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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)

		of the Treasury nue Service	The organization may have to use a copy of this return to sa	•	eporting requirements	Open to Public Inspection			
			endar year, or tax year beginning and	ending					
В	Check if	Diagon	C Name of organization		D Employer identificat	tion number			
a	pplicabl	use IRS	•						
	Addre.	e print or	ALCARH SCHOLARSHIP FUND, INC.						
	Name chang	e type	Doing Business As		63-124	17145			
]Initial return	See		Room/suite	E Telephone number				
	Termir		P. O. BOX 70037	,	205-752-0005				
Ļ	Amene		City or town, state or country, and ZIP + 4		G Gross receipts \$	72,054.			
L	Application pendir		TUSCALOOSA, AL 35407-0037 ne and address of principal officer ALLAN RAPPUHN		H(a) Is this a group retu				
		for affiliates?	Yes X No						
			DRAWER 220, FLORENCE, AL 35631		H(b) Are all affiliates includ				
			us X 501(c) (3		If "No," attach a lis				
		te: ► N/ f organizatio		I Voor	H(c) Group exemption rot formation: 2004 MS				
_	art I	Summa		L 1 cai	oriorination. 2004 N	tate or legal domicile ALI			
			scribe the organization's mission or most significant activities TO PI	ROVIDE	SCHOLARSHIPS	5 TO			
ည်		•	VING STUDENTS.	COVIDI	, benobiliti.				
Governance		Check this		sed of more	than 25% of its net asse	ts			
) Ve			f voting members of the governing body (Part VI, line 1a)		3	0			
نَ رَ	1		findependent voting members of the governing body (Part VI, line 1b)		4	0			
S. S.	5	Total num	ber of employees (Part V, line 2a)		5	0			
בֻּׁלַבַּ	6	Total num	ber of volunteers (estimate if necessary)		6	0			
불	7a	Total gros	s unrelated business revenue from Part VIII, column (C), line 12		7a	0.			
Z _	b	Net unrela	ated business taxable income from Form 990-T, line 34		7b	0.			
₹				-	Prior Year	Current Year			
SCANNED OF Revenue Activities &			ons and grants (Part VIII, line 1h)	ļ	29,760.	67,354.			
/en		_	service revenue (Part VIII, line 2g)	-					
Вè	1		nt income (Part VIII, column (A), lines 3 4 and 7d)			.1 407			
	1		enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		29,760.	<1,487.>			
			nue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		28,052.	65,867. 25,080.			
	1		d similar amounts paid (Part IX, column (A), lines 1-3) paid to or for members (Part IX, column (A), line 4)		20,032.	23,000.			
	1		other compensation, employee benefits (Part IX, column (A), lines 5-10)			<u></u>			
Expenses	1		nal fundraising fees (Part IX, column (A), line 119)						
je je			Iraising expenses (Part IX, column R) Fine ET IVED						
Ä			enses (Part IX, column (A), Ines Ta-11d, 11f 24f)		3,727.	7,193.			
			enses Add lines 13 17 (must இual BartipX, politimit (A)()line 25)		31,779.	32,273.			
	19	Revenue l	less expenses Subtract line 18 from line 12		<2,019.>	33,594.			
Net Assets or Fund Balances			OCDEN UT	Ве	ginning of Current Year	End of Year			
sets	20	Total asse	ets (Part X, line 16) OGDEN, UT		6,046.	39,640.			
ot As	21		lities (Part X, line 26)						
			s or fund balances Subtract line 21 from line 20		6,046.	39,640.			
P	art II		ture Block						
		and comple	lties of perjury. I declare that I have examined this return, including accompanying schedules an te. Declaration of preparer (other than officer) is based on all information of which preparer has a	ia statements, i any knowledge	and to the best of my knowledge a	ind belief, it is true, correct			
٠.			() //d		1 8/23	116			
Sig		Sign	nature of officer		Date	<u> </u>			
Hei	e	1	LAN RAPPUHN, DIRECTOR		24.0				
			e or print name and title						
		Preparer's	, Data			identifying number			
Pai		signature		9/10 sel	f- iployed (see instru	cuons)			
	parer's	Firm's name			EIN ►				
Use	Only	yours if self-employ	ed). A 3421 RAINBOW PARKWAY						
_		address, an ZIP + 4	RAINBOW CITY, AL 35906		Phone no ► 250	5 413-3057			
Ma	v the li	RS discuss	s this return with the preparer shown above? (see instructions)			X Yes No			

1	rt III Statement of Program Briefly describe the organization's						
2	Did the organization undertake an	v significant program servi	ces during the year wh	nich were not li	sted on		
	the prior Form 990 or 990-EZ? If "Yes," describe these new service		3 .,			Yes	X No
3	Did the organization cease conductif "Yes," describe these changes of	cting, or make significant c	hanges in how it cond	ucts, any prog	ram services?	Yes	X No
4	Describe the exempt purpose ach Section 501(c)(3) and 501(c)(4) orgaliocations to others, the total exp	levements for each of the ganizations and section 49	47(a)(1) trusts are requ	ured to report t			
4 a	(Code) (Expent TO PROVIDE SCHOLA ALABAMA IN AFFORD ALABAMA COUNCIL F	RSHIPS TO DES ABLE HOUSING	FACILITIES	ENTS RE	E MEMBERS OF T		OF)
4b	(Code) (Expen	ises \$	including grants of	\$) (Revenue \$)
4c	(Code) (Expen	ises \$	including grants of	\$) (Revenue \$)
4d	Other program services (Describe (Expenses \$	e in Schedule O) including grants of \$)	(Revenue \$)		
4e	Total program service expenses		080.				

