Department of the Treasury Internal Revenue Service

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)

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

Open to Public

	A	For th	ne 2010 calendar year, or tax year beginning JUL 16, 2010 and ending	DEC 31, 2010
	В	Check r applicat	C Name of organization	D Employer Identification number
		Addi	PITCH IN FOUNDATION, INC	
		Nam chan	Doing Business As	27-2988945
	X	Initia	Number and street (or P.O. box if mail is not delivered to street address) Room/s	
		Term	10- 3505 SONOMA BLVD #20 PO BOX 3-52	707-775-6052
		Ame	Crty or town, state or country, and ZIP + 4	G Gross receipts \$ 242,000.
		Appl	L VALLEJO, CA 94590-2945	H(a) is this a group return
		pend	F Name and address of principal officer CC SABATHIA	for affiliates? Yes X No
			C/O BARRY E YELLIN. ESQ., 1020 LAUREL OAK	RD H(b) Are all affiliates included? Yes No
			tempt status (X) 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	527 If "No," attach a list (see instructions)
			the: WWW.PITCCHINFOUNDATION.ORG	H(c) Group exemption number
7			forganization: X Corporation Trust Association Other ▶ 1.1	/ear of formation: 2010 M State of legal domicile: CA
		$\overline{}$	Summary	
5 2 4 2011	9	1	Bneffy describe the organization's mission or most significant activities.	
2	Tan I			
4	Ę.	2	Check this box I if the organization discontinued its operations or disposed of in	nore than 25% of its net assets
~	8	3	Number of voting members of the governing body (Part VI, line 1a)	3 4
AUG	+6	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 4
	Activities	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5 0
H	Ã.	7.	Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12	6 0
Z	₹		Net unrelated business taxable income from Form 990-T, line 34	7a 0.
<u>Ş</u> .			Not disabled positions takene income from 990-1, tine 34	7ь 0.
SCANNED		8	Contributions and grants (Part VIII, line 1h)	Prior Year Current Year
S)	Revenue	9	Program service revenue (Part VIII, line 2g)	242,000.
	8	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.
	œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.
_		12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	242,000.
_		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	RECEIVED 4,000.
		14	Benefits paid to or for members (Part IX, column (A), line 4)	0.
	20	15	Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10)	S O
	Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	B AUG 0 8 2011 9 0.
	ᇎ		Total fundraising expenses (Part IX, column (D), line 25)	
	۳ J		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	OGDEN IIT 224,581.
	- 1		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	228,581.
-		19	Revenue less expenses. Subtract line 18 from line 12	13,419.
č	Balances			Beginning of Current Year End of Year
900	耀		Total assets (Part X, line 15)	51,047.
40	sĕΙ		Total liabilities (Part X, line 26)	37,628.
	_		Net assets or fund balances Subtract line 21 from line 20	13,419.
		<u>rt II</u>	Signature Block	
	moe	r pena	ities of perjury, I declare that I have examined this return, including accompanying schedules and state	tements, and to the best of my knowledge and belief, it is
<u>u</u>	ue,	COLLEC	t, and complete. Declaration of preparer (other than officer) is based on all information of which prepare	arer has any knowledge.
-	ilgn		Signature of officer	Data
	lere		Attention Eriksen Director	Date 0.03/4
_		<u> </u>	Type or print name and title	<u> </u>
_			Print/Type preparer's name Preparer's stocature	Date % Check PTIN
	aid		DENNIS R. URFFER, CPA	201060004
	tebi		Firm's name RESNICK AMSTERDAM LESHNER, PC	Firm's EIN 23-2302222
U	se (inty	Firm's address ▶ 653 SKIPPACK PIKE #300	
-	10	Albar 1º	BLUE BELL, PA 19422	Phone no. 215-628-8080
			RS discuss this return with the preparer shown above? (see instructions)	X Yes No
0:	3200	1 02-2	2-11 LHA For Paperwork Reduction Act Notice, see the separate instructions.	Form 990 (2010)
				10 G16

