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SCANNED SEP 1 & 2011

Department of the Treasury Internal Revenue Service

EXTENSION GRANTED THROUGH NOVEMBER 15, 2011

Return of Private Foundation

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

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

2010

OMB No 1545-0052

For calendar year 2010, or tax year beginning , and ending								
G C	heck	all that apply: Initial return Amended return		Initial return of a fo Address chang		harity	Final return	
Nar	ne of	foundation			_		A Employer identification	number
		LEWIS G. SCHAENEMAN,					04 0456066	•
		MEMORIAL SCHOLARSHIP				B	04-3476066	·
Nur	iber ai	nd street (or PO box number if mail is not delivered to str 1385 HANCOCK STREET	er add	iress)		Room/suite	B Telephone number 717-960-17	25
Cit	05.45	own, state, and ZIP code					C If exemption application is p	
City	or ic	QUINCY, MA 02169					D 1. Foreign organization:	· —
H 0	heck	type of organization: X Section 501(c)(3)	exem	not private foundation			Foreign organizations me check here and attach co	eeting the 85% test,
	_	ction 4947(a)(1) nonexempt charitable trust	_	ner taxable private founda	tion		E If private foundation sta	
I Fa	ır ma	rket value of all assets at end of year J Accou	ntıng	method: X Cash	Accr	ual	under section 507(b)(1	
(fr	om F	Part II, col (c), line 16)	Other	(specify)			F If the foundation is in a	60-month termination
		477,739. (Part I, co	lumr	(d) must be on cash b	oasis)		under section 507(b)(1	
Pa	rt I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not		(a) Revenue and expenses per books	(b) Net in: inco		(c) Adjusted net	(d) Disbursements for charitable purposes
_		necessarily equal the amounts in column (a)	+	10,000.			N/A	(cash basis only)
	_	Contributions, gifts, grants, etc., received Check if the foundation is not required to attach Sch. B.	\vdash	10,000.	-		N/A	
	2	Interest on savings and temporary cash investments	\vdash	1,713.		1,713.		STATEMENT 1
	4	Dividends and interest from securities						
	5a	Gross rents						
	b	Net rental income or (loss)						
Revenue	6a	Net gain or (loss) from sale of assets not on line 10					· · ·	
	b	Gross sales price for all assets on line 6a	. L					
	7	Capital gain net income (from Part IV, line 2)	î⊢			0.		
_	ì	ivet Short-term capital gain	` -					
	9 10a	Income modifications Gross sales less returns and allowances	上					
	b Less Cost of goods sold		_					
		c Gross profit or (loss)						
	11	Other income	⊢	11,713.		1,713.		
_	12	Total. Add lines 1 through 11 Compensation of officers, directors, trustees, etc	+	0.		0.		0.
	14	Other employee salaries and wages	┢				-	
	15	Pension plans, employee benefits						
penses	16a	Legal fees						
ben		Accounting fees STMT 2	L	2,900.		0.		0.
Ä	ı	Other professional fees	L					
tive		Interest CONTAIN 3		58.		0.		0.
Operating and Administrative Ex	18 19	Taxes STMT 3 Depreciation and depletion	-	30.		<u> </u>		0.
i i	20	Occupancy	\vdash	 				<u></u>
Adr	21	Travel, conferences, and meetings	-					
P	22	Printing and publications						
g	23	Other expenses STMT 4		1,556.		0.		0.
ratë	24	Total operating and administrative				_		
Dee		expenses. Add lines 13 through 23	L	4,514.		0.		0.
Ū		Contributions, gifts, grants paid	-	24,137.				24,137.
	26	Total expenses and disbursements.		28,651.		0.		24,137.
	27	Add lines 24 and 25 Subtract line 26 from line 12:	-+-	20,031.		0.		4=,15/0
		Excess of revenue over expenses and disbursements		-16,938.				
		Net investment income (if negative, enter -0-)	F	= 2 , 2 2 2 3		1,713.		
	0	Adjusted net income (if negative, enter -0-)					N/A	
023	01	LUA For Panenwork Peduction Act Notice s	aa ib	a instructions				Form 990-PF (2010)

LEWIS G. SCHAENEMAN, JR.

MEMORIAL	SCHOLARSHIP	FOUNDATION

04-3476066

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For	m 99	0-PF (2010) MEMORIAL SCHOLARSHIP FO	OUNDATION	04-3	347 <u>6066 Page 2</u>
同		Balance Sheets Attached schedules and amounts in the description column should be for end of year amounts only	Beginning of year	End of	-
Р	art	column should be for end-of year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	4,936.	2,285.	2,285.
	2	Savings and temporary cash investments	489,741.	475,454.	475,454.
		Accounts receivable ►			
		Less: allowance for doubtful accounts			
		Pledges receivable ▶			
	7	Less; allowance for doubtful accounts		-	
	,	Grants receivable	 		
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable			=
		Less: allowance for doubtful accounts			
ş	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			····
4	10a	Investments - U.S. and state government obligations			<u></u>
	b	Investments - corporate stock			
	l c	Investments - corporate bonds			
	11	Investments land, buildings, and equipment basis			
		Less accumulated depreciation	-	-	
	12	Investments - mortgage loans			•
	13	Investments - other			
	ı	Land, buildings, and equipment basis			
	'*				
		Less accumulated depreciation	\		
	15	Other assets (describe	' 		—
			404 677	477 720	477 720
_		Total assets (to be completed by all filers)	494,677.	477,739.	477,739.
	17	Accounts payable and accrued expenses			
	18	Grants payable			
e S	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
ap	21	Mortgages and other notes payable			
	22	Other liabilities (describe)		
					
