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# Form **990-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

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

	OMB No 1545		2
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1	0 of the instruction	ıs)	
	ing, check here chere	<b>&gt;</b>	
at	ng the tach computation	<b>&gt;</b>	
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	h termination ck here	<b>&gt;</b>	
	(d) Disbursem for chantab purpose (cash basis c	ie s	
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For	calend	dar year 2010, or tax year beginning ,	and ending				
G	Check	all that apply Initial return Initial re	turn of a former public	charity		Final return	
		Amended return Add	fress change	Name	change		
		oundation				loyer identification num	ber
K	ERM	IT AND ANNETTE BERMAN			25	-6648479	
	HAR	ITABLE FOUNDATION			B Telep	ohone number (see page 1	0 of the instructions)
Νι	mber a	nd street (or P O box number if mail is not delivered to street address	·	oom/suite			
4	21	NORTH 7TH STREET		700	C If exe	emption application is pend	ling, check here 🕨 👱
Cit	y or tov	vn, state, and ZIP code			D 1. Fo	oreign organizations, check	k here
_P	HIL	ADELPHIA PA 19123			2. Fo	oreign organizations meetii	ng the
H (	Check	type of organization. X Section 501(c)(3) exempt private	foundation		85	5% test, check here and at	tach computation 🕨 📘
	Section	n 4947(a)(1) nonexempt charitable trust Other taxab	le private foundation		E If priv	ate foundation status was	terminated under
LE	aır mai	rket value of all assets at J Accounting method.	X Cash Acc	rual	section	on 507(b)(1)(A), check her	e <b>▶</b> <u></u>
e	nd of y	ear (from Part II, col (c), Other (specify)			F If the	foundation is in a 60-mont	th termination
lır	e 16)	▶ \$ 42,135 (Part I, column (d) must I	be on cash basis)		unde	r section 507(b)(1)(B), che	ck here
P	art I	Analysis of Revenue and Expenses (The total of	(a) Revenue and				(d) Disbursements
		amounts in columns (b), (c), and (d) may not necessarily equal	expenses per books	(b) Net in	vestment ome	(c) Adjusted net income	for chantable purposes
		the amounts in column (a) (see page 11 of the instructions) )					(cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)					
	2	Check <b>X</b> if the foundation is <b>not</b> required to attach Sch. B					
	3	Interest on savings and temporary cash investments		ļ			
	4	Dividends and interest from securities	357		357		
	5a	Gross rents					
Revenue	b	Net rental income or (loss)					
	6a	Net gain or (loss) from sale of assets not on line 10					
	b	Gross sales price for all assets on line 6a					
	7	Capital gain net income (from Part V, line 2)			0		
	8	Net short-term capital gain	Į ŭ			0	
	9	Income modifications Solution NOV 1 4 2011	7				
	10a	Gross sales less returns & allowances	<i>u</i>				
	b	Less Cost of goods sold	<b>₩</b>				
	C	Gross profit or (loss) (attach schedule)					
	11	Other income (attach schedule)					
	12	Total. Add lines 1 through 11	357		357	0	
Ś	13	Compensation of officers, directors, trustees, etc.	0				
penses	14	Other employee salaries and wages					ļ- <del></del> -
Jer.	15	Pension plans, employee benefits					
	16a	Legal fees (attach schedule)	8-4			<del></del>	
ė	ь	Accounting fees (attach schedule) STMT 1	750		750		
SCANNIE peraling and Administrative Ex	C	Other professional fees (attach schedule)					
tra	17	Interest	<u> </u>		<del></del>		<del></del>
ni:S	18	Taxes (attach schedule) (see page 14 of the instructions)					
Ē	19	Depreciation (attach schedule) and depletion		<del></del>		<del></del>	
A de	20	Occupancy		<u></u>			
Ja.	21	Travel, conferences, and meetings					
7	22	Printing and publications					<del></del>
ng.	23	Other expenses (att sch)	-		<del></del>		
	24	Total operating and administrative expenses.	750		750	o	0
-00 -00	25	Add lines 13 through 23	750		,50		0
Ø	25	Contributions, gifts, grants paid  Total expenses and disbursements.Add lines 24 and 25	750		750	o	0
₹-	26 27	Subtract line 26 from line 12:	730		-, 50		<u> </u>
5		Excess of revenue over expenses and disbursements	-393		1		
<u>ن</u>	a b	Net investment income (if negative, enter -0-)			0		<del></del>
(C)	c	Adjusted net income (if negative, enter -0-)				0	
Eor E		vork Reduction Act Notice, see page 30 of the instruction	ns.				Form <b>990-PF</b> (2010)

