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## Return of Private Foundation

OMB No 1545-0052

2009

Department of the Treasury  
Internal Revenue Serviceor 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

For calendar year 2009, or tax year beginning

, and ending

G Check all that apply

☐ Initial return☐ Initial return of a former public charity☐ Final return☐ Amended return☐ Address change☐ Name changeUse the IRS  
label.  
Otherwise,  
print  
or type.  
See Specific  
Instructions.

Name of foundation

HARRY AND REBECCA LAHR FOUNDATION

Number and street (or P.O. box number if mail is not delivered to street address)

2215 GERONIMO WAY

Room/suite

City or town, state, and ZIP code

LAS VEGAS, NV 89169-3361

A Employer identification number

88-0436321

B Telephone number

702-735-8443

C If exemption application is pending, check here ☐D 1. Foreign organizations, check here ☐2. Foreign organizations meeting the 85% test,  
check here and attach computation ☐E If private foundation status was terminated  
under section 507(b)(1)(A), check here ☐F If the foundation is in a 60-month termination  
under section 507(b)(1)(B), check here ☐

H Check type of organization

☐ Section 501(c)(3) exempt private foundation☒ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation

I Fair market value of all assets at end of year

(from Part II, col. (c), line 16)

\$ 2,125,092. (Part I, column (d) must be on cash basis.)

J Accounting method

☒ Cash☐ Accrual☐ Other (specify)

## Part I Analysis of Revenue and Expenses

(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 investment  
income(c) Adjusted net  
income(d) Disbursements  
for charitable purposes  
(cash basis only)

1 Contributions, gifts, grants, etc., received

2 Check ☒ if the foundation is not required to attach Sch. B3 Interest on savings and temporary  
cash investments

12,413.

12,413.

STATEMENT 1

4 Dividends and interest from securities

31,388.

31,388.

STATEMENT 2

5a Gross rents

b Net rental income or (loss)

6a Net gain or (loss) from sale of assets not on line 10

&lt;1,097.&gt;

b Gross sales price for all  
assets on line 6a 252,869.

7 Capital gain net income (from Part IV, line 2)

0.

8 Net short-term capital gain

9 Income modifications

10a Gross sales less returns  
and allowances

b Less Cost of goods sold

c Gross profit or (loss)

11 Other income

12 Total. Add lines 1 through 11

42,704.

43,801.

13 Compensation of officers, directors, trustees, etc

53,145.

26,572.

26,573.

14 Other employee salaries and wages

15 Pension plans, employee benefits

16a Legal fees

b Accounting fees

STMT 3

3,000.

0.

3,000.

c Other professional fees

17 Interest

18 Taxes

STMT 4

407.

407.

0.

19 Depreciation and depletion

20 Occupancy

21 Travel, conferences, and meetings

22 Printing and publications

23 Other expenses

24 Total operating and administrative

expenses. Add lines 13 through 23

56,552.

26,979.

29,573.

25 Contributions, gifts, grants paid

91,000.

91,000.

26 Total expenses and disbursements.

Add lines 24 and 25

147,552.

26,979.

120,573.

27 Subtract line 26 from line 12

a Excess of revenue over expenses and disbursements

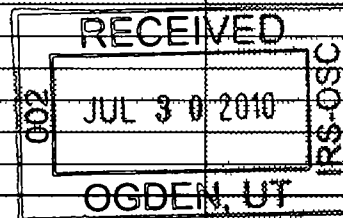
&lt;104,848.&gt;

b Net investment income (if negative, enter -0-)

16,822.

c Adjusted net income (if negative, enter -0-)

N/A

SCANNED AUG 02 2010  
Revenue  
Operating and Administrative Expenses

**Part II Balance Sheets** Attached schedules and amounts in the description column should be for end-of-year amounts only

