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Form **990-EZ**

Short Form
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or

OMB No 1545-1150

Open to Publić

Under Section 50 ((c), 527, or 4947(a)(1) or the internal nevertile code (except black roing benefit that or private foundation)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

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

For the 2010 calendar year, or tax year beginning and ending Check if applicable C Name of organization D Employer identification number Address change 26-3082840 IMC CHARITABLE FOUNDATION Name change Room/suite E Telephone number Number and street (or P.O. box, if mail is not delivered to street address) Initial return 200 3 GREAT VALLEY PARKWAY 6108893600 Terminated City or town, state or country, and ZIP + 4 F Group Exemption Amended return MALVERN, PA Application pending Number > Accounting Method: X Cash Accrual Other (specify) H Check ► X if the organization is not required to attach Schedule B Website: ► N/A Tax-exempt status (check only one) - \times 501(c)(3) 501(c) () **(**(insert no.) 4947(a)(1) or 527 (Form 990, 990-EZ, or 990-PF). Check Light the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return. Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ 32,967. Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.) Check if the organization used Schedule O to respond to any question in this Part I Contributions, gifts, grants, and similar amounts received 30,925 2 Program service revenue including government fees and contracts 2 Membership dues and assessments 3 3 572 SCHEDULE O Investment income 5a Gross amount from sale of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) MAR 22 2011 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) 30,925. **b** Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such 1,470 gross income and contributions exceeds \$15,000) c Less: direct expenses from gaming and fundraising events 1,470. Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances 7a Less: cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7с Other revenue (describe in Schedule O) 8 8 32,967. Total revenue Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 9 SEE SCHEDULE O 3,500 10 Grants and similar amounts paid (list in Schedule 0) 10 Benefits paid to or for members 11 11 Salaries, other compensation, and employee benefits 12 12 Professional fees and other payments to independent contractors 13 13 Occupancy, rent, utilities, and maintenance 14 14 15 Printing, publications, postage, and shipping 15 16 Other expenses (describe in Schedule O) SEE SCHEDULE O 16 100. 17 17 3,600. Total expenses. Add lines 10 through 16 29,367. 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 19 Net assets or fund balances at beginning of year (from line 27, column (A)) 105,603. (must agree with end-of-year figure reported on prior year's return) 19 Other changes in net assets or fund balances (explain in Schedule O) 20 Net assets or fund balances at end of year. Combine lines 18 through 20 134,970.

032171 02-02-11

LHA For Paperwork Reduction Act Notice, see the separate instructions

Form 990-EZ (2010)

	11 990-EZ (ZO10) TMC CHARTTABLE FOUNDATION				<u> 26 –</u>	30828	40 Page 2
Pa	Balance Sheets. (see the instructions for Part II.)						
	Check if the organization used Schedule O to respond to any question	in this Part II	/41	D	т—		
^^	Oach courses and accordances		(A)	Beginning of year	+-	(B) F	nd of year
22		-		105,603	_	 	134,970.
23	Č	-			23	<u> </u>	
24	,	-		105 602	24	ļ	124 070
25 26		ļ -		105,603 0		 	134,970.
27		-		105,603			0. 134,970.
	art III Statement of Program Service Accomplishmen	nts (see the instruction	ns for Pa	art III.)	• 21	E,	penses
	Check if the organization used Schedule O to respond to any question	•		•	X	(Required	for section
Wha	at is the organization's primary exempt purpose?SEE SCHEDULE O				يجما	501(c)(3)	and 501(c)(4) ons and section
	scribe what was achieved in carrying out the organization's exempt pur		concis	e manner describ)e	4947(a)(1) trusts; optional
	services provided, the number of persons benefited, and other relevan					for others	.)
28	SEE SCHEDULE O		 -				
	(Grants \$) If this amount includes foreign g	rants, check here				28a	
29							
	1.7207450-16-1					1 1	
	(Grants \$) If this amount includes foreign g	grants, check here		▶_		29a	
30							
	(0 - 1 - 0				_	1	
04	(Grants \$) If this amount includes foreign g	grants, check here				30a	··
31	Other program services (describe in Schedule O)	a.da abaali b					
วา	(Grants \$) If this amount includes foreign of Total program service expenses (add lines 28a through 31a)	grants, check here			ᆜ.	31a 32	0.
	art IV List of Officers, Directors, Trustees, and Key E	mplovees. List each	000 000	o if not compensated (c	oo the	3Z	or Part IV
8.39	Check if the organization used Schedule O to respond to any question		1 0110 0701	Tit not compensated (s	CO (110	ilisuuciions i	or Factiv)
	Check in the organization about controlled to the respond to they quotien	(b) Title and average he	nours	(c) Compensation	(d) c	ontributions	(e) Expense
	(a) Name and address	per week devoted to		If not paid, enter	` to	employee efit plans &	account and
	(-)	position		-0)	c	teferred pensation	other allowances
RC	DBERT T. COTTONE, 3 GREAT VALLEY	TRUSTEE			COII	ipensation	<u></u>
	ARKWAY, SUITE 200, MALVERN, PA	8.00		0.		0.	0.
		<u> </u>					ļ
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		-					
		<u> </u>					
<u> </u>	172		L				990-EZ (2010)
	02-11						

