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Form 99Q-PF

Return of Private Foundation

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

Department of the Treasury Internal Revenue Service I reated as a Private Foundation

The store as a Private Foundation

The store are the store and the store are the store and the store are the

2010

OMB No 1545-0052

_		be able to use a copy of this i		ting requirements	
	calendar year 2010, or tax year beginning		, and ending		
G CI	theck all that apply Initial return	Initial return of a for	· —	Final return	
	Amended return	Address chang	·	Name change	ambat
Nam	ne of foundation			A Employer identification	number
	THE TODI FOUNDATION			23-2744913	
Num	nber and street (or P O box number if mail is not delivered to street	address)	Room/suite	B Telephone number	
	PO BOX 348			215-362-12	17
City	or town, state, and ZIP code			C If exemption application is pe	
",		9437-0348		D 1. Foreign organizations	, check here
H C	Check type of organization X Section 501(c)(3) ex			Foreign organizations me check here and attach co	eting the 85% test, published
		Other taxable private founda	tion	E If private foundation stat	
I Fai	ur market value of all assets at end of year J Accounti	ng method X Cash	Accrual	under section 507(b)(1)	
	rom Part II, col. (c), line 16)	her (specify)		F If the foundation is in a 6	60-month termination
_		mn (d) must be on cash b	oasis.)	under section 507(b)(1)	(B), check here 🕒 🗀
Pa	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for chantable purposes (cash basis only)
\neg	1 Contributions, gifts, grants, etc., received	400,000.			
	2 Check If the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments	373.	373.		STATEMENT 1
ľ	4 Dividends and interest from securities	25,930.	25,930.	25,930.	STATEMENT 2
	5a Gross rents				
	b Net rental income or (loss)	40 550			
<u>•</u>	68 Net gain or (loss) from sale of assets not on line 10 Gross sales price for all 707 107	42,779.	•••••		
ent	b Gross sales price for all assets on line 6a 793,493.		42,779.	······································	: :::::::::::::::::::::::::::
Revenue	7 Capital gain net income (from Part IV, line 2)		42,119.	N/A	
_	8 Net snort-term capital gain	 	· ·	N/A	·Hidaa - · · · · · · · · · · · · · · · · · ·
	9 Income modifications Gross sales less returns				
	10a and allowances b Less Cost of goods sold		,, , ',' ,,,,,, , ,;;	**************************************	
	c Gross profit or (loss)				
	11 Other income				
	12 Total. Add lines 1 through 11	469,082.	69,082.	26,303.	
	13 Compensation of officers, directors, trustees, etc	0.	0.	0.	0
	14 Other employee salaries and wages				
u)	15 Pension plans, employee benefits				
nses	16a Legal fees	2 025	2 025	0.	. 0
per	b Accounting fees STMT 3	2,025.	2,025.		
ũ	c Other professional fees		<u> </u>		
Operating and Administrative Expens	17 Interest 18 Cakes FIVED STMT 4	1,360.	1,360.	0.	. 0
stra	18 Pakes FIVE STMT 4	1,500.	1,550.		
15	20 Occupancy 3 2013				
Adı	20 Occupancy 2011 6 121				
5	22 Printing and publications				
lg a	23 Other expenses STMT 5	8,757.	8,757	0.	. 0
atíř	24 Total operating and administrative			_	
þer	expenses. Add lines 13 through 23	12,142.	12,142	. 0.	0
O	25 Contributions, girts, graints paid	108,453.			108,453
	26 Total expenses and disbursements.	100 505	10 140		100 452
_	Add lines 24 and 25	120,595.	12,142	0.	108,453
	27 Subtract line 26 from line 12	240 407			
	2 Excess of revenue over expenses and disbursements	348,487.	56,940		
	b Net investment income (if negative, enter -0-)		30,340	26,303	
_	c Adjusted net income (if negative, enter -0-)	11	<u> </u>	20,303	