	m 990 (2010) PITCCH IN FOUNDATION, INC	27-2988945	Page 2
Pε	art III Statement of Program Service Accomplishments	84	
_	Check if Schedule O contains a response to any question in this Part III		
1	Briefly describe the organization's mission		
	THE ORGANIZATION IS DEDICATED TO ENRICHING THE LIVES OF YOUTH BY WORKING TO RAISE THEIR INDIVIDUAL SELF-ESTEEM	INNER CITY	
	EDUCATIONAL AND ATHLETIC ACTIVITIES.	PHROUGH	
	and and thing the string of th		
2	Did the organization undertake any significant program services during the year which were not listed on		
	the pnor Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
	if "Yes," describe these changes on Schedule O.		
4	Describe the exempt purpose achievements for each of the organization's three largest program services by exp	penses	
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of allocations to others, the total expenses, and revenue, if any, for each program service reported.	grants and	
4a	440 400	evenue \$	
-	THE THREE LARGEST PROGRAM SERVICE EXPENSES ARE PRIMARILY	FOR VALLE.	<u>, </u>
	HIGH SCHOOL BASEBALL PATTERSON FIELD, CHRISTMAS CARAVAN	AND NORTH	<u> </u>
	VALLEJO LITTLE LEAGUE.		
		- 	
_		<u> </u>	
4b	(Code) (Expenses \$	venue \$	
4c	(Code) (Expenses \$ including grants of \$) (Re		
•	/code)(code ises a)(ke	venue \$	 '
4d	Other program services. (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
46	Total program service expenses ► 143,108.		
03200:	2 10	Form 9 \$	90 (2010)

			1	Τ
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		Yes	No
	If "Yes," complete Schedule A	1	x	1
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	1
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			-
	dunng the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part !	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.			
8	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 167 // "Yes," complete Schedule D, Part VII	116		X
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 167 If "Yes," complete Schedule D, Part IX	11d		x
0	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	111		х
I2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		$_{\mathbf{X}}$
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17]	X
8	and desired the state of the st			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	[X
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		X
Ь	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that			
	Operate one or more hospitals must attach audited financial statements (see instructions)	201	- 1	

	naso (2010) PITCCH IN FOUNDATION, INC 27-29	<u>88945</u>	<u> P</u>	age 4
PE	art IV Checklist of Required Schedules (continued)			
			Yes	No
21				
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	_21	<u> </u>	X
22	The state of the s	- 1		
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current		1	
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations, Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
þ	is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	12		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	_25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualifie	ed De		
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	L l	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete	- 1 -		
	Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions).			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	_30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Tes, Complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part I	33		_X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		<u>X</u>
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	_35		X
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	,		
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?

Note. All Form 990 filers are required to complete Schedule O

	Check if Schedule O contains a response to any question in this Part V					
					Yes	No
12	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	<u> </u>			
E	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b				
c	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eporta	ble gaming	1	[
	(gambling) winnings to prize winners?	•		10		l
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		•			
	filed for the calendar year ending with or within the year covered by this return	2a	0	ď		
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax retuined	ms?		2ь		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	•		За		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		
40	At any time during the calendar year, did the organization have an interest in, or a signature or other	author	ity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial			4a		X
b	If "Yes," enter the name of the foreign country: ▶		•			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial	Accou	nts]		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
Ь	, , , , , , , , , , , , , , , , , , ,	ction?		5b		X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	ne orga	inization solicit			
	any contributions that were not tax deductible?			ва		X
Ь	If "Yes," did the organization include with every solicitation an express statement that such contribut	юпз о	gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and see	vices p	rovided to the payor?	7a		X
Ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?		500	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it will	as requ	peni		ı	
	to file Form 8282?			7c		_X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7đ				
e	belief the second of the best belief the best of the b	ontrac	3.5	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr			71		X
9	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 88	99 as required?	<u>7g</u>		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ition fil	e a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations Disconnections and decrease descriptions are decreased as a decrease description or decreased as a decrease decrease decreased as a decreased decreased as a decreased decreased as a decreased	d the se	pporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	any tim	e during the year?	_8		
9	Sponsoring organizations maintaining donor advised funds.				- 1	
	Did the organization make any taxable distributions under section 4966?			9a		
10	Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:			9b		
	Initiation fees and capital contributions included on Part VIII, line 12	1				
	Gross receipts uncluded on Form 200 Dest VIII has 10 for sublance of the first	10a				
11	Section 501(c)(12) organizations. Enter:	10b			ĺ	
a	Gross income from members or shareholders	۱				
_	Gross income from other sources (Do not net amounts due or paid to other sources against	11a				
_	amounts due or received from them.)			- 1		
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	11b			- 1	
	If Mid-a B = A = Al- = A = Al-	- 1	ŀ	12a		
3	Section 501(c)(29) qualified nonprofit health insurance issuers.	12b				
	Is the organization licensed to issue qualified health plans in more than one state?		}	425	\rightarrow	
_	Note. See the instructions for additional information the organization must report on Schedule O.			13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the				- 1	
	organization is licensed to issue qualified health plans	13ъ				
C	Enter the amount of reserves on hand	13c				
	Did the organization receive any payments for indoor tanning services during the tax year?	100	285 G	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	0	*	14b	\dashv	47
	The state of the s				90 (2	יחומי
					40	

