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Form **990-PF**

Return of Private Foundation

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

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

2010

OMB No 1545-0052

Department of the Treasury Internal Revenue Service For calendar year 2010, or tax year beginning and ending Final return G Check all that apply: Initial return of a former public charity Initial return Address change Amended return Name change Name of foundation A Employer identification number KIERSNOWSKI FAMILY FOUNDATION 84-1567200 Number and street (or P.O. box number if mail is not delivered to street address) Room/suite B Télephone number 4284 FELL ROAD 267-880-3531 City or town, state, and ZIP code C If exemption application is pending, check here DOYLESTOWN, D 1. Foreign organizations, check here PA 18902 2. Foreign organizations meeting the 85% test, check here and attach computation H Check type of organization: Section 501(c)(3) exempt private foundation Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation E If private foundation status was terminated 1 Fair market value of all assets at end of year | J | Accounting method: | X | Cash Accrual under section 507(b)(1)(A), check here Other (specify) (from Part II, col (c), line 16) If the foundation is in a 60-month termination, 213,592. (Part I, column (d) must be on cash basis.) under section 507(b)(1)(B), check here ▶\$ Part I Analysis of Revenue and Expenses (d) Disbursements for charitable purposes (cash basis only) (a) Revenue and (b) Net investment (c) Adjusted net (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) expenses per books income income N/A 0 1 Contributions, gifts, grants, etc., received 2 Check X If the foundation is not required to attach Sch B Interest on savings and temporary cash investments 1,982 1,982 STATEMENT Dividends and interest from securities 5a Gross rents b Net rental income or (loss) 6,212 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 27,301. 6,212 7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain Income modifications 10a Gross sales less returns and allowances b Less Cost of goods sold c Gross profit or (loss) 11 Other income 8,194 8,194 12 Total. Add lines 1 through 11 0. 0 13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees **b** Accounting fees c Other professional fees 0. 02 17 Interest STMT 2 £-6.0. 30. 18 Taxes 005 19 Depreciation and depletion 20 Occupancy
21 Travel, conferences, and meetings 573 0 573. 23 Other expenses 24 Total operating expenses. Add 150 150 STMT 3 000. 24 Total operating and administrative 3,490 882 1,603. expenses. Add lines 13 through 23 5,950 5,950. 25 Contributions, gifts, grants paid 26 Total expenses and disbursements 9,440 882 7,553. Add lines 24 and 25 27 Subtract line 26 from line 12: <1,246. a Excess of revenue over expenses and disbursements 7,312 b Net investment income (if negative, enter -0-) N/A C Adjusted net income (if negative, enter -0-)

		Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of	f year
<u> </u>	art	Balair Ce Sheets column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing			
	2	Savings and temporary cash investments		-	
	l	Accounts receivable >			
		Less: allowance for doubtful accounts ▶			
	4	Pledges receivable			
	'	Less: allowance for doubtful accounts ▶			
	5	Grants receivable		· · · · · · · · · · · · · · · · · · ·	
		Receivables due from officers, directors, trustees, and other			
	6	disqualified persons			
	١,	Other notes and loans receivable 10,000.			
	′		0.	10,000.	10,000.
	_		0.	10,000.	10,000.
Assets	_	Inventories for sale or use			
Ass		Prepaid expenses and deferred charges			
		Investments - U.S. and state government obligations	224 600	205 524	100 000
	1	Investments - corporate stock STMT 4	224,689.	205,524.	198,830.
		Investments - corporate bonds			
	11	Investments - land, buildings, and equipment basis			
		Less accumulated depreciation			· · · · · · · · · · · · · · · · · · ·
	12	Investments - mortgage loans			<u>.</u>
	13	Investments - other			
	14	Land, buildings, and equipment: basis ► 11,746.			
		Less accumulated depreciation STMT 5 6,984.	1,767.	4,762.	4,762.
	15	Other assets (describe ►)			
	16	Total assets (to be completed by all filers)	226,456.	220,286.	<u>213,592.</u>
	17	Accounts payable and accrued expenses			
	18	Grants payable			
S	19	Deferred revenue			
Liabilities		Loans from officers, directors, trustees, and other disqualified persons			
Ē	21	Mortgages and other notes payable			
Ë		Other liabilities (describe STATEMENT 6)	10,404.	5,480.	
	23	Total liabilities (add lines 17 through 22)	10,404.	5,480.	
_	-	Foundations that follow SFAS 117, check here		<u> </u>	
		and complete lines 24 through 26 and lines 30 and 31			
es	24	Unrestricted			
Š	25	Temporarily restricted			
3als	I	Permanently restricted			
Fund Balance	26			<u>-</u>	
пП		·			
ğ		and complete lines 27 through 31.	۱ م	0.	
sts	27	Capital stock, trust principal, or current funds	0.	0.	
Assets	28	Paid-in or capital surplus, or land, bldg., and equipment fund			
¥	29	Retained earnings, accumulated income, endowment, or other funds	216,052.	214,806.	
Net	30	Total net assets or fund balances	216,052.	214,806.	
		<u> </u>	225 456	000 006	
_	31	Total liabilities and net assets/fund balances	226,456.	220,286.	
P	art	III Analysis of Changes in Net Assets or Fund Ba	lances		
1	Tota	I net assets or fund balances at beginning of year - Part II, column (a), line 3	0		
		st agree with end-of-year figure reported on prior year's return)		1	216,052.
2		r amount from Part I, line 27a		2	<1,246.>
3		er increases not included in line 2 (itemize)		3	0.
-		lines 1, 2, and 3		4	214,806.
5		reases not included in line 2 (itemize)		5	0.
6		I net assets or fund balances at end of year (line 4 minus line 5) - Part II, col	umn (b), line 30	6	214,806.
_			·		Form 990-PF (2010)

