etc Operating and Administrative Expenses 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees (attach schedule) Stmt 2 49,178 49,178 Accounting fees (attach schedule) Other professional fees (attach schedule) Interest Taxes (attach scheduls) see page marking instructions) Stmt 3
Depreciation (attach schedule) and depletion 21,681 21,681 18 19 Occupand 20 SS Travel conferences and meetings 21 Printing and publications Other expenses (att strip) 89,273 78,607 23 Total operating and administrative 322,637 311,971 Add lines 13 through 23 341,792 341,792 Contributions, gifts, grants paid 664,429 311,971 Total expenses and disbursements. Add lines 24 and 25 341,792 26 27 Subtract line 26 from line 12 Excess of revenue over expenses and disbursements -338,440 24,103 Net investment income (if negative, enter -0-) Adjusted net income (if negative, enter -0-) Form 990-PF (2009) For Privacy Act and Paperwork Reduction Act Notice, see page 30 of the instructions.

<u> </u>	2rm 990	-PF (2009) YETTA DEITCH NOVOTNY CHARITABLE	23-764280	7	Page 2
	Part I	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	Beginning of year		f year
	1	Cash—non-interest-bearing	(a) Book Value	(b) Book Value	(c) Fair Market Value
	2	Savings and temporary cash investments	54,898	284,738	284,738
	3	Accounts receivable	32,7030	201,730	204,730
		Less allowance for doubtful accounts ▶	†	:	
	4	Pledges receivable ▶			
		Less allowance for doubtful accounts ▶	İ		
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
	-	disqualified persons (attach schedule) (see page 16 of the			
		instructions)			
	7	Other notes and loans receivable (att. schedule)		·	
		Less allowance for doubtful accounts ▶	Ť		
ß	8	Inventories for sale or use			
ssets	9	Prepaid expenses and deferred charges	· · · · · · · · · · · · · · · · · · ·		
As	10a	Investments—U S and state government obligations (attach schedule)			· · · · · · · · · · · · · · · · · · ·
	ь	Investments—corporate stock (attach schedule) See Stmt 5	642,456	28,538	195
	c	Investments—corporate bonds (attach schedule) See Stmt 6	793,093	800,283	432,179
	11	Investments—land, buildings, and equipment basis			132/173
		Less accumulated depreciation (attach sch.)	1		
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule) See Statement 7	4,322,441	4,360,889	4,311,192
	14	Land, buildings, and equipment basis			
i		Less accumulated depreciation (attach sch.)			
	15	Other assets (describe ▶)			
	16	Total assets (to be completed by all filers—see the			· · · · · · · · · · · · · · · · · · ·
		instructions Also, see page 1, item I)	5,812,888	5,474,448	5,028,304
	17	Accounts payable and accrued expenses			
s	18	Grants payable			
ë	19	Deferred revenue .		_	
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
<u>.e</u>	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe ▶)			
	23	Total liabilities (add lines 17 through 22)	0	0	
		Foundations that follow SFAS 117, check here ▶			
es		and complete lines 24 through 26 and lines 30 and 31.			
일	24	Unrestricted			
ᆱ	25	Temporanly restricted			
<u> </u>	26	Permanently restricted			
Ĕ		Foundations that do not follow SFAS 117, check here ► X			
Net Assets or Fund Balance		and complete lines 27 through 31.		_	
ō	27	Capital stock, trust principal, or current funds	5,812,888	5,474,448	
ets	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
SS	29	Retained earnings, accumulated income, endowment, or other funds			
7	30	Total net assets or fund balances (see page 17 of the	5 010 000	5 454 440	
Ž		instructions)	5,812,888	5,474,448	
	31	Total liabilities and net assets/fund balances (see page 17	F 010 000	5 454 440	
-	Part I	of the instructions) Analysis of Changes in Net Assets or Fund Balances	5,812,888	5,474,448	
		net assets or fund balances at beginning of year—Part II, column (a), line 30 (must a	aree with	1	
		riet assets or fund balances at beginning of year—rart if, column (a), line 30 (must a of-year figure reported on prior year's return)	gice willi		E 910 000
2		amount from Part I, line 27a		2	5,812,888 -338,440
3		Increases not included in line 2 (itemize) ▶		3	-556,440
		ines 1, 2, and 3		4	5,474,448
		eases not included in line 2 (itemize)	•	5	5,11,110
		net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), in	ine 30	-	5.474.448

(a) List and descri	nd Losses for Tax on Investme	nt Income			
	be the kind(s) of property sold (e.g., real estate, ehouse, or common stock, 200 shs MLC Co.)		(b) How acquired P—Purchase D—Donation	(c) Date acquire (mo , day, yr)	d (d) Date sold (mo , day, yr)
1a See Worksheet					
b					
C					
d					···-
е			1		
(e) Gross sales price	(f) Depreciation allowed (or allowable)	,,,	or other basis ense of sale		Gain or (loss) us (f) minus (g)
a					
_ b					
C					
d e					
	l gain in column (h) and owned by the four	dation on 12/31/69			
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Exce	ess of col (I)	col (k), but	(Col. (h) gain minus not less than -0-) or s (from col. (h))
а					· ·-···-
b				· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
C					
d					
е		··			
2 Capital gain net income or (net ca	apital loss) If gain, also enter in I	.		2	-18,211
3 Net short-term capital gain or (los	s) as defined in sections 1222(5) and (6).				
If gain, also enter in Part I, line 8,	column (c) (see pages 13 and 17 of the in	structions)			
If (loss), enter -0- in Part I, line 8				3	10,030
	nder Section 4940(e) for Reduc			<u>1e</u>	· · · · · · · · · · · · · · · · · · ·
(For optional use by domestic private	foundations subject to the section 4940(a)	tax on net investm	ent income)		
If section 4940(d)(2) applies, leave th	is part blank				
Was the foundation liable for the sect	ion 4942 tax on the distributable amount o	f any year in the bas	se penod? Ye	s X No	
If "Yes," the foundation does not quali	fy under section 4940(e) Do not complete	this part			
1 Enter the appropriate amount in e	each column for each year; see page 18 of	the instructions bet	fore making any entries		
(a) Base period years	(b)		(c)		(d) Distribution ratio
Calendar year (or tax year beginning			e of nonchantable-use asse	ets (col	(b) divided by col (c))
2008		,390	5,924,5		0.090537
2007		,100	8,360,4	1161	
2006	723				0.089362
	1 006	,200	9,116,6	559	0.089362 0.079327
2005		,394	9,116,6 9,033,4	559 100	0.089362 0.079327 0.091482
2005 2004			9,116,6	559 100	0.089362 0.079327
2004 2 Total of line 1, column (d)	742	,394 ,060	9,116,6 9,033,4	559 100	0.089362 0.079327 0.091482
2004 2 Total of line 1, column (d) 3 Average distribution ratio for the	742 5-year base period—divide the total on line	,394 ,060	9,116,6 9,033,4	559 100 788	0.089362 0.079327 0.091482 0.080845 0.431553
2004 2 Total of line 1, column (d) 3 Average distribution ratio for the	742	,394 ,060	9,116,6 9,033,4	559 100 788	0.089362 0.079327 0.091482 0.080845
2004 2 Total of line 1, column (d) 3 Average distribution ratio for the snumber of years the foundation h	742 5-year base period—divide the total on line	, 394 , 060 e 2 by 5, or by the	9,116,6 9,033,4	559 100 788	0.089362 0.079327 0.091482 0.080845 0.431553
2004 2 Total of line 1, column (d) 3 Average distribution ratio for the snumber of years the foundation h	742 5-year base period—divide the total on line has been in existence if less than 5 years	, 394 , 060 e 2 by 5, or by the	9,116,6 9,033,4	559 100 788 2 3	0.089362 0.079327 0.091482 0.080845 0.431553 0.086311
2004 2 Total of line 1, column (d) 3 Average distribution ratio for the number of years the foundation has been sent as the	742 5-year base period—divide the total on line has been in existence if less than 5 years ble-use assets for 2009 from Part X, line 5	, 394 , 060 e 2 by 5, or by the	9,116,6 9,033,4	559 100 788 2 3	0.089362 0.079327 0.091482 0.080845 0.431553 0.086311 5,269,856
 2 Total of line 1, column (d) 3 Average distribution ratio for the snumber of years the foundation h 4 Enter the net value of nonchantal 5 Multiply line 4 by line 3 	742 5-year base period—divide the total on line has been in existence if less than 5 years ble-use assets for 2009 from Part X, line 5	, 394 , 060 e 2 by 5, or by the	9,116,6 9,033,4	559 100 788 2 3 4	0.089362 0.079327 0.091482 0.080845 0.431553 0.086311 5,269,856 454,847
2004 2 Total of line 1, column (d) 3 Average distribution ratio for the snumber of years the foundation h 4 Enter the net value of nonchantal 5 Multiply line 4 by line 3 6 Enter 1% of net investment incom 7 Add lines 5 and 6 8 Enter qualifying distributions from	5-year base period—divide the total on line has been in existence if less than 5 years ble-use assets for 2009 from Part X, line 5 me (1% of Part I, line 27b)	, 394 , 060 2 by 5, or by the	9,116,6 9,033,4 9,178,7	559 100 788 2 3 4 5 6 7	0.089362 0.079327 0.091482 0.080845 0.431553 0.086311 5,269,856 454,847

