

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



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)

OMB No_1545-0047

Department of the Treasury

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

Open to Public

	or the	2008 calendar year, or tax year beginning DEC 1, 2008 and ending	NOV 30, 2009	
			D Employer identific	cation number
D C	heck if pplicable	Please C Name of organization use IRS GEORGE H. LAUFENBERG SCHOLARSHIP FUND,	D Linployer identific	
	¬Addres:	I (aba) and		
<u> </u>	_Jchange ∏Name	print or type Doing Business As		676052
누	_change ∏Initial	Doing Business As		
누	_ return	See Number and street (or P O box if mail is not delivered to street address) Room/st		
<u> </u>	Termin- ation	Instruc- RARITAN PLAZA II, FIELDCRESI AVENUE		417-3900
느	Amend	City or town, state or country, and ZIP + 4	G Gross receipts \$	765,046.
L.	Applica tron pending	EDISON, NO 00010	H(a) Is this a group re	
	penom	F Name and address of principal officer: GEORGE R. LAOF ENDERG	for affiliates?	Yes X No
			NJ H(b) Are all affiliates inc	luded? Yes No
		mpt status: X 501(c) (3) ◀ (insert no.)	If "No," attach a	list. (see instructions)
JV	Vebsite	e: ► N/A	H(c) Group exemption	
K T	ype of c	rganization Corporation X Trust Association Other ► L Y	ear of formation 1996 N	State of legal domicile NJ
Pε		Summary		
6)	1 8	Briefly describe the organization's mission or most significant activities: ${\hbox{{\tt TO}}}\ {\hbox{{\tt PROVI}}}$	DE SCHOLARSHI	PS TO THE
ĕ	(CHILDREN & GRANDCHILDREN OF LOCAL CARPENTER'	S UNIONS AFFI	LIATED WITH
Governance	2	Check this box If the organization discontinued its operations or disposed of n	nore than 25% of its assets	3.
Š	3 1	lumber of voting members of the governing body (Part VI, line 1a)	3	4
		Number of Independent voting members of the governing body (Part VI, line 1b)	4	4
δ. 80		otal number of employees (Part V, line 2a)	5	0
ctivities &		otal number of volunteers (estimate if necessary)	6	0
<u>.</u>	l .	otal gross unrelated pusiness revenue from Part VIII, line 12, column (C)	7a	0.
ď		Nothing along the state of the	7b	0.
	114-	To the state of th	Prior Year	Current Year
E1-238	8	Contributeons grants (Part VIII, line 1h)	72,750.	65,300.
2- 3		Program service revenue (Part VIII, line 2g)		
யத		nvestarent in goere (Part VIII, column (A), lines 3, 4, and 7d)	<8,719.	> <19,821.>
ag-		Ther levenue (Fart VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	133,851.	126,353.
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	197,882.	171,832.
	T .	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	200,000.	219,500.
		Benefits paid to or for members (Part IX, column (A), line 4)		
		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
Expenses				
en G	I	Professional fundraising fees (Part IX, column (A), line 11e)		·····
Ä	1	otal fundraising expenses (Part IX, column (D), line 25)	14,091.	10,101.
	1	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	214,091.	229,601.
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<16,209.	
_ <u>S</u>	19	Revenue less expenses. Subtract line 18 from line 12		
Net Assets or Fund Balances			Beginning of Year 634,066.	End of Year 690, 795.
SSe	20	Total assets (Part X, line 16)	034,000.	090,133.
age	21	Total liabilities (Part X, line 26)	634,066.	690,795.
꾩	22	Net assets or fund balances Subtract line 21 from line 20	034,000.	030,133.
PE	art II	Signature Block	ata and to the best of my knowled	go and heliof it is this correct
		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and stateme and complete. Declaration of preparer lotter than officer) is based on all information of which preparer has any knowle	edge	ge and bener, it is due, concer,
		had the state of t	1	
Sig	n		Date	
Her	e	Strature of officer	Date	
		JOSEPH/CORCORAN, TRUSTEE		
		Type or print name and title	Chook if	ara Idantifulas number
Paid	,	Preparer's Date	self- (see in:	er's identifying number structions)
	parer's	signature	employed 🟲 📖	P00450256
•	Only	Firm's name (or yours if MSPC	EIN ► 22-	2951202
200	J,	self-employed), address, and		
		ZIP+4 CRANFORD, NJ 07016-2496	Phone no ►9	08-272-7000
May	y the IF	S discuss this return with the preparer shown above? (see instructions)		X Yes No

