

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



## Form 990-EZ

Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code

(except black lung benefit trust or private foundation)

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 \$500,000 and total assets less than \$1,250,000 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

OMB No. 1545-1150

2009

Open to Public Inspection

Α	For th	e 2009 caler	ndar year,	or tax year begin	ining		, and o	ending			
B		applicable	Please	C Name of organ	nızatıon				D Emp	loyer ident	tification number
Щ	Address	change	use IRS	KEVIN M EIDT	T SCHOLARSH	IP FUND				06-1	1473626
Ц	Name c	hange	label or print or			not delivered to street address	4	Room/suite	E Tele	ephone nu	
Ш	initial re	turn	type.	Halliber and siles	st for 1 0 box, ir mair is	not delivered to street address	"	1 toomboute		•	
Ш	Termina	ited	See	7 BUMBLEBEE	E LANE	<del> </del>				203-	846-9718
	Amende	ed return	Specific Instruc-	City, town, or c	country	State	ZIP +	4	F Gro	up Exemp	otion
	Applicat	tion pending	tions.	NORWALK		CT	068	51-1404	Nur	nber	<b>&gt;</b>
•	Section	n 501(c)(3) c	organizatio		1) nonexempt ch	aritable trusts must	attach	G Accountir	a Meth	od: X	Cash Accrual
		( - )( - )		leted Schedule A				Other (sp	-		. <u> </u>
								H Check▶	_		ization is <b>not</b>
1	Websit	e: ▶ <u>N/A</u>									e B (Form 990,
		npt status (ch	eck only one)	)— X 501(c) (	3 ) ◀ (insert no	4947(a)(1) or	527	990-EZ, c	r 990-F	F)	
	Check	<del></del>				rting organization and	Lite arece re	ounte are no	rmally r	ot more t	han \$25,000
						nization chooses to file					
$\overline{}$						more, file Form 990 inst			z compi	<b>►</b> \$	198,398
	art I					ssets or Fund Ba			tructio		
K						ceived				1	116,401
	1					es and contracts.				2	110,401
	2									3	
	3		•						• •	4	25,990
	4						1				25,550
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	b					ory (Subtract line 5			34,323		-91,786
ē	C		•			• •		•	<u></u>	5c	-91,700
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Œ							6a		3,470		
	b			es other than fu			6b		8,541	c-	E 074
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	b			sold			7b				_
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	8	Other reve			Fo. 60. 70. and	0			<u> </u>	8   9	0 45,534
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Net	20					ch explanation) .				20	161,102
	21					ne lines 18 through				21	65,265
	art II	Dalance				nn (B) are \$1,250,0	or more				(B) End of year
~~	0			the instructions				(A) Begin			<del>, `                                   </del>
22								<del> </del>	372,1		440,957
23								<b></b>		23	40.
24										43 24	424
25								<u> </u>		77 25	441,381
26				See Attach		A name water the Co	)	<u> </u>		44 26	376,116
27	Net a	issets or fl	una palar	ices (line 2/ of a	coinwu (R) <b>was</b>	t agree with line 2	1)	l	-10,6	67 27	65,265

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

(HTA)

Part III Statement of Program Service Acc	omplishments (See t	ne i	instructions for Pa	art III.)		Expenses
What is the organization's primary exempt purpose?					(Requ	ired for section
Describe what was achieved in carrying out the organiz				<u> </u>		(3) and 501(c)(4)
manner, describe the services provided, the number of						zations and section
· · · · · · · · · · · · · · · · · · ·	persons benefited, and	JUIE	er relevant informat	ion for		a)(1) trusts, optional
each program title.					for oth	ers )
28 SEE ATTACHED STATEMENT						
,,,,,				<u></u>		
(Grants \$ 0 ) If this amoun	nt includes foreign grants	, ch	eck here	. ▶ 🔲	28a	0
29				<del></del>		<u> </u>
••••••						
·				····		
(Grants \$ 0 ) If this amoun	nt includes foreign grants	, cr	eck nere	. ▶	29a	0
30					1	
(Grants \$ 0 ) If this amoun	nt includes foreign grants	. ch	eck here	. •	30a	0
31 Other program services (attach schedule)					30a	
	nt includes foreign grants				1	
<u></u>		_			31a	0
32 Total program service expenses. (add lines 28a	through 31a)			<u></u> ▶	32	0
Part IV List of Officers, Directors, Trustees, a		each	one even if not compe			uctions for Part IV)
4.24	(b) Title and average		(c) Compensation	(d) Contribu		(e) Expense
(a) Name and address	hours per week devoted to position		(If not paid, enter -0)	employee bene deferred comp		account and other allowances
CHRISTIAN H. EIDT	Title DIRECTOR		enter-o/	delened com	pensauon	Other allowances
		~~	,		•	_
7 BUMBLEBEE LANE NORWALK CT 06851		.00	0		0	0
HELEN M. EIDT	Title DIRECTOR			1		
7 BUMBLEBEE LANE NORWALK CT 06851	Hr/WK 2	.00	0		0	0
CHRISTIAN J. EIDT	Title DIRECTOR					
11 THISTLE LANE WILTON CT 06897		.00	l o		0	0
		.00	<u>_</u>	<del>                                     </del>		
CAROLYN H. STRAZZA	Title DIRECTOR		1		_	_
2435 BEDFORD STREET UNIT 18E STAMFORD CT (		.00	0	<b> </b>	0	0
SISTER GRACE CHRISTINE	Title DIRECTOR					
424 84TH STREET BROOKLYN NY 11209	Hr/WK 1	.00	j 0		0	0
SISTER GRACE ANN	Title DIRECTOR					
40-34 196TH STREET FLUSHING NY 11358		.00	l o	,	0	0
+0 0+ 130111 0111EE1 1 E001 III 4 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	· · · · · · · · · · · · · · · · · · ·	.00				
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	Hr/WK	.00	0		0	<u> </u>
	Title					
	Hr/WK	.00		,	0	О .
					U	