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		<u>X</u>
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		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	_5_		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u>X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8_		<u>X</u>
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable	11		<u>X</u>
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	!		
	Part VI			
•	Did the organization report an amount for investments other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
•	Did the organization report an amount for investments · program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX			
•	Did the organization report an amount for other liabilities in Part X. line 25? If "Yes," complete Schedule D, Part X		İ	
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			₹.
	Schedule D, Parts XI, XII, and XIII	12		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A X			
40	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	**		X
13	Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	144		
	and program service activities outside the United States? 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	1.0		
	or entity 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 a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X_
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	L	X
		Form	990 (20091

1.

Form 990 (2009) ALCARH SCHOLARSHIP FUND, INC.

Part IV | Checklist of Required Schedules (continued)

		,		
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u> X</u>
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States 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, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	}		
	Schedule J	23		<u>X</u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25	24a	ļ	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	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		
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	1		
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization 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	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was	Ì	İ	
	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			ŀ
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	1		ì
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	ļ	X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35		_X_
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	}		
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	ļ	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	<u> </u>
		Form	990 (2009)

Form 990 (2009)

ALCARH SCHOLARSHIP FUND, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of				
	U.S. Information Returns. Enter 0 if not applicable	0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming				
	(gambling) winnings to prize winners?		1c		
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	0			1
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b		
	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?		За		X
	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				
	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
b			5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited				
	Tax Shelter Transaction?		5c_		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization so	olicit		i	ĺ
	any contributions that were not tax deductible?		6a		Х
þ	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 receive a payment in excess of \$75 made partly as a contribution and partly for goods and service	es			
	provided to the payor?		7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b_		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			İ	İ
	to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year				
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal				
	benefit contract?		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g		
_	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	41.	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did				
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business hold	ings	_	,	
_	at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.		0.0		
a	Did the organization make any taxable distributions under section 4966? Did the organization make a distribution to a donor, donor advisor, or related person?		9a 9b		 -
b			90		
10	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12				
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b				1
11	Section 501(c)(12) organizations. Enter				1
''	Gross income from members or shareholders				1
b	Gross income from other sources (Do not net amounts due or paid to other sources against			;	1
5	amounts due or received from them)				1
122	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b				
	1 1		Form	990	(2009)

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ALCARH SCHOLARSHIP FUND, INC.

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

Sec.	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body 1a 0			
b	Enter the number of voting members that are independent 1b 0			
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		_X_
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors or trustees, or key employees to a management company or other person?	3_		<u>X</u>
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		<u>X</u>
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a		_X_
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, 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	9		<u> X</u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		<u>X</u>
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		<u>X</u>
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		<u>X</u>
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?			
-	The organization's CEO, Executive Director, or top management official	15a		<u>X</u>
þ	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
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		<u>X</u> _
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		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE 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	ıor		
	public inspection. Indicate how you make these available. Check all that apply			
40	Own website Another's website X Upon request	A 5	na1	
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, an	iu tina	ncial	
00	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 organizat	ion 🏲		
	ARRICE FAUGHT - 205-752-0005			
	P.O. BOX 70037, TUSCALOOSA, AL 35407			

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 Report compensation for the calendar year ending with or within the organization's tax year. 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 Enter 0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- 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

	Average	ř	(C) Position					(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	Individual trustee or director	lnstitutional trustee	Officer		Highest compensated demployee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
GARY HALL DIRECTOR	1.00							0.	0.	0.
CELESTE STEWART	1.00							0.	0.	
DIRECTOR MARK ENGLISH						-				0.
DIRECTOR ALLAN RAPPUHN	1.00			_		-		0.	0.	0.
DIRECTOR	1.00		<u> </u>			-		0.	0.	0.
		_	_	_						
]							
				-						
										·w
					-	-				
	-									
		-	-							

Par	t VII Section A. Officers, Directors, Tru	istees, Key Er	nplo	yee	s, a	nd l	ligh	est	Compensated Employ	ees (continued)			
	(A)	(B)	1			(C)			(D)	(E)		(F)	
	Name and title	Average	ļ ,_,		Pos			L A	Reportable	Reportable		Estimate	
		hours per	-	neck	all	inat	app	iy)	compensation from	compensation from related	'	amount other	
		week	Individual trustee or director				L		the	organizations	СО	mpensa	
			5 6 9	stee			nsated		organization	(W-2/1099-MISC)		from th	
			ıl trust	nstitutional trustee		oyee	Highest compensated employee		(W-2/1099-MISC)			rganizat ind relat	
			lwdu	titutio	Officer	Key employee	phest c	Рог шег				ganızatı	
			트	lus	5	ž	포함	요					
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		ļ				-							
	Total	1							0.	0			0.
2	Total number of individuals (including but n	ot limited to th	ose	liste	d al	oove	e) wh	no re	eceived more than \$100	,000 in reportable	•		_
	compensation from the organization												0
											Г	Yes	No
3	Did the organization list any former officer,		stee	, ke	y em	plo	yee,	or h	nighest compensated er	nployee on			х
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su		le co	mn	ensa	ation	anc	t otl	her compensation from	the organization	3		^
•	and related organizations greater than \$15	-		-					•	ino organization	4		Х
5	Did any person listed on line 1a receive or a									ices rendered to			
	the organization? If "Yes," complete Sched	ule J for such	pers	оп							5		X
Sec	tion B. Independent Contractors		_										
1	Complete this table for your five highest countered the organization NONE	mpensated inc	depe	ende	ent c	onti	racto	ors t	hat received more than	\$100,000 of compe	nsatior	n from	
	the organization NONE (A)								(B)			(C)	
	Name and business	address							Description of s	ervices		ensatio	n
		•				•							
	A CONTRACTOR OF THE CONTRACTOR	· · · · ·											
2	Total number of independent contractors (i	=	ot III	mite	d to		se li: O	sted	above) who received m	nore than			
	\$100,000 in compensation from the organi	Lativii 📂					<u> </u>				<u>_</u>	000	