		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
<b>Assets</b>	1 Cash - non-interest-bearing			
	2 Savings and temporary cash investments	670,684.	177,648.	177,648.
	3 Accounts receivable ▶			
	Less allowance for doubtful accounts ▶			
	4 Pledges receivable ▶			
	Less allowance for doubtful accounts ▶			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons			
	7 Other notes and loans receivable ▶			
	Less allowance for doubtful accounts ▶			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments - U S and state government obligations			
	b Investments - corporate stock			
	c Investments - corporate bonds			
11 Investments - land, buildings, and equipment basis ▶				
Less accumulated depreciation ▶				
12 Investments - mortgage loans				
13 Investments - other STMT 5	1,319,334.	1,707,496.	1,947,444.	
14 Land, buildings, and equipment basis ▶				
Less accumulated depreciation ▶				
15 Other assets (describe ▶)				
16 Total assets (to be completed by all filers)	1,990,018.	1,885,144.	2,125,092.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable			
	22 Other liabilities (describe ▶)			
23 Total liabilities (add lines 17 through 22)	0.	0.		
<b>Net Assets or Fund Balances</b>	Foundations that follow SFAS 117, check here <input type="checkbox"/>			
	and complete lines 24 through 26 and lines 30 and 31.			
	24 Unrestricted			
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here <input checked="" type="checkbox"/>			
	and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds	0.	0.	
28 Paid-in or capital surplus, or land, bldg, and equipment fund	0.	0.		
29 Retained earnings, accumulated income, endowment, or other funds	1,990,018.	1,885,144.		
30 Total net assets or fund balances	1,990,018.	1,885,144.		
31 Total liabilities and net assets/fund balances	1,990,018.	1,885,144.		

**Part III Analysis of Changes in Net Assets or Fund Balances**

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	1,990,018.
2 Enter amount from Part I, line 27a	2	<104,848.>
3 Other increases not included in line 2 (itemize) ▶	3	0.
4 Add lines 1, 2, and 3	4	1,885,170.
5 Decreases not included in line 2 (itemize) ▶ MISC. ADJUSTMENTS	5	26.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	1,885,144.

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a COMM BANK CD - FDIC	P	06/23/09	08/16/09
b CAPITAL GAINS DIVIDENDS			
c			
d			
e			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 250,000.		253,966.	<3,966.>
b 2,869.			2,869.
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
a			<3,966.>
b			2,869.
c			
d			
e			

2 Capital gain net income or (net capital loss)	<div style="display: flex; align-items: center;"> <div style="border-left: 1px solid black; border-right: 1px solid black; padding: 0 5px;">           If gain, also enter in Part I, line 7            If (loss), enter -0- in Part I, line 7         </div> <div style="margin-left: 10px;">           2           <div style="float: right;">&lt;1,097.&gt;</div> </div> </div>
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) If (loss), enter -0- in Part I, line 8	<div style="display: flex; align-items: center;"> <div style="border-left: 1px solid black; border-right: 1px solid black; padding: 0 5px;">           If gain, also enter in Part I, line 8, column (c)            If (loss), enter -0- in Part I, line 8         </div> <div style="margin-left: 10px;">           3           <div style="float: right;">N/A</div> </div> </div>

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2008	135,676.	2,556,633.	.053068
2007	143,113.	2,936,941.	.048729
2006	138,240.	2,835,660.	.048751
2005	149,091.	2,808,609.	.053084
2004	117,274.	2,770,911.	.042323

2 Total of line 1, column (d)	2	.245955
3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	.049191
4 Enter the net value of noncharitable-use assets for 2009 from Part X, line 5	4	2,091,659.
5 Multiply line 4 by line 3	5	102,891.
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	168.
7 Add lines 5 and 6	7	103,059.
8 Enter qualifying distributions from Part XII, line 4 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the Part VI instructions	8	120,573.

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions)**

1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary-see instructions)		1	168.
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b			
c All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)		2	0.
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)		3	168.
3 Add lines 1 and 2		4	0.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)		5	168.
5 Tax based on investment income Subtract line 4 from line 3 If zero or less, enter -0-			
6 Credits/Payments			
a 2009 estimated tax payments and 2008 overpayment credited to 2009	6a 5,155.	7	5,155.
b Exempt foreign organizations - tax withheld at source	6b	8	
c Tax paid with application for extension of time to file (Form 8868)	6c	9	
d Backup withholding erroneously withheld	6d	10	4,987.
7 Total credits and payments Add lines 6a through 6d		11	0.
8 Enter any penalty for underpayment of estimated tax Check here <input type="checkbox"/> if Form 2220 is attached			
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
11 Enter the amount of line 10 to be Credited to 2010 estimated tax <input checked="" type="checkbox"/> 4,987. Refunded <input type="checkbox"/>			

