

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-PF**

Department of the Treasury

Internal Revenue Service

Return of Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

Note The foundation may be able to use a copy of this return to satisfy state reporting requirements.

2009

OMB No 1545-0052

For	alen	dar _e year 2009, or tax year beginning		, and end	ling		
G	heck	all that apply: Initial return	Initial return of a fo	rmer public ch	arity	Final return	
		Amended return	Address chang	ge		Name change	
Use	the I	RS Name of foundation				A Employer identification	number
	abel.						
	erwis					22-6043630	
	print		elivered to street address)		Room/suite	B Telephone number	
	type Spec	DI MODDERNI DINDEI	·			973-430-99	83
	ructio	ine City of town, State, and Zir code				C If exemption application is po	
		NEWARK, NJ 07102				D 1. Foreign organizations	, check here
H_ (_	type of organization: X Section 501(c)(3) ex				Foreign organizations me check here and attach co	mputation
<u>_</u>			Other taxable private founda			E If private foundation stat	
		rket value of all assets at end of year J Account	-	Accrua	11	under section 507(b)(1)	• • •
	om ⊦ ·\$	Part II, col. (c), line 16)	ther (specify)	2818)	•	F If the foundation is in a 6 under section 507(b)(1)	
_	irt I						(d) Disbursements
		(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)	(a) Revenue and expenses per books	(b) Net inve incon		(c) Adjusted net income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received					(cash basis uniy)
	1	Check X if the foundation is not required to attach Sch B		•		·	
	3	Interest on savings and temporary cash investments					
	4	Dividends and interest from securities	49,378.	49	,378.	49.378.	STATEMENT 1
		Gross rents	15/5/03		70.00	15/5/51	<u> </u>
		Net rental income or (loss)					
_	۱ ـ	Net gain or (loss) from sale of assets not on line 10	-197,038.				
ū	Ь	Gross sales price for all assets on line 6a 90,656.					
G Revenue	7	Capital gain net income (from Part IV, line 2)			0.		
⊇∝	8	Net short-term capital gain				N/A	
2 E 2 2	9	Income modifications				,	
- -	10a	Gross sales less returns RECEIVED					
⇒ 1	ь	Less Cost of goods sold					
2	C	Gross profit dratoss) IIIN 1 & 2010 1					
	11	Other income 8					
` —	12	Total Add lines 1 through 11 - 11	-147,660.	49	378.	49,378.	
1	13	Compensation of officers, directors, trustees, etc	0.		0.	0.	0.
	14	Other employee salaries and wages		 	-		
ξ,	15	Pension plans, employee benefits					
Sesus Susses	16a	Legal fees					
	b	Accounting fees STMT 2	7,500.		0.	0.	7,500.
ŭ	С	Other professional fees					
ŧķ	17	Interest	11 100				
Operating and Administrative Exp	18	Taxes STMT 3	11,199.		0.	0.	0.
inis	19	Depreciation and depletion					
ď	20	Occupancy					
Ā	21	Travel, conferences, and meetings					
an	22	Printing and publications Other expenses STMT 4	6,433.		0.	0.	6,433.
ting	23	Other expenses STMT 4 Total operating and administrative	0,433.			0.	0,433.
era	24	expenses Add lines 13 through 23	25,132.		0.	0.	13,933.
o	25	Contributions, gifts, grants paid	115,800.		<u> </u>		115,800.
		Total expenses and disbursements	113,000.		 		
	-"	Add lines 24 and 25	140,932.		0.	0.	129,733.
	27	Subtract line 26 from line 12:				<u> </u>	
	l	Excess of revenue over expenses and disbursements	-288,592.				
	1	Net investment income (if negative, enter -0-)	, , , , ,	49	,378.		
	l .	Adjusted net income (if negative, enter -0-)				49,378.	
9235		LHA For Privacy Act and Panerwork Reduction	Act Notice see the instruct	ione			Form 990-PF (2009)

