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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 and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.
▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2008 calendar year, or tax year beginning and ending									
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">C Name of organization CHARLES MCCLENDON SCHOLARSHIP FOUNDATION, INC.</td> <td style="width: 15%;">D Employer identification number 72-1332019</td> </tr> <tr> <td style="width: 50%;">Number and street (or P.O. box, if mail is not delivered to street address) 18321 HONORS COURT DRIVE</td> <td style="width: 50%;">E Telephone number 225-927-9745</td> </tr> <tr> <td style="width: 50%;">Room/suite</td> <td style="width: 50%;">F Group Exemption Number ▶</td> </tr> <tr> <td style="width: 50%;">City or town, state or country, and ZIP + 4 BATON ROUGE, LA 70810</td> <td style="width: 50%;"></td> </tr> </table>	C Name of organization CHARLES MCCLENDON SCHOLARSHIP FOUNDATION, INC.	D Employer identification number 72-1332019	Number and street (or P.O. box, if mail is not delivered to street address) 18321 HONORS COURT DRIVE	E Telephone number 225-927-9745	Room/suite	F Group Exemption Number ▶	City or town, state or country, and ZIP + 4 BATON ROUGE, LA 70810	
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Number and street (or P.O. box, if mail is not delivered to street address) 18321 HONORS COURT DRIVE	E Telephone number 225-927-9745								
Room/suite	F Group Exemption Number ▶								
City or town, state or country, and ZIP + 4 BATON ROUGE, LA 70810									

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).
G Accounting method: Cash Accrual
Other (specify) ▶

I Website: ▶ N/A
J Organization type (check only one) — 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527
H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **173,116.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)			
	1 Contributions, gifts, grants, and similar amounts received	1	111,610.
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	36,731.
	5a Gross amount from sale of assets other than inventory STMT 4	5a	853.
	b 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) (attach schedule)	5c	853.
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	a Gross revenue (not including \$ 95,280. of contributions reported on Form 990-B) RECEIVED	6a	23,820.
	b Less direct expenses other than fundraising expenses	6b	
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	23,820.
	7a Gross sales of inventory, less returns and allowances	7a	
	b Less cost of goods sold	7b	
	c Gross profit on sales of inventory (Subtract line 7b from line 7a)	7c	
	8 Other revenue (describe) SEE STATEMENT 3	8	102.
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	173,116.
	10 Grants and similar amounts paid (attach schedule) STMT 6	10	50,200.
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	8,255.
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	1,134.
	16 Other expenses (describe) SEE STATEMENT 1	16	45,093.
	17 Total expenses. Add lines 10 through 16	17	104,682.
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	68,434.
	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	1,851,543.
	20 Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 5	20	<516,212.>
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	1,403,765.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ (See the instructions for Part II.)			
		(A) Beginning of year	(B) End of year
	22 Cash, savings, and investments	17,102.	25,636.
	23 Land and buildings	23	
	24 Other assets (describe) SEE STATEMENT 2	1,845,809.	1,388,940.
	25 Total assets	1,862,911.	1,414,576.
	26 Total liabilities (describe) ACCOUNTS PAYABLE	11,368.	10,811.
	27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	1,851,543.	1,403,765.

**CHARLES MCCLENDON SCHOLARSHIP
FOUNDATION, INC.**

Form 990-EZ (2008)

72-1332019

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Part V Other Information (Note the statement requirements in the instructions for Part VI.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a 0.		
b	Did the organization file Form 1120-POL for this year?		X
38a	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 unpaid at the start of the period covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 39a N/A		
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 0. ; section 4912 0. ; section 4955 0.		
b	Section 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I		X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0.		
d	Enter amount of tax on line 40c reimbursed by the organization 0.		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41	List the states with which a copy of this return is filed. LA		
42a	The books are in care of HALL OVERALL Telephone no 225-927-9745 Located at 4521 JAMESTOWN AVENUE SUITE 7, BATON ROUGE, LA ZIP + 4 70808		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
	If "Yes," enter the name of the foreign country: _____		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?		X
	If "Yes," enter the name of the foreign country: _____		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year 43 N/A		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

Form 990-EZ (2008)

CHARLES MCCLENDON SCHOLARSHIP FOUNDATION, INC.

