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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)

OMB No 1545-0047

Department of the Treasury

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

Open to Public Inspection

A F	or the 2	2009 calendar year, or tax year beginning DEC 1, 2009 and ending	NOV 30, 2010	
_	Check if	C Name of organization	D Employer identifi	cation number
	pplicable	Use IRS GEORGE H. LAUFENBERG SCHOLARSHIP FUND,		
	Address	label or TNC		
_	change Name	type Doing Business As	22-6	676052
늗	change lnitial	See Number and street (or P 0 box if mail is not delivered to street address) Room/su		
	return Termin-	Specific DADITOAN DIAZA II FIFIDODEST AVENILE		417-3900
=	⊸ated □Amended □retum		G Gross receipts \$	1,100,776.
	Applica-	EDISON, NJ 08818	H(a) Is this a group re	
•	pending	F Name and address of principal officer:GEORGE R. LAUFENBERG	for affiliates?	Yes X No
		FIELDCREST AVE, RARITAN PLAZA II, EDISON,	NJ H(b) Are all affiliates inc	cluded? Yes No
1 7	Fax-exen	npt status: X 501(c) ( 3		list. (see instructions)
		▶ N/A	H(c) Group exemption	n number
			ear of formation: 1996	A State of legal domicile NJ
	art I S	Summary		
	4 D	riefly describe the organization's mission or most significant activities: TO PROVI	DE SCHOLARSHI	PS TO THE
とU引 Activities & Governance	c	HILDREN & GRANDCHILDREN OF LOCAL CARPENTER'	S UNIONS AFFI	LIATED WITH
Ĕ	2 CI	heck this box   if the organization discontinued its operations or disposed of m	nore than 25% of its net as	ssets.
ove	3 N	umber of voting members of the governing body (Part VI, line 1a)	3	4
Ğ	4 N	umber of independent voting members of the governing body (Part VI, line 1b)	4	4
ss &	5 To	otal number of employees (Part V, line 2a)	_5_	0
Ϋ́	6 To	otal number of volunteers (estimate if necessary)	6	0
cţi	7a To	otal gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
Ξ,	b N	et unrelated business taxable income from Form 990-T, line 34	7b	0.
7			Prior Year	Current Year
9 0	8 C	ontributions and grants (Part VIII, line 1h)	65,300.	51,806.
Revenue	9 Pi	rogram service revenue (Part VIII, line 2g)		
ě	<b>10</b> In	vestment income (Part VIII, column (A), lines 3, 4, and 7d)	<19,821.	
enses Revenu	11 0	ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	126,353.	132,352.
	12 To	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	171,832.	182,598.
	13 G	rants and similar amounts paid (Part IX, column (A), lines 1-3)	219,500.	226,500.
	14 B	enefits paid to or for members (Part IX, column (A), line 4)		
S	15 S	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
Expenses	1	rofessional fundraising fees (Part IX, column (A), line 11e)		
×	b To	otal fundraising expenses (Part IX, column (D), line 25)	10 101	
ш		ther expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	10,101.	9,276.
	h	otal expenses. Add lines 13-17 (must equal Part IX Column 14) (1) 10 (25)	229,601.	235,776.
	19 R	evenue less expenses. Subtract line 18 from line 12	<57,769.	· — -
Net Assets or Fund Balances		otal assets (Part X, line 16)	Beginning of Current Year	End of Year
sset	20 To		690,795.	656,984.
et Pd-	21 To	otal liabilities (Part X, line 26)	690,795.	656,984.
22	22 N	et assets or fund balances. Subtract line 21 from line 20 EN, UT	030,133.	030,304.
P	art II	Signature Block	nts and to the best of my knowled	lge and helief it is true correct
	a	Inder penalties of penury, I declare that I have examined in return, including accompanying schedules and stateme and complete occurrence of preparer (other than officer) is based on all information of which preparer has any knowle		
	١.	Her a X-//	10/	10/11
Sig		Signature of officer	Date	
Hei	re '	GEORGE R LAUFENBERG, CHRIRMAN	-2	
		Type or print name and title		
_	<del></del>	Date	Check if Prepa	rer's identifying number
Paid	D 1	reparer's CFP 2 R 2011		structions)
Pre	narar'e 🛏	signature MSPC	EIN >	
Use	Only	rours if	EIIV P	
	i a	address, and	Phone no ► 9	08-272-7000
14:		S discuss this return with the preparer shown above? (see instructions)	ritule iiu P J	X Yes No
			instructions	Form <b>990</b> (2009)
9320	001 02-04-	10 LID FOI FINACY NOT AND LABOR MORE DECIDED ACTION OF SEC. 116 SEPARATE		. 5 200 (2000)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

#### GEORGE H. LAUFENBERG SCHOLARSHIP FUND,

111	, <u>, , , , , , , , , , , , , , , , , , </u>	76052	Page 2
Par	t III Statement of Program Service Accomplishments		
1	Briefly describe the organization's mission: THE PURPOSE OF THE FUND IS TO PROVIDE COLLEGE SCHOLARSHIPS TO	ELIGIB	LE
	FULL-TIME STUDENTS WHO QUALIFY.		
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	☐ Yes ☐	X No
3	If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes [	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and		
	allocations to others, the total expenses, and revenue, if any, for each program service reported.		
4a	(Code: ) (Expenses \$ 235,776. including grants of \$ ) (Revenue \$ THE ORGANIZATION PROVIDED SCHOLARSHIPS TO ELIGIBLE STUDENTS.	A	)
	CEREMONY AND DEDICATION WAS MADE IN HONOR OF THE ORGANIZATION		
	NAMESAKE.	<u> </u>	
		<del></del>	
4b	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$		)
		-	
			<del></del>
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$		)
			<del></del>
		<del> </del>	
4d	Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )		
	(Expenses \$ including grants of \$ ) (Revenue \$ )		