923511 02-02-10

Part	V Capital Gains	and Lo	sses for Tax on In	vestmen	Income						
			nd(s) of property sold (e.g. or common stock, 200 shs			(b) H	low ac - Purcl - Dona	quired hase ition	(c) Date a (mo., d	acquired ay, yr.)	(d) Date sold (mo., day, yr.)
1a RE	DEMPTIONS OF	INVI	ESTMENTS						VARI	ous	VARIOUS
_b						<u> </u>					
<u>C</u>					-	-					
<u>d</u>		-					_				
<u>e</u> (e) Gross sales price	(f) [Depreciation allowed		st or other basis	<u> </u>			(h) G	ain or (loss	:) (-)
	00 656		(or allowable)	pius e	xpense of sale	_			(e) plus	(f) minus	
<u>a</u>	90,656.				<u>287,69</u>	4.	-	-			-197,038
b c							-				
ď			·- ·		· · · · · · · · · · · · · · · · · · ·						
e							-		-		· · · · · · · · · · · · · · · · · · ·
Com	plete only for assets showir	ng gain in	column (h) and owned by	the foundatior	on 12/31/69					ol. (h) gaın	
(1)	F.M.V. as of 12/31/69	(j) Adjusted basis		cess of col. (1)			col		ot less tha (from col.	
	1.W.V. as 01 12/3 1/03		as of 12/31/69	over	col. (j), if any					(II OIII COI.	
_a											<u>-197,038</u>
<u>b</u>											
<u> </u>											
<u>d</u>					<u> </u>			•			
<u>e</u>			<i>C</i>			_					
2 Canita	al gain net income or (net ca	anıtal loss)	If gain, also enter If (loss), enter -0	' in Part I, line	7 7	•	2				-197,038
•	,		•		•	7					13,,000
	nort-term capital gain or (los n, also enter in Part I, line 8,			ia (6):		1					
	s), enter -0- in Part I, line 8					<i>[</i>]	3				-197,038
Part \	✓ Qualification U	Inder S	ection 4940(e) for	Reduced	Tax on Net	Inv	estm	ent Inc	ome		
(For option	onal use by domestic private	e foundation	ons subject to the section 4	1940(a) tax or	net investment in	ncome	e.)				
If section	4940(d)(2) applies, leave ti	hie nart hl:	ank								
	foundation liable for the sec				•	riod?					Yes X No
	he foundation does not qua the appropriate amount in					00					
Line		each colui		uctions before	making any enur				Т.		(d) bution ratio
Calend	(a) Base period years Jar year (or tax year beginni	na in)	(b) Adjusted qualifying dis	tributions	Net value of no	(c) nchar		use assets		Distril (col. (b) dr	bùtión ratio vided by col. (c))
<u> </u>	2008	119 111/	8	5,875.		2	.02	4,647	_	((-)	.04241
	2007			8,700.				$\frac{5,592}{5,592}$.04039
	2006			9,162.				2,833			.04280
	2005			2,361.				6,731			.04746
	2004		4	0,121.		2	,08	<u>6,886</u>		-	.01922
2 Total	of line 1, column (d)								2		.19230
	ge distribution ratio for the	•	•	on line 2 by-5,	or by the number	of ye	ars				
the fo	undation has been in existe	nce if less	than 5 years						3		.03846
_											1 505 000
4 Enter	the net value of noncharitat	ole-use as:	sets for 2009 from Part X,	line 5					4		1,785,023
									_		60 656
5 Multij	oly line 4 by line 3								5		68,656
6 Enter	10/ of not investment incom	na /10/ of	Dort I line 07h\						_		494
6 Enter	1% of net investment incon	ne (1% oi	Part I, line 270)						6		474
7 Add 1	ines 5 and 6								7		69,150
, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	migg o una o										05,130
8 Enter	qualifying distributions from	n Part XII.	line 4						8		129,733
	8 is equal to or greater than			1b. and comr	lete that part usin	ng a 1º	% tax r	ate.		-	
	he Part VI instructions.			.5, and com		.g.u. 1	, , .un I				
			· · · · · · · · · · · · · · · · · · ·							_	000 DE (000