	990-PF (2009) YETTA DEITCH NOVOTNY CHARITABLE 23-7642807			P	age 4
Pa	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instruction	s)			
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				482
	here ▶				
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of				
	Part I, line 12, col (b)				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)			_	0
3	Add lines 1 and 2				482
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-				482
6	Credits/Payments.				
а	2009 estimated tax payments and 2008 overpayment credited to 2009 6a 9,761				
b	Exempt foreign organizations—tax withheld at source				
С	Tax paid with application for extension of time to file (Form 8868)				
d	Backup withholding erroneously withheld 6d				
7	Total credits and payments Add lines 6a through 6d			9,	761
8	Enter any penalty for underpayment of estimated tax. Check here. If Form 2220 is attached.				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed				
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			9,	279
11	Enter the amount of line 10 to be Credited to 2010 estimated tax > 9,279 Refunded > 11				
Pa	rt VII-A Statements Regarding Activities				
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	[Yes	No
	participate or intervene in any political campaign?	L	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19				}
	of the instructions for definition)?		1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials	ſ			
	published or distributed by the foundation in connection with the activities		1		
C	Did the foundation file Form 1120-POL for this year?	1	1c	_	Х
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year				
	(1) On the foundation > \$ (2) On foundation managers > \$	- 1	1		
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed		1		
	on foundation managers. > \$	- 1			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	Ĺ	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	- 1	1		
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		_3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	ΑĹ	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	Ĺ	5		X
	If "Yes," attach the statement required by General Instruction T.		1		
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either	ŀ	1		
	By language in the governing instrument, or		1		
	By state legislation that effectively amends the governing instrument so that no mandatory directions that	Ì	1		
	conflict with the state law remain in the governing instrument?	L	6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	_	7	X	
8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the	- }	1		
	instructions) PA		1		
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General		1		
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	ļ	8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or		1		
	4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page				
	27)? If "Yes," complete Part XIV		9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their				
	names and addresses		10		X

chantable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?

orm	1 990-PF (2009) YETTA DEITCH NO	VOTNY CHARITABLE	23-7	642807			Pa	age 6
Pa	art VII-B Statements Regarding Ad	ctivities for Which Form 4	720 May Be Re	equired (conti	nued)			
5a	During the year did the foundation pay or incur as	ny amount to						
	(1) Carry on propaganda, or otherwise attempt t	o influence legislation (section 494	45(e))?		res X No	Ī	- [
	(2) Influence the outcome of any specific public	election (see section 4955), or to	carry on,	_	_	1		
	directly or indirectly, any voter registration dri	ive?			res 🗓 No	I		
	(3) Provide a grant to an individual for travel, stu	idy, or other similar purposes?		\\	res 🗓 No	I		
	(4) Provide a grant to an organization other than	a chantable, etc , organization de	escribed in	_	_	ı		
	section 509(a)(1), (2), or (3), or section 4940	(d)(2)? (see page 22 of the instruc	ctions)		′es X No	I		
	(5) Provide for any purpose other than religious,	chantable, scientific, literary, or e	ducational	_		1		
	purposes, or for the prevention of cruelty to o	children or animals?			es X No	1	1	
b	If any answer is "Yes" to 5a(1)-(5), did any of the	transactions fail to qualify under t	he exceptions desc	ribed in	_	ł	- 1	
	Regulations section 53 4945 or in a current notic	e regarding disaster assistance (s	ee page 22 of the in	nstructions)?	N/A	5b		
	Organizations relying on a current notice regardii	ng disaster assistance check here			▶ 🗍 💮			
С	If the answer is "Yes" to question 5a(4), does the	foundation claim exemption from	the tax			1		
	because it maintained expenditure responsibility	for the grant?		N/A 🗌	res No	1	1	
	If "Yes," attach the statement required by Regula	itions section 53 4945-5(d)			_	1		
6a	Did the foundation, during the year, receive any f	funds, directly or indirectly, to pay	premiums			1		
	on a personal benefit contract?			[] \	es X No	1		
b	Did the foundation, during the year, pay premium	is, directly or indirectly, on a perso	nal benefit contract	?		6b]	X
	If "Yes" to 6b, file Form 8870							
7a	At any time during the tax year, was the foundation	on a party to a prohibited tax shelt	er transaction?	\	′es 🗓 No			
b	If yes, did the foundation receive any proceeds o	r have any net income attributable	to the transaction?		N/A	7b		
Pá	art VIII Information About Officers	s, Directors, Trustees, Fo	undation Mana	gers, Highly F	Paid Employee	∍s,		
	and Contractors							
1	List all officers, directors, trustees, foundation	managers and their compensat	ion (see page 22 o	f the instructions).			
			(b) Title, and average	(c) Compensation	(d) Contributions to			
	(a) Name and address		hours per week devoted to position	(If not paid, enter	employee benefit plans and deferred		pense ac r allowan	
			devoted to position	-0-)	compensation	L		
SI	FANLEY L. ZOLOT	MERION STATION	TRUSTEE					
25	55 MEETING HOUSE LANE	PA 19066-1230	10.00	76,000	0			0
Aì	NDREW ZOLOT	BRYN MAWR	TRUSTEE	ł				
8 (06 GATEMORE ROAD	PA 19010	2.00	86,505	. 0	<u> </u>		0
						——		
			1			<u> </u>		
2	Compensation of five highest-paid employee	s (other than those included on	line 1—see page 2	23 of the instructi	ons).			
	If none, enter "NONE."		1		[/ n n			
	(a) Name and address of each employee paid	d than \$50,000	(b) Title, and average	(a) Composestor	(d) Contributions to employee benefit	(e) Exp	oense ac	count.
	(a) Name and address of each employee paid	a more than \$50,000	hours per week devoted to position	(c) Compensation	plans and deferred compensation		r allowan	
					compensation	 		
N	ONE							
			+			-		
						1		
			†			 		
						1		
			<u> </u>			 		
						1		
			 			 		
						1		
Tota	al number of other employees paid over \$50,000		<u> </u>	L	<u> </u>		\top	
. 54	The state of the s				For	m 990)-PF	(2000)
					FUI	500	,	(5003)