	990 (KOUTE LOI	ND, INC.	,,	03-1247	145 rayes
Paı	rt VIII	I Statement of Reven	nue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	b c d	•	1a 1b 1c 1d					
ontributions, nd other sim		Government grants (contributions) all other contributions, gifts, gran similar amounts not included about Noncash contributions included in lines	ts, and ve 1f	67,354.				
ु ह	h	Total. Add lines 1a-1f		, >	67,354.			
				Business Code				
မွ	2 a							
Program Service Revenue	b							
	С							
	d							
ğœ	e						-	
P.	f	All other program service reve	enue				-	
		Total. Add lines 2a-2f		<u> </u>				
		Investment income (including	dividends inter	et and				
	3	, -	dividends, inten	sst, and				
		other similar amounts)						
	4	Income from investment of ta	x-exempt boug t	proceeds				
	5	Royalties		P		-		
			(ı) Real	(ii) Personal				
	6 a	Gross Rents						
ł	b	Less rental expenses						
1	С	Rental income or (loss)						
1	d	Net rental income or (loss)						
i	7 a	Gross amount from sales of	(ı) Securities	(II) Other				
		assets other than inventory						
1	b	Less cost or other basis						
	_	and sales expenses						
	_	Gain or (loss)						
		Net gain or (loss)	<u> </u>					
]		Gross income from fundraisin	a events (not			<u> </u>		
in e	0 4	including \$						
Other Revenue								
Re		contributions reported on line		4,700.				
ĕ		Part IV, line 18	a					
₹		Less direct expenses	. b	6,187.	.1 407	.1 407		
		Net income or (loss) from fund		_	<1,48/.	> <1,487.	<u> </u>	<u> </u>
	9 a	Gross income from gaming ac	ctivities See					ļ
		Part IV, line 19	а					
	b	Less direct expenses	b	L				
		 Net income or (loss) from gan 		> _	<u> </u>			
	10 a	Gross sales of inventory, less	returns					
		and allowances	а					Ì
	b	Less cost of goods sold	b					1
	С	Net income or (loss) from sale	es of inventory	>				
		Miscellaneous Revenu		Business Code				
	11 a							1
	b							
						1		
	C	All other revenue						
	_	Total, Add lines 11a-11d				-		
	_ e	Total revenue See instructions			65 867	<1.487.	> 0.	0.

Part IX | Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	, o o gainzationo gainzationo	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	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	25,080.	25,080.		
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)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				·
а	Management	1,394.		1,394.	
b	Legal			•	
	Accounting				
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other	2,298.		2,298.	
12	Advertising and promotion	3,501.		3,501.	
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)				
a					···
b					
C					
d					
е	A				
f	All other expenses	20 000	25 000	7 102	
25	Total functional expenses Add lines 1 through 24f	32,273.	25,080.	7,193.	0.
26	Joint costs Check here I if following				
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
	eniicagonal cambaidu and jundraising souchailon	1	l .		

Pa	rt X	Balance Sheet				
				(A) Beginning of year		(B) End of year
-	1	Cash - non-interest-bearing		3,446.	1	39,590.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		2,600.	4	50.
	5	Receivables from current and former officers, dire	ectors, trustees, key			
		employees, and highest compensated employees				
		of Schedule L			5	
	6	Receivables from other disqualified persons (as o	defined under section			
		4958(f)(1)) and persons described in section 4958				
		Part II of Schedule L			6	
S	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	-
As	9	Prepaid expenses and deferred charges			9	······································
	1	Land, buildings, and equipment cost or other	1			
	104	basis Complete Part VI of Schedule D	10a			
	١,	Less accumulated depreciation	10b		10c	
		Investments - publicly traded securities	100		11	
	11	Investments - other securities. See Part IV, line 1:		12		
	12	Investments - program-related See Part IV, line 1		13		
		Intangible assets		14	· · · · · · · · · · · · · · · · · · ·	
	14	Other assets See Part IV, line 11		15		
	15		l lino 24)	6,046.	16	39,640.
	16	Total assets. Add lines 1 through 15 (must equa	iiiile 34)	0,040.	17	37,040.
	17	Accounts payable and accrued expenses Grants payable		18		
	18 19	Deferred revenue			19	······································
	1					
	20	Tax-exempt bond liabilities	test IV of Sabadula D		20	
Liabilıtıes	21	Escrow or custodial account liability Complete P			21	
豆	22	Payables to current and former officers, directors				
Lia		highest compensated employees, and disqualifie	ed persons. Complete Part II		00	
		of Schedule L	and the real manufactors		22	
	23	Secured mortgages and notes payable to unrelate			23	
	24	Unsecured notes and loans payable to unrelated	third parties		24	
	25	Other liabilities Complete Part X of Schedule D		0.	25	0.
	26	Total liabilities. Add lines 17 through 25			26	<u> </u>
		Organizations that follow SFAS 117, check her	and complete			
Ses		lines 27 through 29, and lines 33 and 34.		6,046.	07	30 640
lan	27	Unrestricted net assets		0,040.	27	39,640.
Ва	28	Temporarily restricted net assets			28	
힏	29	Permanently restricted net assets			29	
Ę		Organizations that do not follow SFAS 117, ch	eck here 🕨 📖 and		i	
S		complete lines 30 through 34.				
set	30	Capital stock or trust principal, or current funds			30	
As	31	Paid-in or capital surplus, or land, building, or equ	·		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated inc	come, or other tunds	C 046	32	20 (40
_	33	Total net assets or fund balances		6,046.	33	39,640.
	34	Total liabilities and net assets/fund balances		6,046.	34	39,640.