orm 990-l		ASSC	CIATIO	1/ 1/40(e) or 4	<u> 22-</u>	6043	630	ction	Page 4
	pt operating foundations described in section 4940(d)(2), check here and e	<u> </u>	`-)		300 1	1300		13)
	of ruling or determination letter: (attach copy of letter if ne			ne\					
	istic foundations that meet the section 4940(e) requirements in Part V, check here			,	1			4	94.
	t I, line 27b		und chich 170		•				74.
-	ner domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 49	% of Par	t I. line 12. col.	(b)					
	nder section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. C			(0)	2				0.
	nes 1 and 2			,	3			4	94.
	tle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only.	Others e	nter -0-)		4				0.
	ased on investment income. Subtract line 4 from line 3. If zero or less, enter -0-				5			4	94.
	s/Payments:								
	estimated tax payments and 2008 overpayment credited to 2009	6a		1,819.					
	pt foreign organizations - tax withheld at source	6b							
	aid with application for extension of time to file (Form 8868)	6c							
-	p withholding erroneously withheld	6d							
7 Total	credits and payments. Add lines 6a through 6d				7			1,8	19.
8 Enter	any penalty for underpayment of estimated tax. Check here if Form 2220 is atta	ached			8				
	ue. If the total of lines 5 and 8 is more than line 7, enter amount owed			>	9				
10 Over	ayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			>	10	-		1,3	25.
	the amount of line 10 to be: Credited to 2010 estimated tax		1,325.	Refunded 📂	11				0.
Part VI	I-A Statements Regarding Activities								
1a Durin	g the tax year, did the foundation attempt to influence any national, state, or local legi	slation o	or did it participa	ate or intervene	ın			Yes	No
any p	olitical campaign?						1a		_X_
b Did it	spend more than \$100 during the year (either directly or indirectly) for political purpo	ses (se	e instructions fo	or definition)?			1b		_X_
If the	answer is "Yes" to 1a or 1b, attach a detailed description of the activities an	d copie	es of any mate	enals publishe	d or				
dıstrı	buted by the foundation in connection with the activities.								
c Did th	e foundation file Form 1120-POL for this year?						1c		X
d Enter	the amount (if any) of tax on political expenditures (section 4955) imposed during th	e year:							
	On the foundation. > \$O . (2) On foundation manager			0.					
e Enter	the reimbursement (if any) paid by the foundation during the year for political expend	diture tax	x imposed on fo	oundation					
	gers. ► \$							i	
2 Has t	ne foundation engaged in any activities that have not previously been reported to the	IRS?					2		X
If "Ye	es," attach a detailed description of the activities.								
	ne foundation made any changes, not previously reported to the IRS, in its governing		ent, articles of	incorporation, o	r				
•	s, or other similar instruments? If "Yes," attach a conformed copy of the chang						3_	<u> </u>	X
	e foundation have unrelated business gross income of \$1,000 or more during the ye	ar?				,_	4a		X
	s," has it filed a tax return on Form 990-T for this year?	_			N	/A	4b		
	here a liquidation, termination, dissolution, or substantial contraction during the year	7					5	_	X
	es," attach the statement required by General Instruction T						ŀ		
	ne requirements of section 508(e) (relating to sections 4941 through 4945) satisfied (eitner:					ŀ		
	language in the governing instrument, or			-441- 414-4-					
	state legislation that effectively amends the governing instrument so that no mandato	ry aireci	nons mai comi	ct with the state	iaw				
	nain in the governing instrument?						<u>6</u> 7	X	<u> </u>
	re foundation have at least \$5,000 in assets at any time during the year?							<u> </u>	
	es," complete Part II, col. (c), and Part XV.					-	İ	-	
	the states to which the foundation reports or with which it is registered (see instruction	UI15) -							
<u>NJ</u>	answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the	Δttorne»	General (or do	einnate)					
	th state as required by General Instruction G? If "No," attach explanation	- acorney	General (Or Ge	aigilate/			8b	x	
	foundation claiming status as a private operating foundation within the meaning of s	ection 4	942(1)(3) or 40	42(1)(5) for cale	ndar		- 55		
	2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes,"			יבנוונטן וטו נמונ	iiuui		9		x
	ny persons become substantial contributors during the tax year? if "Yes," attach a sched			addresses			10	T	X
	a read additional and the second second and the second second	Hamile	aon manies allu			Fori)-PF (
						. 511		(

923541

Form **990-PF** (2009)

had not been removed from jeopardy before the first day of the tax year beginning in 2009?

