

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



Form **990-EZ**

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

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 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 \$200,000 and total pend of the year may use this form

The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

					2011
B c	heck if pplicab	C Name of organization	D Emp	loyer i	dentification number
Ļ	Addre	ess change	2	7 7	050760
<u></u>		change NPT CHARITABLE ASSET TRUST Number and street (or P.O. box, if mail is not delivered to street address) Room/suite			059768 number
ļ×.	Initial	1.65 MOUNTAINED LINE BOAD		•	277-3010
누	٦ .	City or town state or country and 7ID + 4			
	٦	TONGSTANDONAL DA 10046		nber 🕨	mption
					X if the organization is not
					attach Schedule B
		e: ► N/A empt status (check only one) — X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527			, 990-EZ, or 990-PF).
		★ If the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not.			
		90 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization of			
		te return.	110030	3 10 1116	a return, be sure to me a
		es 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part	11		
		column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	'',	▶ \$	0.
_	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instru	ctions		
		Check if the organization used Schedule 0 to respond to any question in this Part I			
_	1	Contributions, gifts, grants, and similar amounts received		1	
	2	Program service revenue including government fees and contracts		2	
	.3	Membership dues and assessments		3	
	4	Investment income		4	
	1	Gross amount from sale of assets other than inventory 5a			
	Ь	Less; cost or other basis and sales expenses 5b			
	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
	6	Gaming and fundraising events			
ø.	a	Gross income from gaming (attach Schedule G if greater than			
Ž		\$15,000) 6a			
Revenue	ь	Gross income from fundraising events (not including \$ of contributions			
E	l	from fundraising events reported on line 1) (attach Schedule G if the sum of such			
		gross income and contributions exceeds \$15,000)			
	c	Less: direct expenses from gaming and fundraising events			
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		_6d_	
	7a	Gross sales of inventory, less returns and allowances 7a			
	b	Less: cost of goods sold TLUEIVED 7b		į	
	C	Gross profit or (loss) f@r sales of inventory (Subtract 1697b from line 7a)		7c	
	8	Other revenue (describe in Schepule O) 2 2012		8	
	9	Total revenue. Add Add	<u> </u>	9	
	10	Grants and similar amounts paid (Hst in Schedule O)		10	
	11	Benefits paid to or formembers 20 Eliv.		11	
ses	12	Salaries, other compensation, and employee benefits		12	
Expenses	13	Professional fees and other payments to independent contractors		13_	
ᅑ	14	Occupancy, rent, utilities, and maintenance		14	
_	15	Printing, publications, postage, and shipping Other expanses (describe in Schedule O)		15	
	16	Other expenses (describe in Schedule 0)		16	
	17	Total expenses. Add lines 10 through 16		17 18	
sts	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		15	
1556	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	
Net Assets	20	Other changes in net assets or fund balances (explain in Schedule O)		20	0.
ž	21	Net assets or fund balances at end of year. Combine lines 18 through 20		21	<u> </u>
		Panerwork Reduction Act Notice see the senarate instructions		<u>. 61</u>	Form 990-EZ (2010)