	Check if the organization used Schedula () to respond to any question in the Part V.			\mathbf{x}
	Check if the organization used Schedule O to respond to any question in this Part V		Yes	
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in		103	140
00	Schedule 0	33		х
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended			
•	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		x
35	if the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not		,	
	reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.		163	
а	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or			
	501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	<u> </u>	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/	A
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			1
	complete applicable parts of Schedule N	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions.	ŽĖ:	18 kg	William in
þ	Did the organization file Form 1120-POL for this year?	37b	<u> </u>	X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made	2	£275	
	in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
þ	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A	- 1 A	1	1
39	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on line 9		480	
	Gross receipts, included on line 9, for public use of club facilities 39b N/A		*	***
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	***		77 /
	section 4911 ► 0 ; section 4912 ► 0 ; section 4955 ► 0 .		The same	
D	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the	2.2.2		2000
	year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ?	406		_v
_	If "Yes," complete Schedule L, Part ! Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers	40b	200 Jan	X
C	or disqualified persons during the year under sections 4912, 4955, and 4958	3 M		
	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the		4	
u	organization			The Sec
۰	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	7 9 W	2.5	550 m AT
٠	transaction? If "Yes," complete Form 8886-T	40e	MELLI I	X
41	List the states with which a copy of this return is filed. > PA		L	1
	The organization's books are in care of ► ROBERT T COTTONE Telephone no. ► 61088	360	0	
	Located at ▶ 3 GREAT VALLEY PARKWAY, MALVERN, PA ZIP+4 ▶			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b		X
	If "Yes," enter the name of the foreign country:	3 9 3	9	, E ,
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	2 36.3	74.	A 40
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	<u> </u>	X
	If "Yes," enter the name of the foreign country:			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here			
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		
		,	Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of	<u></u>	遂江	194 3
	Form 990-EZ	44a	<u> </u>	X
t	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead	- 1 Sec. 35 17	1	१६६ ४
	of Form 990-EZ	44b	<u> </u>	X
	Did the organization receive any payments for indoor tanning services during the year?	44c	<u> </u>	X
C	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation	۶,		, »
	ın Schedule O	44d	<u>L_</u>	L
		Form 9	990-EZ	(2010)