	1								
46	n 990 (2010) PITCH IN FOUNDATION, INC 27-29 Int VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for	88945 ora "No"	respo	age (
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.								
	Check if Schedule O contains a response to any question in this Part VI			X					
Sec	ction A. Governing Body and Management		_						
			Yes	No					
18	Enter the number of voting members of the governing body at the end of the tax year	4	1.03	1.00					
	Enter the number of voting members included in line 1a, above, who are independent 1b	4							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		1						
	officer, director, trustee, or key employee?	2	x						
3	Did the organization delegate control over management duties customanly performed by or under the direct supervision								
	of officers, directors or trustees, or key employees to a management company or other person?	3	1	x					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X					
6	Does the organization have members or stockholders?	6		X					
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the								
	governing body?	7a		X					
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year		_	}					
	by the following		ĺ						
	The governing body?	8a	X	<u></u>					
	b Each committee with authority to act on behalf of the governing body?								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the								
Sec	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X					
000	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)								
100	Does the organization have local chapters, branches, or affiliates?		Yes	No					
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,	10a		X					
_	and branches to ensure their operations are consistent with those of the organization?	i							
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	10b							
h	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	11a	X						
	Does the organization have a written conflict of interest policy? If "No," go to line 13	1.0		ı					
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give use	12a	X						
_	to conflicts?		v						
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? if "Yes," describe	12b	_X						
	in Schedule O how this is done	400	x						
13		12c		Х					
14	Does the organization have a written document retention and destruction policy?	14	-	X					
15	Did the process for determining compansation of the following persons include a review and approval by independent	14							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		- 1						
a	The organization's CEO, Executive Director, or top management official	15a		X					
b	Other officers or key employees of the organization	15b	X						
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions.)	-100							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		İ						
	taxable entity during the year?	16a		X					
Ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation								
	ın joint venture алтаngements under applicable federal tax law, and taken steps to safeguard the organization's		ı						
<u> </u>	exempt status with respect to such arrangements?	16b							
	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ▶CA								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available.	le for							
	public inspection Indicate how you make these available. Check all that apply.								
40	Own website Another's website X Upon request								
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy,	and finar	ncıal						
	statements available to the public								

State the name, physical address, and telephone number of the person who possesses the books and records of the organization.

STEPHEN A. ERIKSEN - 925-200-1217 3505 SONANA BLVD #20 PO BOX 3-52, VALLEJO, CA 94590-2945

Form **990** (2010)

Form 990 (2010) PITCCH I Part VII Compensation of Officers,	N FOUND	A1	IO	N,	I	NC	<u> </u>	Novoc Highest C	27-2988	3945 Page 7
. Employees, and Independe	nt Contrac	tor	3	6 3,	L	y E		noyees, nignest c	ompensated	
Check if Schedule O contains a resp	onse to any q	ues	- tion :	n th	ıs P	art '	VII			
Section A. Officers, Directors, Trustees, Key	Employees,	and	Higi	nest	Co	me	ensa	ited Employees		
1a Complete this table for all persons required to be li	sted. Report cor	nper	ısatıc	n fo	r the	cale	endar	year ending with or within	the organization's tax yea	er.
List all of the organization's current officer Enter -0- in columns (D), (E), and (F) if no compen List all of the organization's current key en List the organization's five current highest comp	nployees, if an ensated employ	y S	ee ir	istr.	ictic	ons i	for d	efinition of "key employ	ee *	
compensation (Box 5 of Form W-2 and/or Box 7 of Form W-2 and/or Box 7 of Form List all of the organization's former officers reportable compensation from the organization a	s, key employe ind anv related	es, i on	and tanız	high atio	est ns	con	nper	sated employees who r	ecerved more than \$10	
 List all of the organization's former director 	er or truston	e the	at rov	- Desc	ad i	ın th	ie ca	pacity as a former direc	tor or trustee of the or	ganization.
more than \$10,000 of reportable compensation if List persons in the following order individual trus and former such persons	rom the organ	ızat I	on a	nd a	ועחו	relai	ted (organizations.		
Check this box if neither the organization in	or any related	org	anıza	ation	I CO	mpe	nsa	ted any current officer.	director or trustee	
(A)	(B)	Γ			C)			(D)	(E)	(F)
Name and Title	Average	ľ		Pos		•		Reportable	Reportable	Estimated
	hours per week	H	heci	k all that apply)			ply)	compensation	compensation	amount of
	(describe	Individual trustee or director						from the	from related organizations	other compensation
	hours for	100	長			8		organization	(W-2/1099-MISC)	from the
	related organizations	五	is standonal trastee	ĺ	#	Highest compensated		(W·2/1099-MISC)		organization
	in Schedule	1 2	1	45 Officer	Lry temployse	Paris Pa Paris Paris Paris Paris Paris Paris Paris Paris Paris Paris Pa				and related organizations
	0)	ğ	華	8	2	±8	Ē	<u> </u>		organizations
CC SABATHIA]_	П			
POUNDER PRESIDENT	5.00		-	X	_	┡	_	0.	0.	0.
AMBER SABATHIA CO-FOUNDER EXEC DIRECTOR V. PRESID	10.00			x						_
MARGIE SARATHIA	10.00		\vdash	Α		┼	-	0.	0.	0.
CHAIRPERSON	10.00]		x				0.	0.	0.
STEPHEN ERICKSEN					_		\vdash			0.
DIRECTOR OF DEVELOPMENT SECRETARY	40.00	L_		X			L	39,580.	0.	0.
		_	\vdash		_		<u> </u>			
i										
				\dashv	_	\vdash	-			
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	}		-						ĺ	
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For	m 980 (2010) PITCCH II	N FOUND	AT	10	N.	I	NC	_		27-2	9889	45	Page 8	
	(A) Name and title	(B) Average hours per week (describe	(c	Position (check all that apply			1		(D) Reportable compensation from	(E) Reportable compensate from relate	e Ion id	(F) Estimate on amount		
_	fac	hours for related organizations in Schedule O)	Individual trustee or director	in stifutions i trustee	Officer	Key employee	Highest compensated employee	Fermer	the organization (W-2/1099-MISC)	organizatio (W-2/1099-M	zations compe		the ation ated	
			_								\dashv			
_								_						
_													_	
														