**Part VII-A Statements Regarding Activities**

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
1b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)? If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities		X
1c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation <input checked="" type="checkbox"/> \$ 0. (2) On foundation managers <input checked="" type="checkbox"/> \$ 0.		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input checked="" type="checkbox"/> \$ 0.		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T.		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV.	X	
8a Enter the states to which the foundation reports or with which it is registered (see instructions) <input checked="" type="checkbox"/> NV		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," complete Part XIV		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X

N/A

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**Part VII-A Statements Regarding Activities** (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► N/A	13	X	
14	The books are in care of ► BOB MCKNIGHT, CPA Telephone no ► (702) 877-9351 Located at ► 3017 W. CHARLESTON, SUITE 40, LAS VEGAS, NV ZIP+4 ► 89102			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the year			X
		15		0.

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required**

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

	Yes	No
1a During the year did the foundation (either directly or indirectly)		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)? Organizations relying on a current notice regarding disaster assistance check here	N/A	1b
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2009?		1c X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))		
a At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2009?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If "Yes," list the years ►		
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions)	N/A	2b
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2009.)	N/A	3b
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		4a X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?		4b X

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**Part VII-B** Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a During the year did the foundation pay or incur any amount to

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?

☐ Yes ☒ No

(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?

☐ Yes ☒ No

(3) Provide a grant to an individual for travel, study, or other similar purposes?

☐ Yes ☒ No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)?

☐ Yes ☒ No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

☐ Yes ☒ No

b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?

N/A

5b

Organizations relying on a current notice regarding disaster assistance check here

☒

c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?

N/A

☐ Yes ☐ No

If "Yes," attach the statement required by Regulations section 53.4945-5(d).

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

☐ Yes ☒ No

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

6b

X

If "Yes" to 6b, file Form 8870

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?

☐ Yes ☒ No

b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?

N/A

7b

**Part VIII** Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
WILLIAM C. SCOBLE 2215 GERONIMO WAY LAS VEGAS, NV 89109	TRUSTEE 15.00	33,145.	0.	0.
NANCY A. SCOBLE 2215 GERONIMO WAY LAS VEGAS, NV 89109	TRUSTEE 15.00	0.	0.	0.
WILLIAM S. SCOBLE 7518 STRAYHORSE AVE LAS VEGAS, NV 89113	TRUSTEE 5.00	10,000.	0.	0.
CHRISTOPHER J. SCOBLE 7518 STRAYHORSE AVE LAS VEGAS, NV 89113	TRUSTEE 5.00	10,000.	0.	0.

2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
N/A	0.00	0.	0.	0.

Total number of other employees paid over \$50,000

0

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**Part X** Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities	1a	1,478,852.
b	Average of monthly cash balances	1b	644,660.
c	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	2,123,512.
e	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	2,123,512.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	31,853.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	2,091,659.
6	Minimum investment return. Enter 5% of line 5	6	104,583.

**Part XI** Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6	1	104,583.
2a	Tax on investment income for 2009 from Part VI, line 5	2a	168.
b	Income tax for 2009 (This does not include the tax from Part VI)	2b	
c	Add lines 2a and 2b	2c	168.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	104,415.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	104,415.
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	104,415.

**Part XII** Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	120,573.
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	120,573.
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	168.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	120,405.

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

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**Part XIII** Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
<b>1</b> Distributable amount for 2009 from Part XI, line 7				104,415.
<b>2</b> Undistributed income, if any, as of the end of 2009				
<b>a</b> Enter amount for 2008 only			90,382.	
<b>b</b> Total for prior years		0.		
<b>3</b> Excess distributions carryover, if any, to 2009				
<b>a</b> From 2004				
<b>b</b> From 2005				
<b>c</b> From 2006				
<b>d</b> From 2007				
<b>e</b> From 2008				
<b>f</b> Total of lines 3a through e	0.			
<b>4</b> Qualifying distributions for 2009 from Part XII, line 4 ▶ \$ 120,573.				
<b>a</b> Applied to 2008, but not more than line 2a			90,382.	
<b>b</b> Applied to undistributed income of prior years (Election required - see instructions)		0.		
<b>c</b> Treated as distributions out of corpus (Election required - see instructions)	0.			
<b>d</b> Applied to 2009 distributable amount				30,191.
<b>e</b> Remaining amount distributed out of corpus	0.			
<b>5</b> Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
<b>6</b> Enter the net total of each column as indicated below:				
<b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b		0.		
<b>c</b> Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
<b>d</b> Subtract line 6c from line 6b Taxable amount - see instructions		0.		
<b>e</b> Undistributed income for 2008 Subtract line 4a from line 2a Taxable amount - see instr			0.	
<b>f</b> Undistributed income for 2009 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2010				74,224.
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3)	0.			
<b>8</b> Excess distributions carryover from 2004 not applied on line 5 or line 7	0.			
<b>9</b> Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a	0.			
<b>10</b> Analysis of line 9				
<b>a</b> Excess from 2005				
<b>b</b> Excess from 2006				
<b>c</b> Excess from 2007				
<b>d</b> Excess from 2008				
<b>e</b> Excess from 2009				