2010.05070 NPT CHARITABLE ASSET TRUST NPTCAT 1

Forh	990-EZ (2010) NPT CHARITABLE ASSET TRUS	ST		<u> 27 – </u>	70597	68	Page 2
Pa	Irt II Balance Sheets. (see the instructions for Part II.)					-	
	Check if the organization used Schedule O to respond to any question	in this Part II	- <u></u> -				
		(A) Beginning of year		(B) E	nd of year	
22	Cash, savings, and investments			22			
23	Land and buildings			23			
24	Other assets (describe in Schedule 0)			24			
25	Total assets			25			
26	Total liabilities (describe in Schedule 0)			26			
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)			27	<u> </u>		
P	irt III Statement of Program Service Accomplishme	•	Part III.)			penses	
	Check if the organization used Schedule O to respond to any question			X	(Required 501(c)(3)	for section and 501(c)	
Wha	t is the organization's primary exempt purpose? SEE SCHEDULE ()			organizatio	ons and se	ction
	cribe what was achieved in carrying out the organization's exempt pu			be	4947(a)(1)) trusts; op	itional
	services provided, the number of persons benefited, and other releva				101 01110101	<u>, </u>	
28	NPT CHARITABLE ASSET TRUST WILL SOI						
	CONTRIBUTIONS AND AWARD GRANTS THRO		DAIRED				
	FUND PROGRAM, ONCE ACTIVITIES BEGIN						
	(Grants \$) If this amount includes foreign	grants, check here	_		28a		
29		· · · · · · · · · · · · · · · ·					
			-				
	(O) A				00-		
	(Grants \$) If this amount includes foreign	grants, cneck nere			29a		
30		<u></u>	···				
				_			
	(Grants \$) If this amount includes foreign	grants chack here		\Box	30a		
94	Other program services (describe in Schedule O)	grants, check nere		Щ.	304		
31	(Grants \$) If this amount includes foreign	arante chack hara	_		31a		
32	Total program service expenses (add lines 28a through 31a)	grants, check here			32		
	art IV List of Officers, Directors, Trustees, and Key	Employees. List each one e	ven if not compensated (s	see the		or Part IV)	
	Check if the organization used Schedule O to respond to any question		. ,			•	
		(b) Title and average hours	(c) Compensation		ontributions	(e) Exp	ense
	(a) Name and address	per week devoted to	(If not paid, enter		employee efit plans &	accoun	
		position	-0-)		deferred noensation	other allo	wances
NA	TIONAL PHILANTHROPIC TRUST, 165	INSTITUTIONAL	TRUSTEE		•		
TC	WNSHIP LINE ROAD, STE 150,	40.00	0.		0.		0.
						<u> </u>	
		_	ŀ				
		4					
	<u>,</u>					 	
		4					
						ļ	
		4					
						 	
		\dashv					
_						 	
_		┥					
_						-	
		┥	1				
_		 		_		 	
_		-					
						 	
		†					
032 02-0	72 2-11		,		Form	990-EZ	(2010)
							. ,

Pa	Other Information (Note the statement requirements in the instructions for Part V.)			[TT]
	Check if the organization used Schedule O to respond to any question in this Part V		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in			1.10
	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		Х
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.			
a	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		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,"			
	complete applicable parts of Schedule N	36		X
	Enter amount of political expenditures, direct or indirect, as described in the instructions.	7		
	Did the organization file Form 1120-POL for this year?	37b	ļ	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			
	in a prior year and still outstanding at the end of the tax year covered by this return?	38a	-	X
	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A	4		
39	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9 N/A			
a		┥		
10 a	Gross receipts, included on line 9, for public use of club facilities Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	┪		
40 a	section 4911 O • ; section 4912 O • ; section 4955 O • ; section 4955		İ	
h	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the			
J	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?			
	If "Yes," complete Schedule L, Part I	40b		х
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers			
_	or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the			
	organization • O.			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter		1	
	transaction? If "Yes," complete Form 8886-T	40e	<u> </u>	X
41	List the states with which a copy of this return is filed. ► SEE SCHEDULE O			
42 a	The organization's books are in care of ► MARGARET BANDERA Telephone no. ► 215-2'			
	Located at ► 165 TOWNSHIP LINE RD, STE 150, JENKINTOWN, PA ZIP+4 ►	<u> 1904</u>	6	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority		Yes	No
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	40h	162	X
	account)? If "Yes," enter the name of the foreign country:	42b		^
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	ļ	x
·	If "Yes," enter the name of the foreign country:	120		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		•	
10	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		
	<u></u>	_=:1_=:		
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44a		X
Ь	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead		1	
	of Form 990-EZ	44b		X
C	Did the organization receive any payments for indoor tanning services during the year?	44c	<u> </u>	Х
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation			
	ın Schedule O	44d	L	
		Form 9	90-EZ	(2010)