023511 12-07-10

2-Stury urick war	rehouse; or comm	property sold (e.g non stock, 200 sh		_	P - Pu D - Do	acquired chase nation	(c) Date acque (mo., day,	uired yr.)	(d) Date sold (mo., day, yr.)
1a MORGAN STANLEY						P	VARIOU	JS	05/06/10
b MORGAN STANLEY						P	VARIOU	JS	VARIOUS
C									
d									
e					<u> </u>				
(e) Gross sales price	(f) Deprecial (or allo			st or other basis expense of sale			(h) Gain ((e) plus (f)		
a 886.		_			3.				83
b 26,415.				20,28	6.		· · · · · · · · · · · · · · · · · · ·		6,129
С			ļ						
d									
e		(6)	46 - 4	40/04/00					
Complete only for assets showing			1	-	_		Gains (Col. (
(i) F.M.V. as of 12/31/69	(j) Adjust as of 12			cess of col. (1) col. (j), if any		COI	Losses (fro		
		201703							
<u>a</u>					-				83 6,129
<u>b</u>					+				0,129
<u> </u>			1						
<u>d</u>					_				
<u>e</u> i			1		_	1			
Papital gain net income or (net cap	pital loss) {	If gain, also ente If (loss), enter -0	er in Part I, line D- in Part I, line	7 7	} 2				6,212
Net short-term capital gain or (los		ections 1222(5) a	nd (6):						
If gain, also enter in Part I, line 8, o	column (c).				\downarrow			BT / B	
Part V Qualification U	nder Section	n 4940(a) for			3	mont Inc		N/A	<u> </u>
•	foundations subj	<u>``</u>				ment inc	ome		
f section 4940(d)(2) applies, leave th Was the foundation liable for the sect	foundations subj is part blank. ion 4942 tax on th	ect to the section	4940(a) tax on	net investment in	come.)	ment inc	ome		Yes X No
f section 4940(d)(2) applies, leave th Was the foundation liable for the sect f "Yes," the foundation does not quali	foundations subjustis part blank. non 4942 tax on the figure of the first section 4	ect to the section ne distributable ar 1940(e). Do not c	4940(a) tax on mount of any you	net investment in ear in the base pe irt.	rod?	ment inc	ome		Yes X No
f section 4940(d)(2) applies, leave th Was the foundation liable for the sect f "Yes," the foundation does not quali Enter the appropriate amount in e	foundations subjustis part blank. non 4942 tax on the figure of the first section 4	ect to the section ne distributable ar 1940(e). Do not ca ach year; see insti	4940(a) tax on mount of any you	net investment in ear in the base pe irt.	come.) riod? es.	ment inc	ome		
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f section 4940(d)(2) applies, leave the Vas the foundation liable for the sect for the sect for the foundation does not qualify the foundation does not qualif	foundations subjusted part blank. sion 4942 tax on the section 4	ect to the section ne distributable ar 1940(e). Do not co ach year; see insti (b) sted qualifying dis	mount of any young omplete this particular before stributions 14,772.	net investment in ear in the base pe irt. making any entri	come.) riod? ess. (c) ncharitabl 1 1	e-use assets 57,486 66,689	(col	Distrit . (b) div	(d) pution ratio puded by col. (c)) . 0 9 3 7 9 . 0 4 9 4 3 . 0 7 2 3 0
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Base period years Calendar year (or tax year beginnin 2009 2008 2007 2006 2005 Total of line 1, column (d) Average distribution ratio for the 5 the foundation has been in existen Enter the net value of noncharitable Multiply line 4 by line 3 Enter 1% of net investment incom Add lines 5 and 6	foundations subjuits part blank. Ion 4942 tax on the figure section 4 sach column for each co	ect to the section ne distributable ar 1940(e). Do not coach year; see institution sted qualifying distribution 1 1 1 1 1 1 1 2 2010 from Part X,	mount of any younglete this particular stributions 14,772. 8,241. 11,724. 11,020. 14,293. on line 2 by 5,	net investment in ear in the base pe irt. making any entri Net value of no	come.) riod? es. (c) ncharitable 1 1 1 1	e-use assets 57,486 66,689 62,157 68,659	(col	Distrit l. (b) div	.09379 .04943 .07230 .06533 .07850 .35937 .07187 199,096 14,310 .73
If section 4940(d)(2) applies, leave the Was the foundation liable for the section 15 "Yes," the foundation does not qualiful. Enter the appropriate amount in each gase period years Calendar year (or tax year beginning 2009 2008 2007 2006 2005 2 Total of line 1, column (d) 3 Average distribution ratio for the 5 the foundation has been in existent 4 Enter the net value of noncharitable Multiply line 4 by line 3 6 Enter 1% of net investment income	foundations subjuits part blank. sion 4942 tax on the figure of the first section 4 for each column for each figure. 5-year base period fine if less than 5 years less than 5 years less than 5 years less for 2 for each figure.	ect to the section ne distributable ar 1940(e). Do not coach year; see institution sted qualifying distribution of the section of the sect	mount of any younglete this particular stributions 14,772. 8,241. 11,724. 11,020. 14,293. on line 2 by 5,	net investment in ear in the base pei rt. Making any entri Net value of no	come.) riod? es. (c) ncharitable 1 1 1 1 of years	e-use assets 57,486 66,689 62,157 68,659 82,076	(col	Distrit	.07230 .07850 .07187 .07187 .07187

	1990-PF (2010) KIERSNOWSKI FAMILY FOUNDATION	<u>84-</u>	<u> 156720</u>	0	Page 4
Pa	irt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or	4948 ·	- see inst	truct	ions)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter *N/A* on line 1.	;			
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)				
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%	_ 1			146.
	of Part I, line 27b				
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2			0.
3	Add lines 1 and 2	3			146.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4			0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5			146.
6	Credits/Payments:				
а	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)				
d	Backup withholding erroneously withheld 6d]			
7	Total credits and payments. Add lines 6a through 6d	7			0.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8			
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9			146.
10	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10			
	Enter the amount of line 10 to be: Credited to 2011 estimated tax	11			
	nrt VII-A Statements Regarding Activities				
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or interver	e in		Ye	s No
	any political campaign?		18	a	X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?		11	ь	X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials publish				
	distributed by the foundation in connection with the activities				
c	Did the foundation file Form 1120-POL for this year?		10	c	x
	I Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:				
	(1) On the foundation. ► \$ O. (2) On foundation managers. ► \$	•			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation	_			
Ī	managers. ► \$0 .				
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2	2	x
_	If "Yes," attach a detailed description of the activities				
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation	or			
-	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3	,	x_
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4:	a	X
	olf "Yes," has it filed a tax return on Form 990-T for this year?	N	I/A 4		
	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 either:				
•	By language in the governing instrument, or				
	 By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state 	te law			
	remain in the governing instrument?		6	3	.
7			7		
	If "Yes," complete Part II, col (c), and Part XV.				
82	Enter the states to which the foundation reports or with which it is registered (see instructions)				
	CO				
h	of the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)				
•	of each state as required by General Instruction G? If "No," attach explanation		81	ь 3	.
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for ca	lendar	- <u></u>		
-	year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If "Yes," complete Part XIV		9	,	x
10			10		<u> </u>
_					F (2010)