. Par	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End o	f year
<del>-,</del>	should be for end-or-year amounts only (See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
1				
2	Savings and temporary cash investments	3,673	2,923	2,92
3				
	Less allowance for doubtful accounts ▶			
4	, 15-5g-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-			
	Less allowance for doubtful accounts ▶			
5				
6	Receivables due from officers, directors, trustees, and other	l	J	
	disqualified persons (attach schedule) (see page 15 of the			
	instructions)			
7	Other notes and loans receivable (att. schedule)			
	Less: allowance for doubtful accounts ▶ 0			
8	Inventories for sale or use			
8 9 10a	Prepaid expenses and deferred charges			
<b>₹</b> 10a	and the same state government congestions (attach conjugate)			
6	telepolitic etest (etasti schoolis)	39,753	40,110	39,212
0	(4.125.7 56.1652.16)			
11	Investments—land, buildings, and equipment basis			
1	Less accumulated depreciation (attach sch.)			
12	Investments—mortgage loans			
13	Investments—other (attach schedule)			
14	Land, buildings, and equipment basis		Į.	
١	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)	43,426	43,033	42,135
17	Accounts payable and accrued expenses			
3 18	Grants payable			
19	Deferred revenue			
19 20 21	Loans from officers, directors, trustees, and other disqualified persons			
il -:	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		İ	
24	and complete lines 24 through 26 and lines 30 and 31.			
	Unrestricted			
25 26	Temporarily restricted			
26	Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶  and complete lines 27 through 31.			
~~				
27	Capital stock, trust principal, or current funds			
28	Paid-in or capital surplus, or land, bldg , and equipment fund			
29	Retained earnings, accumulated income, endowment, or other funds	43,426	43,033	
30	Total net assets or fund balances (see page 17 of the			
	instructions)	43,426	43,033	
31	Total liabilities and net assets/fund balances (see page 17			
Darf I	of the instructions)	43,426	43,033	
Part I			<del></del>	
	I net assets or fund balances at beginning of year—Part II, column (a), line 30 (must ag	ree with		
	of-year figure reported on prior year's return)		1	43,426
	r amount from Part I, line 27a		2	-393
	r increases not included in line 2 (itemize) ► lines 1, 2, and 3		3	
	eases not included in line 2 (itemize)		4	43,033
	net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), lin	- 20	5	
, 5(8)	met absets of fund balances at end of year (line 4 minus line 5)—Paπ II, column (b), lin	ie su	! 6	43,033