	010) NPT CHARITA	BLE ASSET TRUS	21.		27-7059		Ye
45 Is any rela	ted organization a controlled entity o	f the organization within the	meaning of section 512(h)	(13)2		45	10
-	ganization receive any payment from		_		512(b)(13)?	1	
	orm 990 and Schedule R may need to			- · · · · · · · · · · · · · · · · · · ·	– (-)()	45a	
•	ganization engage, directly or indirec			n to candidates for pi	ublic office?		
	omplete Schedule C, Part I	<u> </u>	<u>.</u>			46	
	Section 501(c)(3) organiz						
	organizations and section 4947(a)(1)			and 52, and complete	e the tables for l	ines 50 a	ınd
	Check if the organization used Sched	ule O to respond to any questio	n in this Part VI				Ye
47 Did the or	ganization engage in lobbying activiti	es? If "Ves " complete Sche	edule C. Part II			47	
	anization a school as described in se					48	
	ganization make any transfers to an e					49a	
b If "Yes," w	as the related organization a section	527 organization?				49b	
50 Complete	this table for the organization's five h	nighest compensated employee		s, trustees and key er	mployees) who	each rece	eive
than \$100	,000 of compensation from the orga	nization. If there is none, enter		T	1.0	<u> </u>	
			(b) Title and average hours per week devoted to	(c) Compensation	(d) Contribution to employee	làc) Ex
	(a) Name and address of each emp than \$100,000	loyee paid more NONE	per week devoted to		benefit plans 8 deferred	other	
		NONE	<u> </u>		compensation		
		·····	1				
			 				
			4				
					ļ		
			4				
					1		
f Total nun	ber of other employees paid over \$1	00.000	<u> </u>		<u> </u>		
	nber of other employees paid over \$1 this table for the organization's five		ent contractors who each recei	ved more than \$100,	,000 of compen	sation fro	om 1
51 Complete	this table for the organization's five ion. If there is none, enter "None."	nighest compensated independ	· <u></u> · · ·	ved more than \$100,	,000 of compen	sation fro	om 1
51 Complete	this table for the organization's five	nighest compensated independ	· <u></u> · · ·	ved more than \$100,		sation fro	
51 Complete	this table for the organization's five ion. If there is none, enter "None."	nighest compensated independ	· <u></u> · · ·				
51 Complete	this table for the organization's five ion. If there is none, enter "None."	nighest compensated independ	· <u></u> · · ·				
51 Complete	this table for the organization's five ion. If there is none, enter "None."	nighest compensated independ	· <u></u> · · ·				
51 Complete	this table for the organization's five ion. If there is none, enter "None."	nighest compensated independ	· <u></u> · · ·				
51 Complete	this table for the organization's five ion. If there is none, enter "None."	nighest compensated independ	· <u></u> · · ·				
51 Complete	this table for the organization's five ion. If there is none, enter "None."	nighest compensated independ	· <u></u> · · ·				
51 Complete	this table for the organization's five ion. If there is none, enter "None."	nighest compensated independ	· <u></u> · · ·				
51 Complete	this table for the organization's five ion. If there is none, enter "None."	nighest compensated independ	· <u></u> · · ·				
51 Complete organizat	this table for the organization's five ion. If there is none, enter "None." (a) Name and address of each inde	nighest compensated independ NONE spendent contractor paid more	than \$100,000				
51 Complete organizat	this table for the organization's five ton. If there is none, enter "None." (a) Name and address of each inde	nighest compensated independ NONE spendent contractor paid more seach receiving over \$100,000	than \$100,000	(b) Type of ser			
d Total nur	this table for the organization's five ion. If there is none, enter "None." (a) Name and address of each indeed and inde	nighest compensated independ NONE spendent contractor paid more seach receiving over \$100,000 seach receiving 501(c)(3) organ	than \$100,000	(b) Type of ser	Vice	(c) Comp	pens
d Total nur	this table for the organization's five ion. If there is none, enter "None." (a) Name and address of each indeed and inde	nighest compensated independ NONE spendent contractor paid more seach receiving over \$100,000 seach receiving 501(c)(3) organ	than \$100,000	(b) Type of ser	Vice	(c) Comp	pens
d Total nur 52 Did the o	this table for the organization's five ion. If there is none, enter "None." (a) Name and address of each index of	nighest compensated independ NONE spendent contractor paid more seach receiving over \$100,000 seach receiving 501(c)(3) organ	than \$100,000	(b) Type of ser	y knowledge and b	(c) Comp	oens
d Total nur 52 Did the o charitable	this table for the organization's five ion. If there is none, enter "None." (a) Name and address of each index of	s each receiving over \$100,000 ster All section 501(c)(3) organ equile A contractor based on all in a contractor based on a	izations and 4947(a)(1) nonexe	(b) Type of ser	y knowledge and b	(c) Comp	oens
d Total nur 52 Did the o	this table for the organization's five ton. If there is none, enter "None." (a) Name and address of each indeed and address of e	nighest compensated independ NONE spendent contractor paid more seach receiving over \$100,000 seach receiving 501(c)(3) organ	izations and 4947(a)(1) nonexe	(b) Type of ser	y knowledge and b	(c) Comp	pens
d Total nur 52 Did the o charitable	this table for the organization's five ion. If there is none, enter "None." (a) Name and address of each indeed and indeed and address of each indeed and	s each receiving over \$100,000 ster All section 501(c)(3) organ equile A	izations and 4947(a)(1) nonexecompanying schedules and statementormation of which preparer has any	(b) Type of ser	y knowledge and to Date	(c) Comp	pens
d Total nun 52 Did the o charitable Sign Here	this table for the organization's five ion. If there is none, enter "None." (a) Name and address of each index of	s each receiving over \$100,000 ster All section 501(c)(3) organ equile A contractor based on all in a contractor based on a	izations and 4947(a)(1) nonexecompanying schedules and statementormation of which preparer has any	empt Check	y knowledge and to Date	(c) Comp	oens
d Total nur 52 Did the o charitable Sign Here	this table for the organization's five ion. If there is none, enter "None." (a) Name and address of each index of	s each receiving over \$100,000 ster All section 501(c)(3) organ equile A	izations and 4947(a)(1) nonexecompanying schedules and statementormation of which preparer has any	(b) Type of ser	y knowledge and to Date	(c) Comp	oens
d Total nur 52 Did the o charitable Sign Here	this table for the organization's five ion. If there is none, enter "None." (a) Name and address of each index in	s each receiving over \$100,000 seach receiving over \$100,000 ote: All section 501(c)(3) organ glule A relevantified this return, including according to the state of the section of of	izations and 4947(a)(1) nonexectompanying schedules and statementormation of which preparer has any	(b) Type of ser	y knowledge and to a state of the principle of the princi	(c) Comp	oens
d Total nur 52 Did the o charitable Sign Here	this table for the organization's five ion. If there is none, enter "None." (a) Name and address of each index of	s each receiving over \$100,000 seach receiving over \$100,000 ote: All section 501(c)(3) organ equile A felexamined this return, including according to the section of t	izations and 4947(a)(1) nonexectompanying schedules and statementormation of which preparer has any	empt Check	y knowledge and to locate 0.3/15/. Date PTIN pyed X Yest Solies, it is 2012	s [