832002

_	GEORGE N. LAUFENDERG SCHOLLARSHIF FUND,	COES		
	990 (2008) INC. 22–667	6032	<u> </u>	age 3
PA	rt IV Checklist of Required Schedules		T	Г
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		.	İ
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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? If "Yes," complete Schedule C, Part II	4	+	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and	_		1
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	 	1
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice			v
	on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	 -	X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		х
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	+	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			Х
_	Schedule D, Part III	8	-	_^
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			X_
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	1	X
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	 	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25?	11	X	
40	If "Yes," complete Schedule D, Parts VI, VIII, IX, or X as applicable	<u> </u>	1	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		Х
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	1	X
	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a	 	X
14a	The state of the s	140		
Ь	and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or ent			
10	located outside the United States? If "Yes," complete Schedule F, Part II	15		Х
16	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, Part III	16		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Х
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 on Part IX, 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, questions 3, 4, or 5? If "Yes," complete Schedule J	23		X
	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 questions 24b-24d and complete Schedule	<u>د ا</u>		
	If "No", go to question 25	24a		X
b		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	<u> </u>	
d	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	<u> </u>	X
Ь	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a			
	prior year? If "Yes," complete Schedule L, Part I	2 <u>5</u> b	<u> </u>	X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	ı		

Form **990** (2008)

26

X

person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial

contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III

Part IV Checklist of Required Schedules (continued) No Yes During the tax year, did any person who is a current or former officer, director, trustee, or key employee: a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other X person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV 28a b Have a family member who had a direct or indirect business relationship with the organization? X 28b If "Yes." complete Schedule L. Part IV c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation X 30 contributions? If "Yes." complete Schedule M 31 Did the organization liquidate, terminate, or dissolve and cease operations? X If "Yes," complete Schedule N, Part I 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete X 32 Schedule N. Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 X sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? 34 X If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 34 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? X 35 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? X 36 If "Yes," complete Schedule R. Part V. line 2

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

Form 990 (2008)

L.	Statements negaring Other ind Fillings and Tax Compliance		F	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	Cic. Information retains: Enter & infort applicable	2		
Ь	Effect the number of come we had been a fine for a fine applicable	2		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	ļ	X
2a	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	2		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	ļ	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	_3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			ŀ
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	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.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited			
	Tax Shelter Transaction?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		X
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
я	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
_	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		X
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3)			
	supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have			
	excess business holdings at any time during the year?	8		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
Ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter: N/A			
а	Initiation fees and capital contributions included on Part VIII, line 12			
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	7		
11	Section 501(c)(12) organizations. Enter: N/A	1		
	Gross income from members or shareholders			•
b	Gross income from other sources (Do not net amounts due or paid to other sources against	1		•
-	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	1	ĺ
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b			
	1 100) Sitter the amount of tax exempt interest received of accided during the year	Form	990	(2008)

INC.

22-6676052

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

<u>Sec</u>	tion A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances,			
	processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body	4		
b	Enter the number of voting members that are independent	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	ļ	<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	ł		
	of officers, directors or trustees, or key employees to a management company or other person?	3_		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material 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	_		v
	governing body?	7a		<u>X</u> _
	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Α_
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following:		v	
	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b		X
	Does the organization have local chapters, branches, or affiliates?	9a		
D	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,	٨.		
40	and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must	10	x	
44	describe in Schedule O the process, if any, the organization uses to review the Form 990	10	1	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		Х
Sac	tion B. Policies			
<u> </u>	tion b. I onoice		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise	1.55		
_	to conflicts?	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	1.55		
-	in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14		<u>X</u>
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision:			
а	The organization's CEO, Executive Director, or top management official?	15a		X
b	Other officers or key employees of the organization?	15b		X
	Describe the process in Schedule O. (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
<u>Sec</u>	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
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	e for		
	public inspection. Indicate how you make these available. Check all that apply.			
	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 fina	ncial	
	statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiz	ation:		
	JOSEPH CORCORAN - 908-272-7000			
83200	340 NORTH AVENUE EAST, SUITE 6, CRANFORD, NJ, NJ 07016		gan /	

Page 7

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D). (E), and (F) if no compensation was paid.
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

X Check this box if the organization did no (A) Name and Title	(B) Average hours			(e Pos	C) Ition			(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of	
	per week	Individual trustee or director	Individual trustee or director Institutional trustee		Key employee	Highest compensated Complexed Complexed		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations	
GEORGE R. LAUFENBERG TRUSTEE								0.	0.	0	
ANDREW ZAZZALI TRUSTEE								0.	0.	0	
JOSEPH CORCORAN TRUSTEE					<u>.</u>	ļ		0.	0.	0	
ANTHONY PENNUCCI TRUSTEE		_						0.	0.	0.	
			_		ļ <u>-</u>						
		_	_		_						
					_						
					_						
		_		_		ļ					
						_					
		ļ.				_					
					L						
				_			_				
		ļ. <u>.</u>				_					
		_									