Part IV Capital Gains and L	osses for Tax on Investmer	t Income				
(a) List and describe the 2-story brick warehous	e kind(s) of property sold (e g , real estate, se, or common stock, 200 shs MLC Co )		(b) How acquired PPurchase	(c) Date a (mo , da		(d) Date sold (mo , day, yr )
` <sub>1a</sub> N/A	, , , , , , , , , , , , , , , , , , , ,	<del></del>	DDonation			
b				<del></del>		
c						
d						
е						
(e) Gross sales price	(f) Depreciation allowed (or allowable)		t or other basis xpense of sale		(h) Gain (e) plus (f)	
<u>a</u>						<del></del>
<u>b</u>						<del></del>
<u>c</u>						
d		<del></del>				
Complete only for assets showing gair	in column (h) and owned by the foun	dation on 12/31/6	<del></del>			
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Ex	cess of col (i)	col (		(h) gain minus ess than -0-) <b>or</b> im col (h))
а		···				
b						
_с						
_ d						
е						
2 Capital gain net income or (net capital	loss)  If gain, also enter in F  If (loss), enter -0- in F			2		<del></del>
3 Net short-term capital gain or (loss) as	defined in sections 1222(5) and (6)			1		
If gain, also enter in Part I, line 8, colur	nn (c) (see pages 13 and 17 of the ins	structions).				
If (loss), enter -0- in Part I, line 8  Part V Qualification Under	Section 4940(e) for Reduce			3		· · · · · · · · · · · · · · · · · · ·
If section 4940(d)(2) applies, leave this par Was the foundation liable for the section 49 If "Yes," the foundation does not qualify und	942 tax on the distributable amount of		ase period?			Yes X No
1 Enter the appropriate amount in each of	column for each year; see page 18 of	the instructions be	efore making any entries			
(a) Base penod years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	Net val	(c) ue of nonchantable-use asse	its		(d) oution ratio vided by col (c))
2009		,		68		- 0
2008		0 -	38,2			-0-
2007		000	48,8			0.040909
2006		868	49,2			0.159873
2005		336	51,5	067	· · · · · ·	0.142262
2 Total of line 1, column (d)		o		2		0.343044
3 Average distribution ratio for the 5-year number of years the foundation has been		2 by 5, or by the		3		0.068609
4 Enter the net value of noncharitable-use	e assets for 2010 from Part X, line 5			4		39,170
5 Multiply line 4 by line 3				5		2,687
6 Enter 1% of net investment income (1%	of Part I, line 27b)			6		
7 Add lines 5 and 6				7		2,687
8 Enter qualifying distributions from Part 2	KII, line 4			8		0
If line 8 is equal to or greater than line 7 Part VI instructions on page 18		d complete that p	art using a 1% tax rate S	See the		

the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2010.)

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

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

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

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

X

X

3b

4a

N/A

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Form 990-PF (2	010) KERMIT AND ANNETTE BERMAN	25-6648479	Page
Part VIII	Information About Officers, Directors, Trustees, Foundand Contractors (continued)	ndation Managers, Highly Paid Emp	oloyees,
3 Five high	est-paid independent contractors for professional services (see pag	e 23 of the Instructions). If none, enter "NOI	NE."
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE			
otal number of	others receiving over \$50,000 for professional services		<b>&gt;</b>
Part IX-A	Summary of Direct Charitable Activities		
List the foundation organizations and	on's four largest direct charitable activities during the tax year. Include relevant statistic dother beneficiaries served, conferences convened, research papers produced, etc.	cal information such as the number of	Expenses
1 N/A			
2	······································		
3			
4			
Part IX-B	Summary of Program-Related Investments (see page	ge 24 of the instructions)	
	largest program-related investments made by the foundation during the tax year on li	nes 1 and 2	Amount
1 N/A			
2			
All other program	-related investments See page 24 of the instructions		
3	related infostinents. See page 24 of the instructions		
otal. Add lines	I through 3	<b>-</b>	

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0

0

2

3a

3b

4

5

6

3

b

5

Amounts set aside for specific charitable projects that satisfy the.

Enter 1% of Part I, line 27b (see page 26 of the instructions)

Adjusted qualifying distributions. Subtract line 5 from line 4

qualifies for the section 4940(e) reduction of tax in those years

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.