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service **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.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization

Employer identification number NPT CHARTTARIE ASSET TRIST 27-7059768

Do-	Denne-		it Status (All assessment				10			1-1033	700
Part I			ity Status (All organiz				•	ructions.	<u>_</u>		
he org	_		because it is: (For lines 1								
1 📙	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).										
2 _	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)										
3	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).										
4 _	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,										
	city, and state-										
5 🗌	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in										
	section 170(b)(1)(A)(iv). (Complete Part II.)										
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
7 🔀											
	section 170	(b)(1)(A)(vi). (Comple	ete Part II.)								
8 <u></u>	A communit	y trust described in s	section 170(b)(1)(A)(vi). ((Complete	Part II)						
9			eives: (1) more than 33 1			rom contri	butions, m	nembershi	p fees, an	d gross rec	eipts from
	-		nctions - subject to certa							_	
	income and	unrelated business t	axable income (less sect	ion 511 ta	x) from bu	sinesses a	acquired b	y the orga	ınızatıon a	ifter June 30	0, 1975.
	See section	509(a)(2). (Complete	e Part III)		·		·				
10 C	_		perated exclusively to tes	st for publi	c safety. S	See sectio	n 509(a)(4	I).			
11 🗀	¬ *	-	perated exclusively for th					-	y out the i	purposes of	fone or
	more public	ly supported organiza	ations described in section	on 509(a)(1	l) or section	on 509(a)(2) See sec	tion 509(a)(3). Che	ck the box	that
	describes th	e type of supporting	organization and comple	ete lines 1	e through	11h.		·			
	а 🔲 Туре	_ ·· _ _	¬ •		e III - Func		egrated		d 🗔	Type III - O	ther
e 🗆			at the organization is not	controlled	directly o	r indirectly	by one or	more disc	qualified p	persons other	er than
	-	·	than one or more publicly								
f		•	tten determination from t		-				- (-)(-)		·-/·
•	ū	organization, check t				, .,,,	, ,				
g		•	organization accepted ar	nv aift or co	ontribution	from any	of the follo	owina pers	sons?		
9	_		directly controls, either al			-				[Yes No
			upported organization?			,		(, (,,	11g(i)	135 .35
	•		n described in (i) above?		•					11g(ii)	
	• •	-	person described in (i) o		a?					11g(iii)	
h	` '		about the supported or							119(11)	
••	1 101100 1110	ronowing innormation	about the cappoints of	gaa	(0).						
	me of supported	(ii) EIN	(iii) Type of organization	r -	organization sted in your		notify the	(vi) Is organizatio (i) organiz	on in col. I	(vii) Am supp	
Ì	, gamzanon		(described on lines 1-9 above or IRC section	governing	document?	(i) of you	r support?	U.S	.? " "	очер	,
			(see instructions))	Yes	No	Yes	No	Yes	No		
				<u> </u>							
								1			
			<u> </u>							<u></u>	
			1								
								<u></u>			
					ļ <u>-</u> -	ļ	<u> </u>				
_											
Total		1	1	l .	l	L	l	L	1		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III.)