Form **990** (2009)

orm	990 (2009) ALCARH SCHOLARSHIP FUND, INC. 63-1247	<u> 145</u>	Pag	ge 12
Pa	t XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b		X
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,			
	review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	1		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a			
	consolidated basis, separate basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit		1	
	Act and OMB Circular A·133?	За		X
h	If "Ves " did the organization undergo the required sudit or audits? If the organization did not undergo the required audit	1		

Form **990** (2009)

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

ALCADU CCUOLADCUTO FIND INC

Employer identification number

			SCHOLARSHIP					L.	<u> </u>	3-124/145
Part I	Reason	for Public Char	ity Status (All organiz	zations mu	st complet	te this par	t) See ins	tructions		
he orgar	nization is not a	a private foundation	because it is (For lines 1	1 through	11, check	only one b	ox)			
1 🗔	A church, co	nvention of churche	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)						
з 🗔	A hospital or	a cooperative hospi	tal service organization	described	ın section	170(b)(1)	(A)(iii).			
4	A medical res	search organization	operated in conjunction	with a hos	pıtal desci	ribed in se	ction 170	(b)(1)(A)(ıı	ı). Enter t	he hospital's name,
	city, and stat	e						•,		
5 🗀	•		benefit of a college or ur	niversity ov	wned or or	erated by	a governi	mental uni	t describe	ed in
- —	=	(b)(1)(A)(ıv). (Compl		•	•	•	J			
6 🔲			ent or governmental uni	t describer	d in sectio	n 170/h\/	1\f\&\f\v\			
7 🗔			eives a substantial part					or from the	neneral i	nublic described in
	_	(b)(1)(A)(vi). (Comple	•	o capp	011 11 01111 4	901011111		,	gonorar	
8 <u></u>	•		section 170(b)(1)(A)(vi).	(Complete	Part II)					
9 X	•		eives (1) more than 33		•	rom contri	hutions m	nembershi	n fees ar	nd aross receints from
للقيقي ا	•	•	nctions - subject to certa						•	,
		•	axable income (less sect	•	•	•				-
		509(a)(2). (Complete	·		,, bu	311103303	acquired b	y the orga	inization e	arter barie 50, 1575
10 🔲			perated exclusively to te	st for publ	ic safety S	See sectio	n 509(a)(4)		
11	-	-	perated exclusively for the	-	•			•	v out the	nurnoses of one or
•••	•		ations described in section		•				•	• •
		•	organization and compl		•		., 000 30	00001	u)(u). One	on the box that
	a Type		7 <u> </u>		e III - Func		egrated		а	Type III - Other
е 🗔			at the organization is not			,	•	r more dis		
•		•	han one or more publicly		•		•			
f		-	ten determination from t		-				σ(α)(1 / O1 ·	000(1011 000(4)(2)
•	_	rganization, check th			,	PO 1, 1, 100	, 5 ,			
g		-	organization accepted ar	ny aift or c	ontribution	from any	of the foll	owina neri	sons?	
9	-		lirectly controls, either al			•		•		Yes No
		-	upported organization?			p 0.000		() (, 20.011,	11g(ı)
	-	•	n described in (i) above?	•						11g(ii)
		•	person described in (i) o		e?					11g(III)
h	• •	•	about the supported or							· · · · · · · · · · · · · · · · · · ·
••		5ga	адобтино барронов оп	ga	(0)					
/ Name	of supported	/::\ E(N)	(iii) Type of	(iv) Is the c	rganization	(v) Did voi	i notify the	(vi) ls	the	(wi) Amount of
` '	anization	(ii) EIN	organization		sted in your		ion in col.	organizáti (i) organiz	on in col	(vii) Amount of support
0.6	umzumom		(described on lines 1-9 above or IRC section	governing	document?	(i) of you	r support?	U.S	.?	Jupport
			(see instructions))	Yes	No	Yes	No	Yes	No	
				1						
										
		-								
				<u> </u>						
		1	1						l i	

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

Schedule A (Form 990 or 990-EZ) 2009

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)		edule A (Form 990 or 990-EZ) 2009		·				Page 2
Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total I Gifts, grants, contributions, and membership fees received (D not include any "unusual grants" or include any "unusual grants" or include any "unusual grants" or include any "unusual grants" or include any "unusual grants" or include any "unusual grants" or include any "unusual grants" or include any "unusual grants" or include any "unusual grants" or include any "unusual grants" or include any "unusual grants" or include any "unusual grants" or include any "unusual grants" or include any "unusual grants" or include any "unusual grants" or include any "unusual grants" or include any any "unusual grants" or include any any "unusual grants" or include any any "unusual grants" or include any any "unusual grants" or include any any "unusual grants" or include any any "unusual grants" or include any any "unusual grants" or include any any "unusual grants" or include any any "unusual grants" or include any any "unusual grants" or include any any "unusual grants" or include any any "unusual grants" or include any any "unusual grants" or include any any "unusual grants" or include any any "unusual grants" or include grants or includ	Pa		_)(b)(1)(A)(iv) an	id 170(b)(1)(A)(v	ri)
Calendary year (or flocal year beginning in) 1 Gifts, grants, contributions, and membership reserved (Di not include any "unusual grants") 2 Tax reviewus lewed for the organization's benefit and either paid to or expended on its behalf. 3 The value of services or facilities furnished by a governmental unit to the organization without charge. 4 Total, Add lines 1 through 3 5 The portion of fotal contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support support, splanted him 8 services. 8 Gross income from innels and innels the forest organization of the organization of organization of the organization of organization of organization of organization of organi			d the box on line 5	5, 7, or 8 of Part I.)				
1 Gifts, grants, contributions, and morbitating fees received (Do not michide any "unusual grants") 2 Tax revenues leved for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total, Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit to publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Services of services of services of services or facilities furnished by a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Services the services services services and force from the services of services and force from the services of services and income from amiliar sources 9 Not income from interest, dividendes, payments received on securities loans, rents, royalties and income from amiliar sources 9 Not income from include gian or loss from the sale of capital assess (Explain in Part IV) 11 Total support. Add lines 7 inrough 10 12 Gross receipts from related activities, sit (see instructions) 17 First five years, if the Form 900 is corp the organization of the solid capital assess (Explain in Part IV) 18 First five years, if the form 900 is for the organization of the organization of the organization qualifies as a publicly supported organization of 13 1 fiss, or 16b, and line 14 is 10% or more, and if the organization qualifies as a publicly supported organization in part IV how the organization meets the "facts and circumstances" test. The organization of did not check a box on line 13, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test. The organization of on the feek this box and stop here. Explain in Part IV how the organization organization meets the "facts and circumstances" test. The organization of on the f	Sec	tion A. Public Support					-T-	
membership fees received (10 not include any "unusual grants") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 The protion of total contributions by each person (other than a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 The protion 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 (1) 8 Public support: Named lines 5 how tive 4 Section B. Total Support Calendary year (of fiscal year beginning in) (e) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total of the amount shown on line 11, column (1) 8 Gross income from innested business activities, whether or not the business is regularly carned on one of the column of the section of the column	Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
Tax revenues leved for the organization is benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit to publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Septiative \$5 time to \$5 time	1	Gifts, grants, contributions, and						
2 Tax evenues leved for the organization's benefit and either pad to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total, Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Souract lines 5 ton line 4 8 Gross income from Interest, dividends, payments received on securities loans, rents, reyables and income from unrelated business activities, whether or not the business required from the abusiness activities, whether or not the business is regularly carried on Of Other income Do not include gain or loss from the sale of capital assests (Explain in Part IV) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 s for the organizations is first, second, third, fourth, or lifth tax year as a section 501(c)(3) organization, check this box and stop here. Section C. Computation of Public Support Percentage 14 Public support percentage for 2009 (line 6, column (i) divided by line 11, column (ii)) 15 Public support percentage for 2009 (line 6, column (i) divided by line 11, column (iii)) 16 30 31 /3% support test - 2009. If the organization did not check the box on line 13, india ine 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported 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, check this box and stop here. Explain in Part IV how 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, check this box and stop here. Explain in Part IV how the organization meets the "facts and cir		membership fees received (Do not						
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17a 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% 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 - 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.	L	• •	-			1 III 10 10 10 17 17 17 17 17 17 17 17 17 17 17 17 17	o or more, check th	▶ □
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meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 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.	178		_					
b 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.							are in now the organ	
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.	1.		•	•		•	17a and line 15 is 1	10% or
organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization.	L		_					
		•				,		·
	18	•		-		• • • •		s