Form 990-EZ (2008)

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Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

Table with 3 columns: Question, Yes, No. Rows 46-50 regarding political activities, lobbying, school operation, transfers, and employee compensation.

Table with 5 columns: (a) Name and address of each employee paid more than \$100,000, (b) Title and average hours per week devoted to position, (c) Compensation, (d) Contributions to employee benefit plans & deferred compensation, (e) Expense account and other allowances. All entries are NONE.

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

Table with 3 columns: (a) Name and address of each independent contractor paid more than \$100,000, (b) Type of service, (c) Compensation. All entries are NONE.

Total number of other independent contractors each receiving over \$100,000

Sign Here: Under penalty of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer: Steve Tope, Administrator, Date: 11/19/09.

Paid Preparer's Use Only: Preparer's signature, Date, Check if self-employed, Preparer's Identifying Number (720638118), EIN, Phone no. (225)922-4600. Firm's name (or name of self-employed), address, and ZIP + 4: POSTLETHWAITE & NETTERVILLE, 8550 UNITED PLAZA BLVD, SUITE 1001, BATON ROUGE, LA 70809.

May the IRS discuss this return with the preparer shown above? See instructions. [X] Yes [] No

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 - 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	%
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

CHARLES MCCLENDON SCHOLARSHIP

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)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4,702.	14,850.	33,357.	31,611.	23,820.	108,340.
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	134,359.	165,834.	195,372.	137,359.	111,610.	744,534.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization'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 - 5	139,061.	180,684.	228,729.	168,970.	135,430.	852,874.
7a 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 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						852,874.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	139,061.	180,684.	228,729.	168,970.	135,430.	852,874.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	11,107.	47,742.	35,010.	40,594.	36,833.	171,286.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	11,107.	47,742.	35,010.	40,594.	36,833.	171,286.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)			17,596.	72,022.	853.	90,471.
13 Total support (Add lines 9, 10c, 11, and 12)						1114631.

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	76.52 %
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	70.03 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	15.37 %
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	28.12 %

19a **33 1/3% support tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b **33 1/3% support tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
DESCRIPTION		AMOUNT	
ADMINISTRATION		3,929.	
TAF FEES		10,812.	
GOLF COURSE RENTAL		9,699.	
SIGNS		33.	
INVESTMENT FEES		14,775.	
GIFTS		857.	
STUDENT EXPENSES		2,206.	
BAD DEBT EXPENSE		2,500.	
UNCATEGORIZED		15.	
MISCELLANEOUS FUNDRAISING		267.	
TOTAL TO FORM 990-EZ, LINE 16		45,093.	

FORM 990-EZ	OTHER ASSETS	STATEMENT	2
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
ACCOUNTS RECEIVABLE	104,669.	65,000.	
SEI INVESTMENTS	1,373,336.	1,081,552.	
HANCOCK INVESTMENTS	365,304.	239,888.	
STOCKS	2,500.	2,500.	
TOTAL TO FORM 990-EZ, LINE 24	1,845,809.	1,388,940.	

FORM 990-EZ	OTHER REVENUE	STATEMENT	3
DESCRIPTION		AMOUNT	
ART ROYALTIES		100.	
MISCELLANEOUS		2.	
TOTAL TO FORM 990-EZ, LINE 8		102.	

FORM 990-EZ GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES STATEMENT 4

DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
	853.	0.	0.	853.
TO FORM 990-EZ, LINE 5	853.	0.	0.	853.