90.	stion A. Dublic Support					 	
	ction A. Public Support			() 6555	1,,,,,,,,,	4) 6040	(AT) (
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	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		1				
	the organization without charge	 -	<u> </u>			 	
4	Total. Add lines 1 through 3		 		 		·
5	The portion of total contributions		1			1	
	by each person (other than a						
	governmental unit or publicly		<u> </u>				
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)		-	ļ	-		
	Public support. Subtract line 5 from line 4		.l				0.
	ction B. Total Support		1		T	·	
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4		 				
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources		ļ				
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on		-				
10	Other income. Do not include gain		1				
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10		<u> </u>		L	ļ	0.
12	·	•	•			12	
13	First five years. If the Form 990 is for		's first, second, thi	ird, fourth, or fifth t	ax year as a section	on 501(c)(3)	► !
Se	organization, check this box and stop ction C. Computation of Publi		ercentage				▶ X
14	Public support percentage for 2010 (li	ne 6, column (f)	divided by line 11,	column (f))		14	%
15	Public support percentage from 2009	Schedule A, Par	t II, line 14			15	%
16	a 33 1/3% support test - 2010.If the or	rganization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	x and
	stop here. The organization qualifies	as a publicly sup	ported organizatio	n			ightharpoons
ı	33 1/3% support test - 2009.If the or	rganization did ne	ot check a box on	line 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization quali	fies as a publicly	supported organia	zation .			▶
17	a 10% -facts-and-circumstances test	t - 2010. If the org	ganization did not o	check a box on line	9 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"	test. The organiz	ation qualifies as a	a publicly supporte	d organization		▶□
ı	10% -facts-and-circumstances test	t - 2009. If the org	ganization did not i	check a box on line	9 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets th						
	organization meets the "facts-and-circ	:umstances" test	. The organization	qualifies as a publ	icly supported org	anızatıon	▶□
18	Private foundation. If the organizatio	n did not check a	a box on line 13, 16	6a, 16b, 17a, or 17	b, check this box	and see instruction	s >
					Sch	edule A (Form 990	or 990-EZ) 2010

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

Sec	tion A. Public Support	now, please comp	nete Fait II j	-				
	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.")							
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5							
7 a	Amounts included on lines 1, 2, and 3 received from disqualified persons							
b	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							
c	Add lines 7a and 7b					ļ		
8	Public support (Subtract line 7c from line 6)		<u></u>					
Sec	ction B. Total Support			1				<u> </u>
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	 	(e) 2010	(f) Total
	Amounts from line 6					 		
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
,	Add lines 10a and 10b		 			1		
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on							
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12)							
	First five years. If the Form 990 is for	r the organization	s first, second, the	rd, fourth, or fifth t	ax year as a section	on 50	1(c)(3) organiz	zation,
	check this box and stop here							<u>▶□</u>
	ction C. Computation of Publ					1	ı	
	Public support percentage for 2010 (•	column (f))		15	-	<u>%</u>
	Public support percentage from 2009					16	<u> </u>	<u>%</u>
Se	ction D. Computation of Inve					Т	1	
17	·			ne 13, column (f))		17	<u> </u>	%
18	•				. 15	18	70/	
19:	a 33 1/3% support tests - 2010. If the							I / IS NOT
_	more than 33 1/3%, check this box a	•						and.
ı	33 1/3% support tests - 2009. If the line 18 is not more than 33 1/3%, che							
20	Private foundation. If the organization							
	realisation of the engagement						o A /Form 00	O at 000 E71 2010