	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			
		and complete lines 24 through 26 and lines 30 and 31.			
es	24	Unrestricted	494,677.	477,739.	
Fund Balance	25	Temporarily restricted			
3a	26	Permanently restricted			
B	20		· · · · · · · · · · · · · · · · · · ·		
'n		Foundations that do not follow SFAS 117, check here			
		and complete lines 27 through 31.			
ts	27	Capital stock, trust principal, or current funds	-		
SSe	28	Paid-in or capital surplus, or land, bldg., and equipment fund			
Net Assets or	29	Retained earnings, accumulated income, endowment, or other funds	404 655	455 530	
Š	30	Total net assets or fund balances	494,677.	477,739.	
			404 655	4== ===	
_	31	Total liabilities and net assets/fund balances	494,677.	477,739.	
P	art	Analysis of Changes in Net Assets or Fund	Balances		
				 	
1		net assets or fund balances at beginning of year - Part II, column (a), lii	ne 30		104 655
	-	st agree with end-of-year figure reported on prior year's return)		1	494,677.
2	Ente	r amount from Part I, line 27a		2	-16,938.
3	Othe	r increases not included in line 2 (itemize)		3	0.
4	Add	lines 1, 2, and 3		4	477,739.
5	Deci	eases not included in line 2 (itemize)		5	0.
6	Tota	net assets or fund balances at end of year (line 4 minus line 5) - Part II,	, column (b), line 30	6	477,739.
_				<u> </u>	Form 990-PF (2010)

Form 990-PF (2010)

LEWIS G. SCHAENEMAN, JR. MEMORIAL SCHOLARSHIP FOUNDATION

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Part IV. Capital Gains	and Lo	sses for Tax on Ir	rvestment	Income						
		nd(s) of property sold (e.g or common stock, 200 sh			(b) F	low ac - Purc - Dona	cquired hase ation		acquired lay, yr)	(d) Date sold (mo., day, yr.)
1a					1					
b NC	NE									
C										
<u>d</u>										
<u>e</u>			,		Ь,					
(e) Gross sales price	(f) [Depreciation allowed (or allowable)		t or other basis xpense of sale					ain or (loss) s (f) minus (
a	ļ									
<u>b</u>										
C					_					
	ļ		-							_
Complete only for assets shown		ealume (h) and aumad bu	the foundation	on 10/21/60						
Complete only for assets show	T -						(I col	Gains (C (k) hut i	Col. (h) gain not less thar	minus 1 -0-) or
(i) F.M.V. as of 12/31/69	'	(j) Adjusted basis as of 12/31/69	1 7	cess of col. (i) col. (j), if any				Losses	(from col. (h))
<u>a</u>	ļ				\rightarrow					
<u>b</u>					\rightarrow			-		
C	<u> </u>			-						
<u>d</u>	ļ									
e	<u> </u>				_					
2 Capital gain net income or (net c	apıtal loss)	$\begin{cases} \text{ If gain, also ente} \\ \text{ If (loss), enter -0} \end{cases}$	r in Part I, line - in Part I, line	7 7	}	2				
3 Net short-term capital gain or (lo	ss) as defi	ned in sections 1222(5) ar	nd (6):		ι. Ι					
If gain, also enter in Part I, line 8	, column (d	c).	` ,] [1			
If (loss), enter -0- in Part I, line 8	<u> </u>	4040/ \	- N		41	3				
Part V Qualification (nent inc	ome		
(For optional use by domestic private	te foundati	ons subject to the section	4940(a) tax on	net investment ir	icome	:.)				
If section 4940(d)(2) applies, leave	this part bl	ank.								
, , , , ,	·									Yes X No
Was the foundation liable for the sec				•	LIOQ.					Yes A No
If "Yes," the foundation does not qual 1. Enter the appropriate amount in					96					
(a)	each colu	• •	detions before	making any entir				_		(d)
Base period years Calendar year (or tax year beginn	ina in/	(b) Adjusted qualifying dis	tributions	Net value of no	(c) nchar		-use assets		Distrib	(d) oution ratio rided by col (c))
2009	iiig iii)		4,772.				3,563		(001. (0) 010	.050190
2008			3,166.				2,468			.064718
2007			1,100.				8,065			.040728
2006			1,761.				0,177			.061058
2005			7,451.				8,502			.051941
		<u>-</u>	,,,101,				,			
2 Total of line 1, column (d)								2		.268635
3 Average distribution ratio for the	5-year bas	se period - divide the total	on line 2 by 5.	or by the number	of ve	ars		<u> </u>		
the foundation has been in existe	•	•	- , -,		,			3		.053727
		• ,						<u> </u>	 	
4 Enter the net value of noncharita	ble-use as	sets for 2010 from Part X,	line 5					4		483,183.
5 Multiply line 4 by line 3								5		25,960.
6 Enter 1% of net investment inco	me (1% of	Part I, line 27b)						6		17.
7 Add lines 5 and 6								7		25,977.
8 Enter qualifying distributions fro If line 8 is equal to or greater that			th and come	lete that nart usin	10 c n	% tov	rate	8		24,137.
See the Part VI instructions.	/, 61		, io, and comp	note mat part usil	ya 17	,υ ι ά λ	rate.			