_					_			_						
_			\dashv		_	+	_					<u> </u>		
C	Sub-total Total from continuation sheets to Part VII, Total (add lines 1b and 1c)	, Section A	!	!		_	>		39,580.		0.		0.	
2	Total number of individuals (including but no compensation from the organization	t limited to the	ose I	iste	d ab	ove) who	o re	39,580. ceived more than \$100,	000 in reportable	0.		0.	
3	Did the organization list any former officer, of line 1a? If "Yes," complete Schedule J for su	ch individual										Yes	No X	
5	For any individual listed on line 1a, is the sun and related organizations greater than \$150, Did any person listed on line 1a receive or accordance to the sun and the sun an	000? If "Yes," :crue compen:	<i>con</i> satio	n <i>pl</i> ei on fr	te S om a	ched any :	<i>dule</i> unre	J fo	or such individual		4		X_	
Sec	rendered to the organization? If "Yes," comp tion B. Independent Contractors	lete Schedule	<u>J fo</u>	r su	ch p	erso	n	_			5	<u> </u>	X	
1	Complete this table for your five highest com- the organization. NONE	pensated inde	ерег	den	t co	ntra	ctor	s th	at received more than \$	100,000 of com	pensatio	n from		
	(A) Name and business a	ddress		_				+	(B) Description of se	rvices	Com	(C) pensatio	<u>n</u>	
			_		_			+				_		
			_	_				-			_			
2	Total number of independent contractors (inc \$100,000 in compensation from the organization	luding but not	lımı	ted	to ti	nose	leste	d a	above) who received mo	re than			_	
		···									For	n 990 (2	(010)	

	,					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
5		a Federated campaigns		<u>1</u> a					
5	2	b Membership dues		1b		1			
fş,		c Fundraising events		1c		1	1		
15)		d Related organizations		1d	180,000.				
5		e Government grants (contribu		1e			1 i		
ヺ	<u> </u>	 All other contributions, gifts, gra- similar amounts not included abore 	nts, and		CO 000				ĺ
Ē				11	<u>62,000.</u>				
Contributions, gifts, grants		Noncash contributions included in line Total, Add lines 1s-1f	s 1a-1f S			040 000	1		
_		17 17 (B). 7 (B) III (B) 18-11			Business Cod-	242,000.	-		
9	2	9			Business Code				
Ž.	,	b							
Program Service Revenue		8							
E		d							
9	1								
4	1	All other program service reve	enue						
	┸	Total. Add lines 2a-2f						_	
	3	Investment income (including	dividend	s, intere	est, and				
		other similar amounts)			▶				ĺ
	4	Income from investment of ta	x-exempt	bond p	roceeds 🕨				
	5	Royalties		_					
			(f) R	al	(ii) Personal				
	6 8								
			<u> </u>				[
	9				<u> </u>				
	7:a	4 := 4	(D) C===		43.00				
		assets other than inventory	(i) Secu	rities	(II) Other				_
	ь				 -				
		and sales expenses]		
	¢	_							
	d								
0	8 a	Gross income from fundraising	events (i	not [
Gu		including \$	of]	ļ	
اچ		contributions reported on line	1c) See	- 1	- 1				
ther Revenue		Part IV, line 18		a		1			
히		Less direct expenses		ь				i	
	C	Net income or (loss) from fund	raising ev	ents					
- 1	9 a	Gross income from garning act	tivities. Se	ю	1				
		Part IV, line 19		a		[J		
ľ		Less: direct expenses		bĹ				ĺ	
		Net income or (loss) from gami Gross sales of inventory, less r		es F					
ľ	iv a	and allowances	etums	- 1	ľ	- 1			
	h	Less: cost of goods sold	•	라				- 1	
- 1		Net income or (loss) from sales	of invent	ь <u>г</u>		- 1		ĺ	
Ī		Miscellaneous Revenue			Business Code				
1	11 a	Minodia induca (igre iba			20011022 COO8	1			
	b			─ ├					
	c								
- 1	d	All other revenue		—					
	e	Total. Add lines 11a-11d							
02200	12	Total revenue. See instructions.				242,000.	0.	0.	0.
032009 12-21-	10								Form 990 (2010)