Page 3

Part	Other Information (Note the statement requirements in the instructions for Part V.)			
			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	33		Х
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of			
	the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but			ĺ
	not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section	İ		
	6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets		1	
	during the year? If "Yes," complete applicable parts of Schedule N	36		<u> </u>
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions.   37a 0	<del> </del>		
b	Did the organization file Form 1120-POL for this year?	37b	ļ	X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		X
	If "Yes," complete Schedule L, Part II and enter the total amount involved	1		•
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9	1		
b	Gross receipts, included on line 9, for public use of club facilities	,		١.
40 a	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>}</b> -	<u> </u>
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified			
	person in a prior year, and that the transaction has not been reported on any of the organization's prior			
	Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	198.2	X
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on	1 3		'
	organization managers or disqualified persons during the year under sections 4912,	,» ·		80
	4955, and 4958		,	3
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c	^ 3	~	Ý
	reimbursed by the organization	,		ş,
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	<u> </u>	<del> </del>	<del> </del>
	transaction? If "Yes," complete Form 8886-T	40e	l	X
41	List the states with which a copy of this return is filed.		_	
42 a	The organization's books are in care of ► CHRISTIAN H. EIDT Telephone no. ►	203-8	46-97	18
	Located at ▶ 7 BUMBLEBEE LANE City NORWALK ST CT ZIP + 4 ▶ 068	51-140	)4	
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		Yes	No
	account)?	42b	<u> </u>	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	k		>
	and Financial Accounts.			
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	<u></u>	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			▶
	and enter the amount of tax-exempt interest received or accrued during the tax year			_
	and enter the amount of tax-exempt interest received of accrued during the tax year			
			Yes	No
A 4	Did the erganization maintain any denor advised funds? If "Vee " Form 000 must be seemblated instant of		163	140
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of	AA	<del> </del>	X
A.F	Form 990-EZ	44	$\vdash$	+^
45		AE		X
	"Yes," Form 990 must be completed instead of Form 990-EZ	45	1	7 (2222