## N/A

- ▶

☐ 4942(j)(3) or ☐ 4942(j)(5)

- (4) Gross investment income**

[illegible]

2009.03051 HARRY AND REBECCA LAHR FOUN 400100 2

**Part XV** **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient 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
<p><i>a Paid during the year</i></p> <p>UNLV - DEPT OF RADIOGRAPHY 4505 MARYLAND PKWY LAS VEGAS, NV 89154</p> <p>UNLV - SCHOOL OF NURSING 4505 MARYLAND PKWY LAS VEGAS, NV 89154</p>			<p>SCHOLARSHIPS</p> <p>SCHOLARSHIPS</p>	<p>10,000.</p> <p>81,000.</p>
<b>Total</b>			▶ <b>3a</b>	<b>91,000.</b>
<p><i>b Approved for future payment</i></p> <p>NONE</p>				
<b>Total</b>			▶ <b>3b</b>	<b>0.</b>

**Part XVI-A Analysis of Income-Producing Activities**

Enter gross amounts unless otherwise indicated

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income
	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	
<b>1</b> Program service revenue					
<b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>f</b> _____					
<b>g</b> Fees and contracts from government agencies					
<b>2</b> Membership dues and assessments					
<b>3</b> Interest on savings and temporary cash investments			14	12,413.	
<b>4</b> Dividends and interest from securities			14	31,388.	
<b>5</b> Net rental income or (loss) from real estate					
<b>a</b> Debt-financed property					
<b>b</b> Not debt-financed property					
<b>6</b> Net rental income or (loss) from personal property					
<b>7</b> Other investment income					
<b>8</b> Gain or (loss) from sales of assets other than inventory			18	<1,097.>	
<b>9</b> Net income or (loss) from special events					
<b>10</b> Gross profit or (loss) from sales of inventory					
<b>11</b> Other revenue					
<b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>12</b> Subtotal. Add columns (b), (d), and (e)		0.		42,704.	0.
<b>13</b> Total. Add line 12, columns (b), (d), and (e)				13 42,704.	

(See worksheet in line 13 instructions to verify calculations )

**Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes**

[illegible]

## Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

**a Transfers from the reporting foundation to a noncharitable exempt organization of**

**(1) Cash**

**(2) Other assets**

**b Other transactions**

**(1) Sales of assets to a noncharitable exempt organization**

**(2) Purchases of assets from a noncharitable exempt organization**

**(3) Rental of facilities, equipment, or other assets**

#### (4) Reimbursement arrangements

**(5) Loans or loan guarantees**

**(6) Performance of services or membership or fundraising solicitations**

**c** Sharing of facilities, equipment, mailing lists, other assets, or paid employees

**d** If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

[illegible]

**2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

☐ Yes ☒ No

**b If "Yes," complete the following schedule**

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		
/		

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge.

**Sign Here**

Signature of officer or trustee

Date \_\_\_\_\_

→ **Title**

Preparer's  
signature

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

BOB MCKNIGHT, CPA  
3017 W. CHARLESTON, STE 40  
LAS VEGAS, NV 89102

Date \_\_\_\_\_

Check if self-employed

Preparer's identifying number

FIN ▶

Phone no

702-877-9351

Form **990-PF** (2009)

## FORM 990-PF INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS STATEMENT 1

SOURCE	AMOUNT
AMERICAN ENT INV SVCS	18.
AMERICAN ENT INV SVCS	285.
NEVADA STATE BANK	8,144.
U.S. BANK	3,966.
TOTAL TO FORM 990-PF, PART I, LINE 3, COLUMN A	12,413.