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				0Apoli363
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	4,000.	4,000.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees		1		
6	Compensation not included above, to disqualified				<u> </u>
_	persons (as defined under section 4958(1)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salanes and wages				
8	¥ .				
3	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
0					
9	Other employee benefits				
10	Payroli taxes				
11	Fees for services (non-employees).				
8	Management				
b	Legal	1,330.		1,330.	
C	Accounting	565.		565.	
d	Lobbying				
•	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
9	Other	46,993.		46,993.	
2	Advertising and promotion	2,138.	2,138.	10,7330	
3	Office expenses	945.		945.	
4	Information technology			7571	
5	Royalties				
8	Occupancy	9,030.		0.030	
7	Travel	9,930.		9,030.	
8	Payments of travel or entertainment expenses	3,330.		9,930.	
•	for any federal, state, or local public officials			i i	
9	Conferences, conventions, and meetings				
_	Interest	425			
0	<u>-</u>	435.		435.	
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	2,759.		2,759.	
_	Insurance				
	Other expenses, Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
а	SPECIAL PROGRAM COSTS	129,227.	120 207		
Ь	PROGRAM EXPENSES		129,227.		
C	- NOOLGET DAFENSES	7,743.	7,743.		
d					
-					
e	All other overess	10 10 7			
	All other expenses	13,486.		13,486.	
	Total functional expenses. Add lines 1 through 24f	228,581.	143,108.	85,473.	
	Joint costs. Check here Infollowing SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1	6,276
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II			
		of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing		ll	
		employers and sponsoring organizations of section 501(c)(9) voluntary			
		employees' beneficiary organizations (see instructions)		6	
Assets	7	Notes and loans receivable, net		7	
5	8	Inventones for sale or use		8	
_	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other		-	
			530.		
	ь		759. 0.	10c	44,771.
	11	Investments - publicly traded securities	733.	11	44,111.
	12	Investments - other securities See Part IV, line 11		12	
J	13	Investments - program-related See Part IV, line 11		13	
- [14	intangible assets		14	
- 1	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	0.	16	51,047.
	17	Accounts payable and accrued expenses		17	31,047.
	18	Grants payable		18	
	19	Deferred revenue		19	
ĺ	20	Tax-exempt bond liabilities		20	
20	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employe		-21	<u> </u>
藁		highest compensated employees, and disqualified persons. Complete P			
<u> </u>		of Schedule L		22	
- 1	23	Secured mortgages and notes payable to unrelated third parties		23	
		Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D	0.	25	37,628.
	26	Total liabilities. Add lines 17 through 25	0.	26	37,628.
		Organizations that follow SFAS 117, check here and comp		-40	31,020.
g		lines 27 through 29, and lines 33 and 34.			
ınces	27	Unrestricted net assets		27	
8	28	Temporanly restricted net assets		28	
8	29	Permanently restricted net assets		29	
Net Assets or Fund Bala		Organizations that do not follow SFAS 117, check here	nd	- 65	
8		complete lines 30 through 34.			
20	30	Capital stock or trust principal, or current funds	0.	30	0.
98	31	Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0.
# A		Retained earnings, endowment, accumulated income, or other funds	0.	32	13,419.
ž		Total net assets or fund balances	0.	_	
- 1		Total liabilities and net assets/fund balances	0.	33	13,419. 51,047.