Forn	n 990-EZ (2	010) IMC	CHARITABLE	FOUNDATION	<u> </u>		26-3082	840		Page 4
									Yes	No
45		-	-	-	meaning of section 512(b)	` '		45		Х
а					ith a controlled entity within th	e meaning of section	512(b)(13)?	美越	8 (1)	Marie State
			•	impleted instead of Form				45a		X
46				political campaign activitie	es on behalf of or in opposition	n to candidates for pi	iblic office?	l	逐数	建築
D.		omplete Schedule C.	<u> </u>	40 40	\47(-\/4\)	-1		46	<u> </u>	X
					947(a)(1) nonexempt		_		•	
					ust answer questions 47-49b a	and 52, and complete	the tables for ii	nes 50	and 51	'. ——
		SHECK II the Organiza	mon asea scheane o i	o respond to any question	I III UIIS PARL VI	•			Yes	No
47	Did the or	aanization onaano ii	n labbung activities? If	"Yes," complete Schee	dula C. Dart II			47	res	X
48				70(b)(1)(A)(II)? If "Yes,"	·			48		X
				t non-charitable related or	•			49a		X
			ization a section 527 or		gamzauon:		•	49b		<u> </u>
50					s (other than officers, directors	s, trustees and key en	nnlovees) who e		ceived i	more
				n. If there is none, enter "i		,,				
					(b) Title and average hours	(c) Compensation	(d) Contribution	s 10	e) Expe	nse
		(a) Name and addr	ress of each employee p	oald more	per week devoted to	(6, 5 5	to employee benefit plans &	1 3	ccount	
		1	0400 000	NE	position		deferred compensation	othe	er allow	rances
							- Jonnponoano			
								İ		
							-			
										
										
					<u> </u>	<u> </u>				
f			ees paid over \$100,000		>					
51					nt contractors who each recer	ved more than \$100,	000 of compens	ation fi	rom the	3
	organizati	on. If there is none,		NE	*	· · · · · · ·				
		(a) Name and add	ress or each independe	nt contractor paid more th	1an \$100,000	(b) Type of ser	vice (c) Com	pensat	ion
_										
							 -		-	
			•••				_			
			··							
										
_		-								
d	Total num	ber of other indepe	ndent contractors each	receiving over \$100,000						
52				/ - /	rations and 4947(a)(1) nonexe	mpt		•		
	charitable	trusts must attach :	a completed Schedule A			·	▶ [X Ye	es [□ No
	Ui cc	nder penalties of perjury prrect, and complete De	y, I declare that I have wam eclaration of preparer (other	ned this retain, including according to the think of the control o	ompanying schedules and statemen ormation of which preparer has any	ts, and to the best of my knowledge	knowledge and be	lef, it is	true,	
C:4			1/		- · · · · · · · · · · · · · · · · · · ·		3/15/	7		
Siç He	re	Signature of officer	1//				Date			
		ROBERT	r COTTONE,	TRUSTEE						
		Type or print name ar	nd title							
		Print/Type prepare	er's name	Preparer's signature	Date	Check	If PTIN			
Pa	id	ROBERT L	. CARUSO, C	PMCC	an 3-7	-1/ self-employ	yed <i>P0</i>	001	192	17
	eparer	Firm's name > 1	MAILLIE FAI	CONIERO & C	OMPANY, LLP	Firm's EIN	>			
Us	e Only				<u> </u>					
		Firm's address	PO BOX 680)		Phone no.				
		L	OAKS, PA 1	9456-0680			(610)	935	-14	20
May	the IRS dis	scuss this return wit	h the preparer shown a	bove? See instructions				X Ye		No
032	174 12-11							Form 9	90-EZ	(2010)