## FORM 990-PF DIVIDENDS AND INTEREST FROM SECURITIES STATEMENT 2

SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	COLUMN (A) AMOUNT
AM EN INV SVCS	270.	0.	270.
AM ENT INV SVCS	13,432.	0.	13,432.
CNL LIFESTYLE PROP	584.	175.	409.
CORP PROP ASSOCIATES 14	19,971.	2,694.	17,277.
TOTAL TO FM 990-PF, PART I, LN 4	34,257.	2,869.	31,388.

## FORM 990-PF ACCOUNTING FEES STATEMENT 3

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING FEES	3,000.	0.		3,000.
TO FORM 990-PF, PG 1, LN 16B	3,000.	0.		3,000.

FORM 990-PF	TAXES		STATEMENT	4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
FOREIGN TAXES	407.	407.		0.
TO FORM 990-PF, PG 1, LN 18	407.	407.		0.

FORM 990-PF	OTHER INVESTMENTS		STATEMENT	5
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE	
CORP PROPERTY ASSOC 14	COST	258,691.	390,988.	
CNL INCOME PROPERTIES	COST	180,172.	200,000.	
THREAD EM MKTS FD	COST	125,820.	147,088.	
RVS GLOBAL BD FD	COST	126,393.	127,467.	
RVS DISCPLD INTL EQ FD	COST	126,580.	130,026.	
RVS PREC MET & MIN FD	COST	127,889.	147,577.	
RVS MID CAP VAL FD	COST	126,722.	137,923.	
RVS DIV OPP FD	COST	127,861.	138,791.	
RVS PORT BLDR MOD FD	COST	126,759.	133,210.	
SELIGMAN S/CAP VAL FD	COST	125,000.	138,765.	
NV ST. BANK CD	COST	255,609.	255,609.	
TOTAL TO FORM 990-PF, PART II, LINE 13		1,707,496.	1,947,444.	



**Memorandum of Understanding  
Between the Board of Regents of the  
Nevada System of Higher Education  
and the  
Harry and Rebecca Lahr Foundation**

**Revised ~ September 2007**

**Establishment of the Funds**

This Memorandum of Understanding ("Memorandum") between The Harry and Rebecca Lahr Foundation ("Foundation") and the Board of Regents of the Nevada System of Higher Education, on behalf of the University of Nevada, Las Vegas, ("University"), concerns the Foundation's financial commitment toward scholarships and fellowships to be awarded for use at the University.

This Memorandum between the Board of Regents of the Nevada System of Higher Education and the Foundation contains the entire agreement between the Foundation and the Board of Regents concerning the provisions of the Foundation's financial commitment.

The uses of this fund shall be consistent with the policies of the University of Nevada, Las Vegas. The fund shall be used only for a qualified charitable purpose consistent with the laws of the state of Nevada and the Internal Revenue Code of the United States.

**Procedures**

The Foundation hereby pledges to provide annual funding for Scholarships and Fellowships totaling up to five percent (5%) of the value of the Foundation, or more, to the University for the purposes outlined in this Memorandum. The Foundation will evaluate funding this year to year commitment on an annual basis.

The Foundation will make a partial payment of the annual contribution prior to the start of the Fall Trimester of each year, and final payment of the remaining amount prior to December 31, covering the funding of the Spring and Summer Trimesters.

**The Harry & Rebecca Lahr Foundation**

The Harry & Rebecca Lahr Foundation is an established, tax-exempt charity presently under the control of its "Trustee", William C. Scoble, or his assignee(s)

The Foundation shall maintain total control of all funds within the Foundation, which includes the right to invest funds. The Foundation maintains the right to pay all expenses including Trustee fees. The Foundation will follow all appropriate laws and regulations pertaining to the operation of a 501 (c) (3) organization.

The purpose of the Foundation is to fund Scholarships, Fellowships, or other appropriate funding within the medical educational community.

All monies ("Scholarships" and/or "Fellowships") provided to the University by the Foundation are to be used only for scholarships and/or fellowships as described herein, in the year and trimester of designation. Any monies provided but not used due to subsequent ineligibility shall be returned to the Foundation.