023501 12-07-10 LHA For Paperwork Reduction Act Notice, see the instructions

For	m 99	0-PF(2010) THE TODI FOUNDATION		23-2	2744913 Page 2			
Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only			Beginning of year	End of year				
	art _	Balance Sheets column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value			
	2	Cash - non-interest-bearing Savings and temporary cash investments Accounts receivable ►	2,871.	2,871.	2,871.			
	•	Less allowance for doubtful accounts						
	4	Pledges receivable						
		Less allowance for doubtful accounts ▶						
	5 6	Grants receivable Receivables due from officers, directors, trustees, and other						
		disqualified persons						
	7	Other notes and loans receivable						
		Less allowance for doubtful accounts ▶						
şts	8	Inventories for sale or use						
Assets	9	Prepaid expenses and deferred charges						
•	I	Investments - U.S. and state government obligations	1 472 207	1 020 204	2 254 214			
	1	Investments - corporate stock STMT 6	1,472,307.	1,820,294.	2,254,214.			
	l	Investments - corporate bonds						
	11	Investments - land, buildings, and equipment basis						
	12	Less. accumulated depreciation Investments - mortgage loans						
	13	Investments - other STMT 7	70,000.	70,000.	169,959.			
	14	Land, buildings, and equipment basis ▶						
		Less accumulated depreciation						
	15	Other assets (describe ►)						
			1 5/5 170	1,893,165.	2,427,044.			
_		Total assets (to be completed by all filers)	1,343,170.	1,093,103.	2,427,044.			
		Accounts payable and accrued expenses		<u></u>				
,	18 19	Grants payable Deferred revenue						
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons						
Ē	21	Mortgages and other notes payable						
Ë	1	Other liabilities (describe						
	23	Total liabilities (add lines 17 through 22)	0.	0.				
		Foundations that follow SFAS 117, check here						
w		and complete lines 24 through 26 and lines 30 and 31.						
Ç	24	Unrestricted						
alar	25	Temporarily restricted						
B P	26	Permanently restricted						
Ë		Foundations that do not follow SFAS 117, check here						
5	27	and complete lines 27 through 31. Capital stock, trust principal, or current funds	0.	0.				
ets	27 28	Paid-in or capital surplus, or land, bldg, and equipment fund	0.	0.				
Ass	29	Retained earnings, accumulated income, endowment, or other funds	1,545,178.	1,893,165.				
Net Assets or Fund Balances	30	Total net assets or fund balances	1,545,178.	1,893,165.				
_								
_	31	Total liabilities and net assets/fund balances	1,545,178.	1,893,165.				
F	art	Analysis of Changes in Net Assets or Fund B	alances					
1	Tota	il net assets or fund balances at beginning of year - Part II, column (a), line	30					
	•	st agree with end-of-year figure reported on prior year's return)		1	1,545,178.			
2		er amount from Part 1, line 27a		2	348,487.			
3		er increases not included in line 2 (itemize)		3	0. 1,893,665.			
4		lines 1, 2, and 3 reases not included in line 2 (itemize) ► FEDERAL TAXES		5	500.			
5 6		in net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30	6	1,893,165.			
		The state of the s						

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1,893,165. Form **990-PF** (2010)

6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

2-story brick warehouse, or common stock, 200 shs MLC Co)					How acc - Purch - Donal	ase) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a					_			
b SEE ATTACHED	STATEMENTS					_		
<u>C</u>								
<u>d</u>				-				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	1 107	st or other basis expense of sale	1			(h) Gain or (los (e) plus (f) minu	
a								
b								
C								
d					_			
e 793,493.		1	750,71	4.				42,779
Complete only for assets showing	gain in column (h) and owned by	·-					ains (Col (h) ga	
(I) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col (I) col (J), if any				t), but not less th Losses (from col	
a						·		
<u>b</u>		ļ				<u> </u>		
<u>c</u>		 						
d					_			12 770
<u>e </u>		<u> </u>		_	т			42,779
Capital gain net income or (net cap	ortal loss) { If gain, also ento	er in Part I, line 0- in Part I, line	7 7	}	2_			42,779
Net short-term capital gain or (loss	s) as defined in sections 1222(5) a	and (6)		`				
If gain, also enter in Part I, line 8, o	column (c)			, '				12 760
Part V Qualification U	-d Ction 4040(a) 4-	- Dadisand	Toy on Not		3	obt lass		42,769
Vas the foundation liable for the secti f "Yes," the foundation does not quali	fy under section 4940(e) Do not o	complete this pa	irt					Yes X No
1 Enter the appropriate amount in e	ach column for each year; see ins	tructions before	making any entri					(4)
(a) Base period years Calendar year (or tax year beginnin			Net value of no		rıtable-ı		Dist (col (b)	ribution ratio divided by col (c))
2009		16,235.				1,558.		.07639
2008		09,494.				2,851.		.05466
2007		06,293.	<u> </u>			9,711.	<u> </u>	.04374
2006		99,810. 98,379.				<u>7,324.</u> 6,396.		.04854
		30,313.	<u> </u>		,02	0,370.	 	.04034
2 Total of line 1, column (d)		laskas Obu E	as by the gumbas	. m.6			2	.26816
3 Average distribution ratio for the 5 the foundation has been in existen	· ·	ı on iin a 2 by 5,	or by the number	ur ye	7415		3	.05363
4 Enter the net value of noncharitable	e-use assets for 2010 from Part X	(, line 5					4	1,827,421
5 Multiply line 4 by line 3					5	98,012		
Enter 1% of net investment incom	e (1% of Part I, line 27b)						6	569
7 Add lines 5 and 6							7	98,581
8 Enter qualifying distributions from	Part XII, line 4						8	108,453
If line 8 is equal to or greater than		ne 1b, and comi	olete that part usin	ıg a 1	% tax r	ate		
See the Part VI instructions		-, ++						
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orm!	990-PF (2010) THE TODI FOUNDATION				27449			age 4
Par	t VI Excise Tax Based on Investment Income (Section 494)	D(a), 4	4940(b), 4940(e), or	1948	- see in	stru	ction	s)
	Exempt operating foundations described in section 4940(d)(2), check here and er Date of ruling or determination letter (attach copy of letter if nec							
	Domestic foundations that meet the section 4940(e) requirements in Part V, check here			1			56	59.
	of Part I, line 27b		and enter 170					
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4%	of Par	t L line 12 col (b)					
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Ot			2	1			0.
	Add lines 1 and 2		• /	3			5(59.
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only O	thers e	nter -0-)	4				0.
	Tax based on Investment income. Subtract line 4 from line 3. If zero or less, enter -0-		····· - ,	5			5(59.
	Credits/Payments							
	2010 estimated tax payments and 2009 overpayment credited to 2010	6a						
b	Exempt foreign organizations - tax withheld at source	6b						
C	Tax paid with application for extension of time to file (Form 8868)	_6c	1,800	<u>.</u>				
d	Backup withholding erroneously withheld	6d						
7	Total credits and payments Add lines 6a through 6d			7			1,8	00.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is atta	ched	•	8				9.
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			9_	 			
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		1 000 1	10	ļ		1,2	22.
	Enter the amount of line 10 to be Credited to 2011 estimated tax		1,222. Refunded ▶	11				0.
	t VII-A Statements Regarding Activities					1	Yes	No
	During the tax year, did the foundation attempt to influence any national, state, or local legis	lation o	or did it participate or interver	i e in	}		162	X
	any political campaign?	/			ŀ	1a 1b		X
	Did it spend more than \$100 during the year (either directly or indirectly) for political purpo				}	- 10		
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and	а сори	es or any materials publisr	eu or				
	distributed by the foundation in connection with the activities.					10		Х
	Did the foundation file Form 1120-POL for this year?	a voar						
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the (1). On the foundation \blacktriangleright \$ 0 • (2) On foundation managers		0					
	Enter the reimbursement (if any) paid by the foundation during the year for political expend			<u> </u>				
	managers > \$O.	ilaio ta	A Imposod on roundation					
	Has the foundation engaged in any activities that have not previously been reported to the I	RS?				2		\mathbf{X}_{-}
	If "Yes," attach a detailed description of the activities.							
	Has the foundation made any changes, not previously reported to the IRS, in its governing	ınstrun	nent, articles of incorporation	, or				
_	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the change					3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year					4a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?			ı	A\N	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year	?				5		X
	If "Yes," attach the statement required by General Instruction T.							
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied e	either						
	By language in the governing instrument, or					İ		
	By state legislation that effectively amends the governing instrument so that no mandato	ry direc	ctions that conflict with the st	ate law			Х	
	remain in the governing instrument?					7	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.	one\	NONE					
8a	Enter the states to which the foundation reports or with which it is registered (see instruction	uns) P	NONE					
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the	Attorne	y General (or designate)					
	of each state as required by General Instruction G? If "No," attach explanation					8b	X	-
9	Is the foundation claiming status as a private operating foundation within the meaning of s			alendar			1	v
	year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If "Yes,"					9	 	X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a sched	lule listin	ng their names and addresses			<u> 10</u> m 990	L_PE	
					FUII	い フゴし	,-rr	(2010)