SCHEDULE'A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

.1

Public Charity Status and Public Support

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

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

2010
Open to Public

Name of the organization

Employer identification number

		IMC CHA	RITABLE FOUN	IDATIC	<u>N</u>				26	<u>5-3082</u>	<u> 1840</u>	
Part _k l	Reason	for Public Char	rity Status (All organiz	zations mu	st complet	te this pai	t.) See ins	tructions				
The organ	ization is not a	a private foundation	because it is: (For lines	1 through	11, check	only one I	oox.)					
1 🛄	A church, co	nvention of churche	s, or association of chur	ches desc	ribed in se	ction 170)(b)(1)(A)(i).				
2 🔙	A school des	cribed in section 17	70(b)(1)(A)(ii). (Attach Sc	hedule E))							
з 🔲	A hospital or	a cooperative hosp	ital service organization	described	in section	170(b)(1)	(A)(iii).					
4 🗌	A medical re-	search organization	operated in conjunction	with a hos	spital desci	nbed in se	ection 170)(b)(1)(A)(ii	i). Enter ti	ne hospital	l's name) ,
	city, and stat	te:										
5 🔲	An organizat	ion operated for the	benefit of a college or u	niversity o	wned or op	perated by	y a govern	mental uni	t describe	ed in		
	section 170	(b)(1)(A)(iv). (Compl	ete Part II)				-					
6 🗔	A federal, sta	ate, or local governm	nent or governmental uni	t describe	d ın sectio	n 170(b)(1)(A)(v).					
7 🗀			eives a substantial part					or from the	general p	oublic desc	ribed in	i
		(b)(1)(A)(vi). (Comple		• • •		•						
8 🗔			section 170(b)(1)(A)(vi).	(Complete	Part II.)							
9 X An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipt					ceipts fr	om						
			nctions - subject to certa									
			axable income (less sec									
		509(a)(2). (Complete			ŕ		•	, ,			,	-
10 🔲			perated exclusively to te	st for publ	lic safety. S	See sectio	on 509(a)(4	4).				
11 🔲			perated exclusively for the					•	v out the i	ourposes o	of one or	r
			ations described in secti									
			organization and compl				,					
	a Type		¬		e III - Func		tegrated		d 🔲	Type III - 0	Other	
е 🗀	= -		at the organization is not			•	•	r more disc				1
			han one or more publicly									
f			tten determination from						(-)(-)			
		rganization, check ti			•	. , ,.	, . ,,	- '				
g	Since Augus	t 17, 2006, has the o	organization accepted ar	ny gift or c	ontribution	from any	of the foll	owing pers	sons?	•		
_			firectly controls, either al								Yes	No
			upported organization?	J				() (,,	11g(i)		
	(ii) A family	member of a person	n described in (i) above?	•		• •			•	11g(ii)		
		•	person described in (i) (•	e?	•	••			11g(iii)		
h			about the supported or	• • •	•			•		(***)		
		•	, ,	•	` '							
(i) Name	of supported	(ii) EIN	(iii) Type of	(iv) Is the o	organization	(v) Did vo	u notify the	(vi) Is	the	/vii\ An	nount of	
	anization	(, 2	organization		sted in your		tion in col.	organization	on in col.		nount of port	
			(described on lines 1-9 above or IRC section	governing	document?	(i) of you	r support?	(i) organız U.S	2 (10)	oup	port	
			(see instructions))	Yes	No	Yes	No	Yes	No			
	. ,,=											
		1										
		AND AND T	高级工作的	K COFF	金 銀	12.XX	39848	M : Ki	· · · · · · · · · · · · · · · · · · ·			_
Total			18 18 18 18 18 18 18 18 18 18 18 18 18 1	\$ 176.			12.50					
LHA For F	Paperwork Re	eduction Act Notice	, see the Instructions f	or				Schedul	e A (Form	990 or 99	Ю-EZ) 2	010

032021 12-21-10

Form 990 or 990-EZ.