#### **Uses and Purposes of the Harry & Rebecca Lahr Scholarships**

Monies presented by the Foundation are to be used to provide financial support for students who are enrolled full time at the University and majoring in the undergraduate and/or the graduate programs in the School of Nursing.

Undergraduate students in the School of Nursing must be enrolled for a minimum of twelve (12) undergraduate credit hours for each trimester in which they receive an award of a Scholarship. Graduate students in the School of Nursing must be enrolled for a minimum of nine (9) graduate credit hours (MSN program) or six (6) graduate credit hours (PhD program) for each trimester in which they receive an award of a Scholarship or a Fellowship.

Recipients must have a cumulative GPA at the University of at least 3.0 as an undergraduate and a 3.5 as a graduate in each trimester in which they receive an award.

Students may receive an award in more than one year, although awards will not be made for more than one academic year at a time, with trimester review. Scholarship recipients must reapply on an annual basis; except when no trimester break occurs. Previously awarded recipients must complete a new Application Form and Disclosure Document to be considered for continuance (new letters of recommendation, statement of intent, and transcript will not be required). Preference will be given to former recipients.

Scholarship requirements and applications process will be reviewed annually and adjusted appropriately. The award amounts can be changed by the Trustee on a yearly basis.

In each trimester, student tuition and fees for each recipient will be paid by the office of Student Financial Services with any refund of funds in excess of such tuition and fees, including any balance of Lahr Scholarship funds, going directly to the recipient to be used for books, other educational fees, and living expenses.

Scholarship recipients will be selected on a merit basis. Although merit will be the prime consideration for the granting of Scholarships, financial need can be taken into consideration in the selection process.

In-state undergraduate candidates will be given preference for Scholarships.

The method to be used for application will be determined by the Trustees of the Lahr Foundation. This method will include distribution of an application package, including a required Application Form (a sample whereof is attached hereto as Exhibit "A"), completion of a Financial Aid Disclosure and Waiver of Confidentiality form (a sample whereof is attached hereto as Exhibit "B"), three (3) letters of recommendation from UNLV School of Nursing Faculty, and a statement of interest, as well as an official transcript. Final award selections will be confirmed by the Trustee and his assignee(s).

#### **Uses and Purposes of the Harry & Rebecca Lahr Graduate Fellowship**

The Foundation agrees to fund one (1) Graduate Fellowship ("Lahr Nursing Fellowship") initiating in the 2007 Fall Trimester with a PhD candidate preferred. Fellowship candidates will complete the same application packet as Scholarship candidates. The Lahr Fellowship recipient will be confirmed by the Trustee and his assignee(s) and will be known as a Lahr Nursing Fellow.

This commitment is in the amount of twenty thousand dollars (\$20,000.00) per year for a maximum of three (3) to four (4) years, as long as the recipient is; attending UNLV full time (MSN 9 credits) or (PhD 6 credits), a confirmed twelve (12) month full time Graduate Assistant in the School of Nursing, and making satisfactory progress toward the MSN or PhD degree as determined by annual review by the Trustee of the Foundation and his assignee(s).

The Foundation will provide annual funding of seven thousand dollars (\$7,000.00) prior to the Fall Trimester, and an additional thirteen thousand dollars (\$13,000.00) prior to December 31<sup>st</sup> covering the funding of sixty-five hundred dollars (\$6,500.00) for the Spring Trimester and sixty-five hundred dollars (\$6,500.00) for the Summer Trimester. The Lahr Foundation Fellowship funds will be deposited with the University of Nevada, Las Vegas Student Financial Services Office for distribution to the selected Lahr Nursing Fellow. It is understood that the entire funding amount as provided by the Lahr Foundation will go to the named Lahr Nursing Fellow once all UNLV tuition obligations have been satisfied.

#### **Change of Conditions**

If, at some future date, circumstances within the University should change, e.g., elimination of the recipient schools, so that the uses and purposes for which this scholarship program has been established are no longer appropriate and/or possible, and/or are in conflict with the policies of the Board of Regents or the University, the Trustee of the Foundation will have the authority to redesign the purpose of the Lahr Foundation Scholarship and Fellowship program.