	:									
Form 990	-EZ (2009) . KEVIN M. EIDT SCHOLARSH	HIP FUND		_			06-1	47362	26 I	Page 4
Part \	Section 501(c)(3) organizations and	section 4947(a)(1) n	onex	empt cha	aritable	trusts onl	y. All se	ction		
	501(c)(3) organizations and section 49		charita	able trusts	s must a	nswer que	stions 40	6–49t	)	
	and complete the tables for lines 50 ar									
	oid the organization engage in direct or indirect	• •			• •		_	_	Yes	No
	andidates for public office? If "Yes," complete S							46		X
	Did the organization engage in lobbying activities							47		X
	s the organization a school as described in sect	, , , , , , , , ,		•				48		X
	Did the organization make any transfers to an ex	•		_				19a		<u> </u>
	i "Yes," was the related organization a section 5 Complete this table for the organization's five hig	_					_	19b		
	employees) who each received more than \$100,		-	•					key	
	Third cach received more than \$100,	(b) Title and average		(c) Comp		(d) Contributi			Expens	
	(a) Name and address of each employee paid more	hours per week		(6) 55		employee benef	t plans &	acc	ount ar	nd
••••	than \$100,000	devoted to position				deferred compe	ensation	other	allowar	ices
Name	None Str ST ZIP	- Title	.00		o		o			0
<u>City</u> Name	Str	Title	.00				<del>-                                    </del>			
City	ST ZIP	- Hr/WK	.00		0		o			0
Name	Str	Title								
City	ST ZIP	- Hr/WK	.00		0		o			0
Name	Str	Title		· · · · · · · · · · · · · · · · · · ·						
City	ST ZIP	Hr/WK	.00		_ 0	o c				0
Name	Str	Title								
City	ST ZIP	Hr/WK	.00	l	0		0			0
	Complete this table for the organization's five high 100,000 of compensation from the organization from the organization.	· ·	•		ctors who	each recei	ed more	than		
	(a) Name and address of each independent contract	or paid more than \$100,000			(b) Typ	e of service	1	( <b>c</b> ) Com	pensat	ion
Name	None Str									
City	ST	ZIP			_					
Name	Str					•	1	-		
City	ST	ZIP								
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City	ST	ZIP				**				
Name	Str									
City	ST	ZIP								
Name	Str ST	ZiP								
City d	Total number of other independent contractors e		2 000		<b>•</b>					_
u	otal number of other independent contractors e	sacifiedelvilly over \$10	J,000 .				-			
	Under penalties of perjury, I declare that I have examin and belief, it 15479, correct, and complete, Declaration								ie	
Sign	Musham H. Erdt					1 4/2	28/10			
Here	Signature of officer			·		Date	<u>- 1 · C</u>			
	CHRISTIAN H. EIDT, DIRECTOR									
	Type or print name and title									
Deid	Preparer's		Date		Check if self-	Prepa	rer's identify:	ng numb	er (See ir	structions)
Paid	signature SELF-PREPARE	D RETURN			employed	▶└─				

May the IRS discuss this return with the preparer shown above? See instructions .

Preparer's

**Use Only** 

Firm's name (or yours if self-employed), address, and ZIP + 4

No

Yes

EIN

Phone no 🕨

# SCHEDULE A (Form 990 or 990-EZ)

### **Public Charity Status and Public Support**

200

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

► See separate instructions.

Employer identification number

KEVI	<u>N M</u> .	EIDT SCHOL	ARSHIP FUND			_				06-14	173626		
Par				arity Status (All org						nstructio	<u>1s.</u>		
	orgar		-	ation because it is: (Fo		_	-	•					
1	님	•		ches, or association of			ea in <b>sec</b>	tion 1/U(	D)(1)(A)(I	).			
2	닖			on 170(b)(1)(A)(ii). (At		-							
3	닏	•	•	ospital service organi									
4	Ш		search organiza me, city, and sta	ition operated in conju	inction wi	th a hospi	tal descri	bed in <b>se</b>	ction 170	)(b)(1)(A): 	(iii). Ent	er the	
5		-	•	the benefit of a collect (Complete Part II.)	ge or univ	ersity owr	ned or ope	erated by	a govern	mental ur	nit descr	ibed	
6		A federal, sta	ate, or local gove	ernment or governmer	ntal unit d	lescribed i	in <b>sectio</b> r	170(b)(1	I)(A)(v).				
7		-	·	y receives a substanti (1)(A)(vi). (Complete f	•	its suppor	t from a g	jovernme	ntal unit o	or from the	e genera	al publi	С
8		A community	trust described	in <b>section 170(b)(1)(</b>	( <b>A)(vi)</b> . (C	omplete f	Part II.)						
9	$\overline{\mathbf{X}}$			y receives: (1) more th				om contri	butions, r	nembersl	nip fees	and q	ross
		receipts from support from	activities relate gross investme	ed to its exempt function ent income and unrelated after June 30, 1975.	ons—subj ted busin	ject to cer ess taxabl	tain exce <sub>l</sub> le income	otions, an (less sec	d (2) no ration 511	nore than	33 1/3	% of its	
10		An organizat	ion organized a	nd operated exclusive	ly to test	for public	safety. Se	ee <b>sectio</b>	n 509(a)(	4).			
11		An organizat	ion organized a	nd operated exclusive	ly for the	benefit of	, to perfor	m the fun	ctions of,	or to car	ry out th	е	
		•	•	olicly supported organ				, , ,	•			section	n
			(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.										
	_	a Type	1 b 🗀										
е	Ш	-		y that the organization			-	_	-				
		•		on managers and othe	er than on	e or more	publicly s	supported	l organiza	itions des	cribed in	n sectio	on
			section 509(a)(2	•		. IDC 45-4			II T				
f		_	zation received a , check this box	a written determinatior			it is a Typ	е і, туре	ii, or i yp	e III supp	orting		
g		•	,	the organization acce			tribution 1	rom anv	of the				<u> </u>
•		following per		3	. ,	•							_
			-	or indirectly controls,		-		-				Yes	No
		-		erning body of the su		-					11g(i)		<del></del> -
		• •	•	person described in (i y of a person describe	•						11g(ii) 11g(iii)		
h				ation about the suppor	• • •						(TTG(III)		
	Name	of supported	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Did y	ou notify		Is the		Amount	of
٧٠.		anization	(,	(described on lines 1–9 above or IRC section		sted in your document?		nization in of your		tion in col ized in the		support	
				(see instructions))	3**************************************		sup	port?		S?	1		
		<u>.</u>			Yes	No_	Yes	No	Yes	No_	ļ		
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KEVIN M. EIDT SCHOLARSHIP FUND Schedule A (Form 990.or 990-EZ) 2009 06-1473626 Page 2 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) 2005 (d) 2008 (b) 2006 (c) 2007 (e) 2009 (f) Total Gifts, grants, contributions, and 1 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 . . . . . . . . . . . . . . 0 3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . . . 0 0 0 0 4 Total. Add lines 1 through 3 . . . . . 0 0 0 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) . . Public support. Subtract line 5 from line 4. 0 Section B. Total Support **(b)** 2006 (d) 2008 (e) 2009 (f) Total Calendar year (or fiscal year beginning in) (a) 2005 (c) 2007 7 0 0 0 0 0 0 Amounts from line 4 . . . . . . . 8 Gross income from interest, dividends, payments received on securities loans. rents, royalties and income from similar sources . . . . . . . . . . . . . 0 9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . . . . . 0 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . . . . . . 0 0 11 Total support. Add lines 7 through 10. 12 12 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) 13 Section C. Computation of Public Support Percentage Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) . . . . . . 0.00% 14 Public support percentage from 2008 Schedule A, Part II, line 14 . . . . . . . . . . . . . . . . . . 15 0.00% 33 1/3% support test-2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box 16a 33 1/3% support test-2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this 10%-facts-and-circumstances test-2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% 17a 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. . 10%-facts-and-circumstances test-2008. 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.