	FITCH IN FOUNDATION, INC	<u> 27-298</u>	8945	Pa	ige 1 2
	art XI Reconciliation of Net Assets				.,, -
_	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	111	24	2 . n	00.
2	Total expenses (must equal Part IX, column (A), line 25)	2			81.
3	Revenue less expenses Subtract line 2 from line 1	3			19.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		, -	ہ کے علم ا
5	Other changes in net assets or fund balances (explain in Schedule O)	5		_	
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	1	3 4	19.
Pa	rickii Financial Statements and Reporting			, <u>z</u>	10.
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
þ	Were the organization's financial statements audited by an independent accountant?		2b	_	X
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	a audıt.			4
	review, or compilation of its financial statements and selection of an independent accountant?	•	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	adule O.		-	
d	if "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued	d on a	1 1	- }	
	separate basis, consolidated basis, or both		1 1		
	Separate basis		1 1	- 1	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	ale Audit] [
	Act and OMB Circular A-1337		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
_	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form 9	90 /2	2010\
			. 011110	(2	-0.0)

(Form 990)

Supplemental Financial Statements
► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the growniz

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

	PITCCH IN FOUNDATION, INC			Employer identification numbe 27-2988945			
P	art I Organizations Maintaining Donor Advise	r Acco	Lints Complete data				
	organization answered "Yes" to Form 990, Part IV, lin	e 6	1 AUGU	dires. Complete if the			
		(a) Donor advised funds	(h) E	inds and other accounts			
1	Total number at end of year						
2	Aggregate contributions to (during year)						
3	Aggregate grants from (during year)						
4	Aggregate value at end of year						
5							
3	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	funds	<u></u>			
	are the organization's property, subject to the organization's	exclusive legal control?		. Yes 🔲 N			
8	Did the organization inform all grantees, donors, and donor a	idvisors in writing that grant funds can be use	d only				
	for chantable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose cor	femng				
Dá	impermissible private benefit?			Yes N			
	The state of the s	panization answered "Yes" to Form 990, Part	IV, kne 7	·			
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).					
	Preservation of land for public use (e.g., recreation or e	ducation) Preservation of an histori	cally imp	ortant land area			
	Protection of natural habitat	Preservation of a certified	historic	structure			
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualif	ed conservation contribution in the form of a	conserv	/ation easement on the last			
	day of the tax year.						
				Held at the End of the Tax Yea			
8	Total number of conservation easements		28	THOSE STATE CHE OF DIC 14X 164			
ь	Total acreage restricted by conservation easements	•	2b	 			
C	Number of conservation easements on a certified histonic stra	Joture included in (a)	2c				
d		after 8/17/06, and not on a histone structure	EU	 			
	listed in the National Register		2d				
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the ord	zu_	n dunna tha tau			
	year ▶	and the second of the second of the off	اعاناكظلان	in during the tax			
4	Number of states where property subject to conservation eas	ement is located -					
5	Does the organization have a written policy regarding the peri	Odic mantages properties benefits of					
	violations, and enforcement of the conservation easements it	holds?					
6	Staff and volunteer hours devoted to monitoring, inspecting,		Yes No				
7	Amount of expenses incurred in monitoring, inspecting, and e	inforcing consequence acceptants during	tne yea				
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of parties 4704.44	year -	\$			
	and section 170(h)(4)(B)(ii)?	s sausiy the requirements of section 170(n)(4)(1)(1)				
9				Yes No			
9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, a include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for							
	conservation easements	on's mancial statements that describes the i	organiza	tion's accounting for			
Par	t III Organizations Maintaining Collections of	Art Historical Transuman or Other	01				
	Complete if the organization answered "Yes" to Form 9	200 Part IV Inc. 6	r Simil	ar Assets.			
1a							
	If the organization elected, as permitted under SFAS 116 (ASC	2 938), not to report in its revenue statement	and bala	ance sheet works of art,			
	historical treasures, or other similar assets held for public exhi the text of the footnote to its financial statements that describ	onion, education, or research in furtherance	of public	service, provide, in Part XIV,			
h	If the organization elected on postational statements that descrip	es these nams					
_	If the organization elected, as permitted under SFAS 116 (ASC	3 958), to report in its revenue statement and	balance	sheet works of art, historical			
	measures, or other similar assets neig for public exhibition, edi	ucation, or research in furtherance of public s	ervice, p	provide the following amounts			
	relating to these items:						
	(i) Revenues included in Form 990, Part VIII, line 1	•		\$			
	(ii) Assets included in Form 990, Part X		▶ :	\$			
2	If the organization received or held works of art, historical treas	sures, or other similar assets for financial gair	, providi	e			
	the following amounts required to be reported under SFAS 11	6 (ASC 958) relating to these items:	-				
	Revenues included in Form 990, Part VIII, line 1		▶ \$	5			
Ь	Assets included in Form 990, Part X	•		5			
		•	•				