orm 990-PF (2010) KIERSNOWSKI FAMILY FOUND			84-15672	UU Pag	e 6
Part VII-B Statements Regarding Activities for Which I	TOTAL 4120 May be h	nequirea (contin	ued)	1 1	
5a During the year did the foundation pay or incur any amount to:	4045/5/\0		s X No		
(1) Carry on propaganda, or otherwise attempt to influence legislation (section			S LAL NO		
(2) Influence the outcome of any specific public election (see section 4955); o	i to carry on, directly or moin		s X No		
any voter registration drive? (3) Provide a grant to an individual for travel, study, or other similar purposes	2		s X No		
(4) Provide a grant to an individual for travel, study, or other similar purposes		16	is LALINU		
	ii described iii Section	v	s X No		
509(a)(1), (2), or (3), or section 4940(d)(2)? (5) Provide for any purpose other than religious, charitable, scientific, literary,	or aducational nurnosas, or f		S LAJ NU		
the prevention of cruelty to children or animals?	or educational purposes, or i		s X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	der the excentions described i		S (21) NO		
section 53.4945 or in a current notice regarding disaster assistance (see instru		in ricgulations	N/A	ib	
Organizations relying on a current notice regarding disaster assistance check h				''	
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fi		ined			
expenditure responsibility for the grant?		I/A □ Ye	s No		
If "Yes," attach the statement required by Regulations section 53 494:		i/A			
6a Did the foundation, during the year, receive any funds, directly or indirectly, to					
a personal benefit contract?	pay promising on	☐ Ye	s X No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal henefit contract?			ы <u>2</u>	K
If "Yes" to 6b, file Form 8870				-	<u> </u>
7a At any time during the tax year, was the foundation a party to a prohibited tax s	shelter transaction?	☐ Ye	s X No		
b If "Yes," did the foundation receive any proceeds or have any net income attribu				'b	_
Information About Officers Directors Trust		nagers, Highly			_
Part VIII Paid Employees, and Contractors	,				
List all officers, directors, trustees, foundation managers and their	compensation.				
	(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Expens account, oth	e ber
(a) Name and address	to position	(If not paid, enter -0-)	and deferred compensation	allowance	S
DAVID T. KIERSNOWSKI	DIRECTOR				
1284 FELL ROAD					
OOYLESTOWN, PA 18902	0.00	0.	0.	(<u>.</u>
MARY L. KIERSNOWSKI	DIRECTOR				
1284 FELL ROAD					
OOYLESTOWN, PA 18902	0.00	0.	0.	(<u>. c</u>
Compensation of five highest-paid employees (other than those inc		enter "NONE."	(d) Contributions to	(-) Evnono	
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Expens account, oth	ner
	devoted to position		compensation	allowance	<u>s_</u>
NONE					
					—
	-				
			 - 		
	-				
	_				—
	-				
					—
	-				
To be Lovember of other ampleyees paid ave- 650,000		1			_
Total number of other employees paid over \$50,000			Sacra C	90-PF (20	0
			roim \$	730-F (20)	IU)

▶

Total. Add lines 1 through 3

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations, s	ee instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		·· ·
a	Average monthly fair market value of securities	1a	193,307.
	Average of monthly cash balances	1b	<5,941.
	Fair market value of all other assets	1c	14,762.
d	Total (add lines 1a, b, and c)	1d	202,128.
	Reduction claimed for blockage or other factors reported on lines 1a and		<u> </u>
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	202,128.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	3,032.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	199,096.
6	Minimum investment return. Enter 5% of line 5	6	9,955.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.)	nd certain	
1	Minimum investment return from Part X, line 6	1	9,955.
2a	Tax on investment income for 2010 from Part VI, line 5		
b	Income tax for 2010. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	146.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	9,809.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	9,809.
6	Deduction from distributable amount (see instructions)	6	0.
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	9,809.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		<u> </u>
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	7,553.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	7,553.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	7,553.
	Note The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	qualifies for	the section

4940(e) reduction of tax in those years.

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				9,809.
· · · · · ·	-		 	3,003.
2 Undistributed income, if any, as of the end of 2010 a Enter amount for 2009 only			0.	
b Total for prior years:			_	
g rotarior prior yours,		0.		
3 Excess distributions carryover, if any, to 2010:			• •	
a From 2005				
b From 2006				
c From 2007				
d From 2008				
e From 2009 5,821.				
f Total of lines 3a through e	5,821.			
4 Qualifying distributions for 2010 from			•	
Part XII, line 4: ► \$ 7,553.				
a Applied to 2009, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2010 distributable amount				7,553.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2010 (If an amount appears in column (d), the same amount must be shown in column (a))	2,256.			2,256.
6 Enter the net total of each column as indicated below:				
2 Corpus Add lines 31, 4c, and 4e Subtract line 5	3,565.			
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		0		
assessed d Subtract line 6c from line 6b. Taxable		0.		
amount - see instructions		0.		
e Undistributed income for 2009. Subtract line		0.		
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2010. Subtract	112			
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	0.			
9 Excess distributions carryover to 2011.				
Subtract lines 7 and 8 from line 6a	3,565.			
10 Analysis of line 9:				
a Excess from 2006		ļ		
b Excess from 2007				
c Excess from 2008				
d Excess from 2009 3,565.				
e Excess from 2010	<u> </u>			l

Form **990-PF** (2010)