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Par	t IV Checklist of Required Schedules			
	•		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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		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		X
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
•	Schedule D, Part III	8		Х
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		X
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	X	
•	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.			
•	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?			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			ĺ
	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		<u>X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
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		X
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	Х	L
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		Х
20_	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
		Form	990	2009)

	990 (2009) INC. 22-667	6052	P	age 4
Pa	rt 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	1		
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
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		X
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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
_	any tax-exempt bonds?	24c		
d	The state of the s	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
ь	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		Х
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		ļ	
	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	***************************************		1
20	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	to the state of th	28b		X
	the first state of the second state of the sec			
ŭ	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		Х
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			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
••	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		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	1	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?		1	
	If "Yes," complete Schedule R, Part V, line 2	36		Х
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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			

Form **990** (2009)

Note. All Form 990 filers are required to complete Schedule O.

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Par	t 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	1a		2		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b		2		
¢	Did the organization comply with backup withholding rules for reportable payments to vendors and i	reporta	ble gaming			
	(gambling) winnings to prize winners?		•	1c	ļ	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					ĺ
	filed for the calendar year ending with or within the year covered by this return	_2a		)		
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?		2b	ļ	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see	ınstru	ctions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered	ed by t	his return?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			Зь		
	At any time during the calendar year, did the organization have an interest in, or a signature or other					
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		X
	If "Yes," enter the name of the foreign country:					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign	Bank a	and			
	Financial Accounts.			_		v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans-			5b	ļ	
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Region 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	arding	Prohibited	ا ـ ا	· '	
	Tax Shelter Transaction?	<b>.</b>		5c		<del></del>
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	ne org	anization solicit			х
	any contributions that were not tax deductible?	tiono o	r cuffo	6a	-	
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	lions o	rgiits	6b		
-	were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).			00		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	annds	and services		•	İ
а	provided to the payor?	goods	and services	7a		х
<b>L</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	l	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	vas rec	uıred			
	to file Form 8282?		,	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7d		************		
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a	person	al			
	benefit contract?			7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont	ract?		7f		
	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-		quired?	7h	Į.,,,,,,	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting or	rganiza	ations. Did the			
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have exc	cess bu	ısıness holdıngs			
	at any time during the year?			8	ļ	ļ
	Sponsoring organizations maintaining donor advised funds.				-	
	Did the organization make any taxable distributions under section 4966?			9a	<u> </u>	₩
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9ь	<u> </u>	ļ
10	Section 501(c)(7) organizations. Enter:	1	I			
	Initiation fees and capital contributions included on Part VIII, line 12	10a		-		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	L	$\dashv$		
11	Section 501(c)(12) organizations. Enter:	. د د ا	I			
	Gross income from members or shareholders .	11a		$\dashv$		
Ь	Gross income from other sources (Do not net amounts due or paid to other sources against	446	1			
40-	amounts due or received from them.)	11b		12a		1
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	12b	İ	128	<del> </del>	ļ
D	if "Yes," enter the amount of tax-exempt interest received or accrued during the year	1120	<u></u>	Forn	000	(2009)

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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			
ь	Enter the number of voting members that are independent  1b  4			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		<u>X</u>
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		_X_
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a		X
Ь	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		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No X
	Does the organization have local chapters, branches, or affiliates?	10a		
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,	406		
	and branches to ensure their operations are consistent with those of the organization?	10b	Х	<del></del>
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Λ	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a		Х
	Does the organization have a written conflict of interest policy? If "No," go to line 13	120		
D	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
^	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
·	In Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent			111111111111111111111111111111111111111
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
	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		-	
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	ior		
	public inspection. Indicate how you make these available. Check all that apply.  Own website  Another's website  X Upon request			
10	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	nd fina	ncial	
19		nu ima	ııcıdı	
20	statements available to the public.  State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	tion:	•	
20	GHL SCHOLARSHIP FUND, INC 732-417-3900			
	91 FIELDCREST AVE RP II, EDISON, NJ 08818			
		Form	990	(2009)

932006 02-04-10 INC.