Sch	edule D (Form 990) 2010 PITCCH	IN FOUNDA	TION	, INC				27-2	98894	15	Dans S
	art III Organizations Maintaining	Collections of	Art, Hi	istorical T	reasures	, or Oti	ner Simi	ar Ace	ate (and		-41
3	. Using the organization's acquisition, access	sion, and other reco	rds, che	ck any of the	e following t	hat are a	signalican	tuse of d	e collecti	on to	(a)
	(Crieck all triat apply).			,		1,212	g		a coulacti	Ottile	1113
8	Public exhibition		a [Loan or ex	change pro	arams					
t			e _	Other							
c	Preservation for future generations										
4	Provide a description of the organization's of	collections and expla	an how	they further	the organiza	atron's ex	emot our	nee in De	e YIV		
5	buring the year, did the organization solicit (of receive donations	of art.	historical treat	asures or a	ther simil	ar aggete	7030 III F 6	III VIA.		
	to be sold to raise funds rather than to be in	Naintained as part of	the ora	ianization's c	offection?			Г	Yes		□ No
Pa	IT IV Escrow and Custodial Arrar	igements. Como	lete if th	he organizati	on answere	d "Yes" to	a Form 99	n Part IV	line 9 o	<u></u>	NO
		111 A, 11118 2 1							, 5, 0	•	
1a	Is the organization an agent, trustee, custod	ian or other interme	diary fo	r contributio	ns or other :	assats no	t included				
	on Form 990, Part X?								Yes	Г	□ No
b	If "Yes," explain the arrangement in Part XIV	and complete the f	oflowing	table [.]					1es		NO
									Amour	nt	
C							10		7411001		_
d	Additions during the year						1d			_	
e	Distributions during the year						1e				
1	Ending balance						1f				
2a	Service and an annual Control	orm 990, Part X, line	21?			5			Yes		No
	If "Yes," explain the arrangement in Part XIV	<u> </u>								_	_
Pa	rt V Endowment Funds. Complete	f the organization a	nswerec	"Yes" to Fo	rm 990, Pai	t IV, line	10				
		(a) Current year		Pnor year	(c) Two ye			years back	(e) Fou	r vear	s back
1a	Beginning of year balance										
Ь	Contributions										
G	Net investment earnings, gains, and losses	<u></u>									
d	Grants or scholarships										
	Other expenditures for facilities										
	and programs			<u> </u>	<u></u>				ł		
T	Administrative expenses										
9	End of year balance										
2	Provide the estimated percentage of the year end balance held as:										
8	Board designated or quasi-endowment		_%								
	Permanent endowment	%									
		16									
Sa	Are there endowment funds not in the posses	ssion of the organiza	ation tha	at are held as	nd administ	ered for t	he organiz	ation	_		
	(i) unrelated organizations									Yes	No
	(ii) related organizations								3a(i)		
	If "Yes" to 3a(ii), are the related organizations	to dead on the						••	3a(ii)		
4	Describe in Part XIV the intended uses of the	usted as required o	n Sched	dule R?					3b		<u> </u>
Par	t VI Land, Buildings, and Equipm	organization's endo	wment	funds,							
	Description of investment										
		(a) Cost or of basis (investing		(b) Cost			cumulate	d	(d) Book	valu	e
1a	Land	2220 (11.162(1)		basis (ourier)	aer	preciation	_			
	Buildings										
	Leasehold improvements										
	Equipment			-	4 CEO		4 4-				
	Other				4,652.	_	1.47				81.
	Add lines 1a through 1e (Column (d) must eq	ual Form 800 Po-	Y 00/11-	no /01 / 11	2,878.		1,28	18.			90.
	Todamin loj must Bo	oerronn 330, PBR .	n, coluit	<u>ırı (8), ime 1(</u>	/(C))	_			44	. , 7	71.

Schedule D (Form 990) 2010 PITCCH IN	FOUNDATION	, INC	27	-2988945	D 3
Part VIII Investments - Other Securities, s	ee Form 990, Part X	line 12		-2500545	Page 3
(a) Description of security or category (including name of security)	(b) Book vatu		(c) Method of valu	ation	
	(5)		Cost or end-of-year ma	rket value	
(1) Financial denvatives (2) Closely-held equity interests					
(3) Other					
_ (A)				<u> </u>	
(B)					
(C)	 				
(D)	 				
(E)					
(F)					
(G)					
(H)					
(0)					
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)					
Part VIII Investments - Program Related. S	ee Form 990, Part X	line 13.			
(a) Description of investment type	(b) Book value	.	(c) Method of valua	tion	
/43		c	ost or end-of-year man	ket value	
(1)					
(3)					
(4)					
(5)			<u></u>		
(6)					
(8)					
(9)					
(10)					
Total (Col (b) must equal Form 990, Part X, col (8) line 13.)					
Part IX Other Assets. See Form 990, Part X, line	15.				
(a)	Description			(b) Book valu	
(1)				107 00011 7212	
(2)					
(3)					
(4)					
(5)					
(7)					
(8)					
(9)					
(10)					
Total. (Column (b) must equal Form 990, Part X, col (B) line	151				
Part X Other Liabilities. See Form 990, Part X, In	ne 25.				
t. (a) Description of liability		(b) Amount			
(1) Federal income taxes					
(2) CREDIT CARD PAYABLE		4,793.			
(3) AUTO LOAN PAYABLE		32,835.			
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(11)					
					