orm 990-PF (2009) GERTRUDE BUTTS MEMORIAL			<u> 22-60436</u>	<u>30</u>	Page 6
Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be F	Required (contin	ued)	·- ·	
5a During the year did the foundation pay or incur any amount to:					1
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	4945(e))?	☐ Ye	s X No		İ
(2) Influence the outcome of any specific public election (see section 4955); or	r to carry on, directly or indire				
any voter registration drive?		Ye	es X No	ł	1
(3) Provide a grant to an individual for travel, study, or other similar purposes?	•	Ye	s X No	ļ	
(4) Provide a grant to an organization other than a charitable, etc., organization					
509(a)(1), (2), or (3), or section 4940(d)(2)?		Ye	es X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or t			1	
the prevention of cruelty to children or animals?	, ,		s X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	er the exceptions described i				
section 53.4945 or in a current notice regarding disaster assistance (see instrui			N/A	5b	
Organizations relying on a current notice regarding disaster assistance check hi	•				
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr		ined			
expenditure responsibility for the grant?		//A	s 🔲 No		}
If "Yes," attach the statement required by Regulations section 53.4945		1/A16	.5 011	1	1
, , ,	• •				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to p	ay premiums on		s X No	j	
a personal benefit contract?	orcanal hanafit aant-a-t0	Ye		2.	_v
b Did the foundation, during the year, pay premiums, directly or indirectly, on a pr	ersonal benefit contract?		-	5b	X
If "Yes" to 6b, file Form 8870	halta- tt0		es X No		1
7a At any time during the tax year, was the foundation a party to a prohibited tax sl		Y €	. —	7.	+
b If yes, did the foundation receive any proceeds or have any net income attributa		nagara Highl		7b	⊥
Part VIII Information About Officers, Directors, Truste Paid Employees, and Contractors	es, roundation wa	magers, migniy	,		
List all officers, directors, trustees, foundation managers and their	compensation				
	(b) Title, and average	(c) Compensation	(d) Contributions to	(e) Ex	Dense
(a) Name and address	hours per week devoted	(If not paid.	(d) Contributions to employee benefit plans and deferred	accoun	t, other
	to position	`enter-0-)	compensation	allowe	ances
"					
TEE COMMEMENT 6		0.	0.		0
SEE STATEMENT 6		0.			0.
		<u> </u>			
· · · · · · · · · · · · · · · · · · ·					
	·				
Compensation of five highest-paid employees (other than those inc	ludad on line 4) 14	ontor PAIONE "			
Compensation of five highest-paid employees (other than those inc	(b) Title, and average	enter NONE.	(d) Contributions to	(e) Fx	pense
(a) Name and address of each employee paid more than \$50,000	` 'hour's per week '	(c) Compensation	(d) Contributions to employee benefit plans and deferred	accoun	t, other
	devoted to position		compensation	allowa	ances
NONE					
· · · · · · · · · · · · · · · · · · ·					
Total number of other employees paid over \$50,000			<u> </u>		0
			Form 9	990-PF	(2009)

Total. Add lines 1 through 3

Form **990-PF** (2009)

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations,	see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	1,772,562.
	Average of monthly cash balances	1b	1,772,562. 39,644.
	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	1,812,206.
е	Reduction claimed for blockage or other factors reported on lines 1a and		_
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	1,812,206.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	27,183.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,785,023.
6	Minimum investment return Enter 5% of line 5	_6	89,251.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.)	id certain	
1	Minimum investment return from Part X, line 6	1	89,251.
2a	Tax on investment income for 2009 from Part VI, line 5		-
b	Income tax for 2009. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	494.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	88,757.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	88,757.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	88,757.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	129,733.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	129,733.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	494.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	129,239.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	ualifies fo	r the section

Form **990-PF** (2009)

4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI,				
line 7				88,757.
2 Undistributed income, if any, as of the end of 2009				
a Enter amount for 2008 only			7,899.	
b Total for prior years:				
,,		0.		_
3 Excess distributions carryover, if any, to 2009:				
a From 2004				
b From 2005				
c From 2006				
d From 2007				
e From 2008				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2009 from				
Part XII, line 4: ►\$ 129,733.				
a Applied to 2008, but not more than line 2a			7,899.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.		_	
d Applied to 2009 distributable amount				88,757.
e Remaining amount distributed out of corpus	33,077.			
5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
·	33,077.			
Corpus Add lines 3f, 4c, and 4e Subtract line 5 Prior years' undistributed income. Subtract	33,011.			
line 4b from line 2b		0.		
c Enter the amount of prior years'		U •	<u> </u>	
undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2008. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2009. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2010				0.
7 Amounts treated as distributions out of	-			
corpus to satisfy requirements imposed by				• •
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2004				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2010.				
Subtract lines 7 and 8 from line 6a	33,077.			
10 Analysis of line 9:				
a Excess from 2005				
b Excess from 2006	!			
c Excess from 2007	İ			
d Excess from 2008				
e Excess from 2009 33,077.				