Form 990-PF (20	9) YETTA DEITCH NOVOTNY CHARITABLE	23-7642807	Page 7
Part VIII	Information About Officers, Directors, Trustees, Foundat and Contractors (continued)	tion Managers, Highly Paid Em	ployees,
3 Five highe	st-paid independent contractors for professional services (see page 23 c	of the instructions). If none, enter "NO	VE."
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
none			
•			
Total number of o	others receiving over \$50,000 for professional services		→
Part IX-A	Summary of Direct Charitable Activities		
	s four largest direct chantable activities during the tax year. Include relevant statistical information other beneficiaries served, conferences convened, research papers produced, etc.	ormation such as the number of	Expenses
1 N/A			
2			
			i
3			
			
4			
Part IX-B	Summary of Program-Related Investments (see page 2	4 of the instructions)	
	largest program-related investments made by the foundation during the tax year on lines 1	and 2	Amount
1 N/A			
	•		
2			
			
• •	-related investments See page 24 of the instructions		
3		·	
Total. Add lines	I through 3	•	

Form **990-PF** (2009)

Pa	Irt X Minimum Investment Return (All domestic foundations must complete this part Foreign	gn fo	undations,
	see page 24 of the instructions)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes		
а	Average monthly fair market value of securities	1a	1,514,114
þ	Average of monthly cash balances	1b	130,021
C	Fair market value of all other assets (see page 24 of the instructions)	1c	3,705,973
d	Total (add lines 1a, b, and c)	1d	5,350,108
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0		
2	Acquisition indebtedness applicable to line 1 assets	_2	0
3	Subtract line 2 from line 1d	_ 3	5,350,108
4	Cash deemed held for chantable activities Enter 1½ % of line 3 (for greater amount, see page 25 of		
	the instructions)	4	80,252
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	5,269,856
6	Minimum investment return. Enter 5% of line 5	6	263,493
Pa	THE XI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private ope	rating	
	foundations and certain foreign organizations check here and do not complete this part)		
1	Minimum investment return from Part X, line 6	1	263,493
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)		
С	Add lines 2a and 2b	2c	482
3	Distributable amount before adjustments Subtract line 2c from line 1	3	263,011
4	Recovenes of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5_	263,011
6	Deduction from distributable amount (see page 25 of the instructions)	_6	
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	263,011
Pi	Qualifying Distributions (see page 25 of the instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	341,792
b	Program-related investments—total from Part IX-B	1b	
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 (pnor 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	341,792
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 (see page 26 of the instructions)	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	341,792
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation	1	

381,836 275,598

329,079

240,163

78,781

Excess from 2005

Excess from 2006

Excess from 2007

Excess from 2008

Excess from 2009

.Pa	rt XIV Private Operating Fou	indations (see pa	ige 27 of the instr	ructions and Part	VII-A, question 9)	
1a	If the foundation has received a ruling or d	letermination letter that	it is a private operatin	9		
	foundation, and the ruling is effective for 2	009, enter the date of t	he ruling	•		
b	Check box to indicate whether the foundat		-	ed in section	1942(ј)(3) ог 4942	2(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		- 4/,-/
	income from Part I or the minimum	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(e) Total
	investment return from Part X for	(-,	(-,	(0, -0.1	(4) 2000	
	each year listed					
_	85% of line 2a	<u> </u>			 	
b			-	 	-	
C	Qualifying distributions from Part XII,					
	line 4 for each year listed					
d	Amounts included in line 2c not used directly					
	for active conduct of exempt activities					
θ	Qualifying distributions made directly					
	for active conduct of exempt activities					
	Subtract line 2d from line 2c			ļ		
3	Complete 3a, b, or c for the					
	alternative test relied upon					
а	"Assets" alternative test—enter					
	(1) Value of all assets				ļ	
	(2) Value of assets qualifying under					
	section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test—enter 2/3					
	of minimum investment return shown in					
	Part X, line 6 for each year listed					
С	"Support" alternative test—enter					
	(1) Total support other than gross					
	investment income (interest,					
	dividends, rents, payments on					
	securities loans (section					
	512(a)(5)), or royalties)			 		·
	(2) Support from general public					
	and 5 or more exempt organizations as provided in					
	section 4942(j)(3)(B)(iii)					
	(3) Largest amount of support from	·				
	an exempt organization					
	(4) Gross investment income					
P;	art XV Supplementary Inforn	nation (Complete	this part only if	the foundation h	ad \$5.000 or more	in assets at
	any time during the ye				, . ,	455545
1	Information Regarding Foundation Mai					
а	List any managers of the foundation who	=	than 2% of the total co	ontributions received by	the foundation	
	before the close of any tax year (but only			-		
	N/A	•		, ,,-,,		
b	List any managers of the foundation who	own 10% or more of the	e stock of a corporatio	n (or an equally large p	ortion of the	
	ownership of a partnership or other entity)	of which the foundation	n has a 10% or greate	rinterest		
	N/A		Ū			
2	Information Regarding Contribution, G	rant Gift Loan, Scho	olarship, etc., Program	ns:		
	F	makes contributions to			es not accept	
	unsolicited requests for funds If the found		•	-	•	
	organizations under other conditions, com					
а	The name, address, and telephone numb			be addressed		······································
~	N/A	2. 3. 3.5 poroon to 1910	appliations officials			
	,					
b	The form in which applications should be	submitted and informati	tion and materials they	should include.		
_	N/A					
c	Any submission deadlines	· · ·		-	<u> </u>	
	N/A					
d	Any restrictions or limitations on awards,	such as by geographic	al areas, chantable fiel	ds, kinds of institutions	, or other factors	
	N/A					

Part XV Supplementary Information (co	ntinued)			
3 Grants and Contributions Paid During the	Year or Approved for Fu	ture Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year SEE SCHEDULE #2	N/A	PUBLIC CHARITAE	LE, ETC.	
		PE	R I.R.C.	
		170 (c) (2) (B)	341,792
Total			▶ 3a	341,792
b Approved for future payment			► Ja	341,192
N/A				
		1		
Total	<u> </u>	 	▶ 3b	

Part XV			·			
Enter gross a	amounts unless otherwise indicated	(a)	business income	(c)	section 512, 513, or 514 (d)	(e) Related or exempt function income
•	service revenue	Business code	Amount	code	Amount	(See page 28 of the instructions)
		_		++		
				+		
			 -			
		-		 		
e						
T						
_	s and contracts from government agencies					
	ship dues and assessments			 		
	on savings and temporary cash investments		-	14	210	· · · · · · · · · · · · · · · · · · ·
	s and interest from securities		·····	14	139,408	
	al income or (loss) from real estate					
	t-financed property	———		 		
	debt-financed property		<u> </u>			
6 Net renta	al income or (loss) from personal property		<u>a \ </u>	.		
7 Other inv	vestment income* (SEE STAT	EMENT	8) *	- 14	204,582	*
8 Gain or ((loss) from sales of assets other than inventory			18	-18,211	
9 Net inco	me or (loss) from special events					
IO Gross pr	ofit or (loss) from sales of inventory					
11 Other re	venue a					
ь_See	e Statement 8					
С						
е						
12 Subtotal	Add columns (b), (d), and (e)			0	325,989	0
	dd line 12, columns (b), (d), and (e)	•			13	325,989
	eet in line 13 instructions on page 28 to verify calculate	ons)				
Part XV	·· · · · · · · · · · · · · · · · · · ·		ent of Exempt P	urposes		
Line No.	Explain below how each activity for which incom accomplishment of the foundation's exempt purpose.	e is reported in colu	ımn (e) of Part XVI-A	contributed i		
,	instructions)	poses (other than by	y providing lands for		(See page 29 of t	ne
N/A						
	1					
-						