Part XIV Private Operating Fo		FOUNDATION			-156/200 Page 10
			A, question 9)	N/A	
1 a If the foundation has received a ruling or					
foundation, and the ruling is effective for	•	-	t ► L	14040(:)(2) as [4040(-)(5)
b Check box to indicate whether the found	Tax year	ig touridation described i	Prior 3 years		4942(j)(5)
2 a Enter the lesser of the adjusted net income from Part I or the minimum	(a) 2010	(b) 2009	(c) 2008	(d) 2007	(e) Total
	(4) 2010	(0) 2000	(6) 2000	(4) 2007	(0) 10121
investment return from Part X for					
each year listed b 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly				-	
for active conduct of exempt activities.					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the					
alternative test relied upon:					
"Assets" alternative test - enter: (1) Value of all assets					
` ,			-		
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)	ı				
b "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part X, line 6 for each year					
listed					
c "Support" alternative test - enter:					
(1) Total support other than gross investment income (interest,					
dividends, rents, payments on					
securities loans (section					
512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt					
organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income					
Part XV Supplementary Info	rmation (Comple	te this part only	if the foundatio	n had \$5,000 o	r more in assets
at any time during t	he year-see the	instructions.)			
1 Information Regarding Foundatio	n Managers:	 			
a List any managers of the foundation who			ributions received by th	e foundation before t	ne close of any tax
year (but only if they have contributed in	nore than \$5,000). (See s	section 507(d)(2).)			
DAVID T. KIERSNOWSKI					
 b List any managers of the foundation who other entity) of which the foundation has 			or an equally large por	tion of the ownership	of a partnership or
NONE					
2 Information Regarding Contributi	ion, Grant, Gift, Loan	, Scholarship, etc., Pr	ograms:		
Check here X if the foundation of the foundation makes gifts, grants, etc.					
a The name, address, and telephone num					-, .
a The hame, address, and telephone fulling	on or the person to who	арриодного знови вс	addi 00000,		
b The form in which applications should b	e submitted and informa	ition and materials they sl	nould include:		
c Any submission deadlines:					
d Any restrictions or limitations on awards	s, such as by geographic	al areas, charitable fields,	kınds of institutions, or	other factors:	 .
023601 12-07-10					Form 990-PF (2010)

Part XV Supplementary Information				
3 Grants and Contributions Paid During the Ye	ar or Approved for Future	Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
			!	
	ļ			
SEE STATEMENT 7				
Total	<u> </u>		▶ 3a	5,950.
b Approved for future payment				
NONE				
1,01,2		1		
Total 023611 12-07-10	- ,		<u>▶ 3b</u>	0.

nter gross amounts unless otherwise indicated.	Unrelated	business income		y section 512, 513, or 514	(e)
	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	Related or exempt function income
1 Program service revenue:	code	741100111	code	Amount	Tanotion moonic
a	· -				
b	-	··			
C	· 	·			
d	-				
e	-				
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
Interest on savings and temporary cash					
investments			1.0	1 002	<u>-</u>
Dividends and interest from securities			14	1,982.	
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	i				
property			-		
7 Other investment income					
8 Gain or (loss) from sales of assets other					C 212
than inventory					6,212
9 Net income or (loss) from special events	ļ		 		
O Gross profit or (loss) from sales of inventory	-			<u>-</u>	····
1 Other revenue:					
a					
b		. ,			
C	1 1				
d	-				
e	-).	1,982.	6,212
			<i>/</i> •	1,962.	
				40	0 10/
2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e)	<u> </u>			13	8,194
3 Total. Add line 12, columns (b), (d), and (e)		·-		13	8,194
3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.)	to the Accor	nplishment of	Exempt P		8,194
3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities		·		urposes	
3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities Line No. Explain below how each activity for which inc	ome is reported in	column (e) of Part XV	I-A contributed	urposes	
3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities Line No. Explain below how each activity for which inc the foundation's exempt purposes (other than	ome is reported in	column (e) of Part XV	I-A contributed	urposes	
3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities Line No. Explain below how each activity for which inc	ome is reported in	column (e) of Part XV	I-A contributed	urposes	
3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities Line No. Explain below how each activity for which inc the foundation's exempt purposes (other than	ome is reported in	column (e) of Part XV	I-A contributed	urposes	
3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities Line No. Explain below how each activity for which inc the foundation's exempt purposes (other than	ome is reported in	column (e) of Part XV	I-A contributed	urposes	
3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities Line No. Explain below how each activity for which inc the foundation's exempt purposes (other than	ome is reported in	column (e) of Part XV	I-A contributed	urposes	
3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities Line No. Explain below how each activity for which inc the foundation's exempt purposes (other than	ome is reported in	column (e) of Part XV	I-A contributed	urposes	
3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities Line No. Explain below how each activity for which inc the foundation's exempt purposes (other than	ome is reported in	column (e) of Part XV	I-A contributed	urposes	
3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities Line No. Explain below how each activity for which inc the foundation's exempt purposes (other than	ome is reported in	column (e) of Part XV	I-A contributed	urposes	
3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities Line No. Explain below how each activity for which inc the foundation's exempt purposes (other than	ome is reported in	column (e) of Part XV	I-A contributed	urposes	
3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities Line No. Explain below how each activity for which inc the foundation's exempt purposes (other than	ome is reported in	column (e) of Part XV	I-A contributed	urposes	
3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities Line No. Explain below how each activity for which inc the foundation's exempt purposes (other than	ome is reported in	column (e) of Part XV	I-A contributed	urposes	
3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities Line No. Explain below how each activity for which inc the foundation's exempt purposes (other than	ome is reported in	column (e) of Part XV	I-A contributed	urposes	
B Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities Line No. Explain below how each activity for which inc the foundation's exempt purposes (other than	ome is reported in	column (e) of Part XV	I-A contributed	urposes	
3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities Line No. Explain below how each activity for which inc the foundation's exempt purposes (other than	ome is reported in	column (e) of Part XV	I-A contributed	urposes	
3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities Line No. Explain below how each activity for which inc the foundation's exempt purposes (other than	ome is reported in	column (e) of Part XV	I-A contributed	urposes	
3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities Line No. Explain below how each activity for which inc the foundation's exempt purposes (other than	ome is reported in	column (e) of Part XV	I-A contributed	urposes	
3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities Line No. Explain below how each activity for which inc the foundation's exempt purposes (other than	ome is reported in	column (e) of Part XV	I-A contributed	urposes	

023621 12-07-10

		NOWSKI F					84-156			ge 13
Part X			nsfers To a	and Trans	actions a	nd Rel	ationships With Noncha	ritable	·	
	Exempt Organ	izations			<u> </u>					
1 Did t	the organization directly or indi	rectly engage in an	y of the following	ng with any ot	ner organizatio	n describe	ed in section 501(c) of	[Yes	No
the (Code (other than section 501(c)(3) organizations)	or in section 52	27, relating to	political organi	zations?				Ì
	sfers from the reporting found	ation to a nonchari	table exempt or	ganization of:				1 1		Ì
(1)	Cash							1a(1)		Х
(2)	Other assets							1a(2)		X
b Othe	r transactions:									
(1)	Sales of assets to a noncharita	ıble exempt organız	zation					1b(1)		Х
(2)	Purchases of assets from a no	ncharitable exemp	t organization					1b(2)		X
(3)	Rental of facilities, equipment,	or other assets						1b(3)		X
	Reimbursement arrangements	j						1b(4)		Х
	Loans or loan guarantees							1b(5)		X
	Performance of services or me							1b(6)		X
	ring of facilities, equipment, ma							1c		X
							the fair market value of the goods,		ets,	
	• • •				air market valu	e in any tr	ansaction or sharing arrangement, s	how in		
	mn (d) the value of the goods,					1 (1)				
(a) Line no	(b) Amount involved	(c) Name	of noncharitable	e exempt orga	mzation	(0)	Description of transfers, transactions, and	sharing arra	angeme	nts
-	<u></u>	 	N/A							
		<u> </u>					-			-
		 								