Otal. (Column (b) must equal Form 990, Part X, col (B) line 2 FIN 48 (ASC 740) Footnote in Part XIV, provide the lext of the lootnote to fr FIN 48 (ASC 740)	(D.)	37,628.	alon's lightitu to		
12053		The same of the fact of	to the state of the state	ax posmons under	

Schedule D (Form 990) 2010

	edule D (Form 990) 2010 PITCCH IN FOUNDATION, INC ert XI Reconciliation of Change in Net Assets from Form 990 to Audited Fin	nancial	27-2	2988945 Page
1	. Total revenue (Form 990, Part VIII, column (A), line 12)		Statement	
2	Total expenses (Form 990, Part IX, column (A), line 25)	1		242,000
3	Excess or (deficit) for the year Subtract line 2 from line 1	2		228,581
4	Net unrealized gains (losses) on investments	3		13,419
5	Donated services and use of facilities	4		
6	Investment expenses	5		
7	Pnor penod adjustments	_6		
8	Other (Describe in Part XIV)	7		
9		_8_		
10	Total adjustments (net). Add lines 4 through 8	. 9		
	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 rt XII Reconciliation of Revenue per Audited Financial Statements With Re	10 Venue c	er Return	13,419.
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		 	
8	Net unrealized gains on investments			
ь	Donated services and use of facilities 2b		- 1	
C	Recovenes of pnor year grants 2c		 [
d	Other (Describe in Part XIV)		-	
e	Add lines 2a through 2d			
3	Subtract line 2e from line 1		2e	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		3	
a	DVestment expenses not included on Form 200 Park VIII			
ь	Other (Decombs in Rost VIII.)		J	
_	Add lines 4a and 4b		<u> </u>	
			4c	
Par	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) t XIII Reconciliation of Expenses per Audited Financial Statements With Expenses.	(Denses	per Retur	1
1	Total expenses and losses per audited financial statements		1	<u> </u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	Donated services and use of facilities 2a			
ь	Pnor year adjustments 2b		 	
C	Other losses 2c		-	
d	Other (Describe in Part XIV.)		-	
	Add lines 2a through 2d		_	
	Subtract line 2e from line 1		2e	
	Amounts included on Form 990, Part IX, line 25, but not on line 1		3	
a	Investment expenses not included on Form 000 Per 200 April 100 Per		1 1	
	Other (Describe in Bod VIVI)		-	
	Add lines 4a and 4b		<u> </u>	
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		_4c	
Part	XIV Supplemental Information		5	
Comp C, line	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, 2; Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to part	Part IV, lin	ies 1b and 2b y additional in	Part V, line 4; Part formation.
_				
			-	
12054			Schedule	D (Form 990) 2010

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2010 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

PITCCH IN FOUNDATION, INC.

Employer identification number 27-2988945

27-298945
FORM 990, PART VI, SECTION A, LINE 2: AMBER SABATHIA IS CC SABATHIA'S
WIFE.
MARGIE SABATHIA IS CC SABATHIA'S MOTHER.
STEPHEN ERICKSEN IS SABATHIA'S BUSINESS ASSOCIATE.
FORM 990, PART VI, SECTION B, LINE 11: A COPY OF FORM 990 IS PROVIDED TO
LEGAL COUNSEL.
FORM 990, PART VI, SECTION B, LINE 12C: IN CONNECTION WITH ANY ACTUAL OR
POSSIBLE CONFLICT OF INTEREST, AN INTERESTED PERSON MUST DISCLOSE THE
EXISTENCE OF THE FINANCIAL INTEREST AND BE GIVEN THE OPPORTUNITY TO
DISCLOSE ALL MATERIAL FACTS TO THE DIRECTORS AND MEMBERS OF COMMITTEES WITH
GOVERNING BOARD DELEGATED POWERS CONSIDERING THE PROPOSED TRANSACTION OR
ARRANGEMENT.
FORM 990, PART VI, SECTION B, LINE 15B: SALARY ADJUSTMENTS ARE PRIMARILY
BASED ON MERIT, THE ORGANIZATION MAY AT TIMES ADJUST SALARIES DEPENDING ON
VALUE CONTRIBUTED BY EMPLOYEE, OVERALL ORGANIZATION PERFORMANCE, AND/OR THE
COST OF LIVING CHANGES TO SALARIES OF SIMILARITY STARTED EMPLOYEES IN THE
ORGANIZATION OR INDUSTRY.
FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS, CONFLICT OF
INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO PUBLIC UPON
REQUEST. FINANCIAL STATEMENTS ARE PROVIDED TO CONTRIBUTORS ANNUALLY.