LEWIS G. SCHAENEMAN, JR. Form 990-PF (2010) MEMORIAL SCHOLARSHIP FOUNDATION 04-3476066 Page 4 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 and enter "N/A" on line 1 (attach copy of letter if necessary-see instructions) Date of ruling or determination letter: 34. b Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1% 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). O. 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) $\overline{34.}$ 3 3 Add lines 1 and 2 0. 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 34. 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-6 Credits/Payments: a 2010 estimated tax payments and 2009 overpayment credited to 2010 6a 6b b Exempt foreign organizations - tax withheld at source c Tax paid with application for extension of time to file (Form 8868) 6c d Backup withholding erroneously withheld O. 7 Total credits and payments. Add lines 6a through 6d 8 Enter any penalty for underpayment of estimated tax. Check here _____ if Form 2220 is attached 8 34. 9 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 10 Refunded **▶** 11 Enter the amount of line 10 to be: Credited to 2011 estimated tax Part VII-A Statements Regarding Activities 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in Yes No X any political campaign? 1a X b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)? 1b 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. $\overline{\mathbf{x}}$ c Did the foundation file Form 1120-POL for this year? 1c d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: 0 • (2) On foundation managers. ▶ \$ (1) On the foundation. > \$ e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation 0. managers. > \$ X 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 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 3 4a 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? N/A 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 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 X remain in the governing instrument? X 7 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 8a Enter the states to which the foundation reports or with which it is registered (see instructions) MA,CT 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) SEE STATEMENT 5 X of each state as required by General Instruction G? If "No," attach explanation 8b 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 X year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If "Yes," complete Part XIV

10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses

LEWIS G. SCHAENEMAN, JR. Form 990-PF (2010) MEMORIAL SCHOLARSHIP FOUNDATION 04-3476066 Page 5 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) Х 11 12 Did the foundation acquire a direct or indirect interest in any applicable insurance contract before X August 17, 2008? 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? 13 Website address ► N/A 14 The books are in care of ► LISA KINSEY Telephone no. ► 717-960-1725 Located at ▶ 1149 HARRISBURG PIKE; PO BOX 7200, CARLISLE, ZIP+4 ▶17013 PA 15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here N/A and enter the amount of tax-exempt interest received or accrued during the year 15 16 At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority over a bank. Yes No X 16 securities, or other financial account in a foreign country? See page 20 of the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign country Part VII-B | Statements Regarding Activities for Which Form 4720 May Be Required No Yes File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. 1a During the year did the foundation (either directly or indirectly): Yes X No (1) Engage in the sale or exchange, or leasing of property with a disqualified person? (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) Yes X No a disqualified person? Yes X No (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? (5) Transfer any income or assets to a disqualified person (or make any of either available Yes X No for the benefit or use of a disqualified person)? (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 Yes X No termination of government service, if terminating within 90 days.) b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations N/A 1b section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 22 of the instructions)? Organizations relying on a current notice regarding disaster assistance check here 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 X before the first day of the tax year beginning in 2010? 1c 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(i)(3) or 4942(i)(5)): a At the end of tax year 2010, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning Yes X No before 2010? 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 N/A 2b statement - see instructions.)

c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

b If "Yes," did it have excess business holdings in 2010 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,

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time

Form 4720, to determine if the foundation had excess business holdings in 2010.)

had not been removed from jeopardy before the first day of the tax year beginning in 2010?

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X

3b

4a

__ Yes X No

N/A

during the year?