					 ,					
		-								
		-				+				
	<u> </u>	 								
				<u> </u>						
		 				 				
		1								
	<u> </u>	†				-				
2a Is th	e foundation directly or indirec	tly affiliated with, o	r related to, one	or more tax-	exempt organiz	ations de	scribed			
ın se	ection 501(c) of the Code (othe	r than section 501	(c)(3)) or in sec	tion 527?				Yes	X	No
b If "Y	es," complete the following sch			1						
	(a) Name of or	ganization		(b) Type of	organization		(c) Description of relations	hip		
	N/A									
	·									
			· · · · · · · · · · · · · · · · · · ·							
	 			 	-					
	Under penalties of persury, I declar	re that I have examined	d this return, includ	ling accompanyi	ng schedules and	statement	s, and to the best of my knowledge and be	hef it is tru	e. corre	ct.
Sign	and complete Declaration of prep.								-,	,
Here	1 Masix X	. Klesni	nuski		1 9/20	111	President			
	Signature of officer or tr		10000	•	Date		Title			
	Print/Type preparer's n		Preparar's s	signature		Date	Check If PTIN			
		1		0 44	CAN	- 1	self- employed			
Paid	JOHN W. A	ALLGOOD (علالمان	DTK CHA	9/13/	(D)			
Prepa			NS MITC	HELL A	LP	· -	Firm's EIN ▶			
Use C	nly			•						
	Firm's address ► 3 0	3 EAST 1	7TH AVE	ENUE, S	UITE 6	00				

303-830-1120

Phone no.

DENVER, CO 80203

FORM 990-PF DIVIDENT	DS AND	INTER	EST FRO	M SECU	RITIES	STATEMENT	1
SOURCE		GROSS	AMOUNT	_	ITAL GAINS IVIDENDS	COLUMN (A AMOUNT)
MORGAN STANLEY SMITH BARNEY			1,982		0.	1,9	82.
TOTAL TO FM 990-PF, PART I,	LN 4		1,982	•	0.	1,9	82.
FORM 990-PF	-	TAX	ES			STATEMENT	2
DESCRIPTION	EXPE	A) INSES BOOKS	(B NET IN MENT I	VEST-	(C) ADJUSTED NET INCOM		
TAXES		60.		30.			30.
TO FORM 990-PF, PG 1, LN 18		60.		30.			30.
FORM 990-PF	C	THER E	XPENSES			STATEMENT	3
DESCRIPTION	EXPE	A) ENSES BOOKS	(B NET IN MENT I	VEST-	(C) ADJUSTED NET INCOM		
OFFICE EXPENSE MANAGEMENT FEE-SMITH BARNEY COLORADO REGISTRATION FEE		800. 150. 200.		0. 150. 0.			00. 0.
TO FORM 990-PF, PG 1, LN 23		1,150.		150.		1,0	00.
FORM 990-PF	CC	RPORAT	E STOCK			STATEMENT	4
DESCRIPTION				во	OK VALUE	FAIR MARKE VALUE	T
CORPORATE STOCK					205,524.	198,8	30.
TOTAL TO FORM 990-PF, PART I	I, LIN	NE 10B			205,524.	198,8	30.

FORM 990-PF DEPRECIATION OF ASSET	S NOT HELD FOR	INVESTMENT	STATEMENT 5
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
COMPUTER COMPUTER COMPUTER AND PRINTER EQUIPMENT COMPUTER PRINTER	2,126. 2,120. 3,500. 2,500. 1,500.	2,126. 1,998. 2,660. 125. 75.	0. 122. 840. 2,375. 1,425.
TOTAL TO FM 990-PF, PART II, LN 14	11,746.	6,984.	4,762.
FORM 990-PF OTHE	ER LIABILITIES		STATEMENT 6
DESCRIPTION		BOY AMOUNT	EOY AMOUNT
NEGATIVE CASH RENEGADE		8,404.	3,480. 2,000.
TOTAL TO FORM 990-PF, PART II, LINI	E 22	10,404.	5,480.

	AND CONTRIBUTIONS DURING THE YEAR	STATE	EMENT 7
RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT		AMOUNT
AMERICAN RED CROSS UNKNOWN DOYLESTOWN, PA 18902	NONE		600.
BRANDON BOGER MEMORIAL FUND UNKNOWN DOYLESTOWN, PA 18902	NONE		100.
CENTRAL BUCKS HS EAST UNKNOWN DOYLESTOWN, PA 18902	NONE		825.
COACHES VS CANCER UNKNOWN DOYLESTOWN, PA 18902	NONE		500.
RENEGADES INC UNKNOWN DOYLESTOWN, PA 18902	NONE		2,000.
CB CARES UNKNOWN DOYLESTOWN, PA 18902	NONE		50.
DOYLESTOWN AMERICAN LEGION UNKNOWN DOYLESTOWN, PA 18902	NONE		50.
YMCA UNKNOWN DOYLESTOWN, PA 18902	NONE		1,500.

KIERSNOWSKI FAMILY FOUNDATION		84-1567200
JAKE REVERE SCHOLARSHIP UNKNOWN DOYLESTOWN, PA 18902	NONE	300.
OLMC YOUTH GROUP UNKNOWN DOYLESTOWN, PA 18902	NONE	25.

5,950.

TOTAL TO FORM 990-PF, PART XV, LINE 3A

Department of the Treasury Internal Revenue Service (99)

Depreciation and Amortization 990-PF (Including Information on Listed Property)

Attach to your tax return.