_	rt II Support Schedule for	Organizations	Described in	Sections 170	(b)(1)(A)(iv) an	d 170(b)(1)(A)(v	/i)
	(Complete only if you checke						
	fails to qualify under the test						_
Sec	ction A. Public Support						· <u></u>
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and	,,,			154	17	(17 1 0 1 1 1
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities	· · ·					
•	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions	/ À .	A . 4	* ′×		3 *	
•	by each person (other than a	130 a 40.	*	A 5 84 2 94		* * * * * * * * * * * * * * * * * * * *	
	governmental unit or publicly	2.4 mage 1		~ % × % 1.7%		7 7 4 V	
	supported organization) included			, , , , , , , , , , , , , , , , , , , ,		\$ 15 mm	
	on line 1 that exceeds 2% of the	* *** *** ***	1	, , , , , , , , , , , , , , , , , , ,			
	amount shown on line 11,	7.7		- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		[* 's we 1 '] **	
	column (f)						
6	Public support. Subtract line 5 from line 4	*		, , , , , , , ,	Programme of the control of the cont	<u> </u>	
	ction B. Total Support	, £ &.			1 4 4 3	<u> </u>	
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(=) 2009	(4) 2000	(-) 0010	(0 T-+-1
	Amounts from line 4	(a) 2000	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
8	Gross income from interest,				 -	<u> </u>	
Ü	dividends, payments received on						
	securities loans, rents, royalties						
	· •				i		
0	and income from similar sources						
9	and income from similar sources Net income from unrelated business						
9	and income from similar sources Net income from unrelated business activities, whether or not the						
	and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on						
	and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain						
	and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital						
10	and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
10	and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. Add lines 7 through 10	Arm In 10	- Mar	ent to enter a fe	· · · · · · · · · · · · · · · · · · ·	× 5.	
10 11 12	and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. Add lines 7 through 10 Gross receipts from related activities	etc. (see instructi	ons)			12	
10 11 12	and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. Add lines 7 through 10 Gross receipts from related activities First five years. If the Form 990 is fo	, etc. (see instruction the organization's	ons)			12	
10 11 12 13	and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. Add lines 7 through 10 Gross receipts from related activities First five years. If the Form 990 is fo organization, check this box and stop	etc. (see instruction the organization's bere	ons) s first, second, thir			12	. ▶□
10 11 12 13 Sec	and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. Add lines 7 through 10 Gross receipts from related activities First five years. If the Form 990 is fo organization, check this box and stopetion C. Computation of Publication	etc. (see instruction the organization's before ic Support Pe	ons) s first, second, thir rcentage	d, fourth, or fifth ta		12 n 501(c)(3)	
10 11 12 13 Sec 14	and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. Add lines 7 through 10 Gross receipts from related activities First five years. If the Form 990 is fo organization, check this box and storetion C. Computation of Public support percentage for 2010 (etc. (see instruction the organization's bere ic Support Peline 6, column (f) d	ons) s first, second, thir rcentage ivided by line 11, o	d, fourth, or fifth ta		12 n 501(c)(3)	
10 11 12 13 Sec 14 15	and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. Add lines 7 through 10 Gross receipts from related activities First five years. If the Form 990 is fo organization, check this box and sto ction C. Computation of Public Public support percentage from 2000	etc. (see instruction the organization's bere ic Support Peline 6, column (f) de Schedule A, Part	ons) s first, second, thir rcentage ivided by line 11, o 11, line 14	d, fourth, or fifth ta	ax year as a sectio	12 n 501(c)(3)	%
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10 11 12 13 See 14 15 16a	and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. Add lines 7 through 10 Gross receipts from related activities First five years. If the Form 990 is fo organization, check this box and stop ction C. Computation of Public Public support percentage for 2010 (Public support percentage from 2008 33 1/3% support test - 2010. If the computation of the computation qualifies 33 1/3% support test - 2009. If the computation of the computation qualifies 33 1/3% support test - 2009. If the computation of the computation qualifies 30 10% -facts-and-circumstances test and if the organization meets the "fact	the organization's of here ic Support Pe line 6, column (f) do Schedule A, Partinganization did no as a publicly support and an application did no liftes as a publicly straining the organization did no liftes as a publicly straining the organization did no liftes and circumstanting the organization did not lifted the organizat	ons) s first, second, thir rcentage livided by line 11, of ll, line 14 t check the box or ported organization t check a box on li supported organiz anization did not checs" test, check ti	d, fourth, or fifth ta column (f)) I line 13, and line 1 Ine 13 or 16a, and ation heck a box on line	l4 is 33 1/3% or m line 15 is 33 1/3% 13, 16a, or 16b, a	12 nn 501(c)(3) 14 15 core, check this box or more, check this and line 14 is 10% of	s box or more,
10 11 12 13 Sec 14 15 16a	and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. Add lines 7 through 10 Gross receipts from related activities First five years. If the Form 990 is fo organization, check this box and sto ection C. Computation of Public Public support percentage for 2010 (Public support percentage from 2009 33 1/3% support test - 2010. If the computation of the com	etc. (see instruction the organization's of here in the column (f) decorated by the co	ons) s first, second, thir rcentage ivided by line 11, of it, line 14 t check the box or ported organization t check a box on life supported organiz anization did not conces" test, check the ittion qualifies as a	d, fourth, or fifth ta column (f)) I line 13, and line 1 Ine 13 or 16a, and ation heck a box on line hos box and stop houlicly supported	l4 is 33 1/3% or m line 15 is 33 1/3% 13, 16a, or 16b, a lere. Explain in Pa	12 nn 501(c)(3) 14 15 nore, check this box or more, check this and line 14 is 10% of text IV how the organ	s box or more, ization

Schedule A (Form 990 or 990-EZ) 2010

more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.