FORM 990-EZ OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 5

DESCRIPTION	AMOUNT
UNRECOGNIZED GAIN ON INVESTMENT	<516,212.>
TOTAL TO FORM 990-EZ, LINE 20	<516,212.>

FORM 990-EZ

CASH GRANTS AND ALLOCATIONS

STATEMENT 6

<u>CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS</u>	<u>DONEE'S RELATIONSHIP</u>	<u>AMOUNT</u>
SCHOLARSHIPS LOUISIANA STATE UNIVERSITY BATON ROUGE, LA	NONE	50,200.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10		<u>50,200.</u>

FORM 990-EZ

INFORMATION REGARDING TRANSFERS
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 7

A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL
BENEFIT CONTRACT? [] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [] YES [X] NO

THE CHARLES MCCLENDON SCHOLARSHIP FOUNDATION, INC. IS A NON-PROFIT ORGANIZATION THAT WAS ORGANIZED TO SUPPORT EDUCATIONAL PROGRAMS AT LOUISIANA STATE UNIVERSITY BY AWARDING SCHOLARSHIPS TO CHILDREN OF FORMER FOOTBALL PLAYERS OF LOUISIANA STATE UNIVERSITY.

BOARD MEMBERS LETTERMEN

Last Name	First Name	Home Street	City	ST	Zip	Work Phone	Home Phone	Email
Alexander	Charlie	3711 Heritage Colony Dr.	Missouri City	TX	77459	(713) 320-7827	(281) 498-8854	calex404@earthlink.net
Anderson	Mike	9151 Highland Rd	Baton Rouge	LA	70810	(225) 788-3728	(225) 789-3486	mande53131@aol.com
Ausberry	Verge	5144 Riverbend Blvd	Baton Rouge	LA	70820	(225) 878-6603	(225) 768-8033	vausbe1@isu.edu
Bevan	George	19420 N Muirfield Cir	Baton Rouge	LA	70810	(225) 832-2554	(225) 766-0899	
Bice	Jamie	1327 Moss St	Lake Charles	LA	70601	(337) 310-1800	(337) 494-5601	jamie@bpvlaw.com
Blacketter	Gary	8042 Pine Hollow Ct	Baton Rouge	LA	70817	(225) 214-2553	(225) 756-3515	gblacketter@turner-industries.com
Bordelon	Ben	PO Box 250	Lockport	LA	70374	(985) 532-2554	(985) 532-0031	benb@bollingershipyarda.com
Brue	Darryl	Sta 1, Box 10192	Houma	LA	70383	(985) 851-2584	(985) 851-2379	darryl.brue.b3cs@statefarm.com
Buras	Buddy	15 Samantha Dr	Covington	LA	70433		(985) 892-8065	mltbnb@aol.com
Casanova	Tommy	PO Box 1022	Crowley	LA	70526	(337) 783-3073	(337) 783-4226	
Clapp	Tommy	804 Live Oak St	Metairie	LA	70006	(504) 944-0388	(504) 828-9620	tcclapp@ur.com
Cormier	Ken	PO Box 711	Jennings	LA	70546	(800) 325-8043	(337) 824-0801	No Email
Davis	Brad	2825 The Pines	Opelousas	LA	70570	(337) 942-5122	(337) 948-8485	bid1048@aol.com
Duhon	Mike	5593 Choupique Rd	Sulphur	LA	70685		(337) 583-2242	
Esthay	Terry	907 Contraband Lane	Lake Charles	LA	70605	(337) 439-2070	(337) 478-9725	
Fambrough	Larry	855 Oak Hollow Dr	Hammond	LA	70401	(985) 542-1533	(985) 345-2471	fambrough@i-55.com
Farrer	Steve	816 Shady Lake Pkwy	Baton Rouge	LA	70810	(225) 274-1550	(225) 766-5211	doglei68@hotmail.com
Field	Jimmy	8743 W Fairway Dr	Baton Rouge	LA	70809	(225) 387-8335	(225) 925-8892	field@gmail.com
Fugler	Max	25614 Windy Isle Ct	Spring	TX	77389	(713) 983-8380	(281) 374-9870	
Fuller	Eddie	36422 The Bluffs Ave	Prairieville	LA	70789	(225) 206-6260	(225) 877-9922	efuller@kospharm.com
Fussell	Tommy	242 Magnolia Bend	New Caney	TX	77357	(281) 443-7664	(281) 398-2089	fussell@alchenergy.com
Graves	White	2810 Birchwood Dr	Monroe	LA	71201	(318) 325-6427	(318) 386-2142	
Hazard	Nicky	1116 Sena Dr	Metairie	LA	70005		(604) 833-0950	nhazard@crescentbrown.com
Henriquez	George	6428 Dayna Ct.	New Orleans	LA	70124			henriquez@palacecafe.com
Hillman	Mike	111 Kimball Dr	Lafayette	LA	70508	(337) 857-9890	(337) 981-8203	mike.hillman@gulfleet.com
Ippolito	Mark	4421 Lake Trail Dr	Kenner	LA	70065	(504) 885-9701	(504) 885-4527	mippolito@cox.net