LEWIS G. SCHAENEMAN, JR. MEMORIAL SCHOLARSHIP FOUNDATION

om 990-PF (2010) MEMORIAL SCHOLARSHIP FOU			04-34760	66 Page 6
Part VII-B Statements Regarding Activities for Which F	orm 4/20 May Be F	lequired (contin	ued)	
5a During the year did the foundation pay or incur any amount to		_		
(1) Carry on propaganda, or otherwise attempt to influence legislation (section			es X No	1 1
(2) Influence the outcome of any specific public election (see section 4955); or	to carry on, directly or indire			
any voter registration drive?		Ye	s X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes?)	Ye	es X No	
(4) Provide a grant to an organization other than a charitable, etc., organization				
509(a)(1), (2), or (3), or section 4940(d)(2)?		☐ Ye	es X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational nurnoses, or fo			
the prevention of cruelty to children or animals?	or oddounonal purposes, or it		es X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	or the exceptions described ii		.5 .22 110	
section 53.4945 or in a current notice regarding disaster assistance (see instru		ii nogalations	N/A	5b
· · · · · · · · · · · · · · · · · · ·	•			-
Organizations relying on a current notice regarding disaster assistance check hi			السما	
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr				
expenditure responsibility for the grant?		/A Ye	es L No	
If "Yes," attach the statement required by Regulations section 53 4945				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to p	pay premiums on	_		-
a personal benefit contract?		Y6	es 🗶 No 📗	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a property of the foundation.	ersonal benefit contract?		<u>L</u>	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 si	helter transaction?	Y6	es X No	
b If "Yes," did the foundation receive any proceeds or have any net income attribu	table to the transaction?		N/A	7b
Information About Officers Directors Truste		nagers, Highly		
Part VIII Paid Employees, and Contractors	, , , , , , , , , , , , , , , , , , , ,		•	
1 List all officers, directors, trustees, foundation managers and their	compensation.			
	(b) Title, and average	(c) Compensation	(d) Contributions to	(e) Expense
(a) Name and address	hòurs per week devoted to position	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deterred	account, other allowances
CARL SCHLICKER	PRESIDENT/DIR		compensation	
1385 HANCOCK STREET		LC101		
QUINCY, MA 02169	0.25	0.	0.	0.
	SECRETARY/DIR	1		<u></u>
	SECKETAKI/DIK	ECIOR		
1385 HANCOCK STREET	0 05			^
QUINCY, MA 02169	0.25	0.	0.	0.
	DIRECTOR			
1385 HANCOCK STREET		_		_
QUINCY, MA 02169	0.25	0.	0.	0.
	TREASURER			
1385 HANCOCK STREET				
QUINCY, MA 02169	0.25	0.	0.	0.
2 Compensation of five highest-paid employees (other than those inc		enter "NONE."		
() No	(b) Title, and average	4 . 0	(d) Contributions to employee benefit plans and deferred	(e) Expense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deferred compensation	account, other allowances
NONE			- Componential	
			-	
		1		
		 	 	<u> </u>
		 		
			İ	

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

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Part VIII Information About Officers, Directors, Trustees, Founda Paid Employees, and Contractors (continued)	tion Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter	"NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE	-	
	┥	
		
	<u> </u>	
	4	
Total number of others receiving over \$50,000 for professional services		▶0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statist number of organizations and other beneficiaries served, conferences convened, research papers prod	rical information such as the	Expenses
	nuced, etc.	
1 N/A		
2		
3		
4		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on	lings 1 and 2	Amount
	illes i aliu 2.	Amount
1 N/A		
	-	
2		
All other program-related investments. See instructions		
3	I	
Total. Add lines 1 through 3	—	0.
Totali rida irios i ariosgiro	· · · · · · · · · · · · · · · · · · ·	Form 990-PF (2010)

Form 990-PF (2010)

P	Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ındatıons, se	e instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	0.
	Average of monthly cash balances	1b	490,541.
	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	490,541.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0	,	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	490,541.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	7,358.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	483,183.
6	Minimum investment return. Enter 5% of line 5	6	24,159.
P	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations a foreign organizations check here and do not complete this part.)	nd certain	7
1	Minimum investment return from Part X, line 6	1	24,159.
2a	24	,	•
b	Income tax for 2010. (This does not include the tax from Part VI.)	1 1	
	Add lines 2a and 2b	2c	34.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	24,125.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	24,125.
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	24,125.
<u> </u>	art XII Qualifying Distributions (see instructions)	1 1	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	-	24 127
	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	24,137.
	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:	-	
	Suitability test (prior IRS approval required)	3a	···
	Cash distribution test (attach the required schedule)	3b	24,137.
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	24,137.
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	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	24,137.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation 4940(e) reduction of tax in those years.	qualities for th	e section

Form **990-PF** (2010)

Page 9

LEWIS G. SCHAENEMAN, JR.