prn	1 990-PF (2	2009) YETTA DE	ITCH NO	VOTNY	CHARIT	ABLE		<u>23-764</u>	2807			Pag	ge 13
	art XVII	Information Reg	_	ansfers T	o and Tran	sactions	and	Relationsh	ips With N	onchar	itable		
1	Did the o	rganization directly or indi	rectly engage	in any of th	ne following wit	h any other	organ	ization describe	d			Yes	No
	in section	501(c) of the Code (othe	r than section	n 501(c)(3)	organizations)	or in section	n 527,	relating to politiv	cal				
	organizat	tions?			_								
а	Transfers	s from the reporting founda	ation to a nor	ncharitable e	exempt organiz	ation of							
	(1) Cash	· - 1			, ,						1a(1)		X
	(2) Othe	r assets			•						1a(2)		Х
b	Other tra										1-1-7		
	(1) Sales	s of assets to a noncharita	ible exempt o	organization	1						1b(1)		Х
		hases of assets from a no	•	_							1b(2)		X
		al of facilities, equipment,									1b(3)		X
	• •	bursement arrangements									1b(4)		X
	• •	s or loan guarantees									1b(5)		X
		ormance of services or me	embership or	fundraising	solicitations						1b(6)		X
c		of facilities, equipment, ma	•	_		ees					1c		X
	_	swer to any of the above is					b) sho	uld always show	v the fair marke	>t			
_		the goods, other assets, o			-	•	•	•					
		any transaction or sharing	•	-	. •								
	(a) Line no	(b) Amount involved	1		able exempt organ		<u> </u>	(d) Description of t			shanno arrange	ments	
- ,	A	<u> </u>	 				·						
•/			<u> </u>										
		- 1	 										
		-	 				-						
_			· · · · · · · · · · · · · · · · · · ·										
			 										
			†									_	
	-		 										
			 						······································				
			<u> </u>										
			 										
			+			 							······································
—			<u> </u>										
				·		-							
						- 			-		.		
_	1 41 . 6		11 - 6C1 - 4 4 ·	. 41 1-4									
28		indation directly or indirec	-					ganizations				Ty-	No
		d in section 501(c) of the (•	nan section	501(c)(3)) or ii	n section 52	2//				∐ Y€	s A	No
	it "Yes,"	complete the following sch (a) Name of organization	neaule	1 (6)	Type of organizat	· T			(a) Danasation (
	N/A	(a) Name of organization		(6)	Type of organizat	tion			(c) Description of	relations	nip		
	N/A												
_				 -				···					
		 		1		-							
				-									
_						L							-
		naities of perjury, I declare that true, correct, and complete [
	N	(v	$\langle \rho \rangle (0)$		h 2,8	№ 7/	11		, ,	•	-3-		
_	<u></u>		une	/ / /	7000		/()	<u> </u>	TRUSTE	E	 		
9	r Signa	ature of officer or trustee		, //	<u> </u>	Date	ı		i ide	-	Prenarede idealid	MDC	
Ĕ		k -	//					Date	Check if		Preparer's identifi number (see Sig	nature o	
sign Here	ا 'دّ' جا	Preparer's	K //	//				7-8-11	self-employed	ı► ∐İ	page 30 of the in	structions	;)
7	Paid Preparer's Use Only	signature		//	37 6 36	200777					P00199	449	
	P. rep Jse	Firm's name (or yours if	DOWNE		AK & AS						00 01-	o 4 -	_
	۵ -	self-employed), address,			ER PLAZ			803		EIN ▶			
		and ZIP code	PHIL	ADELPH	IIA, PA	19102	<u> </u>			Phone no	215-56	4-1	300

(15)

Form 990-PF	Capital Gains and Losses fo	r Tax on Investment I	ncome	2009
	dar year 2009, or tax year beginning	09/01/09 , and endir	ng 08/31/10	2005
Name			* /	ntification Number
YETTA DEITCH NOVO	OTNY CHARITABLE			
TRUST 9/24/90			23-7642	807
(a) List and desc 2-story bnck v	ribe the kind(s) of property sold, e.g., real estate, warehouse, or common stock, 200 shs. MLC Co	(b) How acqu P-Purchas D-Donation	se (mo.dav.vr)	(d) Date sold (mo , day, yr)
(1) S/T SALES - SEI		P	Various	Various
(2) L/T SALES - SEI		P	Various	Various
	STCG EIN #20-4855225	P	Various	Various
	STCG EIN #41-2136951	P P	Various	Various
THE STREET STREET	LTCG EIN #41-2136951 STCG EIN #20-2332610	P	Various	Various
TO A THEORY MAINTED	STCG EIN #20-2332610 LTCG EIN #20-2332610	P	Various Various	Various
- 4 G/m GDGD 10	256 EIN #20-2332610	P	Various	Various Various
	256 EIN #20-2332610	P	Various	Various
	LTCG EIN: FOREIGN	P	Various	Various
	PTRS FD CAYMAN AIV I	P	Various	Various
(12) K-1 FLOW-THRU	STCG EIN #26-1898427	P	Various	Various
(13) LT CG DISTRIBUT	FIONS 1099-DIV			
14)				
15)				
	T T	,		
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gai (e) plus (n or (loss) f) minus (g)
(1) 310,670		296,799		13,871
947,361		883,071		64,290
(3)		-1,796	 	1,796
(4)		-108		108
(5)		2,970 38,699		-2,970 38,699
(6)		37,510		37,510
(7) (8)		1,164		-1,164
(9)		1,746		-1,746
(10)				
(11)		30,503	-	30,503
(12)		-14,058		14,058
(13) 258				258
(14)				
(15)				
Complete only for assets showing	ng gain in column (h) and owned by the found	······································	(I) Gains (C	ol (h) gain minus
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	col' (k), but not Losses (fro	ol (h) gain minus ess than -0-) or m col (h))
(1)				13,871
(2)				64,290
(3)	 			1,796
(4)				108
(5)				-2,970 38,699
(6) (7)				37,510
(8)				-1,164
(9)				-1,746
(10)				
(11)			-	30,503
(12)				14,058
(13)				258
(14)				

BF822718 YETTA DEITCH NOVOTNY CHARITABLE 23-7642807 FYE: 8/31/2010

- Other Income
Ξ
စ္တ
₽
0
Line 11 - (
$\overline{}$
~
<u>ə</u>
-=
_
Part
<u></u>
ο.
ы.
F
990-PF
6
6
Form (
Ξ
_0
щ
•
7
7
ā
Ē
ē
Statem
7
U.