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

#### 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.

(A)	(B)	ny current officer, director (C)						(D)	(E)	(F)
Name and Title	Average hours	(6)		Posi		app	LΛ	Reportable compensation	Reportable compensation	Estimated amount of
	per week	individual trustee or director	Institutional frustæe	Officer		Highest compensated comployee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
GEORGE R. LAUFENBERG	!							0.	0.	0
TRUSTEE		$\vdash$	-	-			_	- 0.	0.	
ANDREW ZAZZALI								0.	0.	0
TRUSTEE JOSEPH CORCORAN	-	+-	$\vdash$	_	-					
TRUSTEE								0.	0.	0
JAMES PARRY										<del>.</del>
TRUSTEE						<u>L</u>		0.	0.	0
		<u> </u>	ļ		L	ļ	ļ		-	
		╁	-	-		<del>                                     </del>				
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Par	t VIII Section A. Officers, Directors, Tr	1	mplo	yee			High	est					
	· (A) Name and title	(B) (C) Average Position							( <b>D)</b> Reportable	<b>(E)</b> Reportable		(F) Estimat	ed
	Name and the	hours	(c				app	ly)	compensation	compensation		amount	
		per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC		other ompens from the organiza and rela rganizat	ation ie tion ted
				_									
				_						-			·
									:				
1b	Total				<b>'</b>		<b>&gt;</b>		0.		).		0.
2	Total number of individuals (including but i	not limited to th	nose	liste	ed al	bov	e) wi	no r	eceived more than \$100	0,000 in reportable			0
	compensation from the organization											Yes	No
3	Did the organization list any former officer line 1a? If "Yes," complete Schedule J for			e, ke	y en	nplo	yee,	or h	nighest compensated er	nployee on	3		х
4	For any individual listed on line 1a, is the s and related organizations greater than \$15	50,000? If "Yes,	," co	mpl	ete S	Sch	edul	e J i	for such individual		4		х
5	Did any person listed on line 1a receive or the organization? If "Yes," complete Scheet tion B. Independent Contractors				irom	any	y unr	relat	ted organization for serv	ices rendered to	5		X
1	Complete this table for your five highest or	ompensated in	dep	ende	ent c	ont	racto	ors t	that received more than	\$100,000 of comp	ensatio	n from	
	the organization. NONE											401	
	(A) Name and business	s address							(B) Description of s	services	Com	(C) pensation	on
					<u> </u>							<u> </u>	<u>.                                      </u>
								_					
2	Total number of independent contractors	(including but r	not li	mite	ed to	the	se li	stec	d above) who received n	nore than	<del></del>	······································	
	\$100,000 in compensation from the organ						0	_		<u>.                                    </u>		000	(0000)

		(2009) INC.					22-6676	052 Page 9
	rt VII		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 e f	similar amounts not included abo	its, and ve 1f	51,806.	51.006			
<u> </u>	<u>h</u>	Total. Add lines 1a-1f		▶	51,806.		,	
Program Service Revenue	2 a b c d							
품	f	All other program service reve	enue					
	a	Total. Add lines 2a-2f		<b>—</b>				
	3	Investment income (including other similar amounts) Income from investment of ta		<b>&gt;</b>	13,330.			13,330.
	5	Royalties	x exempt bond p	<b>&gt;</b>				
	•	Hoyanies	(ı) Real	(ii) Personal				
	6 a b c d	Gross Rents . Less: rental expenses Rental income or (loss) Net rental income or (loss)	V	<b>&gt;</b>				
		Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses	(i) Securities 845390.					
	_	Gain or (loss)	<14890.					
		Net gain or (loss)	1220300		<14,890.	>		<14,890.
Other Revenue		Gross income from fundraisin including \$	of					
Other		Part IV, line 18 Less: direct expenses	a b	F 5 000	132,352.			132,352.
	9 a	Net income or (loss) from fund Gross income from gaming ad Part IV, line 19 Less: direct expenses	-		132,332.			132,332.
	С	Net income or (loss) from gan Gross sales of inventory, less and allowances	ning activities	<b>&gt;</b> _				
		Less: cost of goods sold  Net income or (loss) from sale  Miscellaneous Revenu	b es of inventory	Business Code				
Ì	11 a					ĺ		
	b						<u> </u>	
	c				1			
	_	All other revenue	<del></del>					
		Total. Add lines 11a-11d		<b>&gt;</b>				
	12	Total revenue. See instructions			182,598.	0.	0.	130,792.

INC.

22-6676052 Page 10

#### 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).

	All other organizations must comp	(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	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	226,500.	226,500.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				· · · · · · · · · · · · · · · · · · ·
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				·
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
ь	Legal				
c	Accounting				<del></del>
d	Lobbying				<u> </u>
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other		· · · · · · · · · · · · · · · · · · ·		
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel		· · · · · · · · · · · · · · · · · · ·		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials		<u> </u>		
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 )				
•	MISCELLANEOUS EXPENSES	9,276.	9,276.	····	
a b			- / - / -		
C					
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	235,776.	235,776.	0.	0.
26	Joint costs. Check here ▶ ☐ 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			<u> </u>	
					- 000 (000)

Form **990** (2009)

Form 990 (2009)

INC.

22-6676052 Page 11

art X	Balance Sheet		<del></del>	6/6052 Page 11
•		(A) Beginning of year		<b>(B)</b> End of year
1	Cash - non-interest-bearing	61,778.	1	52,334.
2	Savings and temporary cash investments	57,211.	2	14,458
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Receivables from current and former officers, directors, trustees, key			
	employees, and highest compensated employees. Complete Part II			
	of Schedule L		5	
6	Receivables from other disqualified persons (as defined under section			
	4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			
-	Part II of Schedule L		6	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
10a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a			
b	Less: accumulated depreciation 10b		10c	
11	investments · publicly traded securities	551 006	11	500 100
12	Investments · other securities. See Part IV, line 11	571,806.	12	590,192
13	Investments · program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	600 705	15	CEC 004
16	Total assets. Add lines 1 through 15 (must equal line 34)	690,795.	16	656,984
17	Accounts payable and accrued expenses		17	
18	Grants payable		18	
19	Deferred revenue		19	<u> </u>
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Payables to current and former officers, directors, trustees, key employe			
21 22	highest compensated employees, and disqualified persons. Complete Pa	art II	00	
·	of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties	• •	23	· · · · · · · · · · · · · · · · · · ·
24	Unsecured notes and loans payable to unrelated third parties		25	
25	Other liabilities. Complete Part X of Schedule D	0.		0
26	Total liabilities. Add lines 17 through 25  Organizations that follow SFAS 117, check here   □ and comp		20	
.	lines 27 through 29, and lines 33 and 34.	nete		
27 28 29 30 31 32	Unrestricted net assets		27	
27	Temporarily restricted net assets		28	
29	Permanently restricted net assets		29	
"	Organizations that do not follow SFAS 117, check here	nd		
	complete lines 30 through 34.			
3 30	Capital stock or trust principal, or current funds	0.	30_	0
31	Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0
32	Retained earnings, endowment, accumulated income, or other funds	690,795.	32	656,984
33	Total net assets or fund balances	690,795.		656,984
34	Total liabilities and net assets/fund balances	690,795.	34	656,984