Form **990-PF** (2009)

Part AV Supplementary information				
3 Grants and Contributions Paid During the Y	ear or Approved for Future	Payment	1-	
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
a Paid during the year				
			1	
			1	
			,	
SEE STATEMENT 7				
Total			▶ 3a	115,800.
b Approved for future payment				
NONE				
		-	-	
Total			<u>▶ 3b</u>	0.

923611 02-02-10

Form **990-PF** (2009)

er gross amounts unless otherwise indicated.	Unrelated b	usiness income	Excluded t	by section 512, 513, or 514	
er gross amounts quiess otherwise moleateu.	(a) Business	(b)	(c) Exclu-	(d)	(e) Related or exemp
Program service revenue:	code	Amount	sion code	Amount	function income
					
				_	
	_	·			
<u> </u>					
	_	· · · · · · · · · · · · · · · · · · ·			-
East and contrasts from accordance	_				
Fees and contracts from government agencies Membership dues and assessments		<u> </u>			
nterest on savings and temporary cash		 -			
nvestments					
Dividends and interest from securities			14	49,378.	
Net rental income or (loss) from real estate:					
Debt-financed property					
Not debt-financed property					
Net rental income or (loss) from personal					
property					
Other investment income					
Gain or (loss) from sales of assets other			1.0	107 030	
than inventory			18	-197,038.	·····
Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory Other revenue.					
<u> </u>					-
	1				
1					
)					
Subtotal. Add columns (b), (d), and (e)		C).	-147,660.	
Fotal Add line 12, columns (b), (d), and (e)				13	-147,6
worksheet in line 13 instructions to verify calculations	s.)				
art XVI-B Relationship of Activitie	es to the Accom	plishment of	Exempt P	urposes	
ne No. Explain below how each activity for which	incomo io reported in o	olumn (a) of Part VI	I A nontributor	d importantly to the accom-	nlichment of
me No. Explain below how each activity for which the foundation's exempt purposes (other to				a importantly to the accomp	pasament of
		, , , , , , , , , , , , , , , , , , ,			
		<u>-</u>			
I					
					

Form **990-PF** (2009)

923621 02-02-10

9) GERTRUDE BUTTS MEMORIAL HOME ASSOCIATION 22-6043630 Information Regarding Transfers To and Transactions and Relationships With Noncharitable 22-6043630 Page 13 Form 990-PF (2009) **Exempt Organizations**

1	Did th	ne organizątion directly or indii	rectly engage in any of the followin	g with any other organization	described in section	501(c) of		Yes	No
	the C	ade (other than section 501(c))(3) organizations) or in section 52	7, relating to political organiz	ations?				
8	Trans	fers from the reporting founda	ation to a noncharitable exempt or	ganization of:					
	(1)	Cash					1a(1)		<u>X</u>
	(2)	Other assets					1a(2)		<u>X</u>
t	Other	transactions:							
	(1) 5	Sales of assets to a noncharital	ble exempt organization				1b(1)		<u>X</u>
	(2) F	Purchases of assets from a no	ncharitable exempt organization				1b(2)		X
	(3) F	Rental of facilities, equipment,	or other assets				1b(3)		X
	(4) F	Reimbursement arrangements					1b(4)		<u>X</u>
	(5) L	oans or loan guarantees					1b(5)		X
	(6) F	Performance of services or me	mbership or fundraising solicitation	ins			1b(6)		X
			ılıng lists, other assets, or paid em			Į	1c		X
("Yes," complete the following sche	- ·				ets,	
			oundation. If the foundation receive	ed less than fair market value	in any transaction or	sharing arrangement, sho	w in		
			other assets, or services received.						
(a)	Line no	(b) Amount involved	(c) Name of noncharitable	e exempt organization	(d) Description of	transfers, transactions, and sh	arıng am	angeme	ents
_			N/A						
_									
				····		<u> </u>			
_									
					ļ				
_									
				·					
2	a Is the	foundation directly or indirect	tly affiliated with, or related to, one	or more tax-exempt organiza	ations described		_		_
	ın sed	ction 501(c) of the Code (other	r than section 501(c)(3)) or in sect	tion 527?] Yes	LX] No
	if Ye	s," complete the following sch							
		(a) Name of org	panization	(b) Type of organization	(c)	Description of relationship)		
		N/A							
_					 				
	T				 				
			lave examined this return, including according that be been on the payer or fiduciary) is based on			y knowledge and belief, it is tru	e, corre	ct, -	
		1/1 a 1/2 1/			<u> </u>				
a	_	1 wort	angina	6/8/201	- B — — — —	954rer			
Sign Here	✓ SI	gnature of officer or trustee		Date	Title	k if Preparer's	ıdentı.	una sus	nher .
듄	_o	Preparer's	an M	Da	te Chec	K II Preparer s	i raemitry	any mun	· ivdī
ัตั	를 를 든	signature			5/24/10 self- empl				
	Paid Preparer's Use Only	Firm's name (or yours SGA	GRŎUP PC	100	Į.	EIN ►			
	కైవ	if self-employed),	WALNUT AVE, SUI	TE 103		500 0	0 1	000	7
_	l	address, and ZIP code CLAR	K, NJ 07066			Phone no 732-3			
						Forn	1 990	-PF ((2009)