Form **990** (2008)

_			~	
п	N	17		

Par	t VII Section A. Officers, Directors, Tru	stees, Key Er	nplo	yee	s, a	nd l	ligh	est	Compensated Employ	ees (continued)				<u> </u>
	(A) Name and title	(B) Average hours)) Posi	C) Ition			(D) Reportable compensation	(E) Reportable compensatio	n	an	(F) timate nount	_
		per week	Individual trustee or director institutional trustee Officer Key employee Highest compensated employee		Former	from the organization (W-2/1099-MISC)	from related organization (W-2/1099-MIS	ons compensat		e Ion ed				
												-		
										-				
			:											-
								_						
	Total								0.	-	0.			0.
2	Total number of individuals (including those compensation from the organization	e in 1a) who re	ceiv	ed n	nore	tha	n \$1	00,			<u> </u>		Yes	0 No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s			, ke	y en	nplo	yee,	or h	highest compensated er	mployee on		3	162	X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	ım of reportab	le co							the organization		4		Х
5	Did any person listed on line 1a receive or a the organization? If "Yes," complete Sched	accrue compe	nsat	ion f						ices rendered to		5		Х
Sec 1	tion B. Independent Contractors Complete this table for your five highest co the organization. NONE	mpensated in	depe	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of con	npens	ation f	rom	
	the organization. NONE (A) Name and business	address							(B) Description of s	services	c	(Compe		n
								_						
2	Total number of independent contractors (if	ncluding those	e in '	1) wi	ho re	ecel	ved	mor	re than \$100,000 in com	pensation				•••••
	nom the organization P	-							<u> </u>			Form	990 c	2008)

171,832.

832009 02-02-09 e Total. Add lines 11a-11d

Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e

126,353.

<19,821.>

INC.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must comp				
	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				
	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	219,500.	219,500.		
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				
6	Compensation not included above, to disqualified				
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k)				
J	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
a	Management				
b	Legal				
c	Accounting				
d	Lobbying Conference Con Part IV I Inc. 17				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
9	Other	-			
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy			-	
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)	***************************************			
а	MISCELLANEOUS EXPENSES	10,101.	10,101.		
b					
c					
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	229,601.	229,601.	0.	0.
26	Joint Costs. Check here				
-0	SOP 98-2 Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				

Form **990** (2008)

_		~
- 1	NI	•
	· TA /	_

Par	tΧ	Balance Sheet							
····•					(A) Beginning of year		(B End of		
\Box	1	Cash - non-interest-bearing			99,351.	1	6	1,7	78.
	2	Savings and temporary cash investments			43,680.	2	5	7,2	11.
}	3	Pledges and grants receivable, net				3			
	4	Accounts receivable, net				4			
	5	Receivables from current and former officers, di	rectors	s, trustees, key					
		employees, or other related parties. Complete P	art II o	f Schedule L		5			
	6	Receivables from other disqualified persons (as	define	d under section					
		4958(f)(1)) and persons described in section 495	58(c)(3)	(B). Complete					
		Part II of Schedule L				6			
şţ	7	Notes and loans receivable, net				7			
Assets	8	Inventories for sale or use				8			
•	9	Prepaid expenses and deferred charges				9			
		Land, buildings, and equipment: cost basis	10a						
	b	Less: accumulated depreciation. Complete							
		Part VI of Schedule D	10b			10c			
	11	Investments - publicly traded securities			491,035.	11	5.7	1,8	06
	12	Investments - other securities. See Part IV, line			491,033.	12	31	1,0	00.
Ì	13	Investments · program-related. See Part IV, line	11			14			
	14	Intangible assets				15			
	15	Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equ	ومرا امر	24\	634,066.	16	69	0,7	95.
	16 17		34)	031/0001	17		• / /		
	18	Accounts payable and accrued expenses Grants payable				18			
	19	Deferred revenue		19					
	20	Tax-exempt bond liabilities			20				
ر <u>بر</u>	21	Escrow account liability. Complete Part IV of Sc	hedule	, D		21			
Liabilities	22	Payables to current and former officers, director							
ا يَوَ		highest compensated employees, and disqualif							
ן בֿי		of Schedule L		22					
	23	Secured mortgages and notes payable to unrela	ird parties		23				
	24	Unsecured notes and loans payable		,		24			
	25	Other liabilities. Complete Part X of Schedule D				25			
	26	Total liabilities. Add lines 17 through 25			0.	26			0.
		Organizations that follow SFAS 117, check h	ere 🕨	and complete	,, , , , , , , , , , , , , , , , , , , ,				
န္မ		lines 27 through 29, and lines 33 and 34.							
Juc.	27	Unrestricted net assets				27			
Net Assets or Fund Balances	28	Temporarily restricted net assets				28			
P	29	Permanently restricted net assets				29			
F		Organizations that do not follow SFAS 117, c	heck h	ere 🕨 🗓 and					
, or		complete lines 30 through 34.							^
sets	30	Capital stock or trust principal, or current funds			0.	30			0.
As	31	Paid-in or capital surplus, or land, building, or ed	• •		634,066.	31		0,7	
Vet	32	Retained earnings, endowment, accumulated in	ncome,	or other funds	634,066.	32		0,7	
_	33	Total net assets or fund balances			634,066.			0,7	
Par	34 t XI	Total liabilities and net assets/fund balances Financial Statements and Reporting	1		034,000.	34			
					_		<u> </u>	Yes	No
1	Acco	ounting method used to prepare the Form 990:	c	ash AccrualX	Other				
2a	Were	the organization's financial statements compiled	d or rev	riewed by an independent	accountant?		2a		X
b		the organization's financial statements audited l					2b	ļ	X
C	If "Ye	es" to lines 2a or 2b, does the organization have	a comr	mittee that assumes respo	nsibility for oversight of the	audit,			
	revie	w, or compilation of its financial statements and	selection	on of an independent acco	ountant?		2c	 	
3a	As a	result of a federal award, was the organization re	equired	to undergo an audit or au	dits as set forth in the Sing	jle Audi	_		v
		and OMB Circular A-133?					3a	-	X
<u> </u>	If "Ye	es, did the organization undergo the required au	dit or a	udits?			<u> 3b</u>	990 ((0000