Scho	· edule A (Form 990 or 990 EZ) 2009 A rt III Support Schedule for C	LCARH SCHO	OLARSHIP F	UND, INC.	2) (Complete only)	63-12	47145 Page 3
	tion A. Public Support	9			-7 (Complete only i	T YOU CHECKED THE I	Jox off line 3 of fait 1
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Gifts, grants, contributions, and	(a) 2000	(6) 2000	(6) 2001	(4) 2000	(e) 2000	(i) rotal
•	membership fees received (Do not						
	·	10 000	28,900.	26,400.	29,760.		104,060.
	include any "unusual grants ")	19,000.	20,300.	20,400.	29,700.		104,000.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
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						
Ĭ	furnished by a governmental unit to the organization without charge						
_		19,000.	28,900.	26,400.	29,760.		104,060.
	Total. Add lines 1 through 5	19,000.	20,300.	20,400.	29,100.	·	104,000.
/ a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons				····		0.
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						0.
	Add lines 7a and 7b						0.
	Public support (Subtract line 7c from line 6)						104,060.
	ction B. Total Support					· · · · · · · · · · · · · · · · · · ·	
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Amounts from line 6	19,000.	28,900.	26,400.	29,760.	(e) 2003	104,060.
_	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	19,000.	20,300.	20,400.	25,700.		104,000.
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b 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						
13	assets (Explain in Part IV) Total support (Add lines 9, 10c, 11, and 12)	19,000.	28,900.	26,400.	29,760.		104,060.
	First five years. If the Form 990 is for					n 501(c)(3) organ	
7	check this box and stop here	o organization s		.,	. ,	50 AONO, Organ	_
S=	ction C. Computation of Publ	ic Support Per	rcentage				
				olumo (fl)		15	100.00 %
	Public support percentage for 2009 (I			(ווווווווווווווווווווווווווווווווווווו		15	100 00
	Public support percentage from 2008					16	100.00 %
	ction D. Computation of Inves			10 action (0)			00 %
	Investment income percentage for 20			e 13, column (t))		17	.00 %
	Investment income percentage from 2				45	18	<u>%</u>
198	33 1/3% support tests - 2009. If the	organization did n	ot check the box o	n line 14, and line	15 is more than 3	ತ 1/3%, and line	1 / IS not

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Schedule A (Form 990 or 990-EZ) 2009

 $\triangleright X$

Schedule D

(Form 990)

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

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

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

ALCARH SCHOLARSHIP FUND, INC.

Employer identification number

63-1247145

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	is or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6	
		(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 adv	rised funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can b	e used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpos	e conferring
	impermissible private benefit?	·	Yes No
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990,	Part IV, line 7
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or p		istorically important land area
	Protection of natural habitat	Preservation of a ce	rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	n of a conservation easement on the last
	day of the tax year		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements	and an almost a few	2b
C	Number of conservation easements on a certified historic str	• •	2c
d	Number of conservation easements included in (c) acquired a		2d
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by ti	ne organization during the tax
	year ▶ Number of states where property subject to conservation ea	soment is legated	
4 5	Does the organization have a written policy regarding the per		- f
5	violations, and enforcement of the conservation easements if		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		_
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above		
Ŭ	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservati	ion easements in its revenue and expen	se statement, and balance sheet, and
_	include, if applicable, the text of the footnote to the organizar	tion's financial statements that describe	s the organization's accounting for
	conservation easements		
Pai	rt III Organizations Maintaining Collections o	f Art, Historical Treasures, or	Other Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116, no	t to report in its revenue statement and	balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of p	public service, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these	items	
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 servi	ce, 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		cial gain, provide
	the following amounts required to be reported under SFAS 1	to relating to these items	L C
a	Revenues included in Form 990, Part VIII, line 1		\$
b	Assets included in Form 990, Part X		> \$