Suitability test (prior IRS approval required)

Cash distribution test (attach the required schedule)

<u>Pa</u>	rt XIII Undistributed Income (see page 26 of	the instructions)			
	•	(a)	(b)	(c)	( <b>d)</b> 2010
1	Distributable amount for 2010 from Part XI,	Corpus	Years pnor to 2009	2009	
	line 7				1,959
2	Undistributed income, if any, as of the end of 2010.				
-	Enter amount for 2009 only				
b	Total for prior years. 20 , 20 , 20		<del></del>		
3	Excess distributions carryover, if any, to 2010.				
	From 2005 4,401				
	From 2006 5,437	-			
_	From 2007				
	From 2008	1			
	From 2009	9,838			
	Total of lines 3a through e	9,030			
4	Qualifying distributions for 2010 from Part XII,	]			
	line 4· ▶ \$			İ	
	Applied to 2009, but not more than line 2a			-	
D	Applied to undistributed income of prior years (Election required—see page 26 of the instructions)				
_	Treated as distributions out of corpus (Election				
С	, ,				
	required—see page 26 of the instructions)				
	Applied to 2010 distributable amount Remaining amount distributed out of corpus				
	Excess distributions carryover applied to 2010	1,959			1,959
5	(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:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	7,879			
	Prior years' undistributed income Subtract				
_	line 4b from line 2b				
С	Enter the amount of prior years' undistributed				
Ť	income for which a notice of deficiency has				
	been issued, or on which the section 4942(a)				
	tax has been previously assessed				
d	Subtract line 6c from line 6b Taxable				
	amount—see page 27 of the instructions				
е	Undistributed income for 2009. Subtract line				
	4a from line 2a. Taxable amount—see page	1			
	27 of the instructions				
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) (see page 27 of the				
	instructions)				
8	Excess distributions carryover from 2005 not				
	applied on line 5 or line 7 (see page 27 of the				
	instructions)	2,442			
9	Excess distributions carryover to 2011.				
	Subtract lines 7 and 8 from line 6a	5,437			
10	Analysis of line 9				
а	Excess from 2006 5,437				
b	Excess from 2007	<b> </b>			
C	Excess from 2008	ŀ			
d	Excess from 2009				
e	Excess from 2010	L		<u> </u>	

factors N/A

Part XV Supplementary Information (co	ontinued)			
3 Grants and Contributions Paid During the	Year or Approved for Fut	ture Payment	<del></del>	
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	Contribution	
a Paid during the year				
N/A				
			1	
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		ĺ		
Total	<del> </del>		▶ 3a	
b Approved for future payment				
N/A				
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		ĺ	1	
Tabel				
Total			▶ 3b	