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

2008 Open to Public Inspection

OMB No 1545-0047

Name of the organization

GEORGE H. LAUFENBERG SCHOLARSHIP FUND, INC.

Employer identification number 22-6676052

Pa	rt I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	e this part	.) (see Ins	tructions)	·	
The	organi	zation is not a	private foundation	because it is: (Please ch	eck only o	ne organiz	zation.)				
1		A church, cor	nvention of churches	s, or association of chur	ches desc	ribed in se	ction 170	(b)(1)(A)(i)	•		
2		A school des	cribed in section 17	0(b)(1)(A)(ii). (Attach Sc	hedule E.)						
3	一			tal service organization of	-	ın section	170(b)(1)	(A)(iii). (Att	tach Sche	dule H.)	
4	一			operated in conjunction							he hospital's name.
•		city, and state		- ,						•	. ,
5		•		benefit of a college or ur	niversity ov	wned or or	perated by	a governr	mental uni	t describe	ed in
		•	(b)(1)(A)(iv). (Comple	_			,	- 3 - · · · · ·			
R				ent or governmental uni	t describer	d in sectio	n 170/h\/1	1/Δ1/ν1.			
7	$\overline{\mathbf{x}}$		-	eives a substantial part					r from the	general r	nublic described in
'	لجف		b)(1)(A)(vi). (Comple		oi ita supp	or nom a	governine	intai oint o	, 110111 tillo	general	oublio described in
8				ection 170(b)(1)(A)(vi).	(Complete	Dort II \					
9	Ħ			eives: (1) more than 33			rom contri	hutione m	ambarchi	n fees an	nd arnee receipte from
•				nctions - subject to certa							
				axable income (less sect							
					lion of tha	x) 110111 0u	311103303 6	icquired o	y tile orga	inzanon e	aitei dulle do, 1973.
10			509(a)(2). (Complete	perated exclusively to te	et for publ	o cafety 9	See sectio	n 500/a\/	I) (caa inc	tructione)	•
11	Ħ	-		perated exclusively to te perated exclusively for the							
• •		_		ations described in secti							
			• • •	organization and compl				.,. 000 30 0	J. 1011 000 (u /(u /, u /,	or the box that
		a Type I		-, -	Typ			egrated		d 🗀	Type III - Other
е				t the organization is not					r more disi		
٠				han one or more publicly							
f				ten determination from						, (α) (1) O1 C	300(1011 000(4)(2).
•		_	rganization, check th			at it is a 1 y	pe i, Type	11, 01 1990	· '''		
_			•	organization accepted ar	ay aift or c	ontribution	from any	of the follo	owing ner	eone?	
9		•		rectly controls, either al			-				Yes No
				upported organization?	one or tog	ether with	persons	iescribed i	iii (ii) aiia (iii) DeiO11,	11g(i)
		_		n described in (i) above?	,						11g(ii)
		_		person described in (i) above i		a?					11g(iii)
			-	about the organizations			oporte				118(11)
h		Flovide the h	ollowing information	about the organizations	ine organ	iization suj	oports.				
(i)		of supported inization	(ii) EIN	(III) Type of organization (described on lines 1-9		organization sted in your document?	organizat		(vi) Is organizatio (i) organiz U S	on in col	(vii) Amount of support
				above or IRC section (see instructions))	Yes	No	Yes	No	Yes	No	
			 	(333	 				 		
] [
						-		-			
										1 1	
											-
					l						
									1		
					1						
Tota	al										