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b if "Yes," did it have excess business holdings in 2010 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

Form 4720, to determine if the foundation had excess business holdings in 2010.)

had not been removed from jeopardy before the first day of the tax year beginning in 2010?

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

N/A

3b

4a

Form **990-PF** (2010)

X

Х

during the year?

(a) Name and address of each person paid more than \$50,000 NONE Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities List the foundation's four largest direct charitable activities during the tax year include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc 1 N/A	mpensation O
Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities List the foundation's four largest direct charitable activities during the tax year Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc Expens	
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number of organizations and other beneficiaries served, conferences convened, research papers produced, etc	
1 N/A	8 5
2	
3	
<u>,</u>	
4	
Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amount	ıt
1 N/A	
2	
All other program-related investments. See instructions	
3	
Total. Add lines 1 through 3	

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
1 Distributable amount for 2010 from Part XI,				
line 7				90,802.
2 Undistributed income, if any, as of the end of 2010				
a Enter amount for 2009 only			0.	*************************************
b Total for prior years				
		0.		
3 Excess distributions carryover, if any, to 2010				
a From 2005 2,296.				
b From 2006				
c From 2007				
d From 2008 9,763.				
e From 2009 40,465.	E2 E24	:		
f Total of lines 3a through e	52,524.			
4 Qualifying distributions for 2010 from				
Part XII, line 4 ▶\$ 108, 453.			0.	
a Applied to 2009, but not more than line 2a	***************************************			,
b Applied to undistributed income of prior		0.		
years (Election required - see instructions)				
c Treated as distributions out of corpus	0.			
(Election required - see instructions)	0 •	'	**************************************	90,802.
d Applied to 2010 distributable amount e Remaining amount distributed out of corpus	17,651.	······		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
5 Excess distributions carryover applied to 2010	0.	· [[]][][][][][][][][][][][][][][][][][]		0.
(If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	70,175.			
b Prior years' undistributed income Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously				
assessed		0.		
d Subtract line 6c from line 6b Taxable		0.		
amount - see instructions e Undistributed income for 2009 Subtract line				<u> </u>
4a from line 2a Taxable amount - see instr			0.	
f Undistributed income for 2010 Subtract		······································		
lines 4d and 5 from line 1. This amount must				
be distributed in 2011				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2005				
not applied on line 5 or line 7	2,296.			
9 Excess distributions carryover to 2011.				
Subtract lines 7 and 8 from line 6a	67,879.			
10 Analysis of line 9				
a Excess from 2006				
b Excess from 2007				
c Excess from 2008 9,763.				
d Excess from 2009 40,465.	r i	1	,	1
e Excess from 2010 17,651.				