DAA

	Part XVI-A	Analysis of Income-Producing Activ	vities				
Ėn	ter gross amo	ounts unless otherwise indicated		d business income	Exclude	d by section 512, 513, or 514	(e)
•			(a) Business code	(b) Amount	(c) Exclusion	(d) Amount	Related or exempt function income (See page 28 of
1	Program ser	rvice revenue.			code		the instructions)
	a						
	b						
	c						
	e						
	f		<u> </u>			<del> </del>	
	-	d contracts from government agencies					
		dues and assessments					
3		avings and temporary cash investments			7.4		
4		nd interest from securities			14	357	
5		come or (loss) from real estate					
		anced property	<del></del>				
6		t-financed property					
7		come or (loss) from personal property		-			
8		s) from sales of assets other than inventory					
9		or (loss) from special events					
		or (loss) from sales of inventory					
		ue a					
	b						· · · · ·
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	d			_			<u>.</u>
	е					· <del>.</del>	
12	Subtotal Add	d columns (b), (d), and (e)		0		357	(
		ne 12, columns (b), (d), and (e)			•	13	357
(Se	e worksheet i	n line 13 instructions on page 29 to verify calculations	)				-
	art XVI-B	Relationship of Activities to the Acc	omplishme	nt of Exempt Pur	poses		
	Line No.	Explain below how each activity for which income is					
	▼	accomplishment of the foundation's exempt purpose	s (other than by	providing funds for su	ch purpo	ses) (See page 29 of t	he
	(-	instructions)					
	N/A		·	<del></del>			
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. Part	XVII		ation Rega t Organiza	_	ansters To an	d Transaction	s and Relationsh	ips With	Noncha	ritable		
1 D	d the org				e in any of the follo	owing with any oth	er organization describ	ned	<del></del>		Yes	No
					· ·	= :	on 527, relating to poli					<u> </u>
	ganizatio		o oodo (oaio	r triair social	71 30 1(0)(0) 01gam	201101137 01 111 3001	ion ozr, relating to poil	ucai				ŀ
	-		ortina found:	ation to a no	ncharitable exemp	t organization of						1
	) Cash	oo . op	orang tourial	20011 10 0 110	monaria ozomp	t organization on				1a(1)	.]	x
•	) Other a	ssets								1a(2)		X
-	ther trans									14(2)		-
			a noncharita	hla avamnt	organization					15/1		х
•	•			•	exempt organization	NO.				1b(1) 1b(2)		X
•	•		, equipment,		. •	<i>/</i> 11				1b(2)	<del>                                     </del>	X
•	•		rrangements		CIS					1b(3)	<del>                                     </del>	X
•	•	or loan gua	•							1b(4)		X
•	-	-		mhershin or	fundraising solicita	atione				1b(5)	<del>                                     </del>	X
					her assets, or paid					1c		X
				_	•		(b) should always sho	w the for r	market	_ 10	Ь	
		-					e foundation received le					
		-		_	•	-	e goods, other assets,					
	ine no		unt involved		of noncharitable exe		(d) Description of			nd sharing arrange	ements	
N/A							(4) 0000.,pao;. 0.			id ditaling all align	2111011110	
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2a ls 1	the found	ation direct	ly or indirectl	v affiliated w	uth or related to o	ne or more tay-ey	empt organizations					
					han section 501(c)					Ye	. <b>T</b>	No
			ollowing sche		nam section so i(e)	(5)) 61 111 3664611 5	21:			[ ''	;5 <u>41</u>	INO
		Name of or		<u> </u>	(b) Type of	organization		(c) Descript	tion of relation	ship		
N/:	<del></del>		<u> </u>		(=, -, -, -, -	3		(0) 2000.15		ionip		
<u>.</u>								······				
									••			
					· · · · · · · · · · · · · · · · · · ·				··-·			
		···										
	Under per	naities of per	nurv. I declare t	that I have exa	amined this return und	- Luding accompanying	schedules and statement	le and to the	hact of my ke	nowledge and		
Sian	belief, it is	уче/соттес	t, and complete	Declaration	of preparer (other that	in taxpayer or fiducia	ry) is based on all informat	tion of which	preparer has	any knowledge		
Sign	<b>\</b>	VII 1	ns!	CSOL	. 101	_ 11/	15/11 🕟	Tan	0-0-	•		
Here	FS Inc	ature of office	er or truste			Date	<del>'/'</del>	Title		<u>-</u>		—
<del></del>	Print/Ty	pe preparer	s name			Preparer's signatu	70			Data		<del></del>
Paid	' '''''''	pe preparer	3 Hame			riepaiei s signatu	16			Date	Check _	if
	RICHA	RD FRE	IZER					_		11/04/11	self-emp	ruyea
Use Only			FREIZ	ER & F	REIZER CE	A'S		<del>~</del>		P01037	386	
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	'"'"			NE, NJ		827		-	Firm's EIN	201-43		
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# Federal Statements

# Statement 2 - Form 990-PF, Part II, Line 10b - Corporate Stock Investments

Fair Market Value	\$ 10,148 21,381 7,683 \$ 39,212
Basis of Valuation	COST COST COST
End of Year	\$ 8,530 22,889 8,691 \$ 40,110
Beginning of Year	\$ 8,338 22,865 8,550 \$ 39,753
Description	WILLIAM BLAIR INT'L GROWTH FUND NB PARTNERS FUND THIRD AVENUE VALUE FUND TOTAL

# -Form **8868** (Rev January 2011)

# Application for Extension of Time To File an Exempt Organization Return

artment of the Treasury
That Revenue Service

File a separate application for each return.

• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

OMB No 1545-1709

Department of the Treasury
Internal Revenue Service

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

► X

Electronic fil	ing (e-file). You can electronically file Form 8868 if yo	u need a 3-m	onth automatic extension of time to file (	Smonths	for	
	required to file Form 990-T), or an additional (not auto					
•	est an extension of time to file any of the forms listed in				21111	
•	ansfers Associated With Certain Personal Benefit Cont					
	For more details on the electronic filing of this form, vis				e	
Part I	Automatic 3-Month Extension of Time				3	
	required to file Form 990-T and requesting an automa			•		
•	required to the FORM 990-1 and requesting an automa	ac o-monar e	Atension-check this box and complete			▶ □
Part I only	erstrone (netuding 1120 C filers), partnerships, REMIC	'a and tructa	must use Form 7004 to request on exter	cion of t	ıma	<b>-</b> L
•	orations (including 1120-C filers), partnerships, REMIC	s, and trusts	must use Form 7004 to request an exter	ision of t	ine	
to file income	Name of exempt organization	··		Emplo	vor idontifian	tion number
Type or	KERMIT AND ANNETTE BERMAI	NJ .		Emplo	yer identifica	tion number
print	CHARITABLE FOUNDATION			25-	6648479	
File by the due date for		!		25-	0040473	
filing your	Number, street, and room or suite no. If a P.O. box	, see instructi				
return See	421 NORTH 7TH STREET		700			
instructions	City, town or post office, state, and ZIP code For a PHILADELPHIA PA	toreign addre				
					<del></del>	04
Enter the Retu	urn code for the return that this application is for (file a	separate app	vication for each return)			
<b>Application</b>	1	Return	Application			Return
ls For		Code	ls For			Code
Form 990		01	Form 990-T (corporation)			07
Form 990-B	<u>L</u>	02	Form 1041-A			08
Form 990-E.	Ζ	03	Form 4720			09
Form 990-P	F	04	Form 5227			10
Form 990-T	(sec 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-T	(trust other than above)	06	Form 8870			12
	FREIZER & FREIZER CP	A'S				
	17 W. 25TH STREET					
	are in the care of <b>BAYONNE</b>				ИJ	07002
Telephone	No ▶ 201-436-4500	FAX No	<b>▶</b> 201-436-0807			
<ul> <li>If the organ</li> </ul>	nization does not have an office or place of business ii	n the United	States, check this box			▶ 🔲
If this is for	r a Group Return, enter the organization's four digit Gr	oup Exempte	on Number (GEN)	his is		
for the whole g	roup, check this box   If it is for part of	the group, cl	neck this box	h		
a list with the n	ames and EINs of all members the extension is for					
1 I request	t an automatic 3-month (6 months for a corporation red	quired to file I	Form 990-T) extension of time			
untıl O	8/15/11 , to file the exempt organization return	n for the orga	nization named above. The extension is			
	rganization's return for					
<b>▶ X</b>	calendar year 2010 or					
▶ 🔲 1	tax year beginning , and ending					
0 If the A						
	s year entered in line 1 is for less than 12 months, che nange in accounting period	ck reason.	Initial return Final return			
3a If this ap	plication is for Form 990-BL, 990-PF, 990-T, 4720, or	6069, enter ti	ne tentative tax, less any	T -	T	
	dable credits See instructions.			3a	\$	0
b If this ap	plication is for Form 990-PF, 990-T, 4720, or 6069, en	ter any refun	dable credits and			
estimated	d tax payments made Include any prior year overpayi	ment allowed	as a credit.	3ь	\$	0
c Balance	due. Subtract line 3b from line 3a Include your paym	ent with this	form, if required, by using EFTPS			
	ic Federal Tax Payment System) See instructions			3с	\$	0
Caution. If you	are going to make an electronic fund withdrawal with	this Form 88	68, see Form 8453-EO and Form 8879-E	O for		<del>-</del> -