Schedule A (Form 990 or 990-EZ) 2008

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

22-6676052 Page 2 Schedule A (Form 990 or 990-EZ) 2008 INC. 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 (d) 2007 (e) 2008 (f) Total **(b)** 2005 (c) 2006 1 Gifts, grants, contributions, and membership fees received. (Do not 279,820. 296,268. 254,610. 324,633. 295,481. 1,450,812. 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 324,633. 295,481. 279,820. 296,268. 254,610. 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) 1,450,812. 6 Public Support. Subtract line 5 from line Section B. Total Support (e) 2008 (f) Total **(b)** 2005 (c) 2006 (d) 2007 Calendar year (or fiscal year beginning in) (a) 2004 279,820. 296,268. 254,610. 324,633. 295,481. 1,450,812. 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties 12,999. 19,774. 83,051. 15,022. 16,249. 19,007. 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 <262590. **▶** 81,678. 42,846. <39,295.> 41,445 57,326. assets (Explain in Part IV.) 1,494,568. 11 Total support. Add lines 7 through 10 12 12 Gross receipts from related activities, etc. (see instructions) 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 Section C. Computation of Public Support Percentage 97.07 14 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) 93.75 15 15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f 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 ▶ X stop here. The organization qualifies as a publicly supported organization 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 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 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

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2008

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

	rt III Support Schedule for C	ryanizations	Described In	Section Sos(a)	(Complete only	y ii you checked the bo	IX UN IINO 9 OT PART I
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	Gifts, grants, contributions, and	(0) 2004	(0) 2003	(0) 2000	(3) 2001	(5) 2000	1-7 10101
1	membership fees received. (Do not						
	include any "unusual grants.")						
^	· · · · · ·		 				
2	Gross receipts from admissions, merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the						
_	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 · 5						
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						
^	Add lines 7a and 7b				1		
	Public support (Subtract line 7c from line 6)						
	etion B. Total Support			4 · · · · · · · · · · · · · · · · · · ·		1	· · · · · · · · · · · · · · · · · · ·
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	Amounts from line 6	(a) 2004	(6) 2000	10, 2000	(0) 2007	10, 2000	1,7,0,0
	Gross income from interest,						
IVa	dividends, payments received on						
	securities loans, rents, royalties						Į.
	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						
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.)						
13	Total support (Add lines 9, 10c, 11, and 12)						
	First five years. If the Form 990 is for	the organization	's first, second, thi	rd, fourth, or fifth t	ax year as a sect	on 501(c)(3) organiz	ation,
	check this box and stop here	-			•		▶□
Sec	ction C. Computation of Publ	ic Support Pe	ercentage		-		
	Public support percentage for 2008 (I			column (f))		15	%
	Public support percentage from 2007					16	9/
	ction D. Computation of Inves			· · · · · · · · · · · · · · · · · · ·			
						17	9/
	Investment income percentage for 20					18	9/
18	, ·				a 15 ia mara tha-		
198	33 1/3% support tests - 2008. If the						. Tis ilot
	more than 33 1/3%, check this box a						~
t	33 1/3% support tests - 2007. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t			
					Sc	chedule A (Form 99	0 or 990-EZ) 200

Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

2008
Open to Public Inspection

Name of the organization

GEORGE H. LAUFENBERG SCHOLARSHIP FUND,

Employer identification number 22-6676052

Schedule D (Form 990) 2008

Par	t 1 Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		
		(a) Donor advised funds	(b) Funds 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	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis-	ed funds
	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a		used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor or other impermissible pri	vate benefit? Yes No
Pai	Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990, P	art IV, line 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 p	pleasure) Preservation of an his	torically important land area
	Protection of natural habitat	Preservation of certific	ed historic structure
	Preservation of open space		
2	Complete lines 2a-2d if the organization held a qualified cons	servation contribution in the form of a cons	servation easement on the last day
	of the tax year.		
			Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06	2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	organization during the taxable
	year ▶		
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, violations, ar	nd
	enforcement of the conservation easements it holds?	_	└── Yes └── No
6	Staff or volunteer hours devoted to monitoring, inspecting, a		
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	[]
	and section 170(h)(4)(B)(ii)?		└ Yes
9	In Part XIV, describe how the organization reports conservat		
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes	the organization's accounting for
F-60-7	conservation easements.	4 A. A. Illiada da al Tura accuración de O	than Similar Accets
Pa	Organizations Maintaining Collections o		tner Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 6.	
			A A A A A A A A A A A A A A A A A A A
1a	If the organization elected, as permitted under SFAS 116, no	•	
	treasures, or other similar assets held for public exhibition, e		blic service, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these		
b	If the organization elected, as permitted under SFAS 116, to		
	or other similar assets held for public exhibition, education, of	or research in furtherance of public service	e, 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 tre	•	ll gain, provide
	the following amounts required to be reported under SFAS 1	16 relating to these items:	
	Revenues included in Form 990, Part VIII, line 1		► \$ ► \$
ь	Assets included in Form 990, Part X		▶ \$

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2008

1a Landb Buildings

d Equipmente Other

c Leasehold improvements

Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)

Schedule.	D /Earm	aanı	2008	

	AUFENBERG SCHO	DLARSHIP FUND			_
Schedule D (Form 990) 2008 INC.			22-6	676052	Page 3
Part VII Investments - Other Securities. See	Form 990, Part X, line 12.				
(a) Description of security or category (including name of security)	(b) Book value	• •	ethod of valuation nd-of-year market		
Financial derivatives and other financial products			 		
Closely-held equity interests					
Other COMMON STOCKS	371,747.	END-OF-YEAR	MADKET I	/ALUE	
MUTUAL FUNDS	46,628.	END-OF-YEAR		ALUE	
CORPORATE BONDS	67,373.	END-OF-YEAR		ALUE	
GOVERMENT BONDS	25,033.	END-OF-YEAR		ALUE	
MORTGAGE BACKED SECURITIES	61,025.	END-OF-YEAR		ALUE	
HORIGION BROKED BLOCKIIIE	01/0231	DIVE OF TELET			· · · · · · ·
				<u></u>	
		· · · · · · · · · · · · · · · · · · ·	 -		
Total. (Col (b) should equal Form 990, Part X, col (B) line 12)	571,806.	······································	·	······	
Part VIII Investments - Program Related. Se					
	(b) Book value		ethod of valuatio	n:	
(a) Description of investment type	(b) book value	Cost or er	nd-of-year market	value	
					
Total. (Col (b) should equal Form 990, Part X, col (B) line 13)					
Part IX Other Assets. See Form 990, Part X, line				(b) Book valu	
(a) L	Description			(b) Book valu	
					
					
	·				
					
					
		•••			
Total. (Column (b) should equal Form 990, Part X, col (B) lin	e 15.)		>		
Part X Other Liabilities. See Form 990, Part X, II					
(a) Description of liability		(b) Amount			
Federal income taxes					

▶ Total. (Column (b) should equal Form 990, Part X, col (B) line 25.) In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48. 832053 12-23-08

Schedule D (Form 990) 2008

832054 12-23-0

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

2008

OMB No 1545-0047

Name of the organization

Department of the Treasury

Internal Revenue Service

GEORGE H. LAUFENBERG SCHOLARSHIP FUND,

Inspection
Employer identification number

INC.					22-00/0	032
Part I Fundraising Activities.	Complete if the organization ansi	wered "\	es" to	Form 990, Part IV, I	ine 17.	
1 Indicate whether the organization raise	ed funds through any of the follov	ving acti	vities.	Check all that apply		
a Mail solicitations	e Solicit	ation of	non-g	overnment grants		
b Email solicitations	f Solicit	ation of	gover	nment grants		
c Phone solicitations		al fundra	-			
d In-person solicitations	g open.					
2 a Did the organization have a written or	r aral agracement with any ladividu	al (inaliii	1100.0	floor director true	otoon or	
						☐ No
key employees listed in Form 990, Pa						
b If "Yes," list the ten highest paid indiv						be
compensated at least \$5,000 by the	organization. Form 990-EZ filers a	re not re	quirec	to complete this tai	ole.	
					(v) Amount paid	
(i) Name of individual	(ii) Activity	(iii) fundi	Did aiser	(iv) Gross receipts	to (or retained by)	(vi) Amount paid
or entity (fundraiser)	(ii) Activity	have c	ustody trol of	from activity	fundraiser	to (or retained by) organization
		contrib	utions?		listed in col. (i)	
		Yes	No			
	-					
						
		<u> </u>				
	 					
•						
Total	•					
		t fundo		booo potifical it is ov	omet from registrati	on or licensing
3 List all states in which the organization	is registered or licerised to solici	it lunus (or nas	been notified it is ex	empt from registrati	on or licensing.
						