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

18

Support Schedule for Organizations Described in Section 509(a)(2)

Cook	(Complete only if you checked to	te box on line	901 Fait i.)				
	ion A. Public Support endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(a) 2007	(4) 2009	(a) 2000	(4) Total
Cale	• • • • •	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	101,650	200,242	113,263	104,530	116,401	636,086
2	Gross receipts from admissions, merchandise						
_	sold or services performed, or facilities furnished					l	
	in any activity that is related to the	i					
	organization's tax-exempt purpose	-27	-536	-2,002	12,836	-5,071	5,200
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						C
4	Tax revenues levied for the organization's					Î	
	benefit and either paid to or expended on						
	its behalf	0	0				C
5	The value of services or facilities	·					
	furnished by a governmental unit to the						
	organization without charge	0	0				C
6	Total. Add lines 1 through 5	101,623	199,706	111,261	117,366	111,330	641,286
7a	Amounts included on lines 1, 2, and 3			,			
	received from disqualified persons	17,831	21,843	18,930	18,578	35,452	112,634
D	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						_
	amount on line 13 for the year	47.004	04.040	10.000	40.570	05.450	110.004
	Add lines 7a and 7b	17,831	21,843	18,930	18,578	35,452	112,634
8	Public support (Subtract line 7c from	* * * * * * * * * * * * * * * * * * *	2 k 3 11 t 1			; i	500.050
Coo	line 6.)	* * * *			· · · · · · · · · · · · · · · · · · ·		528,652
	tion B. Total Support	(+) 000F	/h\ 0000	(-) 0007	(4) 0000	(a) 0000	(A) T-1-1
Cale	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	101,623	199,706	111,261	117,366	111,330	641,286
10a			•				·
	payments received on securities loans,						
	rents, royalties and income from similar					ľ	
	sources	36,046	51,792	47,967	45,808	25,990	207,603
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
C	Add lines 10a and 10b	36,046	51,792	47,967	45,808	25,990	207,603
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.)	0	0	0	0		(
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	137,669					848,889
14	First five years. If the Form 990 is for the org						(3)
	organization, check this box and stop here.						▶ 🔼
Sec	tion C. Computation of Public Support	Percentage					
15	Public support percentage for 2009 (line 8, co	olumn (f) divide	ed by line 13. co	olumn (f))		15	62.28%
16	Public support percentage from 2008 Schedu					16	63.92%
	tion D. Computation of Investment Inc			<u> </u>	· · · · ·	1 10 1	00.52 /
				a 10 actions /	<u> </u>	17	04 469
17	Investment income percentage for 2009 (line					17	24.46%
18	Investment income percentage from 2008 Sc					18	25.40%
19a							
	not more than 33 1/3%, check this box and s						<b>⊳</b> [⊻
b	33 1/3% support tests-2008. If the organization d						. —
	line 18 is not more than 33 1/3%, check this box ai	-		•	=		▶ 📙
20	Private foundation. If the organization did n	ot check a box	on line 14, 19a	a, or 19b, chec	k this box and	see instructions	s ▶ 🛴