Although the agreement herein states the Foundation's commitment for Scholarships and Fellowships as annual, it is the intention of the Trustee of the Foundation to maintain the Scholarship and Fellowship commitment with continued success.

**The Harry and Rebecca Lahr Foundation**

by: William C. Scoble Dated this 1<sup>st</sup> day of OCT, 2007

William C. Scoble, Trustee

**The Board of Regents and the Nevada System of Higher Education,  
on Behalf of the University of Nevada, Las Vegas**

Recommended by: Carolyn B. Yucha Dated this 1<sup>st</sup> day of Oct, 2007  
Carolyn B. Yucha, Dean of Nursing

Recommended by: Rebecca A. Mills Dated this 1<sup>st</sup> day of Oct, 2007  
Rebecca A. Mills, Vice President for Student Life

Recommended by: Neal A. Smatresk Dated this 1<sup>st</sup> day of Oct, 2007  
Neal A. Smatresk, Executive Vice President and Provost

Recommended by: David B. Ashley Dated this 1<sup>st</sup> day of Oct, 2007  
David B. Ashley, President

Approved by: James E. Rogers Dated this 2<sup>nd</sup> day of Oct, 2007  
James E. Rogers, Chancellor

# *Harry & Rebecca Lahr Foundation Scholarship / Fellowship*

## Application Form

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

GPA: \_\_\_\_\_

Note: Student must request and submit official transcript.

UNLV L #: \_\_\_\_\_

Preferred Email: \_\_\_\_\_

Please provide the following in support of your scholarship application:

1. **Letter of Application:** 200-300 words addressing your statement of interest, academic goals, anticipated date of graduation, desired career enhancement with this degree and a brief biographical sketch including any special consideration toward receiving this scholarship.
2. **Three (3) letters of recommendation** from qualified professionals.
3. **An official transcript.**
4. **Completed Attached Disclosure Document**

Please submit your completed scholarship packet in a sealed envelope to the School of nursing office:

Lahr Nursing Scholarship Committee  
Harry and Rebecca Lahr Foundation

**Application Deadline August 1<sup>st</sup>**

**EXHIBIT "A"**

# Harry and Rebecca Lahr Foundation

## FINANCIAL AID DISCLOSURE

I understand that the U.S. federal government has established need-based guidelines regarding the amount of federal financial assistance that a university student may receive. I acknowledge that if I receive a Fall, Spring, and/or Summer *Harry and Rebecca Lahr Foundation Scholarship or Fellowship*, the amount and/or type of federal assistance that I may already be receiving, or might have otherwise received in the future, could be reduced or otherwise affected.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Print Name: \_\_\_\_\_

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

(if student is under 18 years of age)

## WAIVER OF CONFIDENTIALITY

I understand that one purpose of the Family Educational Rights and Privacy Act of 1974 ("FERPA") is to protect the privacy of individual students by placing certain restrictions on the disclosure of information contained in a student's university records. I further understand that in order for the University of Nevada, Las Vegas ("UNLV") or members of its faculty and staff to provide such information to any third party in connection with selection for and/or continued eligibility for the *Harry and Rebecca Lahr Foundation Scholarship or Fellowship*, authorization must be granted by the student applying for or receiving a scholarship or fellowship.

Therefore, I, \_\_\_\_\_, UNLV L# \_\_\_\_\_, give my consent to full disclosure of any personally identifiable information within the possession or control of UNLV, its faculty and staff to the Harry and Rebecca Lahr Foundation, but only in connection with application for, or receipt of, a *Harry and Rebecca Lahr Foundation Scholarship or Fellowship* and with the understanding that any further disclosure by the recipient(s) of such information shall be prohibited.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Print Name: \_\_\_\_\_

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

(if student is under 18 years of age)

**EXHIBIT "B"**

# Harry and Rebecca Lahr Foundation Scholarship

## Award Information

1. Amount will vary by semester. Continuation of the award may occur in subsequent semesters pending continuing eligibility and fund availability.
2. There may be multiple awards based on the profitability of the endowment funds.
3. Pays for student tuition and fees, balance of funds goes directly to the recipient.

## Criteria for Eligibility

1. Fully admitted into a nursing program at UNLV - Prelicensure "Basic Student", MSN or Ph D
2. Attending classes on a full time basis in the semester(s) the award is granted
3. Preference to those residing in Nevada
4. Primarily merit based, but financial need may be taken into consideration.