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Part XV Supplementary Information 3 Grants and Contributions Paid During the You		Payment		
Recipient	If recipient is an individual,		D of a t a	
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year BHARATIYA TEMPLE PO BOX 348 GWYNEDD VALLEY, PA 19437	NONE	OTHER PUBLIC CHARITY	GENERAL OPERATING FUND	31,703
EKAL VIDYALAYA FOUNDATION 15455 EMPANAD DR HOUSTON, TX 77083	NONE	OTHER PUBLIC CHARITY	GENERAL OPERATING FUND	36,500
INDIA DEVELOPMENT RELIEF FUND 5821 MOSSROCK DR BETHESDA, MD 20852	NONE	OTHER PUBLIC CHARITY	GENERAL OPERATING FUND	40,000
DOCTORS WITHOUT BORDERS 333 7TH AVE NEW YORK, NY 10001	NONE	OTHER PUBLIC CHARITY	GENERAL OPERATING FUND	250
Total			▶ 3a	108,453
b Approved for future payment				
NONE				
		!		
Total			▶ 3b	0

Part XVI-A	Analysis	of Income	-Producing	Activities

Enter gross amounts unless otherwise indicated	Unrelated I	ousiness income		ded by section 512, 513, or 514	(8)	
•	(a) Business	(b) Amount	Exclu- sion	(d) Amount	Related or exempt function income	
1 Program service revenue	code	Amount	code	Amount	Tunction income	
a . N/A	_				· <u> </u>	
b						
C						
d						
e						
f						
g Fees and contracts from government agencies						
2 Membership dues and assessments						
3 Interest on savings and temporary cash investments					373.	
4 Dividends and interest from securities					25,930.	
5 Net rental income or (loss) from real estate						
a Debt-financed property						
b Not debt-financed property						
6 Net rental income or (loss) from personal		·-··				
property						
7 Other investment income						
8 Gain or (loss) from sales of assets other						
than inventory					42,779.	
9 Net income or (loss) from special events						
10 Gross profit or (loss) from sales of inventory						
11 Other revenue						
a						
b	1 1					
C	1 1			· · · · · ·		
d						
8						
12 Subtotal Add columns (b), (d), and (e)		().	0.		
13 Total. Add line 12, columns (b), (d), and (e)				13	60 000	
(See worksheet in line 13 instructions to verify calculations	:)			_		

NO. ▼	the foundation's exempt purposes (other than by providing funds for such purposes)
Ì	N/A
\dashv	
_	
\dashv	

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T-6	IFT VAII	Exempt Organi		siers 10 a	nu irans	acuons a	nd Relations	tiibe aattii iaot	iciiaritable	,	
1	Did the oro	anization directly or indir		of the following	n with any oth	er organizatio	n described in sect	ion 501(c) of		Yes	No
•		other than section 501(c)									
а		s from the reporting foundation to a noncharitable exempt organization of									į
_	(1) Cash				,				1a(1)		Х
	(2) Other	assets		•					1a(2)		X
b	Other trans	actions:									
(1) Sales of assets to a noncharitable exempt organization									1b(1)		X
		ases of assets from a noi	·						1b(2)		X
	(3) Rental	of facilities, equipment,	or other assets						1b(3)		_X_
	(4) Reimt	ursement arrangements							1b(4)		X_
	(5) Loans	or loan guarantees							1b(5)		_X_
	(6) Perfor	mance of services or me	mbership or fundrais	ing solicitatio	ns				1b(6)		X
C	Sharing of	facilities, equipment, ma	iling lists, other asset	ts, or paid emi	ployees				1c_		X
đ		er to any of the above is		-						ets,	
		given by the reporting fo			ed less than fa	ıır market valu	e in any transaction	n or sharing arrangei	ment, show in		
		the value of the goods,	· ·				7				
a) L	Jne no	(b) Amount involved	(c) Name of	noncharitable	exempt orga	nization	(d) Descriptio	n of transfers, transactio	ns, and shanng ar	rangeme	ints
				N/A							
											
											
						···					
					·						
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		-									
_											
			_								
_										-	
22	Is the four	ndation directly or indirec	tly affiliated with or i	related to one	or more tax-	exempt organi	zations described	 _			
		501(c) of the Code (othe	•			monipe organi			☐ Yes	X	No
h		emplete the following sch		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
	11 100, 00	(a) Name of org			(b) Type of	organization		(c) Description of re	lationship		
		N/A									
	Unde	r penalties of penjury, I declar	e that I have examined the	nis return, includ	ling accompanyi	ng schedules an	d statements, and to t	he best of my knowledge	and belief, it is to	rue, com	act,
S	ign and c	complete Declaration of preparation	arer (other than taxpayer	or fiduciary) is b	ased on all infor	mation of which	preparer has any know	\mathcal{O}	,		
	ere 🛌					11/11	$u/u \mid \mathbf{v}$	Preside	est		
		Signature of officer or tri	ustee			Date	7 7	Title			
	•	Print/Type preparer's na	ame	Preparer s/s	ignature		Date	Check If	PTIN		
				160	V/2-		1	self- employed	P000 61	16 0	/
P	aid	PAUL D. AD		1 4	WK	C/フォ	11-11-11		1 0		
P	reparer	Firm's name ►CIT	RIN COOPE	RMAN &	СОМРА	NY, LI	ıP	Firm's EIN			
U	se Only					<u></u>			3-2111	913	
		Firm's address ▶ 18				H FLOO	R		_		_
		PH	ILADELPHI	A, PA	19103			Phone no 2	<u> 15–545-</u>		
									Form 99	0-PF	(2010)

023622 04-26-11

Schedule B (Form 990; 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, 990-EZ, or 990-PF.