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

Schedule A (Form 990 or 990-EZ) 2010 IMC CHARITABLE FOUNDATION Part: III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Gifts, grants, contributions, and						
	membership fees received (Do not	,					
	include any "unusual grants.")			59,300.	49,170.	30,925.	139,395.
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose			ļ			
3	Gross receipts from activities that						
_	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
·	ization's benefit and either paid to						
	or expended on its behalf	ļ					
5	The value of services or facilities						·
•	furnished by a governmental unit to	ļ					
	the organization without charge						
6	Total. Add lines 1 through 5			59,300.	49,170.	30,925.	139,395.
	Amounts included on lines 1, 2, and					00,020	
	3 received from disqualified persons	!					0.
t	Amounts included on lines 2 and 3 received	· · · · · · · · · · · · · · · · · · ·					
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
•	Add lines 7a and 7b						0.
8	Public support (Subtract line 7c from line 6)	AND THE R		337633			139,395.
	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Amounts from line 6			59,300.	49,170.	30,925.	
10	a Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar sources			101.	382.	572.	1,055.
1	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b			101.	382.	572.	1,055.
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carned on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part IV.)			5,850.	1,820.	1,470.	9,140.
13	Total support (Add lines 9, 10c, 11, and 12)			65,251.	51,372.	32,967.	
	First five years. If the Form 990 is fo	r the organization's	s first, second, thu				
	check this box and stop here						▶ X
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2010 (line 8, column (f) d	livided by line 13, o	column (f))	, <u></u>	15	%
16	Public support percentage from 2009	Schedule A, Part	III, line 15			16	%
Se	ction D. Computation of Inve	stment Incom	e Percentage				
17	Investment income percentage for 20)10 (line 10c, colur	mn (f) divided by lii	ne 13, column (f))		17	%
18	Investment income percentage from	2009 Schedule A,	Part III, line 17			18	%
19	a 33 1/3% support tests - 2010. If the	organization did r	not check the box	on line 14, and line	15 is more than 3	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a						▶□
	b 33 1/3% support tests - 2009. If the						and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization			-		_	
_	023 12-21-10						0 or 990-EZ) 2010

Partil	<u>V</u> ∄ Su _l	plement	tal Info	rmation.	Complete this his part for any	part t	to provide th	ne explanations requalition (See instruc	juired by F tions)	Part II, Im	e 10; Part II, line 17a or 17b,
PART	_III	LINE	12,	OTHER	INCOME	IS	GROSS	RECEIPTS	FROM	THE	FOUNDATON'S
FUND	-RAIS	SING E	VENT	, ITS A	ANNUAL (GOL	F OUTI	NG.		· .	
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SCHEDULE'G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047 Open To Public

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

TMC CHART	TABLE FOUNDATION	ī			26-3082	entification number
Partition Fundraising Activities. Correquired to complete this part.			s" tc	Form 990, Part IV,		
Indicate whether the organization raised a X Mail solicitations b X Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written or or key employees listed in Form 990, Part V b If "Yes," list the ten highest paid individu compensated at least \$5,000 by the org	e Solicitat f Solicitat g Special al agreement with any individual //I) or entity in connection with p uals or entities (fundraisers) purs	tion of no tion of go fundraisi (includin profession	on-go overring e ing of nal fi	overnment grants nment grants events fficers, directors, true undraising services?	stees or Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraise have custo or control contributio	d er ody l of ons?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes N	No			-
				,		
	.,		\dashv			
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otal	registered or begans day solved		_		1.4	
3 List all states in which the organization is or licensing	registered or licerised to solicit (contributi	ions	or has been notified	it is exempt from re	gistration
A						
A Paperwork Reduction Act Notice, see	the Instructions for Form 990	or 990-F			Schedule G /Forr	n 990 or 990-F7\ 201