Form **990** (2009)

#### GEORGE H. LAUFENBERG SCHOLARSHIP FUND,

rorm	1990 (2009) INC. 22-8670	<u> </u>	Pa	ge 12
Pa	rt XI Financial Statements and Reporting			
	•		Yes	No
1	Accounting method used to prepare the Form 990: Cash Cash Counting method used to prepare the Form 990: Cash Cash Cash Cash Cash Cash Cash Cash			
	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	X	ļ
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
đ	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:			
	X Separate basis Consolidated basis Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit			
	Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

932012 02-04-10

Form **990** (2009)

#### SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

#### **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.

2000 2000

2009 Open to Public

Inspection

Name of	the organization		H. LAUFENBER	G SCH	OLARS	HIP F	UND,	E	mployer id			mber
<u> </u>		INC.							22	<u>-6676</u>	052	
Part I	Reason	or Public Char	ity Status (All organiz	ations mu	st complet	e this par	t.) See inst	ructions.				
	A church, cor A school desc A hospital or A medical res city, and state An organizate section 170 A federal, sta An organizate	private foundation overtion of churcher cribed in section 17 a cooperative hospitearch organization of cooperated for the (b)(1)(A)(iv). (Complete, or local government)	because it is: (For lines of some state of charman service organization of charman service organization of charman service or a college or under the part II.)  ent or governmental unit elves a substantial part	through 1 ches described in the second of th	I1, check on the control of the cont	only one botton 170(b)(1) beta in separated by	(A)(iii). ction 170 a governr	(b)(1)(A)(ii mental uni	t described	d in		
8	A community An organization activities relationed and use section and an organization organizati	trust described in son that normally rected to its exempt furificated business to 509(a)(2). (Complete on organized and open organized and open supported organized type of supporting this box, I certify the anagers and other the total trust described in the second sec	ection 170(b)(1)(A)(vi). elves: (1) more than 33 inctions - subject to certal axable income (less section Part III.) berated exclusively to terperated exclusively for that ions described in section organization and complement of the organization is not than one or more publicition of the properties of the organization from the o	1/3% of its ain exception 511 taust for public to on 509(a)(1) ete lines 1. Controlled y supporte	support from business and (2 x) from business afety. Sof, to perform the through the III - Function of the through the organization of the through the	2) no more sinesses a section the function 509(a)(a) a 11h. It tonally in rindirectly intons des	e than 33 1 acquired b on 509(a)(4 nctions of, 2). See sec tegrated v by one or cribed in s	/3% of its y the orga i). or to carr ction 509( r more dis- section 505	s support fr unization af y out the p (a)(3). Chec d qualified po	om gross ter June 3 ourposes o ck the box Type III · C ersons oth	invest 0, 197 f one of that Other er tha	ment 5. or
				<b></b>		f========	af tha fall		00002			٠
g h	(i) A person the gove (ii) A family (iii) A 35% of	n who directly or inc erning body of the s member of a perso controlled entity of a	organization accepted an inrectly controls, either all upported organization? In described in (i) above? In person described in (i) above about the supported or	lone or tog , or (II) above	ether with					11g(i) 11g(ii) 11g(iii)	Yes	No
	e of supported panization	(II) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	in col (i) lis	organization sted in your document?	organiza	tion in col	(vi) is organizati (i) organiz U.S	on in col red in the	(vli) An sup	nount o	f
· -	<del></del> -		(222)	<del>                                     </del>			<del></del>	<u> </u>				
<u> </u>										<u>.</u>		

932021 02-08-10

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

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

<b></b>	(Complete only if you checke	d the box on line 5	, 7, or 8 of Part I.)		(-)(-)(-)(-)	(-)(-)(-)(-	
Sec	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	295,481.	279,820.	296,268.	254,610.	242,056.	1,368,235.
2	Tax revenues levied for the organ-		-				
	ization'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	295,481.	279,820.	296,268.	254,610.	242,056.	1,368,235.
	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. Subtract line 5 from line 4						1,368,235.
	ction B. Total Support	<u> </u>			A		<u> </u>
	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Amounts from line 4	295,481.	279,820.	296,268.	254,610.	242,056.	1,368,235.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties				Ì		
	and income from similar sources	16,249.	19,007.	19,774.	12,999.	13,330.	81,359.
9	Net income from unrelated business						
•	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)	42,846.	57,326.	<262590.	> 81,678.	4,478.	<76,262.>
11	Total support. Add lines 7 through 10						1,373,332.
	Gross receipts from related activities	. etc. (see instructi	ons)			12	
	First five years. If the Form 990 is fo			d, fourth, or fifth to	ax year as a sectio	n 501(c)(3)	
••	organization, check this box and stop						▶□
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2009 (	line 6, column (f) d	vided by line 11, o	column (f))		14	99.63 %
	Public support percentage from 2008					15	97.07 %
	33 1/3% support test - 2009.If the c			line 13, and line	14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies						ightharpoons X
Ł	33 1/3% support test - 2008.If the c				line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qua						▶
17a	10% -facts-and-circumstances tes				e 13, 16a, or 16b, a	nd line 14 is 10%	or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
t	10% -facts-and-circumstances tes					7a, and line 15 is	10% or
	more, and if the organization meets t						
	organization meets the "facts-and-cir	cumstances" test.	The organization	qualifies as a publi	icly supported orga	anızation	▶∐
18	Private foundation. If the organization						ns 🕨
							or 990-EZ) 2009