OMB No 1545-0047

Employer identification number

2010

THE TODI FOUNDATION 23-2744913 Organization type (check one): Filers of: Section: Form 990 or 990-EZ _ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization X 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II. ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. 🔟 For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

וע וע טווום או	ganization	=	ioyer identification number
THE T	ODI FOUNDATION		23-2744913
Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	NAND TODI 424 GWYNEDD VALLEY DR GWYNEDD VALLEY, PA 19437	\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		 \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution

023452 12-23-10

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Person Payroll Noncash

(Complete Part II if there is a noncash contribution)

of Part II

Name of organization

Employer Identification number

THE TODI FOUNDATION

23-2744913

Part II	Noncash Property (see instructions)		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
Ì			
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
·			
(a)			
No. from Part i	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
23453 12-23		\$	990, 990-EZ, or 990-PF) (

Part IV Capital Gains and Losses for Tax on Investment Income (b) How acquired P - Purchase (a) List and describe the kind(s) of property sold, e.g., real estate (c) Date acquired (d) Date sold (mo, day, yr) (mo, day, yr) 2-story brick warehouse, or common stock, 200 shs MLC Co D - Donation 1a WELLS 1786 VARIOUS VARIOUS 7805 b WELLS P VARIOUS VARIOUS c WELLS 1806 P VARIOUS VARIOUS VARIOUS 4115 P d WELLS VARIOUS e WELLS 5756 P VARIOUS VARIOUS 3579 f WELLS P VARIOUS VARIOUS g WELLS 4286 P VARIOUS VARIOUS h WELLS 6075 P VARIOUS VARIOUS 1 ML 51 P VARIOUS VARIOUS __ ML 52 P VARIOUS VARIOUS k ML 53 P VARIOUS VARIOUS 1 ML 54 P VARIOUS VARIOUS m ML 41 P VARIOUS VARIOUS n ML 07 P VARIOUS VARIOUS o ML P 42 VARIOUS VARIOUS (f) Depreciation allowed (g) Cost or other basis (h) Gain or (loss) (e) Gross sales price (or allowable) plus expense of sale (e) plus (f) minus (g) 174,939. 187,553 12,614. 34,193. 35,029 836. b 64,656. 63,680. 976. C 96,339 89,243. 7,096.d 64,555 -2,457. 67,012. 14,718. 2,592. 17,310. 21,064. 22,099. -1.035. g 4,358. 7,450 -3,092.h 20,248. 15,839 4,409. 1,266. 22,226. 23,492. 12,094. 10,468. 1,626. 23,377. 23,195 182. 7,244. 84,090. 76,846. m 983. 47,622. 46,639 n -2,310.12,996 10,686. 0 Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Losses (from col (h)) Gains (excess of col (h) gain over col (k), (k) Excess of col (I) (j) Adjusted basis but not less than "-0-") (i) FMV as of 12/31/69 as of 12/31/69 over col (j), if any * * 12,614. * * 836. b ** 976. C * * 7,096. d * * -2,457. ** 2,592. f * * -1,035.g ** -3,092.h ** 4,409. ** 1,266. * * 1,626. * * 182. ١ * * 7,244. m * * 983. * * -2,310.0 { If gain, also enter in Part I, line 7 If (loss), enter "-0-" in Part I, line 7 2 Capital gain net income or (net capital loss) 2 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) If (loss), enter "-0-" in Part I, line 8

023591 05-01-10

(SHORT-TERM)

Part IV Capital Gains and L	osses for Tax on Investment Income		<u></u>		
' (a) List an	nd describe the kind(s) of property sol orick warehouse, or common stock, 2		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo , day, yr)	(mo., day, yr)
1a ML 43			P	VARIOUS	VARIOUS
_b ML 50			P	VARIOUS	VARIOUS
c CAPITAL GAINS	DIVIDENDS				
d					
0					
4					

L					
		-	1		
k	-				
1					
	····				
0					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(I) (e)	n) Gain or (loss) plus (f) minus (g)	
a 49,666		38,771.			10,895.
b 31,344		30,400.	· · · · · · · · · · · · · · · · · · ·		944.
		3071001			10.
c 10	-	· · · · · · · · · · · · · · · · · · ·			
				 -	
<u>e</u> f		1			
			· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · ·
9					
<u>h</u>				·	··
1					
			· · · · · · · · · · · · · · · · · · ·		·
<u>k</u>					· · · · · · · · · · · · · · · · · · ·
1					
<u>m</u>					
<u>n</u>					
Complete only for secrets show	ving gain in column (h) and owned by	the foundation on 12/31/69		occos (from col. /h	
Complete only for assets show			Gains (excess	osses (from col (h of col (h) gain ov)) er col (k).
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	but	not less than "-0-")	
<u>a</u>			**		10,895.
<u>b</u>			**		944.
<u>C</u>					10.
<u>d</u>					
θ					
<u>f</u>					
<u>g</u>					
<u>h</u>					
<u> </u>					
<u></u>				<u> </u>	
<u>k</u>			····		
<u> </u>					
<u>m</u>					
n					
0				. <u> </u>	
2 Capital gain net income or (net	capital loss) { If gain, also enter to the life (loss), enter to the life (loss), enter to the life (loss), enter to the life (loss).	er in Part I, line 7 -0-" in Part I, line 7	2		42,779.
3 Net short-term capital gain or (If gain, also enter in Part I, line	loss) as defined in sections 1222(5) a	`			
If (loss), enter "-0-" in Part I, lin	e 8		3		42,769.