Schedule A (Form	990 or 990-EZ) 2009	KEVIN M. EIDT SCHOLARSHIP FUND	06-1473626 Page	<b>4</b>
Part IV	Supplemental	nformation. Complete this part to provide the	explanations required by Part II, line 10;	_
	Part II, line 17a	or 17b; and Part III, line 12. Provide any other	additional information. See instructions.	
				· <b></b>
				· <b></b>
			,	
,				

# SCHEDULE G · (Form 990 or 990-EZ)

**Supplemental Information Regarding Fundraising or Gaming Activities** 

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Open To Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

KEVIN M. EIDT SCHOLARSHIP FUND

Fundraising Activities. Complete if the organization answered "Yes" to Form 990-EZ filers are not required to complete this part.

Inspection

Employer identification number

06-1473626

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

Form 990-EZ filers are not required to complete this part.

Par	Fundraising Activities. Co	•	•		ered "Yes" to Form	n 990, Part IV, lind	e 17.
1	Indicate whether the organization ra				ng activities. Check	all that apply.	
а	Mail solicitations		е 🔲	Solicitation	of non-government	grants	
b	Internet and email solicitations		- f 🗔 :	Solicitation	of government gran	nts	
С	Phone solicitations				draising events		
d	In-person solicitations		<b>у</b>		<b>g</b>		
2a	Did the organization have a written of	or oral agreeme	nt with an	v individual	l (including officers	directors trustees	
	or key employees listed in Form 990						Yes No
b	If "Yes," list the ten highest paid indito be compensated at least \$5,000 b			aisers) purs	uant to agreements	s under which the fu	undraiser is
	(i) Name of individual or entity (fundraiser)	(II) Activity	custody	ndraiser have or control of ibutions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
					ا		^
			<del> </del>	<del>  -  </del>	0	0	0
					0	0	0
				ļ	0	0	0
					0	0	0
					0	0	0
				:	0	0	0
					0	0	0
					0	0	0
					0	0	0
					0	0	0
					_		
Tota		<u> </u>	· · ·	<b>▶</b>			0
3	List all states in which the organizat registration or licensing.	-				·	
<b>-</b> -		· • • • • • • • • • • • • • • • • • • •				• • • • • • • • • • • • • • • • • • • •	
<b></b> -							
						••••••	

Pai		_	<b>s.</b> Complete if the orgal on Form 990-EZ, line 6			•	repor	tea
		111018 HIAH \$15,000	(a) Event #1	(b) Event #2	(c) Other events			
			Benefit Dinner Dance	Golf Tournament	NONE	(add col (	il events a) throug	
			(event type)	(event type)	(total number)		(c))	<b>,</b>
ane	4	Gross receipts	84,352	13,779				0 121
Revenue	1 2	Less: Charitable	64,552	10,779				<u>8,131</u>
۳	3	contributions Gross income (line 1	74,755	9,906	0		84	4,661
		minus line 2)	9,597	3,873	0		13	3,470
	4	Cash prizes	0	0	0			0
	5	Noncash prizes	. 0	788	0			788
nses	6	Rent/facility costs	0	3,968	0		;	3,968
Direct Expenses	7	Food and beverages .	9,024	600	0			9,624
Direct	8	Entertainment	2,000	0	0	_		2,000
	9	Other direct expenses .	2,072	89	0			2,16 <u>1</u>
	10 11	Direct expense summary. Net income summary. Co	Add lines 4 through 9 in o	column (d)				3 <u>,541)</u> 5,071
Pa		Gaming Complete	if the organization answ	wered "Yes" to Form 99	O Part IV line 19 or r	enorted mo		<u> </u>
		than \$15,000 on Fo	_	100 to 101111 0t	50, 1 (11.14, 11.10 10, 01.14	oponou me		
σ.			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total g	amıng (a	add
Revenue			(-,3-	bingo/progressive bingo	(,, = 3 = - 3	col (a) thro	• •	
Be	1	Gross revenue						0
ses	2	Cash prizes						0
irect Expenses	3	Noncash prizes						0
irect E	4	Rent/facility costs						0
	5	Other direct expenses .						0
	6	Volunteer labor	Yes% No	☐ Yes% ☐ No	Yes%  No	-	4	<u></u>
	7	Direct expense summary.	Add lines 2 through 5 in o	column (d)		(		0)
	8	Net gaming income summ	nary. Combine line 1, colu	ımn d, and line 7	<u>.</u>		Vaal	0
9	Е	nter the state(s) in which th	e organization operates g	aming activities:			Yes	No
a t	a Is	the organization licensed t "No," explain:						
		/ere any of the organization "Yes," explain:		ed, suspended or termina	•	10a		
11		oes the organization operation	te gaming activities with n					
12		s the organization a grantor, ormed to administer charitat						