Part III Support Schedule for C	organizations (	Described in	Section 509(a	)(2) (Complete only	y if you checked the b	ox on line 9 of Part I
Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
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						
Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities		, , .				
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b			<u> </u>			
8 Public support (Subtract line 7c from line 6)				<u> </u>	<u></u>	
Section B. Total Support		<u>,</u>	1		Ţ	T
Calendar year (or fiscal year beginning in)▶	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6					<del>. </del>	
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b  11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12)					<u> </u>	_
14 First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organi:	zation,
check this box and stop here				<del></del>		<b>▶</b> □
Section C. Computation of Publ	ic Support Pe	rcentage	, <del>.</del>			
15 Public support percentage for 2009 (I	ine 8, column (f) d	livided by line 13,	column (f))		15	9
16 Public support percentage from 2008	Schedule A, Part	III, line 15			16	9/
Section D. Computation of Inves	stment Incom	e Percentage	)			
17 Investment income percentage for 20	09 (line 10c, colu	mn (f) divided by li	ne 13, column (f))		17	
18 Investment income percentage from					18	9/
19a 33 1/3% support tests - 2009. If the	organization did i	not check the box	on line 14, and line	e 15 is more than	331/3%, and line	17 is not
more than 33 1/3%, check this box a						▶□
b 33 1/3% support tests - 2008. If the						
line 18 is not more than 33 1/3%, che	ck this box and st	t <b>op here.</b> The orga	anization qualifies	as a publicly supp	oorted organization	▶□
20 Private foundation. If the organization						

### Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

#### **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.

2009 Open to Public Inspection

Name of the organization

GEORGE H. LAUFENBERG SCHOLARSHIP FUND,

Employer identification number 22-6676052

Pa	1 Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	Is or Accounts. Complete if the
КЦИИ	organization answered "Yes" to Form 990, Part IV, lin		, , , , , , , , , , , , , , , , , , ,
		(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	used funds
•	are the organization's property, subject to the organization's	-	Yes No
6	Did the organization inform all grantees, donors, and donor a		<del></del>
•	for charitable purposes and not for the benefit of the donor		
	Impermissible private benefit?	or definer devices, or for any exist purpos	Yes No
Pa	······································	panization answered "Yes" to Form 990.	
1	Purpose(s) of conservation easements held by the organizat		
•	Preservation of land for public use (e.g., recreation or		istorically important land area
	Protection of natural habitat		rtified historic structure
	Preservation of open space	reservation of a se	
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	n of a conservation easement on the last
-	day of the tax year.	nos conscivation continuation in the form	in or a compositation caccinion, 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		2b
c	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired		2d
3	Number of conservation easements modified, transferred, re		
•	Year ▶	icased, extinguished, or terrimated by the	no organization defining the tax
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe		- f
•	violations, and enforcement of the conservation easements		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		<del></del>
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?	vo dationy and requirements of decision to	Yes No
9	In Part XIV, describe how the organization reports conservat	ion easements in its revenue and expens	
3	Include, if applicable, the text of the footnote to the organization		
	Conservation easements.	mon s manda statements that describe	o the organization o decounting for
Pa	† III Organizations Maintaining Collections of	f Art. Historical Treasures. or	Other Similar Assets.
<u></u>	Complete if the organization answered "Yes" to Form		- · · · · · · · · · · · · · · · · · · ·
1a	If the organization elected, as permitted under SFAS 116, no	ot to report in its revenue statement and	balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e		
	the footnote to its financial statements that describes these		
h	If the organization elected, as permitted under SFAS 116, to		ance sheet works of art, historical treasures.
_	or other similar assets held for public exhibition, education, of		
	these items:	or research in factorialists of public service	oo, provide the following amounts relating to
	(i) Revenues included in Form 990, Part VIII, line 1		<b>▶</b> \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical tre	ageures or other similar assets for finance	
4	the following amounts required to be reported under SFAS 1		nai gairi, provide
•	Revenues included in Form 990, Part VIII, line 1	To relating to these items.	<b>&gt;</b> \$
a	Assets included in Form 990, Part X	•	► \$ ► \$
b	Asserts Highward Hit Forth 880, Fait A		<u> </u>