Schedule G (Form 990 or 990 EZ) 2010 IMC CHARITABLE FOUNDATION 26-3082840 Page 2 Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events NONE (add col (a) through GOLF OUTING col (c)) (event type) (total number) (event type) Revenue 32,395 32,3<u>95.</u> 1 Gross receipts 30,925 30,925. 2 Less Charitable contributions 1,470. 1,470 Gross income (line 1 minus line 2) Cash prizes Noncash prizes Rent/facility costs Food and beverages Entertainment Other direct expenses 10 Direct expense summary Add lines 4 through 9 in column (d) Net income summary. Combine line 3, column (d), and line 10 470 Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col (c)) Gross revenue 2 Cash prizes Expenses 3 Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes Volunteer labor Direct expense summary Add lines 2 through 5 in column (d) Net gaming income summary. Combine line 1, column d, and line 7 9 Enter the state(s) in which the organization operates gaming activities: a is the organization licensed to operate gaming activities in each of these states? b if "No," explain _ Yes 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," explain: Schedule G (Form 990 or 990-EZ) 2010 032082 01-13-11

Sche	edule G (Form 990 or 990-EZ) 2010 IMC CHARITABLE FOUNDATION	<u> 26-3082840</u>) Page 3
11	Does the organization operate gaming activities with nonmembers?	Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility	13a	%
b	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and record	is.	
	Name		
	Address >		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount of gaming revenue received by the organization	ınt	
	of gaming revenue retained by the third party > \$		
С	If "Yes," enter name and address of the third party		
	•		
	Name		
	Address >		
16	Gaming manager information.		
	Name >		
	Gaming manager compensation ▶ \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	s the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in		
Ī	organization's own exempt activities during the tax year > \$		
Pa	Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, column	mns (iii) and (v) and	l Part III
	lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional info		-
	The second secon	mation (oco motic	01101107
		· · · · · · · · · · · · · · · · · · ·	
0220	83 01-13-11 Schedule (G (Form 990 or 990	D-E7) 2010

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service

OMB No 1545-0047

Name of the organization

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

Open to Public Employer identification number

IMC CHARITABLE FOUNDATION	26-3082840
FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:	
DESCRIPTION OF PROPERTY:	AMOUNT:
INTEREST INCOME	572.
FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS:	
ACTIVITY CLASSIFICATION: CHARITABLE SERVICES	
GRANTEE NAME: WISSAHICKON HOSPICE	
GRANTEE ADDRESS: 150 MONUMENT ROAD SUITE 300	
BALA CYNWYD, PA 19004, PA 19004	
PROPERTY DESCRIPTION: CASH	
DATE_OF_GIFT: 10/01/10	
AMOUNT GIVEN:	1,500.
ACTIVITY CLASSIFICATION: CHARITABLE SERVICES	
GRANTEE NAME: TONS OF TURKEYS	
GRANTEE ADDRESS: 1655 EAST BOOT ROAD WEST CHESTER, PA 193	880
PROPERTY DESCRIPTION: CASH	
DATE OF GIFT: 11/01/10	
AMOUNT GIVEN:	2,000.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10	3,500.
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:	
DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
LICENSES AND FEES	100.

SCHEDULE © (Form 990) or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2010 Open to Public Inspection

Name of the organization

IMC CHARITABLE FOUNDATION

Employer identification number 26-3082840

THE CHARTIABLE FOUNDATION 20-3002040
FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - THE FOUNDATION'S MISSION
IS TO PROVIDE GRANTS TO PUBLICLY FUNDED CHARITIES THAT PERFORM
HUMANITARIAN, ENVIRONMENTAL, SCIENTIFIC, LITERARY OR EDUCATIONAL
ACTIVITIES.
FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:
THE FOUNDATION HOSTS AN ANNUAL GOLF OUTING AT WHICH
SELECTED PUBLIC CHARITIES MAY PRESENT THEIR MISSION,
PURPOSE AND NEEDS TO THE PARTICIPANTS AND TO THE GENERAL
PUBLIC. THE CONTRIBUTIONS DONATED BY THE PARTICIPANTS ARE USED BY THE
FOUNDATION TO PROVIDE GRANTS TO SELECTED PUBLIC CHARITIES.
FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.