Form 990-PF (2010)

MEMORIAL SCHOLARSHIP FOUNDATION

Part XIII Undistributed Income (s	see instructions)			
	(a)	(b)	(c)	(d)
	Corpus	Years prior to 2009	2009	2010
1 Distributable amount for 2010 from Part XI, line 7				24,125.
2 Undistributed income, if any, as of the end of 2010				
a Enter amount for 2009 only			0.	
b Total for prior years:				
Excess distributions carryover, if any, to 2010:		0.		
4 4 7 6				
a From 2005 1,172. b From 2006 5,882.	-			
c From 2007	1			
dFrom 2008 7,610.	1			
e From 2009 210.		i		
f Total of lines 3a through e	14,874.			
4 Qualifying distributions for 2010 from	<u> </u>			
Part XII, line 4: ▶\$ 24,137.				
a Applied to 2009, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2010 distributable amount				24,125.
e Remaining amount distributed out of corpus	12.			
5 Excess distributions carryover applied to 2010 (If an amount appears in column (d), the same amount	0.			0.
must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
	14,886.			
a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income. Subtract	14,000.	· · · · · · · · · · · · · · · · · · ·		
line 4b from line 2b		0.		
c 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.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2009. Subtract line			_	
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2010. Subtract				
lines 4d and 5 from line 1. This amount must				•
be distributed in 2011				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by	0.			
section 170(b)(1)(F) or 4942(g)(3) 8 Excess distributions carryover from 2005	0.			
not applied on line 5 or line 7	1,172.			
9 Excess distributions carryover to 2011.				
Subtract lines 7 and 8 from line 6a	13,714.			
10 Analysis of line 9:	, , , , , , , , , , , , , , , , , , , ,			
a Excess from 2006 5,882.				
b Excess from 2007]			
c Excess from 2008 7,610.]		ļ	
d Excess from 2009 210.	<u> </u>		İ	
e Excess from 2010 12.			•	

LEWIS G. SCHAENEMAN, JR. MEMORIAL SCHOLARSHIP FOUNDATION 04-3476066 Page 10 Form 990-PF (2010) Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9) N/A 1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2010, enter the date of the ruling b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(j)(5) Tax year Prior 3 years 2 a Enter the lesser of the adjusted net (b) 2009 income from Part I or the minimum (a) 2010 (c) 2008 (d) 2007 (e) Total investment return from Part X for each year listed **b** 85% of line 2a c Qualifying distributions from Part XII, line 4 for each year listed d Amounts included in line 2c not used directly for active conduct of exempt activities e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c Complete 3a, b, or c for the alternative test relied upon: a "Assets" alternative test - enter: (1) Value of all assets (2) Value of assets qualifying under section 4942(j)(3)(B)(i) b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year c "Support" alternative test - enter: (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) (3) Largest amount of support from an exempt organization (4) Gross investment income PartXVI Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see the instructions.) Information Regarding Foundation Managers: a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).) NONE b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest. Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here 🕨 🚻 if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d. a The name, address, and telephone number of the person to whom applications should be addressed:

Form **990-PF** (2010)

c Any submission deadlines:

b The form in which applications should be submitted and information and materials they should include:

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

04-3476066 MEMORIAL SCHOLARSHIP FOUNDATION Form 990-PF (2010) Page 11 ParitXV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment 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** Name and address (home or business) a Paid during the year SEE STATEMENT 6 24,137. ▶ 3a Total b Approved for future payment NONE

Total

023611 12-07-10

04-3476066 Page 12

Part XVI-A Analysis of Income-Producing Activities

Form 990-PF (2010)

Enter gross amounts unless otherwise indicated.	Unrelated b (a) Business	(b)	(C) Exclu- sion	(d)	(e) Related or exempt
1 Program service revenue:	code	Amount	code	Amount	function income
a					
b				_	
C					
d					
e					
f		<u></u>			
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash			1 1	ļ	
investments			14	1,713.	
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory					
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a					
b					
С					
d				·	
e					
12 Subtotal. Add columns (b), (d), and (e)		0		1,713.	0.
13 Total. Add line 12, columns (b), (d), and (e)				13	1,713.
(See worksheet in line 13 instructions to verify calculations.)					•
	to the Asses	anliahmant of E	Everent F)urnocco	
Part XVI-B Relationship of Activities	to the Accon	npiisnment of t	exempt F	rurposes	
Line No. Explain below how each activity for which inc	ome is reported in a	column (e) of Part XVI	-A contribute	d importantly to the accom	plishment of
the foundation's exempt purposes (other than					•
					•
	-				
		•			
	_				
					
	·				
		·			
		· · · · ·			
	-				

		G. SCHAE		FOUNDATION		0.4	3476066	Onna 1
Form 990-	, , (20:0)			and Transactions	and Relation			Page 1
Factor	Exempt Organ		31613 101		and itelation	sinps with rec	Ji Ci lei Itabie	
1 Did th	he organization directly or ind		of the followin	o with any other organization	on described in sec	ction 501(c) of	1.2 4	Yes No
	ode (other than section 501(c							7
	sfers from the reporting found							-
(1) (•			1a(1)	X
	Other assets	•		•			1a(2)	X
	r transactions	•					<u> </u>	1.1
	Sales of assets to a noncharita	ible exempt organizat	tion				16(1)	x
	Purchases of assets from a no						1b(2)	X
	Rental of facilities, equipment,		•	•			15(3)	X
(4)	Reimbursement arrangements					•	1b(4)	X
(5) 1	Loans or loan guarantees				** **		1b(5)	X
(6)	Performance of services or mo	embership or fundrai:	sing solicitatio	ons		•	1b(6)	X
c Shari	ing of facilities, equipment, ma	ailing lists, other asse	ts, or paid em	ployees			1c	Х
	answer to any of the above is							ts,
	rvices given by the reporting (ue in any transaction	on or sharing arrang	ement, show in	
colur	nn (d) the value of the goods,							
(a)Line no	(b) Amount involved	(c) Name of		e exempt organization	(d) Descripti	on of transfers, transact	ions, and sharing arra	ngements
			N/A					
								