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 932051 02-01-10

#### GEORGE H. LAUFENBERG SCHOLARSHIP FUND.

	edule D (Form 990) 2009 INC •						<u> </u>	22-6	67605	2 P	age 2
Pa	rt III Organizations Maintaining C	Collections of A	rt, His	torical Tr	reasures,	or Oth	er Sim				
3	Using the organization's acquisition, access										
	(check all that apply):										
а	Public exhibition	•	<b>.</b> .	Loan or exc	change progr	rams					
b	Scholarly research	•	• 🔲	Other				_			
C	Preservation for future generations							_			
4	Provide a description of the organization's c	ollections and expla	ın how th	ney further t	the organizat	ion's exe	empt pu	rpose in F	art XIV.		
5	During the year, did the organization solicit of	or receive donations	of art, hi	storical trea	sures, or oth	ner sımıla	r assets	<b>.</b>			
	to be sold to raise funds rather than to be m								Yes		No
Pa	TIV Escrow and Custodial Arran		lete if org	janization a	nswered "Ye	s" to Fo	m 990,	Part IV, In	ne 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.									
1a	Is the organization an agent, trustee, custod	ian or other interme	diary for	contribution	ns or other a	ssets no	t include	ed			
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing	table:							
									Amour	t	
C	Beginning balance			•			10				
d	Additions during the year						10	<u> </u>			
е	Distributions during the year						1e				
f	Ending balance						11				
2a	Did the organization include an amount on F	orm 990, Part X, line	21?					ĺ	Yes		No
	If "Yes," explain the arrangement in Part XIV										
Par	t V Endowment Funds. Complete	f the organization ar	swered	"Yes" to Fo	rm 990, Part	IV, line	10.		<del>.,</del>		
		(a) Current year	(b) P	rior year	(c) Two year	rs back	(d) Thre	e years ba	ck (e) Fou	r years	back
1a	Beginning of year balance .		Ĺ					+, -,,     -   -   +   +   +   +			H4444444
b	Contributions .	·			ļ			·····			
C	Net investment earnings, gains, and losses	- <del></del>			<del> </del>		+1			*********	<del>!!.'.'!!!!</del>
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
	Administrative expenses	·	<u> </u>		<del> </del>		***************************************	<del>11;;;;;;;;;</del> ;;;;;;	<del></del>		'1111
9	End of year balance				<u> </u>			<b>-</b>			
2	Provide the estimated percentage of the year	r end balance held a									
а	Board designated or quasi-endowment		%								
b	Permanent endowment ►	%									
С		%									
3a	Are there endowment funds not in the posse	ession of the organiz	ation tha	it are held a	and administe	ered for t	he orga	nization	•		
	by:								[	Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations		٠.						3a(ii)		
_	If "Yes" to 3a(ii), are the related organizations	•							36		
4	Describe in Part XIV the intended uses of the tVI Investments - Land, Building				Dark V. Iraa	10					
	······································							<del></del> T		<del></del>	
	Description of investment	(a) Cost or o			or other (other)		ccumula preciatio		( <b>d</b> ) Boo	k valu	8
10	Lond	Dasis (IIIVesti	1.011()	Dasis	(Ottioi)		Picolati	211			
1a h	Land					<del></del>	*				
b	Buildings Leasehold improvements					<del></del>					<del></del>
d				<del></del>		<u> </u>					<del></del>
-	Equipment Other	<del></del>				<del></del>					<del></del>
	. Add lines 1a through 1e. (Column (d) must e	gual Form 990 Part	X colun	nn /R) line 1	10(c) )			<b></b>			0.
		quari viiii vuuji ait	- 1, 00/0//	,	~1~/./	_					

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) 2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48. 932053 02-01-10

٠.	GEORGE H. LAUFENBERG SCH	OLARSHIP	FUND,	22 ((7(052 -	
	dule D (Form 990) 2009 INC.	A 111 1.5		22-6676052 Pa	ge <b>4</b>
	t XI Reconciliation of Change in Net Assets from Form 990	to Audited I		ements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1 1	<del></del>	
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		
3	Excess or (deficit) for the year. Subtract line 2 from line 1	•	3		
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	0 1 0	10		
10	Excess or (deficit) for the year per audited financial statements. Combine lines  XII Reconciliation of Revenue per Audited Financial State				
1	Total revenue, gains, and other support per audited financial statements	THETICS WITH	tevenue per i	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b		1	
c	Recoveries of prior year grants	2c		1	
d	Other (Describe in Part XIV.)	2d		1	
e	Add lines 2a through 2d			7 2e	
3	Subtract line 2e from line 1	•		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 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			4c	
_5_	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	<u> </u>		5	
Pa	t XIII Reconciliation of Expenses per Audited Financial Stat	ements With	Expenses per	Return	
1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	F 1			
а	Donated services and use of facilities	2a		4	
b	Prior year adjustments	2b		-	
C	Other losses	2c		-	
d	Other (Describe in Part XIV.)	2d		-	
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	امدا			
	Investment expenses not included on Form 990, Part VIII, line 7b	4a		-	
	Other (Describe in Part XIV.)	4b		4c	
_	Add lines 4a and 4b  Tatal superson Add lines 2 and 4a. (This must equal Form 990, Part I, line 18.)			5	
Dai	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  *XIV Supplemental Information		···	1 0 1	
Com	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Pe 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also c				art
			<del> </del>		<del></del>
			<u> </u>		
			· · · · · · · · · · · · · · · · · · ·		
			<del></del>		
			· · · · · · · · · · · · · · · · · · ·		

#### **SCHEDULE G**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## Supplemental Information Regarding Fundraising or Gaming Activities

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

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

OMB No 1545-0047

Open To Public Inspection

Name of the organization

GEORGE H. LAUFENBERG SCHOLARSHIP FUND,

**Employer identification number** 

INC.					<u>  22–6676</u>	052
Part I Fundraising Activities. required to complete this part.	Complete if the organization answer	ered "Y	'es" to	Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written or key employees listed in Form 990, Pab If "Yes," list the ten highest paid individendments.	e Solicitar f Solicitar g Special r oral agreement with any individual art VII) or entity in connection with p	tion of tion of fundra I (includer profess	non-gasing of ding of lonal f	overnment grants nment grants events fficers, directors, trus fundraising services?	stees or Yes	<del></del> : -
(i) Name of individual or entity (fundraiser)	(ii) Activity	have c	Did raiser ustody itrol of utlons?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
		<del> </del>				
		ļ	<u> </u>			
						<u> </u>
		<u> </u>			·	
		<u> </u>	1			
Total  3 List all states in which the organization	n is registered or licensed to solicit	funds	or has	been notified it is ex	empt from registrati	lon or licensing.
Elst all states in Whom the organization						
		<del>.</del>				
HA For Privacy Act and Paperwork Re	duction Act Notice, see the Instri	uctions	for F	orm 990 or 990-EZ	Schedule G (For	m 990 or 990-EZ) 200