Schedule G (Form 990 or 990-EZ) 2009 Page 3 Yes No Indicate the percentage of gaming activity operated in: 13 14 Enter 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 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 of the third party: Name ▶ Address ▶ Gaming manager information: 16 Name ▶ Gaming manager compensation ▶ \$ 0 Description of services provided \_\_\_\_\_ Director/officer **Employee** Independent contractor 17 Mandatory distributions:

b Enter the amount of distributions required under state law to be distributed to other exempt organizations

or spent in the organization's own exempt activities during the tax year > \$

Schedule G (Form 990 or 990-EZ) 2009

17a

	98,131	84,661	13,470	0	788	3,968	9,624	2,000	2,161
	Line 1	Line 2	Line	Line 4	Line 5	Line 6	Line 7	Line 8	Line 9
		Less	Gross Income						
		(Charitable	(line 1 minus		Noncash	Rent/Facility	Food and		Other direct
Event Type	Gross Receipts	contributions)	line 2)	Cash Prizes	Pnzes	costs	beverages	Entertainment	expenses
1 Benefit Dinner Dance	84,352	74,755	6,597				9,024	2,000	2,072
2 Golf Tournament	13,779	906'6			788	3,968	009		88
3			0						
4			0						-
S			0						
9			0						
7			0						
8			0						
5			0						
10			0						
-			0						
12			0						
13			0						
14			0						
15			0						
91			0						
17			0						
18			0						
19			0						
20			0				7		

Part I, Line 1 (990-EZ) - Contributions, Gifts, Grants and Similar Amounts Red	eived	
1 Contributions		31,740
2 Noncash contributions		
3 Membership dues and assessments (contributions from the public)		
4 Government contributions (grants)		
5 Commercial co-venture		
6 Special events contributions (Line 6 - Special Events)	. 6	84,661
7 Associated organization contributions	. 7	
8	_ 8	
9	_ 9	
10	10	
11 Total	. 11	116,401
Part I, Line 4 (990-EZ) - Investment Income		110,40
1 Interest on savings and temporary cash investments	. 1	3,826
2 Dividends and interest from securities	. 2	22,164
3 Gross rents	. 3	
4 Other investment income	. 4	
5 Total	5	25 990

FUND
CARSHIP
<b>EIDT SCHO</b>
<b>KEVIN M</b>

	Inventory
	r Than
	Other
	Assets
	e Of 4
	Sale
	Loss From Sal
	Gain/Loss
I	.) - Gain/l
	(990-EZ)
	Line 5
	į,
	Par

				_		_	_		_		_						_	_	
•					•			Description of	Basis Method										
									Depreciation		-								
Cost, other	basis and expenses	134,323	0	0	Expense	of sale and	cost of	ımprove-	ments										
Cost	basis and					Cost or other basis	(Enter one field only)	Donated	value										
Gross	es	42,537	0	0		Cost or o	(Enter one		Cost	28,093	106,230	0							
	sales							Gross sales	price	16,627	23,196	2,714							
Totals:		Public Securities	Non-Public Securities	Other sales				Date	plos										
		Pub	Non-Publ					Acquisition	method										
								Date	acquired										
									Purchaser										
						Check if	purchaser	s Sa	pusiness										
					Check if Check if	gain/loss is	from sale of	of public non public	securifies										
					Check if	gain/loss is	from sale	of public	securities	×	×	×							
									Description	ETRADE SECURITIES	XL HOLDINGS	RAM FUND							
									Index	-	7	က	4	2	9	7	8	6	۽

# KEVIN M. EIDT SCHOLARSHIP FUND 06-1473626 STATEMENT TO 2009 FORM 990EZ Part II ~ Line 11 & Part III ~ Line 28

# EXEMPT PURPOSE

THIS ORGANIZATION'S PRIMARY EXEMPT PURPOSE IS TO STIMULATE, PROMOTE, DEVELOP, AND SUSTAIN THE PUBLIC GOOD BY ACKNOWLEDGING AND SUPPORTING EDUCATIONAL ADVANCEMENT AND COMMITMENT TO COMMUNITY SERVICE THROUGH SCHOLARSHIPS