## Prelicensure "Basic Student"

Have successfully completed the first semester of nursing courses or be recommended by a faculty member teaching in the first semester.

Be enrolled in a minimum of 12 undergraduate credits.

Have and maintain cumulative undergraduate GPA of 3.00

## Graduate: (Graduate Assistants eligible)

### MSN

Enrolled in a minimum of 9 graduate credit hours

Have and maintain cumulative GPA of 3.2 in graduate courses

### Ph.D.

Enrolled in a minimum of 6 graduate credit hours.

Have and maintain cumulative GPA of 3.5 in graduate courses.

**Applications accepted until August 1st (for possible funding in Fall, Spring and Summer semesters)** Awards will be announced on or before September 10

## To apply:

1. Complete the scholarship Application Form and attached Disclosure Document (available in Nursing Office or on-line) and return to the Lahr Foundation, c/o the School of Nursing office.
2. Provide a statement of interest (200-300 words) addressing academic goals, anticipated date of graduation, desired career placement after degree completion and a brief biographical sketch including any special considerations related to your application for the scholarship.
3. Three letters of recommendation, professional not personal, one of which must come from a UNLV School of Nursing Faculty member. Please advise the recommenders that applications will not be considered if all letters are not available for review

Submit completed Scholarship Packet in a sealed envelop to the School of Nursing office:

Lahr Nursing Scholarship Committee

Harry and Rebecca Lahr Foundation

\*Previous award winners will not be required to submit Statement of Interest or Letters of Recommend, however, an updated Application Form and Disclosure Document are required each year; in all cases selections will be made by the Lahr Foundation and not UNLV.

# Harry and Rebecca Lahr Foundation Graduate Fellowship

## Award Information

### Criteria for Eligibility

- Attend UNLV
  - Full Time MSN at least 9 credits
  - Full Time PhD: at least 6 credits
- Major MS or PhD in Nursing
- Financial Need. No need required
- Minimal GPA: 3.5
- Preference to those residing in Nevada.

### Special Notes:

- *This package is established to encourage no outside employment obligations.*
- *In order to qualify for this fellowship, the student must be willing to accept a 12-month full time (20 hours per week) Graduate Assistant (GA) position with the School of Nursing. This \$20,000 fellowship is in addition to the monies a GA receives.*
- *This fellowship may be continuous, with successful progression toward degree completion, for 3-4 years.*

**Applications accepted until August 1st** (for possible funding in Fall, Spring and Summer semesters) *Awards will be announced on or before September 10*

### To apply:

- Complete the scholarship Application Form and attached Disclosure Document (available in Nursing Office or on-line) and return to the Lahr Foundation c/o the School of Nursing.
- Provide a statement of interest (200-300 words) addressing academic and career goals, anticipated date of graduation, desired career placement after degree completion and a brief biographical sketch including any special considerations related to your application for the scholarship.
- Three letters of recommendation, professional not personal, one of which must come from a UNLV School of Nursing Faculty member. Please advise the recommenders that applications will not be considered if all letters are not available for review.

Submit completed Scholarship Packet in a sealed envelope to the School of Nursing office:  
Lahr Nursing Scholarship Committee  
Harry & Rebecca Lahr Foundation

\*Previous award winners will not be required to submit Statement of Interest or Letters of Recommend, however, an updated Application Form and Disclosure Document are required each year; in all cases selections will be made by the Lahr Foundation and not UNLV.



# Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► File a separate application for each return.

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

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

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

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

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

<b>Type or print</b>	Name of Exempt Organization <b>HARRY AND REBECCA LAHR FOUNDATION</b>	Employer identification number <b>88-0436321</b>
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions <b>2215 GERONIMO WAY</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>LAS VEGAS, NV 89169-3361</b>	

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

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

- The books are in the care of ► **BOB MCKNIGHT, CPA**

Telephone No ► **702-877-9351**

FAX No ► **702-877-2731**

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

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **AUGUST 15**, 20**10**, to file the exempt organization return for the organization named above. The extension is for the organization's return for

- ☒ calendar year 20\_\_\_\_ or
- ☐ tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_

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

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$ <b>5,155.00</b>
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$ <b>5,155.00</b>
c <b>Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	\$ <b>0.00</b>

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