		<u> </u>					<u>.</u>	
	<u> </u>	<u> </u>		····				
						 		
	····							
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	<u> </u>	<u> </u>		·····				
	<u> </u>						~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
	 				-			
	 	 						
	 	 						
			 					
ın se	e foundation directly or indirect ction 501(c) of the Gode (othe es," complete the following sch	r than section 501(c) ledule.		tion 527?	zations described		Yes	X No
	(a) Name of or	ganization		(b) Type of organization		(c) Description of r	relationship	
	N/A			ļ		***************************************		
			······································		ļ			
					 	····		
	Under penalties of perjury I declar	e that I have examined th	nis return. Includ	ing accompanying schedules an	d statements and to	the best of my knowledge	ne and belief it is to a	coment
Sian	and complete. Declaration of prepare						go 0.15 001/0 1.10 000	, 55.155.,
Sign Here	Nau	inn	King	. 18/2	5/11	Treas	Uror	
	Signature of officer or tri	ustee	·······	Date	<u> </u>	Title		
1	Print/Type preparer's n		Preparer's s		Date	Check X if	PTIN	
	1	-	-	1111		self- employed		
Paid	GARY J. DU	BAS	bay	y July	08/12/11			

7177617910 Form 990-PF (2010)

Firm's EIN 🕨

Phone no.

Use Only

Preparer Firm's name ► MCKONLY & ASBURY,

Firm's address ▶ 415 FALLOWFIELD ROAD

CAMP HILL, PA 17011

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, 990-EZ, or 990-PF.

LEWIS G. SCHAENEMAN, JR.

OMB No 1545-0047

2010

Employer identification number

04-3476066 MEMORIAL SCHOLARSHIP FOUNDATION Organization type (check one) Filers of: Section: Form 990 or 990-EZ ____ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt chantable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II. — For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, chantable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify

that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization
LEWIS G. SCHAENEMAN, JR.
MEMORIAL SCHOLARSHIP FOUNDATION

Employer identification number

04-3476066

isgurii.	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	LEWIS G SCHAENEMAN JR FOUNDATION INC 1 HAMDEN CENTER, 2319 WHITNEY AVE HAMDEN, CT 06518	\$10,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	. (b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

of Part II

Name of organization LEWIS G. SCHAENEMAN, JR. MEMORIAL SCHOLARSHIP FOUNDATION Employer identification number

04-3476066

Part II	Noncash Property (see instructions)		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	000 000 E7 ar 000 PE) //010

Schedule B (Fe	orm 990, 990-EZ, or 990-PF) (2010)				Page	of	of Part III	
Name of or	•			-	Employer identifica	stion numl	ber	
	G. SCHAENEMAN, JR.							
	IAL SCHOLARSHIP FOUNDAT				04-3476			
Part III	Exclusively religious, charitable, etc., in more than \$1,000 for the year. Complete Part III, enter the total of exclusively religions \$1,000 or less for the year (Enter this info	e columns (a) through (e) a ous, charitable, etc., contri	and the followir butions of	e)(7), (8), or (10) or ng line entry. For d	rganizations aggr organizations comp	egating eleting		
(a) No. from Part I	(b) Purpose of gift	(c) Use of git	T	(d) Desc	ription of how gif	t is held		
		(e) Transfe	r of gift					
					nsferor to transfe	eree		
(a) No.								
from Part I	(b) Purpose of gift	(c) Use of gi	ft	(d) Desc	ription of how gif	t is held		
:								
		(e) Transfe	r of gift					
	Transferee's name, address, a	nd ZIP + 4	Re	elationship of tra	nsferor to transfe	ree		
						<u> </u>		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gi	ft	(d) Desc	ription of how git	t is held		
	(e) Transfer of gift							
	Transferee's name, address, and ZIP + 4 Relatio			elationship of tra	nsferor to transfe	ree		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held				
		(e) Transfe	er of gift				_ 	
	Transferee's name, address, a	, ,	•	elationship of tra	nsferor to transfe	eree		

FORM 990-PF INTEREST ON SAVI	INGS AND TEM	PORARY CASH IN	NVESTMENTS	STATEMENT 1
SOURCE				AMOUNT
MONEY MARKET FUNDS AND CD'S			-	1,713.
TOTAL TO FORM 990-PF, PART I	, LINE 3, CO	LUMN A	=	1,713.
FORM 990-PF	ACCOUNTI	NG FEES		STATEMENT 2
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOM	
PROFESSIONAL FEES	2,900.	0.		0.
TO FORM 990-PF, PG 1, LN 16B	2,900.	0.		0.
FORM 990-PF	TAX	ES		STATEMENT 3
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOM	
EXCISE TAX FROM FORM 990PF	58.	0.		0.
TO FORM 990-PF, PG 1, LN 18	58.	0.		0.
FORM 990-PF	OTHER EXPENSES			STATEMENT 4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		
BANK CHARGES MISC	129. 1,427.			0.
TO FORM 990-PF, PG 1, LN 23	1,556.	0.		0.