GRANTS	PAYABLE 2002	233,750	3,000	9,750	9,250	o	(635)	000'1	•	٥	256,115		120,000	376,115			
	IOTAL GBANTS	108 889	2,000	3,625	3,625	0	6,490	0	1,000	000'1	126,629	126,629				21,490 25,139 27,500 30,000 11,250	126,629
ENSES (B)	PREPAID GRANTS						490				490	•					,
2009 PROGRAM SERVICE EXPENSES (B)	PRIOR YEAR GRANTS	63 886	1,000	3,125	3,125				0	0	101,139				CHOOL		
2009 PROGRA	2009 GRANTS	15,000	1,000	009	009		9 000		000'1	1,000	25,000		Q		2009 GRANTS PAID BY SCHOOL	BOSTON COLLEGE WILLIAM & MARY COLUMBIA GEORGETOWN NOTHE DAME	TOTAL GRANTS PAID
L	CURRENT YEAR GRANTS AWARDED (A) 2	120 000	2,000	4,000	000 4		6,000	0001	000'1	2,000	140,000	OLARSHIPS PAID	2010 SCHOLARSHIPS ANNOUNCED BUT NOT PAID	ACCRUED SCHOLARSHIPS PAYABLE @ 12/31	500	BOS WILL COD GEC GEC NOI	i <b>0</b> 1
		RECOGNIZED DEMONSTRATED ACHIEVEMENT BY A GRADUATING NORWALK HIGH SCHOOL SENOR IN THE AFEAS OF ACADEMICS, ATHLETICS, THE AFTS, AND COMMUNITY SERVICE. 2009 GRANT WAS A FOUR YEAR SCHOLARSHIP TO BOSTON COLLEGE.	RECOONIZED DEMONSTRATED ACHIEVEMENT BY A GRADUATING NORWALK HIGH SCHOOL STEME AREA OF ACADURIUS, ATHEFICS, THE ARTS, AND CAMILINITY SERVICE, STOSS GRANT WAS FOR A ONE TIME SCHOLARSHIP TO VASSAR AND THE UNIVERSITY OF CONNECTICUT	RECOONIZED A GRADUATING SENIOR WHO AS A MEMBER OF THE NOFWALK HIGH SCHOOL MACCHING BAND, ACHEVED THE HIGHEST FOUR YEAR GRADE POINT YNERAGE. 2009 GRANT WAS A FOUR YEAR SCHOLARSHIP TO TEMPLE UNIVERSITY.	RECOGNIZED A GRADUATING SENIOR WHO AS A MEMBER OF THE ST JEROME (NORWALK CT) PARISH YOUTH GROUP, DEMONSTRATED COMMITMENT TO THEIR COMMUNITY, 2009 GRANT WAS A FOUR YEAR SCHOLARSHIP TO BRYANT INVERSITY	RECOGNIZED SENIOR IN THE BOSTON COLLEGE LITURGY ARTS GROUP FOR DEMONSTRATED COMMUNITY NO GRANTS MADE AFTER 1231/2007	RECOGNIZED JUNIOR IN THE BOSTON COLLEGE CARROLL SCHOOL OF WANGEMENT HONDS PROGRAM WITH DEALONSTRATED ACADEMIC ACHIEVEMENT, CHARACTER, LEADERSHIP AND SCHOOL SPIRIT 2009 GRANT WAS A ONE TIME SCHOLARSHIP TO BOSTON COLLEGE	RECOGNIZED GRADUATING SENIOR WHO AS A MEMBER OF THE NORWALK HIGHS SCHOOL, MAZZ BAND DEMONSTRATED COMMITMENT TO THE AZZ PROGRAM. 2009 GRANT WAS A ONE TIME SCHOLARSHIP TO WEST VIRGINIA UNIVERSITY	HECODINIZED GRADUATING SENIOR WHO AS A MEMBER OF THE MOFWALK HEIGH SCHOOL OFFESTRA. WHO MADE AN OLGTSTANDING CONTRIBUTION TO THE ORCHESTRA AND HAS MADE THEMSELYES A ROLE MODEL FOR OTHERS 2009 GRANT WAS A ONE TIME SCHOLARSHIP TO OBERLIN COLLEGE.	RECOGNIZED GRADUATING SENIOR WHO AS A MEMBER OF THE MORWALK HIGH SCHOOL CLASS FOR OUTSTANDING COMMUNITY SERVICE ZOOS GRANT WAS A ONE TIME SCHOLARSHIP TO THE UNIVERSITY OF RHODE ISJAND	•	TOTAL 2009 SCHOLARSHIPS PAID	2010 SCHOLARSH	ACCRUED SCHOL	COLUMN REFLECTS THE VALUE OF THE SCHOLARSHIP AWARDED TO RECPIENTS DURING THE 2009 CALENDAR YEAR	PROGRAM SERVICE EXPENSE REFLECTS SCHOLARSHIP PAYMENTS MADE DURING THE 2009 CALENDAR YEAR	
	BEE	-	~	e	•	ru.	ဖ	۲	60	o					NOTES A	60	