FORM 990-PF	INTEREST	ON SAVINGS A	ND TEMPORARY	CASH INVESTMENTS	STATEMENT 1
SOURCE					AMOUNT
ML 05					
ML 07					193.
ML 41					14.
ML 50					17.
WELLS 1786					2.
WELLS 1806					123.
WELLS 3579					1. 1.
WELLS 5756 WELLS 6075					1.
WELLS 7805					1.
WELLS 8211					3.
TOTAL TO FORM	4 990-PF,	PART I, LINE	3, COLUMN A		373.
FORM 990-PF	I	DIVIDENDS AND	INTEREST FRO	M SECURITIES	STATEMENT 2
SOURCE			GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	COLUMN (A) AMOUNT
					
LAZARD - K-1			5 142		5. 142.
ML 05 ML 07			1,083		1,083.
ML 41			950		950.
ML 42			1,976		1,976.
ML 43			218		218.
ML 50			3,311		3,311.
ML 51			472		472.
ML 52			199		199.
ML 53			1,020 940		1,020. 940.
ML 54 WELLS 1786			1,322		1,322.
WELLS 1700			1,662		1,662.
WELLS 3062			895		895.
WELLS 3579			1,049		1,049.
WELLS 4115			710		706.
WELLS 4286			396		396.
WELLS 4910			918		918.
WELLS 5345			3,156		3,156.
WELLS 5756			1,834		1,834.
WELLS 6075 WELLS 7805			2,197 1,238		2,197. 1,232.
WELLS 7805 WELLS 8211			247		247.
TOTAL TO FM	990-PF, P	ART I, LN 4	25,940	. 10.	25,930.

FORM 990-PF	ACCOUNTI	NG FEES	 	STATEMENT	3
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITA E PURPOS	
ACCOUNTING	2,025.	2,025.	(<u> </u>	0.
TO FORM 990-PF, PG 1, LN 16B	2,025.	2,025.).	0.
FORM 990-PF	TAX	ES		STATEMENT	4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITA E PURPOS	
FOREIGN TAXES	1,360.	1,360.	(<u> </u>	0.
and the second s	*				
TO FORM 990-PF, PG 1, LN 18	1,360.	1,360.). 	0.
TO FORM 990-PF, PG 1, LN 18 =	1,360. OTHER E			STATEMENT	
-			(C) ADJUSTED NET INCOME	STATEMENT (D) CHARITA	5 BLE
FORM 990-PF	OTHER E (A) EXPENSES	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	STATEMENT (D) CHARITA	5 BLE
FORM 990-PF DESCRIPTION	OTHER E (A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	STATEMENT (D) CHARITA E PURPOS	5 BLE ES
FORM 990-PF DESCRIPTION MANAGEMENT FEES	OTHER E (A) EXPENSES PER BOOKS 8,757.	(B) NET INVEST- MENT INCOME 8,757.	(C) ADJUSTED NET INCOME	STATEMENT (D) CHARITA E PURPOS	BLE ES 0.
FORM 990-PF DESCRIPTION MANAGEMENT FEES TO FORM 990-PF, PG 1, LN 23	OTHER E (A) EXPENSES PER BOOKS 8,757. 8,757.	(B) NET INVEST- MENT INCOME 8,757. 8,757.	(C) ADJUSTED NET INCOME	STATEMENT (D) CHARITA E PURPOS 0.	5 BLE ES 0. 6
FORM 990-PF DESCRIPTION MANAGEMENT FEES TO FORM 990-PF, PG 1, LN 23 FORM 990-PF	OTHER E (A) EXPENSES PER BOOKS 8,757. 8,757.	(B) NET INVEST- MENT INCOME 8,757. 8,757. E STOCK	(C) ADJUSTED NET INCOME	STATEMENT (D) CHARITA PURPOS 0. STATEMENT FAIR MARKE	5 BLE ES 0. 0.

FORM 990-PF O	OTHER INVESTMENTS	INVESTMENTS		
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE	
INSURANCE	COST	70,000.	169,959.	
TOTAL TO FORM 990-PF, PART II, I	LINE 13	70,000.	169,959.	