						
LHA For Privacy Act and Paperwork Rec	duction Act Notice, see the Inst	ructions	for F	orm 990.	Schedule G (Form 9	90 or 990-EZ) 2008

GEORGE H. LAUFENBERG SCHOLARSHIP FUND,

22-6676052 Page 2 INC. Schedule G (Form 990 or 990-EZ) 2008 Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000. (c) Other Events (a) Event #1 (b) Event #2 (d) Total Events SCHOLARSHIP (Add col. (a) through GOLF OUTING AWARDS BANOU col (c)) (total number) (event type) (event type) 56,310. 131,250. 1,750. 189,310. Gross receipts 56,310 1,750 189,310. 131,250 Less: Charitable contributions Gross revenue (line 1 minus line 2) Cash prizes Non-cash prizes Direct Expenses Rent/facility costs 57,195. 5,762. 0. 62,957. Other direct expenses 62,957 Direct expense summary. Add lines 4 through 7 in column (d) <62,957.> Net income summary. Combine lines 3 and 8 in column (d) Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (Add (c) Other gaming Revenue (a) Bingo bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Non-cash prizes Rent/facility costs Other direct expenses Yes Yes % Yes Volunteer labor No No Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Combine lines 1 and 7 in column (d) Yes No 9 Enter the state(s) in which the organization operates gaming activities: 9a a is the organization licensed to operate gaming activities in each of these states? b If "No," Explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a **b** If "Yes," Explain: 11 Does the organization operate gaming activities with nonmembers? Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

GEORGE H. LAUFENBERG SCHOLARSHIP FUND,

Schedule G (Form 990 or 990-EZ) 2008 INC . 22	<u>-667605</u>		
13 Indicate the percentage of gaming activity operated in: a The organization's facility	<u>%</u>	Yes N	No
b An outside facility			
14 Provide the name and address of the person who prepares the organization's gaming/special events books and records	:		
Name			
Address			
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a		••••
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$			
c If "Yes," enter name and address:			
Name			
Address >			
16 Gaming manager information:			
Name			
Gaming manager compensation ▶ \$			
Description of services provided ▶			
Director/officer Employee Independent contractor			
17 Mandatory distributions:			
a is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a		
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the			
organization's own exempt activities during the tax year ▶ \$			

SCHEDULE I			:	:			OMB No 1545-0047	545-0047
(Form 990)		Governn	Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.	to Organizations uals in the U.S.	.=		2008	8
Department of the Treasury Internal Revenue Service	▲ Comb	Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.Attach to Form 990.	n answered "Yes," on F ▶ Attach to Form 990.	" on Form 990, Pa n 990.	ırt IV, lines 21 or 22.		Open to Public Inspection	Public ction
Name of the organization GEORGE INC.	E H. LAUFENBERG	RG SCHOLARSHIP	HIP FUND,				Employer identification number 22–6676052	on number 76052
Part # General Information on Grants and Assistance	rants and Assistance							
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	ecords to substantiate th	e amount of the grants	or assistance, the	grantees' eligibility	for the grants or assi	stance, and the selection		[
	or assistance?	•	:				X Yes	2
낋	on's procedures for mon	toring the use of grant	funds in the United	States.	:			
Fairti Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 21, for any	ince to Governments an	d Organizations in the	United States. C	omplete if the orga	inization answered "Y	es" on Form 990, Part I	IV, line 21, for any	[
recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	e than \$5,000 Check thi	s box if no one recipien	it received more th	an \$5,000 Use Pa	rt IV and Schedule I-1	(Form 990) if additiona	al space is needed	A
1 (a) Name and address of organization or government	ration (b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	grant e
								•
	1(c)(3) and government o	rganizations						
3 Enter total number of other organizations LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	nizations k Reduction Act Notice	see the Instructions	for Form 990.				Schedule I (Form 990) 2008	1 990) 2008

Schedule I (Form 990) 2008 INC.