Adjusted Net Income	w	w		Charitable Purpose	w	\$
Net Investment Income	; 259,514 242 -55,174	204,582	Fees	Adjusted Net	٠	\$
Revenue per Books	\$ 259,514 \$ 242 -55,174	\$ 204,582	Form 990-PF, Part I, Line 16b - Accounting Fees	Net Total Investment	49,178 \$ 49,178	49,178 \$ 49,178
Description	SEE STATEMENT 8 SEE STATEMENT 8 SEE STATEMENT 8	Total	Statement 2 -	Description	ACCOUNTING FEES	Total

axes	
-	l
ı	ı
∞	ı
~	ļ
₫	ı
⊑	l
, Line 18	ŀ
	l
ī	ı
∺	ı
ă.	Į
_	Į
Щ.	ı
Ė	1
Ö	ı
ਗੁ	ł
တ	ł
F	ł
Ĕ	I
Form 990-PF, Part	l
<u>.</u>	l
	ı
כי	ı
Statement 3	١
酉	l
Ε	ı
ᅙ	ĺ
Ħ	l
Statemer	ı
S)	ı

Charitable Purpose	₩	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Adjusted Net		0
'	₩.	, ጭ. "
Net vestment	17,047	21,681
드	ᡐ	₩
Total	17,047	21,681
Description	FOREIGN TAXES FROM K-1 DISTRIBUT !ONS \$ K-1 FOREIGN TAXES	Total

BF822718 YETTA DEITCH NOVOTNY CHARITABLE 23-7642807 FYE: 8/31/2010

penses
ense
pe
ш
e
듶
O
33
ine 23
۳.
Ξ
Partl
Ē,
PF
990-PF
Ε
0
щ
4
ž
Ĕ
ž
St

Charitable Purpose		\$
Adjusted Net		w O
Net Investment	2 4,996 50,204 631 22,774	\$ 78,607
Total	2 4,996 50,204 631 22,774 10,666	\$ 89,273
Description	Expenses BANK PROCESS/RETURN FEES K-1 INVESTMENT INTEREST EXPENSE K-1 INVESTMENT EXP-2% PORTFOLIO K-1 OTHER PORTFOLIO DEDUCTIONS K-1 INVESTOR MANAGEMENT FEES NET BOOK-TAX DIFF FLOW THRU K-1'S	Total

23-7642807

Federal Statements

FYE: 8/31/2010

Statement 5 - Form 990-PF, Part II, Line 10b - Corporate Stock Investments

Description						
	_	Beginning of Year	 End of Year	Basis of Valuation		Fair Market Value
SEE SCHEDULE #3						
	\$_	642,456	\$ 28,538	Cost	\$_	195
Total	\$_	642,456	\$ 28,538		\$_	195

Statement 6 - Form 990-PF, Part II, Line 10c - Corporate Bond Investments

Description	 					
	 Beginning of Year	_	End of Year	Basis of Valuation	_	Fair Market Value
SEE SCHEDULE #3 - CORP BONDS						
	\$ 793,093	\$_	800,283	Cost	\$_	432,179
Total	\$ 793,093	\$_	800,283		\$_	432,179

Statement 7 - Form 990-PF, Part II, Line 13 - Other Investments

Description					
	Beginning of Year	 End of Year	Basis of Valuation	_	Fair Market Value
PRIVATE EQUITY FUNDS					
	\$ 3,747,753	\$ 3,800,963	Cost	\$	3,739,207
MUTUAL FUNDS & UNIT INVESTMENT	TRUST				
	510,429	493,035	Cost		504,182
COLLATERIZED MORTGAGE OBLIGATION	ONS				
	64,259	48,888	Cost		49,592
MORTGAGE & ASSET BACKED SECURIT	ries				
		 18,003	Cost		18,211
Total	\$ 4,322,441	\$ 4,360,889		\$_	4,311,192

Federal Statements

FYE: 8/31/2010

23-7642807

Statement 8 - Form 990-PF, Part XVI-A, Line 7 - Other Investment INCOME

Description

OTHER
INVESTMENT
INCOME

PA UNCLAIMED PROPERTY INCOME

\$ 259,514

CASH IN LIEU

NET INVESTMENT PASS-THRU

LOSSES FROM PRIVATE EQUITY

K-1'S:

NB CROSSROADS FUND XVII -

ASSET ALLOCATION LP

EIN: 41-2136951

LB REAL ESTATE FUND II, LP

EIN: 20-2332610

NB CO-INVESTMENT PTRS, LP

EIN: 20-5357220

NB CO-INV PTRS CAYMAN AIV

I, LP EIN: 98-0531446

TRILANTIC CAPITAL PARTNERS

FUND III, LP EIN: 11-372864

TRILANTIC CAPITAL PARTNERS

FUND AIV I, LP

EIN: 20-1804789

TRILANTIC CAPITAL PARTNERS

AIV II LP EIN: 20-2486448

TRILANTIC CAPITAL PARTNERS

FUND CAYMAN AIV I LP

STATEMENT 8,

pg. 1/3

2

242

Federal Statements

FYE: 8/31/2010

23-7642807

Statement 8 - Form 990-PF, Part XVI-A, Line 7 - Other Investment INCOME

Description

OTHER INVESTMENT INCOME

EIN: FOREIGN

LBMB FUND MEDITERRANEAN

RESOURCES, LLC & VARIOUS

BLOCKERS

EIN: UNKNOWN (CORP BLOCKER)

TRILANTIC CAPITAL PARTNERS

IV LP EIN: 26-0671813

TRILANTIC CAPITAL PARTNERS

IV OFFSHORE AIV (A) LP

EIN: 26-2241406

TCP IV ENDURING HOLDINGS LP

EIN: 27-1165583

LBMB ONSHORE AIV (A)

EIN: UNKNOWN (CORP BLOCKER)

LBMB ONSHORE AIV (B)

EIN: UNKNOWN (CORP BLOCKER)

THOMAS H. LEE PARALLEL FUND

VI, LP EIN: 20-4855225

THOMAS H. LEE (ALTERNATIVE)

PARALLEL FUND VI, LP

EIN: 98-0494654

IRON STONE REAL ESTATE FUND

II, LP EIN: 26-1898427

2009 & 2010 K-1

PASS-THRU NET ROYALTY

STATEMENT 8, pg. 2/3

Federal Statements

FYE: 8/31/2010

23-7642807

Statement 8 - Form 990-PF, Part XVI-A, Line 7 - Other lavestment lacome

Description OTHER INVESTMENT INCOME INC THRU 8/31/10: 2009 & 2010 K-1 PASS-THRU NET RENTAL REAL ESTATE LOSSES THRU 8/31/10: -36148 2009 & 2010 K-1 PASS-THRU NET SECTION 1231 GAIN THRU 8/31/10: 10687 2009 & 2010 K-1 PASS-THRU ORDINARY LOSSES THRU 8/31/10: BUSINESS LOSSES -29713 SECTION 59(e)(2) -0 -NET OTHER INVESTMEN → ^{\$}<55,174> INCOME (LOSS) Total STATEMENT 8

> OTHER INVESTMENT INCOME

STATEMENT 8, Pg. 3/3

Part IV, Line 1a (SEE WORKSHEET, lines (1) & (2), Capital Gains & Losses for Tax on Investment Income YETTA DEITCH NOVOTNY CHARITABLE TRUST 9/24/90 YEAR ENDED AUGUST 31, 2010 Fidelity shares sold number of Various Various Various Various EI # 23-7642807 Acquired Various Various Various Various Date Various Various Various /arious Date Sold

Short or Long Term

> (Loss) Gain

> Basis Cost

Sales Price

Description

Short Short

(1,26076)

2,692 31

Short

34,250 00 82,398 72 34,426 56

81,137 96 34,250 00

37,118.87

Barclays Wealth Account # 837-49009 Barclays Wealth Account # 575-00005 Vanguard Prime Money Market Fund

Barclays Wealth Account # 837-49009 Barclays Wealth Account # 575-00005 Fotal Short-Term Sales Fidelity Varions Various

Various

Various Various

Various

CHEDULE

Various

Various

Various

Total Long-Term Sales

Total Capital Gains(Losses)

78,160.71

1,179,870.11

1,258,030.82

Short Long Short Long Long Long (4,37288)12,438 98 13,870.54 1,566 43 67,096 63 64,290.17 56,574 45 274,617 46 145,723 94 296,799.21 551,878 98 883,070.90 158,162 92 310,669.75 52,201 57 276,183 89 618,975 61 947,361.07

PUBLICLY TRADED SECURITIES

Schedule #1

Sales 990-PF LIDATAINOVOTNYTRUSTI08_31_10\text{10\text{ND8}}_31_10\text{wps} as of 070711 FINAL xis

Contributions Out

YETTA DEITCH NOVOTNY CHARITABLE TRUST 9/24/90 EI # 23-7642807 YEAR ENDED AUGUST 31, 2010

Statement of Charitable Contributions Made

PART XV. Line 3a.