Form **8868**

(Rev. January 2011)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

Form 8868 (Rev 1-2011)

If you a	re filing for an Automatic 3-Month Extension, comple	te only Pa	rt I and check this box		\mathbf{x}
If you a	re filing for an Additional (Not Automatic) 3-Month Ex	tension, c	omplete only Part II (on page 2 of this	form).	
Do not c	omplete Part II unless you have already been granted a	an automat	tic 3-month extension on a previously fi	led Form 8868.	
Electroni	c filing (e-file). You can electronically file Form 8868 if y	you need a	3-month automatic extension of time t	o file (6 months for a corp	oration
required 1	to file Form 990-T), or an additional (not automatic) 3-mo	nth extens	ion of time. You can electronically file F	Form 8868 to request an e	xtension
of time to	file any of the forms listed in Part I or Part II with the ex-	ception of	Form 8870, Information Return for Tran	nsfers Associated With Ce	ertain
Personal	Benefit Contracts, which must be sent to the IRS in pap	er format ((see instructions). For more details on t	he electronic filing of this	form,
visit www	irs gov/efile and click on e-file for Chanties & Nonprofits				
Part I	Automatic 3-Month Extension of Time	9. Only su	bmit original (no copies needed).		
A corpora	ation required to file Form 990-T and requesting an autor	matic 6-mo	inth extension - check this box and con	nplete	
Part I onl	у			.	· [_]
	corporations (including 1120-C filers), partnerships, REM	IICs, and ti	rusts must use Form 7004 to request ar	n extension of time	
to file inc	ome tax returns.			, 	
Type or	Name of exempt organization			Employer identification	n number
print					
File by the	THE TODI FOUNDATION			23-2744913	
File by the due date for	Number, street, and room or suite no. If a P.O. box, s	ee instruct	tions.		
filing your return See	PO BOX 348				
instructions	City, town or post office, state, and ZIP code. For a f	-	ress, see instructions.		
	GWYNNED VALLEY, PA 19437-	0348			
					····
Enter the	Return code for the return that this application is for (fil	e a separa	te application for each return)	•	0 4
Applicat	ion	Return	Application INTERNAL REVE Is For W&I - FIELD A	NUT SERVICE	Return
Is For		Code	Is For W&I - FIELD A	SSISTANCE	Code
Form 990)	01	Form 990-T (corporation DELPHIA	A, PA 19106	07
Form 990)-BL	02	Form 1041-A		08
Form 990)-EZ	03	Form 4720 MAY 1 6	2011	09
Form 990)-PF	04	Form 5227	77.71	10
Form 990	D-T (sec. 401(a) or 408(a) trust)	05	Form 6069 RECE	IVED	11
Form 990	O-T (trust other than above)	06	Form 8870 WITH REM	ILITANCE	12
			172	(15	
The b	ooks are in the care of 🕨				
Telep	hone No.		FAX No. 🕨		
	organization does not have an office or place of busines				▶ ∐
If this	is for a Group Return, enter the organization's four digit	Group Exe	emption Number (GEN) If th	nis is for the whole group,	check this
box 🕨					s for.
1 l re	equest an automatic 3-month (6 months for a corporation	n required	to file Form 990-T) extension of time un	itil	
_	AUGUST 15, 2011 , to file the exemp	ot organiza	tion return for the organization named a	above. The extension	
	for the organization's return for:				
>	X calendar year 2010 or				
>	tax year beginning	, an	id ending	·	
2 ft	he tax year entered in line 1 is for less than 12 months, o	check reas	on: Initial return Fin	al return	
L	Change in accounting period				
			 		
3a Ift	his application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	enter the tentative tax, less any		
no	nrefundable credits. See instructions.			3a \$	<u>1,800.</u>
b If t	his application is for Form 990-PF, 990-T, 4720, or 6069	, enter any	refundable credits and		
es	timated tax payments made. Include any prior year over	payment a	llowed as a credit.	3b \$	0.
с Ва	lance due. Subtract line 3b from line 3a. Include your p	ayment wit	th this form, if required,		
	using EFTPS (Electronic Federal Tax Payment System).				<u>1,800.</u>
Caution	. If you are going to make an electronic fund withdrawal	with this F	orm 8868, see Form 8453-EO and Form	n 8879-EO for payment in:	structions.