	· -,-	SCHOLARSHI								Page Z
Par	t III Organizations Maintaining C	collections of A	rt, Hist	orical Tr	easures,	or Othe	<u>er Simi</u>	<u>lar Asse</u>	ts (contii	nued)
3	Using the organization's acquisition, accession	on, and other record	ls, check	any of the	following that	at are a s	ignificant	use of its	collection	items
	(check all that apply)									
а	Public exhibition	d		Loan or exc	hange progr	ams				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how th	ev further ti	he organizat	ion's exe	mpt purp	ose in Par	t XIV	
-	During the year, did the organization solicit of									
	to be sold to raise funds rather than to be ma								Yes	No
	t IV Escrow and Custodial Arran					s" to For	m 990 P	art IV line		
<u> </u>	reported an amount on Form 990, Par		0.0 // 0.g	an near on a	.0		000, .	a ,	o, o.	
10	Is the organization an agent, trustee, custodi	-	liany for	contribution	s or other as	ssets not	ıncluded	 1		
la	on Form 990, Part X?	ian or other intermet	nai y ioi	COMMISSION	is or other at	300001100	molado	·	Yes	□ No
	•	and complete the fe	llouman	table				· · · · ·	7 162	
D	If "Yes," explain the arrangement in Part XIV	and complete the ic	niowing i	able				1	A-mai.int	
								 	Amount	
	Beginning balance						1c	-		
	Additions during the year						1d	-		
е	Distributions during the year						1e	 		
f	Ending balance						1f	<u> </u>	7	
	Did the organization include an amount on Fe	orm 990, Part X, line	21?					L.,_	Yes	L No
	If "Yes," explain the arrangement in Part XIV									
Par	t V Endowment Funds. Complete	f the organization ar	swered	"Yes" to Fo	T		•		ſ	
		(a) Current year	(b) P	rior year	(c) Two year	rs back	(d) Three	years back	(e) Four	years back
1a	Beginning of year balance									
þ	Contributions									
C	Net investment earnings, gains, and losses									
đ	Grants or scholarships									
е	Other expenditures for facilities									
	and programs	_								
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the year	r end balance held a	as.							
а	Board designated or quasi-endowment		%							
	Permanent endowment		_							
	· · · · · · · · · · · · · · · · · · ·	%								
	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held a	and administ	ered for t	he organ	uzation		
Ų.	by								Γ	Yes No
	(i) unrelated organizations								3a(ı)	100 110
	(ii) related organizations								3a(II)	
b	If "Yes" to 3a(ii), are the related organizations	e lietad as raquirad r	n Scher	dula R2					3b	
	Describe in Part XIV the intended uses of the	•							30	
Par	t VI Investments - Land, Building				Part Y line	10				
I ai				ſ		1		tad	(d) Dool	
	Description of investment	(a) Cost or o basis (investi			t or other (other)	1 ''	ccumula preciatio	I	(d) Book	, value
1a	Land					ļ				
b	Buildings									
С	Leasehold improvements					<u> </u>				
d	Equipment					<u></u>				
	Other									
Total	. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, colur	nn (B), line	10(c))			•		0.

Schedule D (Form 990) 2009

(a) Description of security or category (notuding name of security) Financial derivatives Closely-held equity interests Other Total (Coli Ib) must equal Form 990, Part X, col (B) line 12.) Part VIII Investments - Program Related. See Form 990, Part X, ine 13 (a) Description of investment type (b) Book value Cost or end-of-year market value Total (Col (b) must equal Form 990, Part X, col (B) line 13.) Part IX Other Assets. See Form 990, Part X, ine 15 (a) Description (b) must equal Form 990, Part X, col (B) line 13.) Part IX Other Assets. See Form 990, Part X, col (B) line 15.] Part X Other Liabilities. See Form 990, Part X, ine 25 Total (Column (b) must equal Form 990, Part X, col (B) line 15.] Part X Other Liabilities. See Form 990, Part X, ine 25 Total (Column (b) must equal Form 990, Part X, col (B) line 25.) Total (Column (b) must equal Form 990, Part X, col (B) line 25.) Total (Column (b) must equal Form 990, Part X, col (B) line 25.)	Schedule D (Form 990) 2009 ALCARH SCH Part VII Investments - Other Securities.	OLARSHIP FUND, INC	63-1247145 Page 3
Closely-held equity interests Cotter Cotte	(a) Description of security or category		
Closely-held equity interests Cotter Cotte			· · · · · · · · · · · · · · · · · · ·
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2 FIN 48 Footnote in Part XIV provide the text of the footnote to the granization's financial statements that reports the granization's liability for			