OMB No 1545-0172

Attachment Sequence No 67

► See separate instructions. Name(s) shown on return

Business or activity to which this form relates

Identifying number

KIERSNOWSKI FAMILY FOU	NDATION		FOR	м 9	90-PI	F PAGE	1	84-1567200
Part I Election To Expense Certain Property	Under Section 1	79 Note: If you h	ave any list	ed pro	perty, c	omplete Part	V before y	ou complete Part I
1 Maximum amount (see instructions)							1	500,000.
2 Total cost of section 179 property placed	d in service (see	instructions)					2	•
3 Threshold cost of section 179 property b		-					3	2,000,000.
4 Reduction in limitation Subtract line 3 fro			٥.				4	
5 Dollar limitation for tax year Subtract line 4 from line 1	If zero or less, enter	-0- If married filing s	separately, see	ınstruct	ions		5	
6 (a) Description of prop			b) Cost (busine			(c) Elected	l cost	
7 Listed property. Enter the amount from li	ne 29				7			
8 Total elected cost of section 179 propert		un column (c) I	ines 6 and	7			8	
9 Tentative deduction Enter the smaller of	•	, (0), .		•			9	
10 Carryover of disallowed deduction from I		009 Form 4562					10	
11 Business income limitation. Enter the sm	•		ee than zar	a) ar li	ne 5		11	
12 Section 179 expense deduction Add line		,		•	110 3		12	
13 Carryover of disallowed deduction to 20°	·			• i	13	•	12	
Note: Do not use Part II or Part III below for I					13			
Part II Special Depreciation Allowand				le liete	d prope	rty)		
14 Special depreciation allowance for qualif		·····				• •		
	led property (of	iei triair listeu p	noperty) pia	aceu II	i seivice	during		
the tax year							14	
15 Property subject to section 168(f)(1) elec	tion						15	
Part III MACRS Depreciation (Do not	include listed by	(oporty) (Soo in	etructions \				16	
rait iii MACKS Depreciation (Do not	include listed pi	Secti						
4= 144.000 deductions for section level in							47	805.
17 MACRS deductions for assets placed in	-						17	605.
18 If you are electing to group any assets placed in service Section B - Assets P						oral Danrasia	tion System	
Section B - Assets F	(b) Month and	(c) Basis for de				erai Deprecia	ilion Syst	
(a) Classification of property	year placed in service	(business/investigness only - see inst	tment use		Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property								
b 5-year property		4	1,000.	5	YRS.	MQ	200DB	200.
c 7-year property								
d 10-year property								
e 15-year property								
f 20-year property								<u> </u>
g 25-year property				2	5 yrs		S/L	
	/			27	.5 yrs	ММ	S/L	
h Residential rental property	/			27	5 yrs	ММ	S/L	=
	/			3	9 yrs	ММ	S/L	
i Nonresidential real property	/		-			ММ	S/L	
Section C - Assets Pla	aced in Service	During 2010 T	ax Year Us	ing th	e Altern	ative Deprec		stem
20a Class life							S/L	
b 12-year				1.	2 yrs		S/L	-
c 40-year	/				0 yrs	ММ	S/L	
Part IV Summary (See instructions.)		-						
21 Listed property. Enter amount from line 2	28						21	
22 Total. Add amounts from line 12, lines 14		es 19 and 20 in	column (a)	, and	line 21.			
Enter here and on the appropriate lines of							22	1,005.
23 For assets shown above and placed in s								2,000.
portion of the basis attributable to section	_	, , -			23			
								

KIERSNOWSKI	FAMTI.Y	FOINDATION	ſ
KIEKSKOWSKI	LULL	LOCKDUITON	

_	m 4562 (2010)		RSNOWSK											200	
P	art V Listed Proper amusement)	ty (Include a	utomobiles, ce	rtain oth	ner vehic	cles, cert	taın com	puters	s, and pro	perty us	ed for er	ntertainn	nent, rec	reation,	or
	•	vehicle for w	hich you are u	sing the	standar	d mileag	e rate oi	r dedu	cting leas	e expens	e, comp	lete onl	y 24a, 2	4b, colu	mns (a)
	through (c) of														
			on and Other					nstruc	tions for l	mits for	passeng	er auton	nobiles.)	<u>)</u>	
<u>24a</u>	Do you have evidence to	T		ent use cl	aimed?	<u> </u>	es L	_ No	24b lf "Y	es," is th	ne evide	nce writt	ten?	ᆜ Yes և	No
	_ (a)	(b) Date	(c) Business/		(d)	Bas	(e) as for depr	ooration	(f)		(g)		(h)	EL	(i) ected
	Type of property (list vehicles first)	placed in	investment		Cost or her basis	1 /600	siness/inve	estment	Recovery period		thod/ /ention		eciation uction		on 179
	(1131 401110103 11131)	service	use percentag	ge o	iidi basis		use only	y)			1			<u> </u>	ost
25	Special depreciation all	owance for c	qualified listed	property	placed	ın servi	e durin	g the t	ax year ar	nd					
	used more than 50% in										25	<u> </u>		<u> </u>	
<u> 26</u>	Property used more that	an 50% in a c	qualified busine	ess use:											
			9	6						ļ					
		ļ	9	6				_		ļ			_	—	
		<u> </u>	9	<u>/6</u>	_					<u> </u>		<u> </u>			
27	Property used 50% or	ess in a qual	ified business	use						Ţ		,			
		ļ <u></u>	9	%						S/L·		ļ		1	
			9	%						S/L·		<u> </u>		4	
		<u> </u>	9	%						S/L·		ļ		1	
28	Add amounts in column	n (h), lines 25	through 27 E	nter her	e and or	ı line 21	, page 1				28	<u> </u>		↓	
<u>29</u>	Add amounts in column	n (i), line 26 E	Enter here and	on line	7, page	1							29	<u> </u>	
			S	Section	B - Infor	rmation	on Use	of Vel	hicles						
	mplete this section for v														
-	ou provided vehicles to	your employe	ees, first answ	er the qu	uestions	ın Secti	on C to	see if	you meet	an exce	otion to	complet	ing this	section 1	for
tho	se vehicles			,								,			
				(a)	(b)		(c)	(d)	(e)	((f)
30	Total business/investment	miles driven c	during the	Vel	nicle	Vel	nicle	<u> </u>	/ehicle	Vel	hicle	Vel	nicle	Vel	hicle
	year (do not include com	muting miles)				ļ						ļ		ļ	
31	Total commuting miles	driven during	g the year			ļ. <u></u>						ļ		 	
32	Total other personal (no	oncommuting	g) miles												
	driven			<u> </u>		<u> </u>		ļ						↓	
33	Total miles driven durin	g the year.		1											
	Add lines 30 through 3	2			1	ļ	·	-		ļ					
34	Was the vehicle availab	ole for persor	nal use	Yes	No	Yes	No	Ye:	s No	Yes	No	Yes	No	Yes	No
	during off-duty hours?					ļ	ļ	-		-		<u> </u>	ļ	 	-
35	Was the vehicle used p	orimanly by a	more												
	than 5% owner or relat	ed person?					ļ						ļ	 	
36	Is another vehicle avail	able for pers	onal										i	1	
	use?						<u> </u>			<u>.j</u>				<u> </u>	
		Section C	- Questions	for Emp	loyers V	Vho Pro	vide Ve	hicles	for Use t	y Their	Employ	ees			
An	swer these questions to	determine if	you meet an e	exception	n to com	pleting	Section	B for v	rehicles u	sed by e	mployee	s who a	re not n	nore tha	n 5%
ow	ners or related persons														1
37	Do you maintain a writt	en policy sta	tement that pr	ohibits a	all perso	nal use	of vehic	les, inc	cluding co	mmuting	, by you	ır		Yes	No
	employees?														-
38	Do you maintain a writt		-								your				
	employees? See the in	structions fo	r vehicles used	by cor	porate o	fficers, c	Irectors	, or 19	6 or more	owners				<u> </u>	
	Do you treat all use of	-												<u> </u>	
40	Do you provide more the	nan five vehic	cles to your em	nployees	, obtain	ınforma	tion fron	n your	employee	s about					
	the use of the vehicles														<u> </u>
41	Do you meet the requir														<u> </u>
_	Note: If your answer to	<i>37, 38, 39, 4</i>	10, or 41 is "Ye	s," do n	ot comp	lete Sec	tion B fo	or the	covered v	ehicles.					Ц
LP	art VI Amortization			/L\					(al\	1	1	1			
	(a) Description	of costs	Date	(b) amortization		(C) Amortiza			(d) Code		(e) Amortizi	ation	A	(f) mortization	1
				begins	<u> </u>	amoun	t		section		period or pe	rcentage		or this year	
<u>42</u>	Amortization of costs t	nat begins di	uring your 201	u tax ye	ar [.]					Т					
	· ·							+							
_				<u>. </u>	1				,	1		 			
43	Amortization of costs t	nat pegan be	erore vour 2010	u tax vea	ar							43			