FORM 990-PF DIVIDEND	S AND	INTER	EST FROM	SECUE	RITIES	STATEME	NT	1
SOURCE		GROSS	AMOUNT		TAL GAINS	COLUMN AMOU		
INVESTMENTS	•		49,378.		0.	4	9,37	8.
TOTAL TO FM 990-PF, PART I, L	N 4		49,378.		0.	4	9,37	8.
FORM 990-PF	AC	COUNTI	NG FEES			STATEME	NT	2
DESCRIPTION	EXPE	A) NSES BOOKS		EST-	(C) ADJUSTED NET INCOM	CHAR	D) ITAB POSE	
		7,500.		0.		0.	7,50	0.
TO FORM 990-PF, PG 1, LN 16B		7,500.		0.		0.	7,50	0.
FORM 990-PF		TAX	ES			STATEME	NT	3
DESCRIPTION	EXPE	A) NSES BOOKS	(B) NET INV MENT IN	EST-	(C) ADJUSTED NET INCOM	CHAR	D) ITAB POSE	
EXCISE TAX DEFERRED EXCISE TAX	1	494. 0,705.		0.		0.		0.
TO FORM 990-PF, PG 1, LN 18 =	1	1,199.		0.		0.		0.
FORM 990-PF	0	THER E	XPENSES			STATEME	NT	4
DESCRIPTION	EXPE	A) NSES BOOKS	(B) NET INV MENT IN	EST-	(C) ADJUSTED NET INCOM	CHAR	D) ITAB POSE	
BOOKKEEPING FEES OTHER EXPENSES		5,025. 1,408.		0.		0.	5,02 1,40	
TO FORM 990-PF, PG 1, LN 23		6,433.		0.		0.	6,43	3.

FORM 990-PF	OTHER INVESTMENTS		STAT	EMENT 5
DESCRIPTION	VALUATION METHOD	BOOK VALUI		MARKET ALUE
INVESTMENTS	COST	2,002,1	28. 2	,002,128.
TOTAL TO FORM 990-PF, PART	II, LINE 13	2,002,1	28. 2	,002,128.
	- LIST OF OFFICERS, D ES AND FOUNDATION MANA		STAT	EMENT 6
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
FAITH GIDEON BROWN 31 MULBERRY STREET NEWARK, NJ 07102	TRUSTEE 1.00	0.	0.	0.
REV. ORION W, DAVIS 31 MULBERRY STREET NEWARK, NJ 07102	CHAIR/TRUSTEE 1.00	0.	0.	0.
ROSIE GRANT 31 MULBERRY STREET NEWARK, NJ 07102	TRUSTEE 1.00	0.	0.	0.
JOAN LODGE 31 MULBERRY STREET NEWARK, NJ 07102	TRUSTEE 1.00	0.	0.	0 .
ROSS MANGINA 31 MULBERRY STREET NEWARK, NJ 07102	TREASURER/TRUS	TEE 0.	0.	0 .
DR. JAMES PRUDEN 31 MULBERRY STREET NEWARK, NJ 07102	TRUSTEE 1.00	0.	0.	0 .
JULI TOWELL 31 MULBERRY STREET NEWARK, NJ 07102	TRUSTEE 1.00	0.	0.	0.
ROSS WISNEWSKI 31 MULBERRY STREET NEWARK, NJ 07102	SECREATARY/TRU 1.00	STEE 0.	0.	0 .
TOTALS INCLUDED ON 990-PF,	PAGE 6, PART VIII	0.	0.	0.