SCHEDULE 0

(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.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

NPT CHARITABLE ASSET TRUST

Employer identification number 27 – 7059768

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - NPT CHARITABLE ASSET TRUST
IS A PUBLIC CHARITY DEDICATED TO INCREASING PHILANTHROPY AND
FACILITATING CHARITABLE GIVING IN OUR SOCIETY.
FORM 990-EZ PART V, LINE 41, LIST OF STATES RECEIVING COPY OF FORM 990-EZ:
AK, AL, AR, AZ, CA, CO, CT, FL, GA, HI, IL, KS, KY, MA, MD, ME, MI, MN, MS, NH, NJ, NM, NY, NC, ND
OH,OK,OR,PA,RI,SC,TN,UT,VA,WA,WI,WV,DC
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.

<u></u>

Form **8868**

(Rev. January 2011)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

If you	are filing for an Automatic 3-Month Extension, complet	e only Pa	rt I and check this box	-	▶	X		
•	are filing for an Additional (Not Automatic) 3-Month Ext							
o not o	complete Part II unless you have already been granted a	n automat	tic 3-month extension on a previously fil	ed For	m 8868.			
Electro	nic filing (e-file). You can electronically file Form 8868 if y	ou need a	3-month automatic extension of time to	o file (6	months for a corpo	ration		
equired	to file Form 990-T), or an additional (not automatic) 3-mor	nth extens	ion of time. You can electronically file F	orm 88	368 to request an ex	tension		
of time t	o file any of the forms listed in Part I or Part II with the exc	eption of	Form 8870, Information Return for Tran	sfers A	Associated With Cer	taın		
Persona	I Benefit Contracts, which must be sent to the IRS in pap	er format ((see instructions). For more details on th	ne elec	tronic filing of this fo	orm,		
	w.irs.gov/efile and click on e-file for Charities & Nonprofits							
Part I	Automatic 3-Month Extension of Time	Only sul	-					
corpo	ration required to file Form 990-T and requesting an auton	natic 6-mo	nth extension - check this box and com	plete				
art I or	ıly .				>			
	corporations (including 1120-C filers), partnerships, REM	ICs, and tr	rusts must use Form 7004 to request an	exten	sion of time			
o file in	come tax returns.				-			
Type or	Name of exempt organization			Empl	oyer identification	number		
orint								
	NPT CHARITABLE ASSET TRUST			2	7-7059768			
ile by the lue date fo		ee instruct	tions.					
ling your	165 TOWNSHIP LINE ROAD, NO.	. 150						
eturn See nstruction			ress, see instructions.					
	JENKINTOWN, PA 19046	•						
					· · · · · · · · · · · · · · · · · · ·			
Enter th	e Return code for the return that this application is for (file	a separa	te application for each return)			0 1		
		•	.,					
Applica	tion	Return	Application			Return		
s For		Code	Is For			Code		
orm 99	00	01	Form 990-T (corporation)			07		
orm 99		02	Form 1041-A					
Form 99		01	Form 4720		08			
Form 99		04	Form 5227	10				
	00-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11		
	90-T (trust other than above)	06	Form 8870		· · · · · · · · · · · · · · · · · · ·	12		
Omi 35	MARGARET BANDE		1 0111 0010					
• The l	books are in the care of 165 TOWNSHIP L		O STR 150 - JENKINT	משטי	PA 19046			
	phone No. ► 215-277-3010	11111 1(1	FAX No. ►	<u> </u>	, 111 13040			
-	organization does not have an office or place of business	o in the Lin	• —					
	•			ın ın fa	r the whole group of	haak thia		
	s is for a Group Return, enter the organization's four digit				r the whole group, c			
oox ►					ers the extension is	ior.		
1 1	request an automatic 3-month (6 months for a corporation				The automore			
-	FEBRUARY 15, 2012, to file the exemp	t organiza	tion return for the organization named a	lbove	The extension			
IS	for the organization's return for.							
	calendar year or		d and ma TITM 20 2011					
	X tax year beginning FEB 3, 2011	, an	d ending <u>JUN 30, 2011</u>		- ·			
	West-1997	haat	V	al == 1	_			
2 If	the tax year entered in line 1 is for less than 12 months, c	neck reas	on: X Initial return Fina	al retur	n			
L	Change in accounting period							
					г			
	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.		
	this application is for Form 990-PF, 990-T, 4720, or 6069,	-				_		
_	stimated tax payments made. Include any prior year overp			3b	\$	<u> </u>		
с В	alance due. Subtract line 3b from line 3a. Include your pa	ayment wit	th this form, if required,			.=		
	y using EFTPS (Electronic Federal Tax Payment System).			3c	\$	<u>0.</u>		
Cautio	n, If you are going to make an electronic fund withdrawal v		orm 8868, see Form 8453-EO and Form	8879-	EO for payment inst	ructions.		
LHA	For Paperwork Reduction Act Notice, see Instructions	S.			Form 8868 (Re	v. 1-2011)		