payment instructions

Form 8868 (R	ev 1-2011)					Page <b>2</b>
,	filing for an Additional (Not Automatic) 3-Month Ex	tension, con	nplete only Part II and check this box		,	▶ X
Note. Only co	mplete Part II if you have already been granted an au	tomatic 3-mo	nth extension on a previously filed Forr	n 8868		
• If you are	filing for an Automatic 3-Month Extension, complet	e only Part I	(on page 1)			
Part II	Additional (Not Automatic) 3-Month Ex	ctension o	f Time. Only file the original (	no copie	es needed).	
Type or	Name of exempt organization			Emplo	yer identification	on number
print						
File by the	CHARITABLE FOUNDATION	25-	6648479			
extended	Number, street, and room or suite no. If a P.O. box	, see instructi	ions			
due date for filing your	421 NORTH 7TH STREET		700			_
return See	City, town or post office, state, and ZIP code For a	foreign addre	ess, see instructions.			
instructions	PHILADELPHIA PA	A 19123	3			
Enter the Retu	rn code for the return that this application is for (file a	separate app	olication for each return)			04
Application		Return	Application			Return
ls For		Code	Is For			Code
Form 990		01				- Jour
Form 990-BI		02	Form 1041-A			08
Form 990-E2		03	Form 4720			09
Form 990-PI	=	04	Form 5227			10
Form 990-T	(sec 401(a) or 408(a) trust)	05	Form 6069	_		11
	(trust other than above)	06	Form 8870		*	12
	complete Part II if you were not already granted a		3-month extension on a previously	filed Form	8868.	
	FREIZER & FREIZER CPA					
	17 W. 25TH STREET					
• The books a	re in the care of ▶ BAYONNE				иј 0'	7002
Telephone	No ▶ 201-436-4500	FAX No	<b>▶</b> 201-436-0807			
• If the organ	nization does not have an office or place of business ii	n the United S	States, check this box			▶ □
	a Group Return, enter the organization's four digit Gr			IS		
for the whole g	roup, check this box	of the group	, check this box	d attach a		
list with the nar	nes and EINs of all members the extension is for					
4 I request	an additional 3-month extension of time until 11	/15/11				
5 For caler	ndar year 2010 , or other tax year beginning		, and ending			
6 If the tax	year entered in line 5 is for less than 12 months, chec	ck reason	Initial return Final return			
Ch	ange in accounting period					
7 State in o	detail why you need the extension					
ADDI	TIONAL TIME IS REQUESTED T	O GATH	ER INFORMATION TO	PREPAR	RE A COM	PLETE
	ACCURATE RETURN.					
8a If this app	olication is for Form 990-BL, 990-PF, 990-T, 4720, or	6069, enter th	ne tentative tax, less any		_	
nonrefun	dable credits See instructions			8a	\$	0
b If this app	olication is for Form 990-PF, 990-T, 4720, or 6069, en	ter any refund	dable credits and			
estimated	d tax payments made. Include any prior year overpayr	nent allowed	as a credit and any		]	
amount p	aid previously with Form 8868.			8b	\$	0
c Balance	Due. Subtract line 8b from line 8a Include your paym	ent with this t	form, if required, by using EFTPS			
(Electron	c Federal Tax Payment System) See instructions			8c	<b> </b> \$	0
	Sig	nature an	d Verification			
Inder penalties of rue, correct, and o	f perjury, I declare that I have examined this form, including accomplete, and that I am authorized to prepare this form	companying sc	hedules and statements, and to the best of n	ıy knowledge	e and belief, it is	
Signature >		T.41	e ► CPA		Data N	08/06/11
<u> </u>			<u> </u>			68 (Rev 1-2011)
					FOIL GO	(1.CV 1-2011)