<i>Last Name</i>	<i>First Name</i>	<i>HomeStreet</i>	<i>City</i>	<i>ST</i>	<i>Zip</i>	<i>Work Phone</i>	<i>Home Phone</i>	<i>Email</i>
Jeubert	Jack	624 Woodstone Dr	Baton Rouge	LA	70808	(226) 938-1199	(225) 819-1829	jack@jackjaubert.com
Johnson	Philip	1516 Lafitte Cove	Shreveport	LA	71106	(318) 222-0305	(318) 797-7710	pjohnson6484@yahoo.com
Jones	Bert	PO Box 248	Simsboro	LA	71275	(318) 247-8864	(318) 247-3741	haysj71275@yahoo.com
Keigley	Gerald	18553 Stoney Point Burch Rd	Greenwell Spg	LA	70739	(225) 297-3120	(225) 854-4835	geraldjudy@bellsouth.net
Lafleur	David	3900 Thompson Rd	Sulphur	LA	70665	(337) 302-4291	(337) 658-5853	dialfleur@camtel.net
Lane	Cliff	812 St. John St	Lafayette	LA	70501	(337) 234-7097	(337) 888-3887	igshopp@bellsouth.net
Lawton	Jack	1409 Kirkman St.	Lake Charles	LA	70801	337-497-9481	337-497-0137	jack@jlawton.cc
Lumpkin	Mark	5011 Riverbend Blvd	Baton Rouge	LA	70820	(225) 288-1157	(225) 766-1414	lsudiscus@aol.com
Lyons	Paul	4989 Bridgeport Way	Norcross	GA	30092	(404) 829-6464	(770) 582-0454	paull.yons@bellsouth.com
McCann	John	1263 E Stanwick Pl	Baton Rouge	LA	70810	(225) 753-1200	(225) 819-8222	johnm@ebrrschools.org
McCarty	Dave	3500 Kingston Dr	Lake Charles	LA	70805-2	(337) 478-5052	(337) 478-7644	davemccarty@cox.net
McCreedy	Ed	34 Timberly Dr	Lake Charles	LA	70805	(868) 478-7052	(337) 478-7139	coonasche@aol.com
McIngvale	Ralph	19101 Oil Center Blvd	Houston	TX	77073	(281) 209-2871	(281) 363-0487	sao@sso4boats.com
Minaldi	Thad	500 Kirby St.	Lake Charles	LA	70601	(337) 438-8481	(337) 527-5221	minaldilaw@aol.com
Oustalet	Jimmy	222 Alice St	Jennings	LA	70546	(337) 824-4712	(337) 824-3091	jimbo@oustaletchevy.com
Picou	Richard	17626 Masters Pointe Ct	Baton Rouge	LA	70810	(225) 844-6577	(226) 753-4746	picoub@eastel.net
Rich	Chris	4406 Wellington Blvd	Alexandria	LA	71303	(318) 473-9556	(318) 443-0395	canierichs@aol.com
Rodrigue	Ruffin	18811 Highland Rd	Baton Rouge	LA	70809	(225) 753-3458	(225) 937-8234	ruffrod@charter.net
Rodrigue	Ruffin	209 Hermitage Dr	Thibodaux	LA	70301	(986) 209-8283	(885) 447-7042	ruffrod@charter.net
Rutland	Pepper	19513 Muirfield Cir	Baton Rouge	LA	70810	(225) 756-5090	(225) 752-3836	prutland@mmmgp.com
Ryder	Robert	19231 Links Ct	Baton Rouge	LA	70810	(225) 332-7021	(225) 756-3991	rryder79@hotmail.com
Stakley	Nelson	205 Pericles	Lafayette	LA	70506	(337) 981-4670	(337) 884-7484	stakley@aol.com
Worley	Mitch	P.O. Box 40477	Baton Rouge	LA	70835			mitch.worley@sos.louisiana.gov
Young	Jerry	PO Box 3665	Lafayette	LA	70502	(337) 233-7900		jerryyoung@bellsouth.net