016252 12-21-10

44 Total. Add amounts in column (f). See the instructions for where to report

• Company (P) 4 0044)					
Form 8868 (Rev. 1-2011)		Date to the second seco			Page 2
If you are filing for an Additional (Not Automatic) 3-Month Ex				2000	► LX
Note. Only complete Part II if you have already been granted an a			I Form 8	3868	
If you are filing for an Automatic 3-Month Extension, comple Part II Additional (Not Automatic) 3-Month E			onios n	voodod)	
	X CE I S I O	The control of the conginal (no	Τ΄		
Type or Name of exempt organization			Empi	oyer identific	ation number
print KIERSNOWSKI FAMILY FOUNDATION	ONT		l g	4-15672	0.0
File by the Number street and room or suite no. If a P.O. box s		tions	1 0	4 13072	
due date for 4284 FELL ROAD	iee instruc	illoris			
filing your return See City, town or post office, state, and ZIP code For a fo	oreign add	dress see instructions			
DOYLESTOWN, PA 18902	510.g.1 a.s.	rood, doo mondonono.			
postalostonia, sis about		· · · · · · · · · · · · · · · · · · ·			
Enter the Return code for the return that this application is for (file	e a separa	ite application for each return)			0 4
Enter the fieldin code for the folds that this approach to its (in	o a copaic	as application to out in teating			
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 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-T (trust other than above) 06 Form 8870					12
STOP! Do not complete Part II if you were not already granted	d an autor	matic 3-month extension on a previou	ısly file	d Form 8868.	
DAVID T. KIERS					
 The books are in the care of ► 4284 FELL ROAD 	- DO				
Telephone No. ► 267-880-3531		FAX No 🕨			
 If the organization does not have an office or place of busines 					
If this is for a Group Return, enter the organization's four digit					
box ▶ If it is for part of the group, check this box ▶			memb	<u>ers the extens</u>	ion is for
4 I request an additional 3-month extension of time until					
5 For calendar year 2010, or other tax year beginning		, and ending _			
6 If the tax year entered in line 5 is for less than 12 months, o	check reas	son	Final r	eturn	
Change in accounting period					
7 State in detail why you need the extension ADDITIONAL TIME IS NEEDED TO	COLLE	CO THEODWARTON NEEDI	יח מי	O PREPA	
FORM 990PF THAT COMPLIES WITH			ו עני	O FREFA	KB A
FORM 330FF THAT COMPLIES WITH	KEFO	KIING REQUIREMENTS:			
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069 e	enter the tentative tax less any			
nonrefundable credits. See instructions	0, 0000, 0	The tentative tax, 1000 any	8a	\$	164.
b If this application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and estimated	1		
tax payments made Include any prior year overpayment al	•				
previously with Form 8868.			8b	\$	0.
c Balance due. Subtract line 8b from line 8a Include your pa	ayment wi	th this form, if required, by using		•	
EFTPS (Electronic Federal Tax Payment System) See instr	=		8c	\$	164.
		nd Verification			
Under penalties of perjury, I declare that I have examined this form, include		panying schedules and statements, and to th	e best o	f my knowledge	and belief,
it is true, correct, and complete, and that I am authorized to prepare this fe		•		-	•
Signature ► Title ►	CPA		Date		
· ·····				Form 88	68 (Rev. 1-2011)

01-24-11

Form **8868**

(Rev. January 2011)