	AND CONTRIBUTIONS DURING THE YEAR	STATEMENT 7		
RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT	RECIPIENT STATUS	AMOUNT	
CEDRIC BROWN 174 PALAISADE AVENUE GARFIELD, NJ 07026	SCHOLARSHIP		5,000.	
MATTHEW KELLY 114 LINCOLN AVENUE RIDGEFIELD PARK, NJ 07660	SCHOLARSHIP		3,500.	
VERONICA KELLY 114 LINCOLN AVENUE RIDGEFIELD PARK, NJ 07660	SCHOLARSHIP		3,500.	
CHARLES KRUGER 20 GILES ROAD HARRINGTON PARK, NJ 07640	SCHOLARSHIP		7,000.	
ARIANA MATOS 54 11TH STREET HOBOKEN, NJ 07030	SCHOLARSHIP		7,000.	
NIGEL MORDECAI-JOHN BAPTISTE 516 PLEASANT VALLET WAY WEST ORANGE, NJ 07052	SCHOLARSHIP		5,000.	
DOLORES-MAI MACAULEY 726 SOUTH 15TH STREET NEWARK, NJ 07103	SCHOLARSHIP		5,000.	
THE APOSTLE HOUSE 16-24 GRANT STREET NEWARK, NJ 07104	-	-	16,000.	

GERTRUDE BUTTS MEMORIAL HOME ASSOCIATION	22-6043630
CROSS ROADS 29 PLEASANT GROVE ROAD PORT GRANT MURRAY, NJ 07865	12,500.
ST. PHILLIPS ACADEMY 342 CENTRAL AVENUE NEWARK, NJ GRANT 07103	6,700.
ST PAUL'S EPISCOPAL CHURCH 451 VAN HOUTEN STREET PATERSON, GRANT NJ 07501	24,600.
YOUTH MINISTRIES 31 MULBERRY STREET NEWARK, NJ GRANT 07102	20,000.
TOTAL TO FORM 990-PF, PART XV, LINE 3A	115,800.

Form **8868**

(Rev. April 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

•	u are filing for an Automatic 3-Month Extension, complete only Part I and check this box u are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this	form)		>	X
Do not	complete Part II unless you have already been granted an automatic 3-month extension on a previously file	ed Fo	m 8868		
Part	Automatic 3-Month Extension of Time. Only submit original (no copies needed)				
A corpo	oration required to file Form 990-T and requesting an automatic 6-month extension - check this box and com nly	plete		•	
	er corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an acome tax returns	exten	sion of tim	е	
noted t (not au you 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 conjust 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 Chanties & Nonprofits.	cally if	(1) you wa ited Form	int the ad 990-T. Ins	ditional
Type o	Name of Exempt Organization	Emp	oyer iden	tification	number
print	GERTRUDE BUTTS MEMORIAL HOME ASSOCIATION	2	2-604	3630	
File by th due date filing you	for Number, street, and room or suite no. If a P.O. box, see instructions.				
eturn Se nstructio	8				
Check	type of return to be filed (file a separate application for each return).				
	Form 990 Form 990-T (corporation) Form 47 Form 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 52 Form 990-EZ Form 990-T (trust other than above) Form 60 Form 990-PF Form 1041-A Form 88	27 069			
Tele If th If th	THE ASSOCIATION books are in the care of ▶ 31 MULBERRY STREET - NEWARK, NJ 07102 phone No. ▶ 973-430-9983 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 th If it is for part of the group, check this box ▶ and attach a list with the names and EINs of all			_	
_	request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unto AUGUST 15, 2010, to file the exempt organization return for the organization named as for the organization's return for. X calendar year 2009 or, and ending		The extens	sion	
2 li	this tax year is for less than 12 months, check reason. Initial return Final return		Change in	accountii	ng 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	За	\$		494.
	this application is for Form 990-PF or 990-T, enter any refundable credits and estimated			-	04.0
_	ax payments made Include any prior year overpayment allowed as a credit	3b	\$,819.
	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	\$		0.
	n. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form			ment inst	
LHA	For Privacy Act and Paperwork Reduction Act Notice, see Instructions.				Rev. 4-2009)