STATEMENT

5

FORM 990-PF EXPLANATION CONCERNING PART VII-A, LINE 8B

EXPLANATION							
THE FORM 990-PF IS FILED WITH STATES THAT REQUIRE THE FILING TO BE SUBMITTED.							
FORM 990-PF GRANTS PAID	STATEMENT 6						
RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT	RECIPIENT STATUS	AMOUNT				
ARTUR ALCASOV 140 MONTGOMERY STREET, APT 2F HIGHLAND PARK, NJ 08904	SCHOLARSHIP	N/A	3,072.				
NICHOLAS CIARLANTE 10 GIGANTE DRIVE STONEHAM, MA 02180	SCHOLARSHIP	N/A	2,000.				
ALEXANDER MARINO 149 OAKRIDGE UNIONVILLE, CT 06085	SCHOLARSHIP	N/A	500.				
NICHOLAS ASSIF 36 FENN ROAD NORTHFIELD, CT 06778	SCHOLARSHIP	N/A	1,000.				
LINA RESTREPO 160 S 2ND AVE, APT 3A MOUNT VERNON, NY 10550	SCHOLARSHIP	N/A	4,565.				
NICOLE MERCER 1511 DAHLIA COURT JACKSON, NJ 08527	SCHOLARSHIP	N/A	2,500.				
CARLY SUZE ROMEUS 38 MORTON STREET NORWALK, CT 06854	SCHOLARSHIP	N/A	5,000.				

LEWIS G. SCHAENEMAN, JR. MEMORIAL SCHOLA		04-3476066
CHRISTINA VERMES 8 HARVEY LANE WESTBOROUGH, MA SCHOLARSHIP 01581	N/A	1,000.
ASHLEY WEST 90 SOAP STREET DAYVILLE, CT SCHOLARSHIP 06241	N/A	500.
JAMES BOUHUYS 15 BATEMAN AVE REVERE, MA 02151 SCHOLARSHIP	N/A	1,000.
RYAN KING 40 STEIN LANE FALLS VILLAGE, SCHOLARSHIP CT 06854	N/A	2,000.
BRENDAN FOLEY 61 NOTTINGHAM DRIVE JEFFERSON, SCHOLARSHIP MA 01522	N/A	1,000.
TOTAL TO FORM 990-PF, PART XV, LINE 3A	_	24,137.

	68 (Rev. 1-2011)	_				Page 2
If you	are filing for an Additional (Not Automatic) 3-Month	Extension,	complete only Part II and check this	box		▶ X
	ly complete Part II if you have already been granted a				8868.	
	are filing for an Automatic 3-Month Extension, com	plete only Pa	art I (on page 1).			
Part I	Additional (Not Automatic) 3-Month	Extensio	n of Time. Only file the original (no	copies	needed).	
Type or	Name of exempt organization			Em	oloyer ident	tification number
print	LEWIS G. SCHAENEMAN, JR.					
File by the	MEMORIAL SCHOLARSHIP FOUNDATION 04-34/6066					
extended due date for	number, street, and room or suite no. If a P.O. box, see instructions. Hate for 1385 HANCOCK STREET					
filing your return See instructions	City, town or post office, state, and ZIP code. For QUINCY, MA 02169	a foreign add	lress, see instructions.			
Enter the	Return code for the return that this application is for	(file a separa	te application for each return)			0 4
Applicati	on	Return	Application		· 	Return
ls For		Code	Is For			Code
Form 990)	01				
Form 990	-BL	02	Form 1041-A			
Form 990	·EZ	03	Form 4720			09
Form 990		04	Form 5227			10
Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069						
	Form 990-T (trust other than above) 06 Form 8870					12
STOP! Do	o not complete Part II if you were not already grant LISA KINSEY books are in the care of > 1149 HARRISBU	ed an auton	natic 3-month extension on a previo			
The bound of the control of the con	LISA KINSEY LISA KINSEY Doks are in the care of ▶ 1149 HARRISBUT The properties of the properties	ed an auton RG PIKI ess in the Un it Group Exe and atta NOVEME , check reaso	FAX No. Fax needs the state of	RLIS	TLE, PA	A 17013 .
The bound Teleph If the control of	LISA KINSEY LISA KINSEY Doks are in the care of ► 1149 HARRISBUT The properties of the properties	ed an auton RG PIKI ess in the Un it Group Exe and atta NOVEME , check reaso	Tatic 3-month extension on a previous	RLIS	TLE, PA	A 17013 .
The both Teleph If the control of this is box ► [If this is box	LISA KINSEY LISA KINSEY Doks are in the care of ▶ 1149 HARRISBUT The properties of the properties	ed an auton RG PIKI ess in the Un of Group Exe and atta NOVEME , check reaso GATHER	Tatic 3-month extension on a previous E; PO BOX 7200 - CA FAX No. ► Inted States, check this box Imption Number (GEN) If the challest with the names and EINs of a BER 15, 2011. Intel The ACCOUNTING INCOURATE RETURN.	RLIS	TLE, PA	A 17013 .
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Fòrm **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 are filing for an Automatic 3-Month Extension, complete only Part I and check this box