Part I, Line 16 (990-EZ) - Other Expenses		4,075
1 Travel	. 1	
2 Meals and entertainment	2	
<b>3</b> Fundraising	. 3	
4 Amortization	4	0
5 Conferences, conventions, and meetings	5	
6 Depreciation	6	0
7 Depletion	. 7	
8 Equipment rental and maintenance	. 8	
9 Interest	. 9	
10 Supplies	10	2,674
11 Telephone	11	
12 Unrelated business income taxes	12	0
13	13	
14 POSTAGE	14	211
15 INVESTMENT EXPENSES	15	1,188
16 ALL OTHER	16	2
17	17	
18	18	
19	19	
20	20	
21	21	
22	22	
23	23	
24	24	
25	_ 25	
26	26	
27	27	
28	28	
29	29	

Part I, Line 20 (990-EZ) - Other Changes in Net Assets or Fund Balances

Description

	161,102	
	Amount	
1	153,973	
2	7,129	
3		
4		
5		

	Description		Amount
1	CHANGE IN UNREALIZED APPRECIATION OF INVESTMENTS	1	153,973
2	CHANGE IN SCHOLARSHIPS PAYABLE	2	7,129
3		3	
4		4	
5		5	
6		6	
7		7	
8		8	
9		9	_
10		10	

Part II. Line 24 (990-EZ) - Other Assets

Pai	t II, Line 24 (990-EZ) - Other Assets	443	424
	Description	Beginning	End
1	PREPAID EXPENSES	443	422
2	ALL OTHER	0	2
3			
4			
5			
6			
7		_	
_8			
9			
10			

Part II, Line 26 (990-EZ) - Liabilities

Part II, Line 26 (990-EZ) - Liabilities	383,244	376,116
Description	Beginning	End
1 ACCRUED SCHOLARSHIPS PAYABLE	383,244	376,115
2 OTHER		1
3		
4		
5		
6		
7		
8		
9		
10		

#### Kevin M. Eidt Scholarship Fund 06-1473626 2009 Form 990EZ Statement to Part III

The objective of the Fund is to recognize through scholarships demonstrated achievement across the spectrum of academics, arts, athletics, and community service. Scholarships are paid directly to the recipient's college or university. The 2009 scholarships supported by Kevin's Fund are:

- 1. \$100,000 to a graduating senior at Norwalk HS with demonstrated achievement across the spectrum of academics, arts, athletics, and community and religious service. In addition up to \$4,000 was made available, at the discretion of the Scholarship Selection Committee, to award the outstanding achievements of finalists for the Norwalk High School scholarship.
- 2. \$6,000 to a junior at Boston College in the School of Management Honors Program who has demonstrated the unique combination of academic achievement, character, leadership, and school spirit similar to Kevin's.
- 3. \$4,000 to a graduating senior in the St. Jerome parish youth group with demonstrated commitment to community and religious service.
- 4. \$3,000 to a graduating senior at Norwalk HS who as a member of the Marching Band achieved the highest cumulative grade point average similar to Kevin's accomplishment.
- 5. \$1,000 to a graduating senior at Norwalk HS who as a member of the Jazz Ensemble has demonstrated leadership and character similar to Kevin.
- 6. \$1,000 to a graduating senior at Norwalk HS who as a member of the Orchestra has made an outstanding contribution to the orchestra and has made themselves a role model for others.
- 7. \$1,000 to a graduating senior at Norwalk HS who has made an outstanding contribution to Norwalk High School both as a scholar and as an athlete.

Kevin's Fund grants scholarships to individuals with demonstrated achievements in academics, athletics, arts, and community and religious service. All scholarships are payable to accredited United States colleges or Universities. The Fund provides both one time awards and awards payable over a four year college career. To maintain the latter awards, the recipient must meet certain academic standards and conduct standards within their school and their community.

During 2009 Kevin's Fund announced the availability of \$120,000 in scholarships to the class of 2009. This brings the value of scholarships awarded by the Fund since its inception to over \$1,027,750 awarded to 80 individuals.

During the academic year commencing in the fall of 2009 Kevin's Fund provided financial support to 17 students attending William & Mary, Columbia, Georgetown, Boston College (2), Vassar, University of Rhode Island, Syracuse, San Francisco, Temple (2), Stonehill, Connecticut (2), West Virginia, Oberlin and Bryant.