Sche		<u> 1C .</u>					<u>47145</u>	Page 4
Pa	t XI Reconciliation of Change in Net Assets from Form 990 to	<u>Audit</u>	ed Finan	cial S	Statem	<u>ents</u>		
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1			65	<u>,867.</u>
2	Total expenses (Form 990, Part IX, column (A), line 25)			2			32	<u>,273.</u>
3	Excess or (deficit) for the year Subtract line 2 from line 1			3			33	<u>,594.</u>
4	Net unrealized gains (losses) on investments			4				
5	Donated services and use of facilities			5				
6	Investment expenses			6				
7	Prior period adjustments			7				
8	Other (Describe in Part XIV)			8				·
9	Total adjustments (net) Add lines 4 through 8			9				
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and			10			33	<u>,594.</u>
Par	t XII Reconciliation of Revenue per Audited Financial Stateme	nts W	ith Reve	nue p	er Ret	<u>urn</u>		
1	Total revenue, gains, and other support per audited financial statements					1		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1	ı					
а	Net unrealized gains on investments	2a						
b	Donated services and use of facilities	2b						
С	Recoveries of prior year grants	2c						
d	Other (Describe in Part XIV)	2d	L					
е	Add lines 2a through 2d				2	e		
3	Subtract line 2e from line 1				<u> 3</u>	3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1	1					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a						
b	Other (Describe in Part XIV)	4b						
c	Add lines 4a and 4b				4			
5_	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		CH. P			5		
Pai	rt XIII Reconciliation of Expenses per Audited Financial Stateme	ents v	vith Expe	enses	per Re	turn		
1	Total expenses and losses per audited financial statements				<u> </u>	<u> </u>		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1.	I					
а	Donated services and use of facilities	2a	 					
b	Prior year adjustments	2b						
С	Other losses	2c						
d	Other (Describe in Part XIV)	2d	l,					
е	Add lines 2a through 2d				2	e		
3	Subtract line 2e from line 1				<u> </u>	3		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1	ı					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a						
b	Other (Describe in Part XIV)	4b	L					
С	Add lines 4a and 4b				4			
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)					5		
	rt XIV Supplemental Information							
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III	l, lines 1	1a and 4, Pa	art IV, li	nes 1b a	nd 2b, I	Part V, line	4, Part
X, lın	e 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also comp	lete thi	s part to pro	ovide ai	ny additio	onal info	ormation	
					· · · · · · · · · · · · · · · · · · ·			
								
								

% ⊠ Schedule I (Form 990) 2009 Employer identification number 63-1247145 Open to Public OMB No 1545-0047 Inspection (h) Purpose of grant or assistance Yes 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

(b) Amount of or government assistance are graphicable assistance or government assistance are graphicable are graphicable are Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any 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 Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States ▶ Attach to Form 990. LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. INC Enter total number of section 501(c)(3) and government organizations FUND ALCARH SCHOLARSHIP General Information on Grants and Assistance criteria used to award the grants or assistance? Enter total number of other organizations 1 (a) Name and address of organization Name of the organization Department of the Treasury Internal Revenue Service SCHEDULEI (Form 990) Part I Part

Page 2 (f) Description of non-cash assistance 63-1247145 (e) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Use Part IV and Schedule I-1 (Form 990) if additional space is needed Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information (d) Amount of non-cash assistance 25,080. (c) Amount of cash grant INC. ALCARH SCHOLARSHIP FUND, (b) Number of recipients 34 (a) Type of grant or assistance Schedule I (Form 990) 2009 SCHOLARSHIPS Part III

Schedule I (Form 990) 2009

932102 02-02-10

:

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

OMB No 1545-0047 Open to Public

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

Supplemental Information to Form 990

Inspection

Name of	tne organ	zation	AL(CARH	SCHO	LAR	RSHIP	FUNI	D, IN	C		63-	1247145	on number
FORM	990,	PART	VI,	SECT	ION	В,_	LINE	11:	N/A					
FORM	990.	PART	VI,	SECT	ION	С,	LINE	19:	UPON	REQUE	ST	-		
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Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

2009 Open to Public Inspection

OMB No 1545-0047

Employer identification number

63-1247145

► See separate instructions. ▶ Attach to Form 990. ALCARH SCHOLARSHIP FUND, INC. Name of the organization

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33)

Part

	(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
Part II	Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year)	ons (Complete if the organization an	swered "Yes" to Form 990, Par	rt IV, line 34 becaus	e it had one or more re	lated tax-exempt

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or	(d) Exempt Code section	(e) Public charity status (if section	(1) Direct controlling entity
ALABAMA COUNCIL FOR AFFORDABLE AND RURAL	TO ADVANCE THE COMMON			501(c)(3))	
HOUSING INC - 63-0978860, P O BOX 70037, TUSCALOOSA, AL 35407	INTEREST OF THOSE INVOLVED IN RURAL FAMILY HOUSING	АГАВАМА		501(C)(6)	
LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	ice, see the Instructions for Form 99	0.			Schedule R (Form 990) 2009

63-1247145

Page 2

INC Schedule R (Form 990) 2009 ALCARH SCHOLARSHIP FUND,

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year) Part III

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)		Share of total encome	(g) Share of end-of-year assets	(h) Disproportionate allocations?	(i) Code V.UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes No
									1	
Part IV Identification of Related Org	Identification of Related Organizations Taxable as a Corporation or Trust (Complete of the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related	oration or	Trust (Complete If t	he organization	on answered "Ye	s" to Form 990, P	art IV, line 34	because it h	nad one or more r	elated
Organizations treated as a corp. (a) Name, address, and EIN of related organization	NI C	Pri	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(d) Type of entity (C corp, S corp, or trust)	y Share of total income	of total	(g) Share of Perend-of-year ow	(h) Percentage ownership
		,								
932162 02-04-10	i i							Sch	Schedule R (Form 990) 2009	0) 2(

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	Yes No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		1a	×
b Gift, grant, or capital contribution to other organization(s)		16	×
c Gift, grant, or capital contribution from other organization(s)		2	×
d Loans or loan guarantees to or for other organization(s)		19	×
e Loans or loan guarantees by other organization(s)		- 1	×
f Sale of assets to other organization(s)		* =	×
g Purchase of assets from other organization(s)		D,	×
h Exchange of assets		무	×
i Lease of facilities, equipment, or other assets to other organization(s)		;-	×
j Lease of facilities, equipment, or other assets from other organization(s)		Ţ	×
k Performance of services or membership or fundraising solicitations for other organization(s)		¥	×
1 Performance of services or membership or fundraising solicitations by other organization(s)		=	×
m Sharing of facilities, equipment, mailing lists, or other assets		E E	×
n Sharing of paid employees		두	×
 Reimbursement paid to other organization for expenses 		9	×
p Reimbursement paid by other organization for expenses		d d	×
 q Other transfer of cash or property to other organization(s) r Other transfer of cash or property from other organization(s) 		5 +	××
1 1	saction thresholds		
(a) Name of other organization(s)	(b) Transaction type (a-r)	(c) Amount involved	þ
(1)			
(2)			
(6)			
(4)			
(5)			
(9)			
932163 02-04-10	Schedul	Schedule R (Form 990) 2009) 2009

63-1247145

Page 4

Schedule R (Form 990) 2009 ALCARH SCHOLARSHIP FUND, INC.