932081 02-03-10

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

#### GEORGE H. LAUFENBERG SCHOLARSHIP FUND,

22-6676052 Page 2 INC. Schedule G (Form 990 or 990-EZ) 2009 Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events SCHOLARSHIP (add col. (a) through GOLF OUTING AWARDS BANQU col. (c)) (total number) (event type) (event type) Revenue 190,250. 134,650 55,600 1 Gross receipts 190,250. 134,650 55,600 2 Less: Charitable contributions 3 Gross income (line 1 minus line 2) Cash prizes 5 Noncash prizes Direct Expenses Rent/facility costs Food and beverages 9,492 57,898. 48,406 Entertainment Other direct expenses 57,898 10 Direct expense summary. Add lines 4 through 9 in column (d) <57,898.> Net income summary. Combine line 3, column (d), and line 10 Garning. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than Part III \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue col. (a) through col. (c)) bingo/progressive bingo Gross revenue Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes % Yes % Yes No Volunteer labor Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Combine line 1, column (d), and line 7 Yes No 9 Enter the state(s) in which the organization operates gaming activities: a is the organization licensed to operate gaming activities in each of these states? 9a b if "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a b If "Yes," explain: 11 Does the organization operate gaming activities with nonmembers? Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

#### GEORGE H. LAUFENBERG SCHOLARSHIP FUND,

Schedule G (Form 990 or 990-EZ) 2009 INC . 22-	<u>667605</u>	2 Pa	age 3
,		Yes	No
13 Indicate the percentage of gaming activity operated in:			
a The organization's facility	%		
b An outside facility	%_		
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
Name ▶	_		
Address			
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a		
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$			
c If "Yes," enter name and address of the third party:			
Circles, entername and address of the time party.			
Name			
Address ▶			
16 Gaming manager information:			
Name	_		
Gaming manager compensation ▶ \$			
Description of services provided ▶			
Director/officer Employee Independent contractor			
17 Mandatory distributions:			
a is the organization required under state law to make charitable distributions from the gaming proceeds to			
retain the state gaming license?	17a	<del> </del>	ļ
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
organization's own exempt activities during the tax year ▶ \$		£	1

932083 02-03-10

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

# Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.

Employer identification number 22-6676052		tion X Yes No	IV, line 21, for any	(h) Purpose of grant or assistance			
		the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	es* to Form 990, Part	(Form 990) it addition (g) Description of non-cash assistance			
		y for the grants or assi	anization answered "Y	(f) Method of valuation (book, EMV, appraisal, other)			
		e grantees' eligibility	Complete if the organic	(e) Amount of non-cash assistance			
HIP FUND,		or assistance, the	e United States. (	(d) Amount of cash grant			
LAUFENBERG SCHOLARSHIP FUND,		amount of the grants	Oring the use of grant	box if no one recipier (c) IRC section if applicable			
	nd Assistance	o substantiate the	Governments and	(b) EIN			
Name of the organization GEORGE H. INC.	Part i General Information on Grants and Assistance	1	Part # 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	recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Check this box is not a check that the second more than \$5,000. Check this box is not a check that the second more than \$5,000. Check this box is not a check that the second more than \$5,000. Check this box is not a check that the second more than \$5,000. Check this b			

Enter total number of section 501(c)(3) and government organizations

27

22-6676052

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. Schedule I (Form 990) 2009

Part III Grants and Othe

		Γ			
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SGINSKIDIS ACHUIN SKILDE	242	226 500.	o		
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	ide the information	required in Part I, I	line 2, and any other	additional information.	
SCHEDULE I, PART I, LINE 2: SCHOLARSHI	ARSHIP PA	MENTS WIL	L BE MADE	P PAYMENTS WILL BE MADE DIRECTLY TO	

THE INSTITUTION PROVIDING EDUCATION OR EDUCATION RELATED SERVICES TO THE

RECIPIENT. SCHOLARSHIP AMOUNTS WILL NOT BE PAID TO THE RECIPIENT

932102 02-02-10

#### SCHEDULE O (Form 990)

**Supplemental Information to Form 990** 

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009 Open to Public Inspection

Name of the organization

GEORGE H. LAUFENBERG SCHOLARSHIP FUND, INC.

Employer identification number 22-6676052

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THE NJ STATE COUNCIL OF CARPENTERS.
FORM 990, PART VI, SECTION B, LINE 11: A COPY IS PROVIDED TO AN OFFICER
UPON FILING, INFORMATION IS GATHERED BY ACCOUNTANTS VIA THE YEAR END
COMPILATION WHICH IS DISCUSSED WITH MANAGEMENT PRIOR TO THE PREPARATION OF
THE FILING OF FORM 990.
FORM 990, PART VI, SECTION C, LINE 18: THE ORGANIZATION WILL FURNISH A
COPY OF THE FILED FORM 990 UPON REQUEST.
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION DISCLOSES ALL
INFORMATION ON FORM 990, WHICH IS A PUBLIC DOCUMENT. ALL OF THIS
INFORMATION IS DISCLOSED IN THE ORGANIZATION'S GOVERNING CONSTITUTION AND
BYLAWS.
FORM 990, PART XI LINE 1
THE SCHOLARSHIP FUND PREPARES ITS FINANCIAL STATEMENTS ON THE MODIFIED
CASH BASIS, AN OTHER COMPREHENSIVE BASIS OF ACCOUNTING.