OMB No. 1545-1709

ightharpoons

Form 8868 (Rev. 1-2011)

If you	are filing for an Additional (Not Automatic) 3-Month Ex	tension, c	complete only Part II (on page 2 of this	tom).			
Do not	complete Part II unless you have already been granted a	ın automa	tic 3-month extension on a previously fi	led Fo	m 8868.		
Electro	nic filing (e-file). You can electronically file Form 8868 if y	ou need a	a 3-month automatic extension of time t	o file (6	months for a corpo	oration	
required	I to file Form 990-T), or an additional (not automatic) 3-moi	nth extens	sion of time. You can electronically file F	orm 88	368 to request an e	xtension	
of time	o file any of the forms listed in Part I or Part II with the exc	ception of	Form 8870, Information Return for Tran	sfers A	Associated With Ce	rtaın	
Persona	Il Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions). For more details on t	he elec	tronic filing of this f	orm,	
visit ww	w.irs.gov/efile and click on e-file for Chanties & Nonprofits		,		ū	,	
Part	Automatic 3-Month Extension of Time	Only su	bmit original (no copies needed).			_	
A conoc	ration required to file Form 990-T and requesting an autor			nplete		-	
Part I or					•		
	, corporations (including 1120-C filers), partnerships, REM	ICs, and to	rusts must use Form 7004 to request ar	exten	sion of time		
	come tax returns	,					
Туре о	Name of exempt organization	Empl	Employer identification number				
print	LEWIS G. SCHAENEMAN, JR.				Zimpioyor identification flamber		
print	MEMORIAL SCHOLARSHIP FOUNDA	иотта		l٥	4-3476066		
File by the	No. 1		tions.		1 317000		
due date f filing your	1385 HANCOCK STREET	ee ii isti uc	tions.				
return Sec instruction			lana and material and				
III SU UCUOI	S City, town or post office, state, and ZIP code. For a for QUINCY, MA 02169	reign add	riess, see instructions				
-	QUINCI, MA 02103						
C 4 41-	- D-4		A			04	
Enter tr	e Return code for the return that this application is for (file	a separa	te application for each return)			0 4	
		I = .	I			т	
Applica	tion	Return	Application			Return	
Is For		Code	Is For			Code	
Form 99	90	01	Form 990-T (corporation)			07	
Form 99	90-BL	02	Form 1041-A			08	
Form 99	90-EZ	03	Form 4720			09	
Form 99	90-PF	04	Form 5227			10	
Form 99	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 9	90-T (trust other than above)	06	Form 8870			12	
	LISA KINSEY						
	books are in the care of 1149 HARRISBURG	3 PIK	E; PO BOX 7200 - CAR	LIS	LE, PA 170	13	
Tele	phone No ▶ 717-960-1725		FAX No. ▶				
If the	organization does not have an office or place of business	s in the Ur	nited States, check this box				
If the	s is for a Group Return, enter the organization's four digit	Group Exe	emption Number (GEN) . If th	ıs ıs fo	r the whole group, c	heck this	
box 🕨			ach a list with the names and EINs of all				
1 1	request an automatic 3-month (6 months for a corporation	required	to file Form 990-T) extension of time uni	tal	. <u>-</u>		
	AUGUST 15, 2011 , to file the exemp	t organiza	tion return for the organization named a	bove.	The extension		
IS	for the organization's return for	_	-				
•	X calendar year 2010 or						
	tax year beginning	. ап	nd ending				
	, , , ,	 ·	<u> </u>				
2 If	the tax year entered in line 1 is for less than 12 months, of	heck reas	on: Initial return Fina	al retur	n		
_ ;	Change in accounting period						
•	C.Lgo #1 doods/filling portion						
32 16	this application is for Form 990.BL 990.BF 990.T 4720	or 6069 o	enter the tentative tay less any	1			
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any				20	.	0.	
nonrefundable credits. See instructions.				3a	\$		
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and				~-	,	0.	
_	stimated tax payments made. Include any prior year over			3b	\$		
	alance due. Subtract line 3b from line 3a. Include your pa					0.	
D	y using EFTPS (Electronic Federal Tax Payment System).	oee instru	ICUONS.	3c	\$		

LHA

For Paperwork Reduction Act Notice, see Instructions.

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.