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(4)	(4)	3	5	(9)	9	(5)	(4)
			Are of negations	Sharp of and of		(8)	
name, address, and Ein of entity	Filliary activity	(state or foreign	section 501(c)(3) organizations?	year assets	tionate altocations?	amount in box 20	managing partner?
		country)	Yes No			(Form 1065)	1 · 1
			-				
							•
						Schedule R (Form 990) 2009	1 990) 2009

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

 If you are filing for an Au 	utomatic 3-Month Extension, complete only Part I and check	k this box	▶ 🗓			
-	dditional (Not Automatic) 3-Month Extension, complete only		orm)			
	inless you have already been granted an automatic 3-month ex					
Part I Automat	tic 3-Month Extension of Time. Only submit original (i	no copies needed).				
A comoration required to f	file Form 990-T and requesting an automatic 6-month extension	· check this box and comp	lete			
Part I only		,	▶ □			
All other corporations (incl to file income tax returns	uding 1120-C filers), partnerships, REMICs, and trusts must use	e Form 7004 to request an e	extension of time			
noted below (6 months for (not automatic) 3-month ex you must submit the fully (Generally, you can electronically file Form 8868 if you want a 3- r a corporation required to file Form 990-T). However, you cannot extension or (2) you file Forms 990-BL, 6069, or 8870, group retuction completed and signed page 2 (Part II) of Form 8868. For more of con e-file for Chanties & Nonprofits.	ot file Form 8868 electronica irns, or a composite or cons	ally if (1) you want the additional solidated Form 990-T Instead,			
	npt Organization	1	Employer identification number			
print ALCARH	SCHOLARSHIP FUND, INC.		63-1247145			
File by the due date for Number, stree	tue date for Number, street, and room or suite no. If a PO box, see instructions.					
instructions City, town or p	cost office, state, and ZIP code. For a foreign address, see inst OSA, AL 35407-0037	ructions.				
Check type of return to b	e filed (file a separate application for each return)					
X Form 990 Form 990-BL Form 990-EZ Form 990-PF	Form 990-T (corporation) Form 990-T (sec 401(a) or 408(a) trust) Form 990-T (trust other than above) Form 1041-A	Form 472 Form 522 Form 606 Form 887	77 89			
Telephone No ▶ 20 If the organization does If this is for a Group Re	ARRICE FAUGHT are of ▶ P. O. BOX 70037 - TUSCALOO 5-752-0005 FAX No. ▶ a not have an office or place of business in the United States, of turn, enter the organization's four digit Group Exemption Number art of the group, check this box ▶ □ and attach a list with the state of the group.	heck this box per (GEN) If this	is for the whole group, check this nembers the extension will cover.			
1 I request an automa AUGUST 1 is for the organizatio X calendar year tax year beg	on's return for: ar <u>2008</u> or		ove. The extension			
2 If this tax year is for	less than 12 months, check reason	Final return	Change in accounting period			
3a If this application is nonrefundable credi	for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tenta	tive tax, less any	3a \$			
	for Form 990-PF or 990-T, enter any refundable credits and est	ımated				
	Include any prior year overpayment allowed as a credit		3b \$			
c Balance Due. Subtr	ract line 3b from line 3a. Include your payment with this form, o					
deposit with FTD co See instructions	upon or, if required, by using EFTPS (Electronic Federal Tax Pa	ayment System)	3c \$ N/A			
	to make an electronic fund withdrawal with this Form 8868, see	Form 9452 50 and Farm 0	970 EO for poyment instructions			

Form 8	3868 (Rev 4-2009)		Page 2			
• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box Note. Only complete Part II if you have already been granted an automatic 3 month extension on a previously filed Form 8868						
Note. Only complete Part II if you have already been granted an automatic 3 month extension on a previously filed Form 8868						
 If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1). 						
Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed)						
Туре	Name of Exempt Organization	Emp	loyer identification number			
print		_				
File by	ALCARH SCHOLARSHIP FUND, INC.		33-1247145			
extende due dat		For	RS use only			
filing the						
TUSCALOOSA, AL 35407-0037						
Chec	k type of return to be filed (File a separate application for each return):					
	Form 990 Form 990-EZ Form 990-T (sec 401(a) or 408(a) trust) Form 1041 A	F	orm 5227 Form 8870			
	Form 990-BL Form 990-PF Form 990-T (trust other than above) Form 4720	F	orm 6069			
STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.						
ARRICE FAUGHT The backs are in the corn of P. D. BOY 70037 - MISCALOGS AL 35407						
• The books are in the care of ▶ P.O. BOX 70037 - TUSCALOOSA, AL 35407 Telephone No. ▶ 205-752-0005 FAX No. ▶						
• If the organization does not have an office or place of business in the United States, check this box						
 If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this 						
box If it is for part of the group, check this box Image and attach a list with the names and ElNs of all members the extension is for.						
4	I request an additional 3-month extension of time until NOVEMBER 15, 2010.					
5 For calendar year 2009, or other tax year beginning, and ending						
6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period						
	State in detail why you need the extension					
	NEED MORE TIME TO COMPLETE A ACCURATE RETURN	-				
8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any					
ь	nonrefundable credits. See instructions If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated.	8a	\$			
	tax payments made. Include any prior year overpayment allowed as a credit and any amount paid					
	previously with Form 8868.	8b	\$			
c	Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit	- C-				
	with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	8c	s N/A			
	Signature and Verification					
Under	penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the	best o	f my knowledge and belief,			
it is tru	e, correct, and complete, and that I am authorized to prepare this form.					

Title ► CPA

Form 8868 (Rev. 4-2009)

8-13-10

Date >