	PART XV. Line 3a.		
Ħ	<u>Date</u> <u>Organization Name</u>	Address	Amount
1	09/02/09 Har Zion Temple	1500 Hagys Ford Road Penn Valley, PA 19072-1195	\$ 20,000
2	09/21/09 Etz Chaim Center for Jewish Studies	1420 Walnut St, Suite 1008 Philadelphia, PA 19102	7 500
3	09/21/09 The Chevra	354 Sycamore Ave Merion, PA 19086	7,500
4	09/22/09 LBBC (Living Beyond Breast Cancer)	10 East Athens Ave, Suite 204 Ardmore, PA 19003	6,000
5	9/25/2009 Ronald McDonald House	One Kroc Drive Oak Brook, IL 60523	500
6	11/16/09 Jewish Braille Institute (JBI International)	110 East 30th Street New York, NY 10016	5,000
7	11/16/09 Perelman Jewish Day School	7601 Old York Road Meirose Park, PA 19027	25,000
8	11/16/09 Developmental Enterprises Corporation (DE	EC) 333 East Airy Street Nornstown, PA 19401	1 000
9	11/16/09 Westchester Fairfield Hebrew Academy	270 Lake Avenue Greenwich, CT 06830	10 000
10	11/16/09 JChai (Jewish Community Homes for Adult independence)	21 Bale Avenue, Suite 100 Bala Cyrwyd, PA 19004	5,000
11	11/16/09 Jewish Family & Children Service	2100 Arch Street Philadelphia, PA 19103	1,000
12	11/16/09 Juvenile Diabeles Foundation	120 Wall Street New York, NY 10005-4001	5,000
13	11/16/09 Jewish Relief Agency (JRA)	125 Montgomery Avenue Suite 3 Bata Cynwyd, PA 19004	1,000
14	11/16/09 RFB&D (Recording for the Blind & Dyslexic	215 West Church Road, Suite 111 King of Prussia, PA 19406	1,000
15	02/19/10 The Children's Hospital Foundation	34th Street and Civic Center Blvd Philadelphia, PA 19104-4399	15,000
16	02/19/10 VOMAC (Moss Rehabilitation Aphasia Cent	ier) Albert Einstein Healthcare 5501 Old York Road Philadelphia, PA 19141	500
17	02/19/10 JChai (Jewish Community Homes for Adult Independence)	21 Bala Avenue, Suite 100 Bala Cynwyd, PA 19004	6,000
18	03/14/10 Aish HaTorah - Metro Pinladelphia Inc	Aish com Administrative Office 400 South Lake Drive Lakewood, NJ 08701-3167	1,000
19	04/09/10 JChai (Jewish Community Homes for Adult Independence)	21 Bala Avenue, Suite 100 Bala Cynwyd, PA 19004	800
20	04/09/10 Lubavitch of Bucks Co	25 N State Street Newtown, PA 18940	1,000
21	04/11/10 Hadassah - The Women's Zionist Organiza of America Inc	tion 50 West 58th Street New York, NY 10019	4,742
22	04/16/10 CHOP	34th Street and Crvic Center Blvd Philadelphia, PA 19104-4399	650
23	05/24/10 The Hadassah - Branders Institute (HBI) Branders University Women's Research Co	Mailstop 079, 515 South Street enter Waltham, MA 02454-9110	10,000
24	07/15/10 Gratz College	7605 Old York Road Melrose Park, PA 19027	1,000
25	08/22/10 Kate Svitek Memonal Foundation	Post Office 104 Ambler, PA 19002-0104	600
26	08/22/10 University of Pennsylvania Hospital	S 38th Street at Spruce Street Philadelphia, PA 19104	125,000
27	08/22/10 Hadassah - The Women's Zionist Organiza of America Inc	stion 50 West 58th Street New York, NY 10019	80,000
			\$ 341,792

SCHEDULE # 2

Schedule #2

YETTA DEITCH NOVOTNY CHARITABLE TRUST 9/24/90 YEAR ENDED AUGUST 31, 2010 EI # 23-7642807

Cost Basis for All Accounts Calculation PART II, Column (b)

			Collateralized Mortgage	Mortgage &				
	Cash/	Corporate	Obligations	Asset backed	Private	Mutual	USD	
Statement Date 08/31/10	Money Funds	Bonds	CMOs	Securities	Equity	Funds	Stocks	TOTALS
Barclays 289 & PE's Vanguard Fidelity Barclays 0005	247,708 51 29,099 69 6,350 77 1,174.98 403 79	400,000 00	48,888.57	- - 18,002 59 -	3,800,962.61	493,034.89	28,538 00	4,477,209.12 29,099.69 499,385.66 468,349.24 403.79
TOTALS	284,737 74	284,737 74 800,283 10	48,888 57		18,002 59 3,800,962 61	493,034 89	28,538 00	5,474,447 50

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of th Internal Revenue		► File a	ı separate a _l	pplication for each return.			
If you are to	iling for an Aut	omatic 3-Month Extension, complete	only Part I a	and check this box			▶ X
-	-		-	plete only Part II (on page 2 of this form).	•	. •
				nonth extension on a previously filed Fon	-		
Electronic fili	ng (e-file). You	can electronically file Form 8868 if you	need a 3-mo	onth automatic extension of time to file (6	months fo	r	
a corporation r	equired to file i	Form 990-T), or an additional (not autom	natic) 3-mont	h extension of time. You can electronical	lly file Form	1	
8868 to reques	st an extension	of time to file any of the forms listed in F	Part I or Part	If with the exception of Form 8870, Infor	mation		
				nust be sent to the IRS in paper format (s			
instructions) F	or more details	s on the electronic filing of this form, visit	www irs gov	//efile and click on e-file for Chanties & N	lonprofits		
Part I	Automati	c 3-Month Extension of Time.	Only sub	mit original (no copies needed)			
A corporation	equired to file	Form 990-T and requesting an automatic	c 6-month ex	dension-check this box and complete			
Part I only							▶ 🗍
All other corpo	rations (includi	ng 1120-C filers), partnerships, REMICs	, and trusts r	must use Form 7004 to request an exten	sion of tim	e e	,
to file income t	ax returns						
Type or	Name of exe	empt organization			Employe	r identification	on number
print	YETTA	DEITCH NOVOTNY CHAR	ITABLE				
File by the	TRUST	9/24/90			23-7	642807	
due date for	Number, str	eet, and room or suite no. If a P O box,	see instructio	ons			
filing your return See	2 PENN	CENTER PLAZA		400			
instructions.	City, town oi	post office, state, and ZIP code For a f	_	•			
	PHILAI	ELPHIA PA	19102	-1723			
Enter the Retu	ım code for the	return that this application is for (file a s	eparate appl	lication for each return)			04
							
Application			Return	Application			Return
Is For			Code	ls For			Code
Form 990	 		01	Form 990-T (corporation)			07
Form 990-B			02	Form 1041-A			08
Form 990-E			03	Form 4720		 	09
Form 990-P		(00/) ()	04	Form 5227	·-···		10
	(sec 401(a) o		05	Form 6069			11
Form 990-1	(trust other the	an above)	06	Form 8870			12
The books	are in the care of	► MILLER DOWNEY SE	PEVAK K	(AFFENBERGER			
		5-564-1300	FAX No		• • • • • • • • • • • • • • • • • • • •	•• • •	•
		not have an office or place of business in		•			▶ □
_		urn, enter the organization's four digit Gr		• •	this is		. ' 🗀
	group, check th		•	· · · 	ch		
	• • •	Vs of all members the extension is for	•	🚨			
		: 3-month (6 months for a corporation re-	guired to file	Form 990-T) extension of time			
				inization as het soove. The extension is			
	organization's i						
▶ 🗍	J			_			
▶ X	tax vear begin	or ining 09/01/09 , and ending	08/31/	10 .			
		•					
	ax year entered Change in acco	in line 1 is for less than 12 months, che unting period	ck reason	Initial return Final return			
3a If this a	pplication is fo	Form 990-BL, 990-PF, 990-T, 4720, or	6069, enter	the tentative tax, less any			
		See instructions			3a	\$	9,761
	• •	Form 990-PF, 990-T, 4720, or 6069, er	•				<u> </u>
		its made. Include any prior year overpay			3b	\$	9,761
		et line 3b from line 3a Include your paym					
with FT	D coupon or, r	f required, by using EFTPS (Electronic F	ederal Tax P	'ayment System). See			_

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Paperwork Reduction Act Notice, see Instructions.