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

Page 2

22-6676052

Osa Scriedara 1-1 (FOITH 990) II additional space is Headed.	j				
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
COLLEGE SCHOLARSHIPS	203	219,500.	0.0		
		14			
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	de the information	n required in Part I, I	ine 2, and any other	additional information.	
SCHEDULE I, PART I, LINE 2: SCHOLARSHIP		YMENTS WIL	PAYMENTS WILL BE MADE DIRECTLY	DIRECTLY TO	
THE INSTITUTION PROVIDING EDUCATION OR	- 1	CATION REL	EDUCATION RELATED SERVICES TO THE	CES TO THE	
RECIPIENT. SCHOLARSHIP AMOUNTS WILL NOT	L NOT BE		PAID TO THE RECIPIENT	NT.	

832102 12-18-08

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

Name of the organization

GEORGE H. LAUFENBERG SCHOLARSHIP FUND, INC.

Employer identification number 22-6676052

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THE NJ STATE COUNCIL OF CARPENTERS.
FORM 990, PART VI, SECTION A, LINE 10: A COPY IS PROVIDED TO AN OFFICER
UPON FILING, INFORMATION IS GATHERED BY ACCOUNTANTS VIA THE YEAR END
COMPILATION WHICH IS DISCUSSED WITH MANAGEMENT PRIOR TO THE PREPARATION OF
THE FILING OF FORM 990.
FORM 990, PART VI, SECTION C, LINE 18: THE ORGANIZATION WILL FURNISH A
COPY OF THE FILED FORM 990 UPON REQUEST.
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION DISCLOSES ALL
INFORMATION ON FORM 990, WHICH IS A PUBLIC DOCUMENT. ALL OF THIS
INFORMATION IS DISCLOSED IN THE ORGANIZATION'S GOVERNING CONSTITUTION AND
BYLAWS.
FORM 990, PART XI, LINE 1
THE SCHOLARSHIP FUND PREPARES ITS FINANCIAL STATEMENTS ON THE MODIFIED
CASH BASIS, AN OTHER COMPREHENSIVE BASIS OF ACCOUNTING.

Form **8868**

(Rev. April 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

(MB No. 1545-1709)

► File a separate application for each return.

-	u are filing for an Automatic 3-Month Extension, complete only Part I and check this box			ightharpoons
	u are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this c omplete Part ii uniess you have already been granted an automatic 3-month extension on a previously fi			
Part	Automatic 3-Month Extension of Time. Only submit original (no copies needed).			
A corp	oration required to file Form 990-T and requesting an automatic 6-month extension - check this box and con only	plete		> 🗆
	er corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request ar income tax returns.	exter	ision of tii	me
noted l not au /ou mu	onic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronic tomatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or coust submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic files, gov/efile and click on e-file for Charities & Nonprofits	cally it	f (1) you v ated Forn	vant the additional n 990-T. Instead,
Type o	Name of Exempt Organization GEORGE H. LAUFENBERG SCHOLARSHIP FUND,	-	-	ntification number
le by th due date	for Number, street, and room or suite no. If a P.O. box, see instructions.		2-667	76052
eturn Se nstructio	8			<u> </u>
Check	type of return to be filed(file a separate application for each return):			
	Form 990-T (corporation) Form 990-T (sec. 401(a) or 408(a) trust) Form 990-EZ Form 990-T (trust other than above) Form 990-PF Form 1041-A Form 88	27 169		
Tele If the	JOSEPH CORCORAN books are in the care of ▶ 340 NORTH AVENUE EAST, SUITE 6, CRANFOR sphone No. ▶ 908-272-7000 FAX No. ▶ e organization does not have an office or place of business in the United States, check this box is is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If the	s is fo	r the who	le group, check this
: !:	request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unto JULY 15, 2010, to file the exempt organization return for the organization named as for the organization's return for: calendar year or to file the exempt organization return for the organization named as for the organization's return for: calendar year or to file the exempt organization return for the organization named as for the organization's return for: calendar year or to file the exempt organization return for the organization named as for the organization's return for: calendar year or to file the exempt organization return for the organization named as for the organization's return for: calendar year or to file the exempt organization return for the organization named as for the organization's return for: calendar year or to file the exempt organization return for the organization named as for the organization's return for: calendar year or to file the exempt organization return for the organization named as for the organization's return for: calendar year or to file the exempt organization return for the organization named as for the organization's return for: calendar year or to file the exempt organization return for the organization named as for the organization for the organization named		The exter	nsion
2 i	f this tax year is for less than 12 months, check reason: Initial return Final return		Change ı	n accounting period
	this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any conrefundable credits. See instructions.	3a	\$_	
	f this application is for Form 990-PF or 990-T, enter any refundable credits and estimated ax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	-
c E	Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, leposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions.	3c	\$	N/A
	n. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form		,	
LHA	For Privacy Act and Paperwork Reduction Act Notice, see Instructions.	-		rm 8868 (Rev. 4-2009

823831