023841 01-16-12

5-1 0000 (days 4 0044)					D 0
Form 8868 (Rev 1-2011)	<u> </u>	and the property of the beautiful and shook the beauti			Page 2
 If you are filing for an Additional (Not Automatic) 3-Month Ex Note. Only complete Part II if you have already been granted an a 		-		2000	لها
Note. Only complete Part II II you have alleady been granted an a If you are filing for an Automatic 3-Month Extension, complet			romi	0000.	
Part II Additional (Not Automatic) 3-Month E			nnies r	needed)	
	A(01.0.0	The trib original (no co	Γ.		
Type or Name of exempt organization			Emp	oyer identification	number
print NPT CHARITABLE ASSET TRUST	7-7059768				
File by the Number street and room or suite no. If a P.O. box s	ee instruc	tions			
due date for 165 TOWNSHIP LINE ROAD, NO.					
return See City, town or post office, state, and ZIP code. For a fo		ress, see instructions.	•		
JENKINTOWN, PA 19046	-	,			
Enter the Return code for the return that this application is for (file	a separa	te application for each return)			0 1
	•				
Application	Return	Application			Return
Is For	Code	Is For			Code
Form 990	01				
Form 990-BL	02	Form 1041-A			08
Form 990-EZ	01	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		natic 3-month extension on a previou	sly file	d Form 8868.	
MARGARET BANDEI					
 The books are in the care of 165 TOWNSHIP L: 	INE R		<u>NWO'</u>	<u>, PA 19046</u>	
Telephone No ► <u>215-277-3010</u>		FAX No. 🕨			
If the organization does not have an office or place of business			_	•	
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 ▶		ach a list with the names and EINs of all	memb	ers the extension is	for.
I request an additional 3-month extension of time until			TITAT	20 2011	
5 For calendar year, or other tax year beginning					 ·
6 If the tax year entered in line 5 is for less than 12 months, o	песк reas	on: [A] Initial return	Fınal r	eturn	
Change in accounting period					
7 State in detail why you need the extension ADDITIONAL TIME IS NEEDED TO	4.11	A COMPLETE AND ACCUR	ΔΤΕ	PETTIEN	
ADDITIONAL TIME TO NEEDED TO	ـ تدبير .	A COMPLETE AND ACCOM	41111	METORIA.	
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069. e	nter the tentative tax, less any			•
nonrefundable credits See instructions.			8a	s	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and estimated		· · · · · · · · · · · · · · · · · · ·	<u> </u>
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 wit	th this form, if required, by using			
EFTPS (Electronic Federal Tax Payment System) See instru	-		8c	\$	0.
		nd Verification			
Under penalties of perjury, I declare that I have examined this form, includit is true, correct, and complete, and that I am authorized to prepare this fo	ling accomporm.	panying schedules and statements, and to the	e best o	f my knowledge and be	elief,
Signature ▶ Title ▶	CPA		Date	>	
				Form 8868 (Re	v. 1-2011\