EFILE (NOT YET ALCEPTED)

-ces madca i/13/II Form 8868 (Rev. 1-2011)

Enter the Return code for the return that this application is for (file a separate application for each return) Application	Form 8868 (Re						Page 2
• If you are filling for an Automatic 3-Month Extension, complete only Part Lice page 1). Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed). Type or print resy the control of the page 1 of the page	-			•			. ► X
Part II	-			• •	8868		
Type or Name of exempt organization print Fig. by the TRUST 9/24/90 Number, street, and room or suite no if a PO box, see instructions 2 PENN CENTER PLAZA City, town or post office, state, and ZiP code, For a foreign address, see enstructions. 2 PENN CENTER PLAZA City, town or post office, state, and ZiP code, For a foreign address, see enstructions. PA 19102-1723 Enter the Return code for the return that this application is for (file a separate application for each return) Application Form 9900 Application Form 9900 OI Form 9900-10 Form 9900-1							
YETTA DETICH NOVOTHY CHARITABLE TRUST 9/24/90 23-7642807			xtension c	or rime. Only file the original (r			
TRUST 9/24/90 Number, street, and room or sute no If a PO box, see instructions 2 PRNN CENTER PLAZA City, town or post office, state, and 2/P code, For a foreign address, see instructions. PHILADELPHIA PA 19102-1723 Enter the Return code for the return that this application is for (file a separate application for each return) O4 Application 1s For Code 1s For Code 1s For Separate		1 0 1	ז זכו גיייד מ	7	Employ	er identifica	ition number
Number, street, and room or sulten on if a P O box, see instructions 2 PENN CENTER PLAZA 400		_	KIINDU	5	22 7	C 4 2 2 2 2	,
due date for Total PRINT CENTER PLAZA 400 2 PENN CENTER PLAZA 50 City, town or post office, state, and 2iP code, For a foreign address, see instructions. Enter the Return code for the return that this application is for (file a separate application for each return) D4 19102−1723 Enter the Return code for the return that this application is for (file a separate application for each return) D5 2 Form 890. D6 Form 890. D7 Form 890. D8 Form 890. D8 Form 890. D9 Form 1041-A 08. Ender 890. Ender 890. Ender 890. D8 Form 890. Ender 890. D9 Form 990. Ender 890. Ender 890. D9 Form 990. Ender 890. En	-				23-1	042007	
The books are in the care of ► MILLER DOWNEY SPEVAK KAPFENBERGER Telephone No ► 215-564-1300 **Ithe organization does not have an office or place of business in the United States, check this box **Ithe organization does not have an office or place of the group, check this box **Ithe organization does not have an office or place of the group, check this box **Ithe organization does not have an office or place of the group, check this box **Ithe organization does not have an office or place of the group, check this box **It request an additional 3-month extension of time until 07/15/11 **For request an additional 3-month extension of time until 07/15/11 **State in detail why you need the extension **TAXPAYER NEEDS ADDITIONAL INFORMATION PROM OUTSIDE SOURCES TO FILE A COMPLETE AND ACCURATE RETURN.** **Ith sa pplication is for Form 990-B.U. 990-PF, 990-T, 4720, or 8069, enter the tentative tax, less any nonefficiation is for Form 990-B.U. 900-PF, 990-T, 4720, or 8069, enter the tentative tax, less any nonefficiation is for Form 990-B.U. 990-PF, 990-T, 4720, or 8069, enter the tentative tax, less any nonefficiation is for Form 990-B.U. 990-PF, 990-T, 4720, or 8069, enter the tentative tax, less any nonefficiation is for Form 990-B.U. 990-PF, 990-T, 4720, or 8069, enter the tentative tax, less any nonefficiation is for Form 990-B.U. 990-PF, 990-T, 4720, or 8069, enter the tentative tax, less any nonefficiation is for Form 990-B.U. 990-PF, 990-T, 4720, or 8069, enter any refundable credits See instructions **Balance Dus. Subtract line 85 from line 8a include your payment with this form, or, if required, deposit with FID coupon or, if required, deposit with FID coupon or, if required and better, it is true, coreed, and complete, and thut I am authorized to prepare this form. **Under penaltics of penuly, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and betef, it is true, corsed, and complete, and thut I am authorized to prepare th			t, see instructi				
Enter the Return code for the return that this application is for (file a separate application for each return) Application	filing your		foreign adde				
Application Application Section Application Section Application Section Application Section Application Section S							
Application Is For Code SFor			11 17102	1 1723			
Application Is For Code SFor	Enter the Retu	im code for the return that this application is for (file a	separate apr	dication for each return)			04
Is For Code Form 990-BL 01 Form 1041-A 08 Form 990-BL 02 Form 1041-A 08 Form 990-BL 03 Form 4720 09 Form 990-EZ 03 Form 4720 09 Form 990-EZ 05 Form 500-F 10 Form 990-F	Liner the rete	and code for the relativistic time approached to for time a	ooparato app	modition for each return,			لفقا
Is For Code Form 990-BL 01 Form 1041-A 08 Form 990-BL 02 Form 1041-A 08 Form 990-BL 03 Form 4720 09 Form 990-EZ 03 Form 4720 09 Form 990-EZ 05 Form 500-F 10 Form 990-F	Application	<u> </u>	Return	Application			Return
Form 990-BL 02 Form 1041-A 08 Form 990-EZ 03 Form 4720 09 Form 990-EZ 03 Form 4720 09 Form 990-F 04 Form 5027 10 Form 990-F 04 Form 5027 10 Form 990-F 04 Form 5089 11 Form 990-T (rust other than above) 05 Form 6089 11 Form 990-T (rust other than above) 06 Form 8870 12 STOPI 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 ▶ MILLER DOWNEY SPEVAK KAFFENBERGER Telephone No ▶ 215-564-1300 FAX No ▶ 215-564-5961 **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) int with the names and Ellis of all members the extension is for digit Group Exemption Number (GEN) ist with the names and Ellis of all members the extension is for 4 I request an additional 3-month extension of firm until 07/15/11 **For calendar year or or other tax year beginning 09/01/09 and ending 08/31/10 **If the tax year entered in line 5 is for less than 12 months, check reason Initial return Final return							
Form 990-BL Form 990-EZ Form 1041-A Form 990-EZ Form 990-EP Form 990-EP Form 990-PF Form			01				
Form 990-EZ Form 990-FF Form 990-T (see: 401(a) or 408(a) trust) Form 990-T (trust other than above) The books are in the care of ► MILLER DOWNEY SPEVAK KAFFENBERGER Telephone No ► 2.15 - 564 - 1300 FAX No ► 2.15 - 564 - 5961 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) of the whole group, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) of the whole group, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) of the whole group, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) of the whole group, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) of the whole group, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) of the whole group, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) of the whole group, check this box If this is for a Group Return, enter the organization is for a Group Exemption Number (GEN) If this is for a Group Return, enter the organization is for form entertial the extension of the until 10.7/15/11 For claendaryear For a Group Return of the extension of the extension of the transparent the extension of the first this application is for Form 990-FP, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits and estimated tax payments made include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. C Balance Due. Subtract line 8b from line 8a include your payment with this form, or, if required, deposit with For		L	02	Form 1041-A			08
Form 990-PF Form 990-T (sec 401(a) or 408(a) trust) Form 990-T (sec 401(a) or 408(a) trust) Form 990-T (trust other than above) • The books are in the care of ▶ MILLER DOWNEY SPEVAK KAFFENBERGER Telephone No ▶ 215-564-1300 • The books are in the care of ▶ MILLER DOWNEY SPEVAK KAFFENBERGER Telephone No ▶ 215-564-1300 • Take 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 a Group Return, enter the organization's four digit Group Exemption Number (GEN) • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) • If this is for a digit Group Exemption Number (GEN) • If this is for a digit Group Exemption Number (GEN) • If this is for a digit Group Exemption Number (GEN) • If this a group and different organization's four digit Group Exemption Number (GEN) • If this a group and different organization's four digit Group Exemption Number (GEN) • If this a group and different organization's four digit Group Exemption Number (GEN) • If this a group and different organization or of the tax year degrate organization or of the tax year degrate organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization			03				