LHA For Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 1-2	011)					Page 2		
	an Additional (Not Automatic) 3-Month Ex	tension, c	complete only Part II and check this bo	x		► X		
Note. Only complete	Part II if you have already been granted an a	utomatic	3-month extension on a previously filed	Form 8	3868.			
	an Automatic 3-Month Extension, complete							
Part II Add	litional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the original (no co					
Type or Name of	Name of exempt organization Employer identification num							
orint THE TODI FOUNDATION 23-2744913								
G.1101.202	, street, and room or suite no. If a P.O. box, se	ee instruc	tions.					
due date for PO BO filing your								
return See City, tov	vn or post office, state, and ZIP code. For a for ED_VALLEY, PA 19437-03		lress, see instructions.		·			
Enter the Return cod	de for the return that this application is for (file	e a separa	te application for each return)			0 4		
Application		Return	Application			Return		
is For		Code	Is For			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. 40		05	Form 6069			11		
Form 990-T (trust ot		06	Form 8870			12		
STOP! Do not com	plete Part II if you were not already granted NAND TODI	an autor	natic 3-month extension on a previou	sly file	ed Form 8868.			
• The bester as a	the care of ► 424 GWYNEDD VAI		DD _ CWVNEDD VALLEV	DΔ	19437			
	215-362-1217	uner .	FAX No. ►		17137			
•	n does not have an office or place of business	s in the l lr				▶ □		
-	oup Return, enter the organization's four digit			ıs ıs fo	r the whole aroug	o. check this		
	s for part of the group, check this box							
			BER 15, 2011.					
5 For calendar y	year 2010 , or other tax year beginning $\overline{}$, and ending					
6 If the tax year	entered in line 5 is for less than 12 months, o	heck reas	son: Initial return	Final r	return			
Change	n accounting period							
	why you need the extension							
	R RESPECTFULLY REQUEST:			ER	THE NECES	SSARY		
INFORMA	TION TO FILE A COMPLET	E AND	ACCURATE RETURN		· · · · · · · · · · · · · · · · · · ·			
0 1611		0000		1	1			
	tion is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	enter the tentative tax, less any	8a	s	0.		
	e credits. See instructions. tion is for Form 990-PF, 990-T, 4720, or 6069,	ontor onv	refundable gradite and estimated	Oa	.			
• •	made. Include any prior year overpayment al	-						
• •	th Form 8868.	lowed as	a credit and any amount paid	8b	s	0.		
	Subtract line 8b from line 8a. Include your pa	vment wi	th this form if required, by using	0.5	<u> </u>			
	ronic Federal Tax Payment System). See instr	-		8c	s	0.		
			nd Verification		•			
	jury, I declare that I have examined this form, includ complete, and that I am authorized to prepare this fo		panying schedules and statements, and to the	e best o	of my knowledge an	d belief,		
Signature >	Title ▶			Date	>			
					Form 8868	(Rev. 1-2011)		

023842 01-24-11

Form 886	8 (Rev. 1-2011)					Page 2
	re filing for an Additional (Not Automatic) 3-Month Ex	tension, c	complete only Part II and check this bo			- X
-	y complete Part II if you have already been granted an a		-		3868.	
	re filing for an Automatic 3-Month Extension, comple		· · · · · · · · · · · · · · · · · · ·			
Part II				nles n	eeded).	
	Name of exempt organization		TO THE ONLY IND AND ONGING (NO OC			number
Type or	Name of exempt organization	Employer identification number				
print	THE TODI FOUNDATION			2	3-2744913	
File by the			41		3-2144713	
extended due date for	Number, street, and room or suite no. If a P.O. box, s	ee instruc	tions.			
filing your	PO BOX 348					
return See instructions	City, town or post office, state, and ZIP code. For a for		iress, see instructions.			
	GWYNNED VALLEY, PA 19437-0	340				
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)			0 4
		,				
Applicati	on	Return	Application			Return
ls For		Code	ls For			Code
Form 990	<u> </u>	01			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Form 990	-BL	02	Form 1041-A			08
Form 990		03	Form 4720			09
Form 990		04	Form 5227			10
	FT (sec. 401(a) or 408(a) trust)	05	Form 6069			11
	-T (trust other than above)	06	Form 8870			12
	o not complete Part II if you were not already granted			elv fila	nd Form 8868	
010112	The complete Fare III you work includy grantee		natio o month extension on a provide	314 1110		
<u> </u>	and the same to the second of N					
	ooks are in the care of					
•	none No. ►		FAX No. ►			
	organization does not have an office or place of busines					Ш
_	is for a Group Return, enter the organization's four digit	_	· · · · · · · · · · · · · · · · · · ·			
box ▶			ach a list with the names and EINs of all	<u>memb</u>	ers the extension i	s for.
	•	NOVEM	BER 15, 2011.			
5 Fo	calendar year 2010 , or other tax year beginning $_$, and ending			·
6 Ift	ne tax year entered in line 5 is for less than 12 months, o	check reas	ion: Initial return	Final r	eturn	
[_	Change in accounting period					
7 Sta	te in detail why you need the extension					
\mathbf{T}^{2}	AXPAYER RESPECTFULLY REQUEST	S ADD	ITIONAL TIME TO GATH	ER	THE NECES	SARY
ΙĪ	FORMATION TO FILE A COMPLET	E AND	ACCURATE RETURN			
	nis application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	enter the tentative tax, less any			
	nrefundable credits. See instructions.	,.	,	8a	s	0.
	nis application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and estimated		-	
	payments made. Include any prior year overpayment al	-				
	eviously with Form 8868.	ilowed as a	a credit and any amount paid	8b	s	0.
	lance due. Subtract line 8b from line 8a. Include your pa		th the form of a county to come	00	3	
		•	in this form, if required, by using	_	_	٥
Er_	FPS (Electronic Federal Tax Payment System). See instr		-11/- :::	8c	\$	0.
			nd Verification			
Under pen	alties of perjury. I declare that I have examined this form, includ orrect, and complete, and that I am authorized to prepare this fo	ing accomp	panying schedules and statements, and to the	best o	f my knowledge and	belief,
	16. / -1) ()	OTH	Λ		(- 11	1.7
<u>Signature</u>			1 ter	Date	▶ 8-11	<u>- 11 </u>
		IAI DE	VENUE SERVICE D ASSISTANCE PHIA, PA 19106		Form 8868 (F	Rev. 1-2011)
	INTER	NAL KE	n ASSISTANCE			
	W 8	1 4 DEL	ομία PA 19106			
	PHII	LAUELI	Tural contract			

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