#### Form **8868**

(Rev. January 2011) 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.

• If you a	are filing for an Automatic 3-Month Extension, comple	te only Pa	rt I and check this box	_	<b>&gt;</b>	X			
	re filing for an Additional (Not Automatic) 3-Month Ex			form).					
Do not co	omplete Part II unless you have already been granted a	an automa	tic 3-month extension on a previously fil	ed For	m 8868.				
Electroni	c filing (e-file). You can electronically file Form 8868 if	you need a	3-month automatic extension of time to	o file (6	months for a corpo	ration			
required t	to file Form 990-T), or an additional (not automatic) 3-mo	nth extens	sion of time. You can electronically file F	orm 88	368 to request an ex	tension			
of time to	file any of the forms listed in Part I or Part II with the ex-	ception of	Form 8870, Information Return for Tran	sfers A	Associated With Cer	tain			
Personal	Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions). For more details on the	ne elec	tronic filing of this fo	orm,			
	urs.gov/efile and click on e-file for Charities & Nonprofits		·						
Partl	Automatic 3-Month Extension of Time	€. Only su	bmit original (no copies needed).						
A corpora	tion required to file Form 990-T and requesting an autor			plete					
Part I only	· · · · · · · · · · · · · · · · · · ·		_		<b>•</b>				
All other	corporations (including 1120-C filers), partnerships, REM	IICs, and t	rusts must use Form 7004 to request an	exten	sion of time				
to file inc	ome tax returns.								
Type or	Name of exempt organization	Employer identification number							
print	GEORGE H. LAUFENBERG SCHOLARSHIP FUND, INC.								
•				22-6676052					
File by the due date for									
filing your return See	RARITAN PLAZA II, FIELDCRES	ST AV	ENUE						
Instructions									
	•								
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)			0 1			
Applicati	on	Return	Application						
is For		Code	Is For		Code				
Form 990		01	Form 990-T (corporation)	·	07				
Form 990-BL		02	Form 1041-A			80			
Form 990	-EZ	03	Form 4720						
Form 990	-PF	04	Form 5227			10			
Form 990	-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11			
Form 990	-T (trust other than above)	06	Form 8870			12			
	DAVID EVANGELI					_			
	poks are in the care of ► 340 NORTH AVEN	JE EA	ST, SUITE 6, CRANFOR	D,	NJ - 0701	<u>6</u>			
Teleph	none No ▶ 908-272-7000		FAX No.			<del></del>			
	organization does not have an office or place of busines				<b>&gt;</b>				
• If this	is for a Group Return, enter the organization's four digit	7							
box 🕨			ich a list with the names and EINs of all		ers the extension is	for.			
1   re	quest an automatic 3-month (6 months for a corporation JULY 15, 2011 , to file the exemp	-	to file Form 990-T) extension of time unt tion return for the organization named a		The extension				
is f	or the organization's return for:								
<b>▶</b>	calendar year or								
►İ	X tax year beginning DEC 1, 2009	, an	d ending NOV 30, 2010	··	<b>_</b> ·				
2 I <u>f t</u>	2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return								
<u>L</u>	☐ Change in accounting period								
3a If th	nis application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	nter the tentative tax, less any						
nor	nrefundable credits. See instructions.		·	3a	\$	0.			
b If th	nis application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and						
	imated tax payments made. Include any prior year overs			3b	\$	0.			

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.

Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required,

by using EFTPS (Electronic Federal Tax Payment System). See instructions.

0.

Form	8868	(Rev	1-2011)	
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Page 2 If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II a X 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) Name of exempt organization **Employer identification number** Type or GEORGE H. LAUFENBERG SCHOLARSHIP FUND, print INC. 22-6676052 File by the Number, street, and room or suite no. If a P.O. box, see instructions extended due date for RARITAN PLAZA II, FIELDCREST AVENUE filing you City, town or post office, state, and ZIP code. For a foreign address, see instructions. return See instructions EDISON, NJ 08818 0 1 Enter the Return code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Code Is For Code Form 990 01 Form 990-BL 02 Form 1041-A 08 Form 990-EZ 03 Form 4720 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868. • The books are in the care of ▶ GHL SCHOLARSHIP FUND, INC. - 91 FIELDCREST AVE RP II - EDISON, NJ 08818 Telephone No ► 732-417-3900 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 . 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 is for. OCTOBER 15, 2011. I request an additional 3-month extension of time until 4 \_, and ending NOV 30, 2010 For calendar year \_\_\_\_\_, or other tax year beginning \_DEC\_1, 2009 5 If the tax year entered in line 5 is for less than 12 months, check reason Initial return Change in accounting period State in detail why you need the extension ALL INFORMATION NEEDED TO FILE A COMPLETE AND ACCURATE RETURN IS NOT AVAILABLE AT THIS TIME. If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any 8a 0. nonrefundable credits. See instructions 8a If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 8b Balance due. Subtract line 8b from line 8a Include your payment with this form, if required, by using 0. EFTPS (Electronic Federal Tax Payment System) See instructions 8с

#### Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Date > JUL 0 7 2011

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