Department of the Tressury 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

					_ <u> </u>	
• If you	are filing for an Automatic 3-Month Extension, complete	te only Pa	art I and check this box			\mathbf{X}
	are filing for an Additional (Not Automatic) 3-Month Ex					
	complete Part II unless you have already been granted a		• • •			
	nic filing (e-file). You can electronically file Form 8868 if y					ration
	to file Form 990-T), or an additional (not automatic) 3-mol					
	o file any of the forms listed in Part I or Part II with the exc				•	
Persona	Benefit Contracts, which must be sent to the IRS in pap	er formet	(see instructions). For more details on ti	ne elec	tronic filing of this fo	orm,
	w.irs.gov/efile and click on e-file for Charities & Nonprofits				_	
Part	Automatic 3-Month Extension of Time	Only su	bmit original (no copies needed).			
А согро	ration required to file Form 990-T and requesting an autor	natic 6-mo	onth extension - check this box and com	plete		
Part I on	ıly					
	corporations (including 1120-C filers), partnerships, REM come tax returns.	ICs, and t	rusts must use Form 7004 to request an	exten	sion of time	
Type or	Name of exempt organization			Emp	loyer identification	number
print	KIERSNOWSKI FAMILY FOUNDATE	ION		8	4-1567200	
File by the due date to	Number, street, and room or suite no. If a P.O. box, s		tions.	•		
filing your return. See			······			
instruction	City, town or post office, state, and ZIP code. For a for DOYLESTOWN, PA 18902	oreign add	ress, see instructions.			
Enter th	e Return code for the return that this application is for (file	a separa	te application for each return)	•		0 4
Applica	tion	Return	Application			Return
ls For		Code	Is For			Code
Form 99	0	01	Form 990-T (corporation)			07
Form 99	O-BL	02	Form 1041-A			08
Form 99	0-EZ	03	Form 4720		•	09
Form 99	0-PF	04	Form 5227			10
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 99	0-T (trust other than above)	06	Form 8870		······································	12
	DAVID T. KIERSI					
	pooks are in the care of \triangleright 4284 FELL ROAD	- DO			 .	
•	phone No. ► 267-880-3531		FAX No. ►			
	organization does not have an office or place of business				•	
	s Is for a Group Return, enter the organization's four digit	1	-			
box ▶			ch a list with the names and EINs of all		<u>ers the extension is </u>	for.
1 Ir	equest an automatic 3-month (6 months for a corporation AUGUST 15, 2011 , to file the exemp		to file Form 990-T) extension of time unt tion return for the organization named a		The extension	
	for the organization's return for: X calendar year 2010 or					
•	tax year beginning	. an	d ending			
		,			- ·	
2 If	the tax year entered in line 1 is for less than 12 months, c	heck reas	on: Initial return Fina	d retur	n	
	Change in accounting period				•	
3a If	this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	nter the tentative tax, less any			
	onrefundable credits. See instructions.			3a	\$	0.
b If	this application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and			
	timated tax payments made. Include any prior year overp			3ь	\$	0.
	alance due. Subtract line 3b from line 3a. Include your pa					
	using EFTPS (Electronic Federal Tax Payment System).			3c	\$	0.
Caution	I. If you are going to make an electronic fund withdrawn u	with this E	arm 9989, and Earm 9453.50 and Earm	0070	FO for marine and lacet	

Form 8868 (Rev. 1-2011)						Page 2				
 If you are filing for an Addition 	nal (Not Automatic) 3-Month I	Extension, d	complete only Part II and check this bo	×		X				
Note. Only complete Part II if yo	ou have already been granted ar	n automatic	3-month extension on a previously filed	Form 8	3868.					
 If you are filing for an Automa 			•							
			n of Time. Only file the original (no c	opies n	eeded).					
Name of exempt org			TO THE OWN THE WAS THE WAS TO STATE OF THE PARTY OF THE P			numbor				
Type or	gariization			Employer Identification number						
print PTEDCNOWCET	ENMITY ECHNICAM	TON		84-1567200						
File by the	FAMILY FOUNDAT			_ 0	4-1307200					
extended Number, street, and	tended Number, street, and room or suite no. If a P.O. box, see instructions.									
filing your 4284 FELL R	(OAD									
	office, state, and ZIP code. For a	foreign add	ress, see instructions.							
DOYLESTOWN,	PA 18902									
Enter the Return code for the re-	turn that this application is for (file a separa	te application for each return)			0 4				
Application		Return	Application		, <u>, , , , , , , , , , , , , , , , , , </u>	Return				
Is For		Code	is For			Code				
Form 990		01			7,,, ,, ,, ,,	1				
Form 990-BL		02	Form 1041-A			08				
Form 990-EZ		03	Form 4720			09				
Form 990-PF			Form 5227			10				
	(-) AA)	04				 				
Form 990-T (sec. 401(a) or 408(a		05	Form 6069			11				
Form 990-T (trust other than abo		06	Form 8870			12				
STOPI Do not complete Part II			natic 3-month extension on a previou	isty file	d Form 8868.					
	DAVID T. KIER									
		D - DO	YLESTOWN, PA 18902							
Telephone No. ► 267-8	380-3531		FAX No. ▶							
 If the organization does not I 	have an office or place of busine	ess in the Ur	nited States, check this box		▶	نــا				
• If this is for a Group Return, e	enter the organization's four dig	git Group Exc	emption Number (GEN) If th	is is fo	r the whole group, c	heck this				
box ▶ . If it is for part of	the group, check this box 🕨 🗌	and atta	ch a list with the names and EINs of all	memb	ers the extension is	for.				
4 I request an additional 3-re	month extension of time until	NOVEM	BER 15, 2011.							
5 For calendar year 2010	o, or other tax year beginning		, and ending							
	line 5 is for less than 12 months	. check reas	on: Initial return	Final r	eturn					
Change in account										
7 State in detail why you ne										
	IME IS NEEDED TO	COLLE	CT INFORMATION NEEDS	D T	O PREPARE	A				
FORM 990PF TH			RTING REQUIREMENTS.							
10141 33011 11			MILIO MURULIMITO							
0- If this	000 PL 000 PE 000 T 470	0.000	-1Ab - AA-Ab - A Local							
• •	orm 990-BL, 990-PF, 990-T, 4720	u, or 6069, e	enter the tentative tax, less any			0.				
nonrefundable credits. Se				8a	\$					
		_	refundable credits and estimated							
• •	ude any prior year overpayment	allowed as	a credit and any amount paid			^				
previously with Form 886				8b	\$	0.				
c Balance due. Subtract lin	ne 8b from line 8a. Include your	payment wr	th this form, if required, by using							
EFTPS (Electronic Federa	al Tax Payment System). See ins		·····	8c	\$	0.				
	Sig	nature ar	nd Verification							
Under penalties of perjury, I declare	that I have examined this form, incl	luding accom	panying schedules and statements, and to th	e best o	f my knowledge and b	elief,				
it is true, correct, and complete, and	A , , ,				0/1. /					
Signature Many i	Yest Ittle ▶	► CPA		Date	> 8/12/11					
$\overline{\mathcal{O}}$					Form 8868 (Re	ev. 1·2011)				