BOARD MEMBERS NON LETTERMEN

<u>Last Nam</u>	<u>First Name</u>	<u>HomeStreet</u>	<u>City</u>	<u>ST</u>	<u>Zip</u>	<u>Home Phone</u>	<u>Work Phone</u>	<u>Email</u>
Alberly	Dee McClendon	212 University Highlands C	Baton Rouge	LA	70808	(225) 769-6826	(225) 761-4884, FA	emsf@cox.net
LeBlau	Floyd	965 Bellevue Plantation Ro	Lafayette	LA	70503	(337) 344-7721,	(337) 881-6476	No Email
Overall	Hall	2460 Dogwood	Baton Rouge	LA	70808	(225) 343-7887	(225) 827-8745	hall@hallmighy.com
Plaisance	Clay	PO Box 80622	Lafayette	LA	70598		(337) 234-9104	clay@hcrinfo.com
Scimeca	Ray	PO Box 1000	Independenc	LA	70443	(985) 878-6470	(225) 789-7040	rs.cimeca@i-55.com
Simon	Almée	5653 Duncan Kenner Dr	Baton Rouge	LA	70820	(225) 767-1383	(225) 978-0160, cell	bengibelle1@cox.net
Sturlese	Richard	219 Ducharme Ln	Lafayette	LA	70503	(337) 883-0862	(337)276-0119, cell	rs.turkese@acadian.com
Tops	Steve	333 Grand Lakes Dr	Baton Rouge	LA	70810	(225) 819-0128		stevetape@cox.net

Form **8868**

(Rev. April 2008)

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Department of the Treasury
Internal Revenue Service

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form). **Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization Charlie McClendon Scholarship	Employer identification number 72-1332019
	Number, street, and room or suite no. If a P.O. box, see instructions. Attn: Steve Tope 333 Grand Lakes Drive	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Baton Rouge, LA 70810	

Check type of return to be filed (file a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

- The books are in the care of ▶ Entity

Telephone No. ▶ _____ FAX No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until August 15, 2009, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year 2008 or
- ▶ tax year beginning _____, and ending _____

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	<u>00</u>
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	<u>00</u>
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	<u>00</u>

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 4-2008)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box **X**
- Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization Charlie McClendon Scholarship	Employer identification number 72-1332019
	Number, street, and room or suite no. If a P.O. box, see instructions. Attn: Steve Tope 333 Grand Lakes Drive	For IRS use only
	City, town, or post office, state, and ZIP code. For a foreign address, see instructions. Baton Rouge, LA 70810	

Check type of return to be filed (File a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 5227	

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of **Entity**
- Telephone No. FAX No.
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

- I request an additional 3-month extension of time until **November 15, 2009**
- For calendar year **2008**, or other tax year beginning _____, and ending _____
- If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
- State in detail why you need the extension **Taxpayer's accountants have not had sufficient time to gather the information necessary to prepare a complete and accurate return.**

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a \$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b \$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c \$

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature *Candace Wright* Title *CPA* Date *8/14/09*

POSTLETHWAITE & NETTERVILLE, APAC
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 Baton Rouge, LA 70809