Form 990-T (sec 401(a) or 408(a) trust) Form 990-T (trust other than above) OB Form 8870 12 STOPI 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 ▶ MILLER DOWNEY SPEVAK KAFFENBERGER Telephone No ▶ 2.15-564-13.00 FAX No ▶ 2.15-564-5961 • 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 the same and EiNs of all members the extension is for the whole group, check this box • If the same and EiNs of all members the extension is for 4 irrequest an additional 3-month extension of time until 07/15/11 5 For calendar year or or other tax year beginning 09/01/09 and ending 08/31/10 6 If the tax year entered in line 5 is for less than 12 months, check reason Initial return Final return Change in accounting penod 7 State in detail why you need the extension TAXPAYER NEEDS ADDITTIONAL INFORMATION FROM OUTSIDE SOURCES TO FILE A COMPLETE AND ACCURATE RETURN. 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any pnor year overpayment allowed as a credit and any amount paid previously with Form 8668. 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 pnor year overpayment with this form, or, if required, deposit with Form 8668. c Balance Due. Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FID coupon or, if required, by using EFTPS (Electronic Federal Tax Payment) See instructions Signature and Verification Under penalties of penury, 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,			04	Form 5227			10
Form 990-T (trust other than above) STOPI 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 ▶ MILLER DOWNEY SPEVAK KAFFENBERGER Telephone No ▶ 215-564-1300 FAX No ▶ 215-564-5961 **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 a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the same and Ellis of all members the extension is for 4 I request an additional 3-month extension of time until 07/15/11 5 For calendar year or other tax year beginning 09/01/09 and ending 08/31/10 6 If the tax year entered in line 5 is for less than 12 months, check reason Initial return Final return Change in accounting penod 7 State in detail why you need the extension TAXPAYER NEEDS ADDITIONAL INFORMATION FROM OUTSIDE SOURCES TO FILE A COMPLETE AND ACCURATE RETURN. 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 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. c Balance Due. Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FID coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions Signature and Verification Under penalties of penury, 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 prepair this form.							
The books are in the care of ► MILLER DOWNEY SPEVAK KAFFENBERGER Telephone No ► 215-564-1300 FAX No ► 215-564-5961 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 a Group Return, enter the organization's four digit Group Exemption Number (GEN) 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 this is for the whole group, check this box If the group, check this box	Form 990-T	(trust other than above)	06	Form 8870			12
Telephone No ▶ 215-564-1300 FAX No ▶ 215-564-5961 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 It is the organization of the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box Is and attach a list with the names and ElNs of all members the extension is for I request an additional 3-month extension of time until 07/15/11 For calendar year or or other tax year beginning 09/01/09 and ending 08/31/10 If the tax year entered in line 5 is for less than 12 months, check reason Initial return Final return Change in accounting penod State in detail why you need the extension TAXPAYER NEEDS ADDITIONAL INFORMATION FROM OUTSIDE SOURCES TO FILE A COMPLETE AND ACCURATE RETURN. Ba 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 b If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any pnor year overpayment allowed as a credit and any amount paid previously with Form 8868. 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 Signature and Verification Under penalties of perjuny, 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. Date ▶ 1/31/III	STOP! Do no	t complete Part II if you were not already granted	an automatic	3-month extension on a previously	iled Form	8868.	
For calendar year or other tax year beginning 09/01/09 and ending 08/31/10 If the tax year entered in line 5 is for less than 12 months, check reason Initial return Final return Change in accounting period State in detail why you need the extension TAXPAYER NEEDS ADDITIONAL INFORMATION FROM OUTSIDE SOURCES TO FILE A COMPLETE AND ACCURATE RETURN. 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 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. 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 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. Title Ti	 If the orga If this is fo for the whole list with the na 	anization does not have an office or place of business or a Group Return, enter the organization's four digit C group, check this box If it is for parames and EINs of all members the extension is for	in the United Group Exempt art of the group	States, check this box ion Number (GEN) if this p, check this box in an			▶ []
If the tax year entered in line 5 is for less than 12 months, check reason Initial return Final return	4 I reque:						
Change in accounting period Taxpayer need the extension Taxpayer needs additional information from outside sources to file a Complete and accurate return. 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 \$ 0 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. 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 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 Title		•	-				
Taxpayer needs additional information from Outside Sources to file a Complete and accurate return. 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 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 \$ 9,761 8b 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 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 Title A Date A		-	eck reason	Initial return Final return	1		
TAXPAYER NEEDS ADDITIONAL INFORMATION FROM OUTSIDE SOURCES TO FILE A COMPLETE AND ACCURATE RETURN. 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 \$ 0 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 \$ 9,761 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 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 Title A Date I 1/31/III	_						
Ba 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 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. 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 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 Title Title Date 1/31/II	7 State in	n detail why you need the extension	יריי גאומרי	ON EDOM OTTERTINE COT	מרפים יו	ו זדים ריי	c λ
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 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. 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 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. Title. CA Date: 1/31/II				ON EKOM COISTDE SOO	KCES 1	ró tim	2 A
nonrefundable credits See instructions 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. 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 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 Title Title Date 1/31/11	COM	FILE AND ACCORATE RETORM.	•	•			•
nonrefundable credits See instructions 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. 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 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 Title Title Date 1/31/11	8a If this a	inplication is for Form 990_RL 990_PF 990_T 4720 c	or 6069 enter	the tentative tax less any			
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 pnor year overpayment allowed as a credit and any amount paid previously with Form 8868. 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 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 Title Title Date 1/31/11		''	51 0000, 011101	the terrative tax, lead any	8a	s	0
estimated tax payments made Include any pnor year overpayment allowed as a credit and any amount paid previously with Form 8868. 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 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 Title Title Date 1/31/11			enter any refu	ndable credits and	- 50	1	
amount paid previously with Form 8868. 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 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 Title CA Date 1/31/11							
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 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 ▶ Title ▶ CPA Date ▶ 1/31/11		· ·	-,		8b	s	9,761
FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions 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 Title CA Date Date			vment with this	s form, or, if required, deposit with		 ` 	
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 Title Date 1/31/11					8c	s	0
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 Title Date							
Signature > may a thre			accompanying	schedules and statements, and to the best of	my knowledg	e and belief, it	: IS
Signature Date Date	_	man A this -		. CPA			1/31/11
	Signature -	7. 14.	•	Title ▶			

