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Form 990-PF

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

OMB No 1545-0052

Department of the Treasury Internal Revenue Serv, >e

2011

For (aten	dar year 2011 or tax year beginning		, and ending	, -	
Nar	ne of	foundation	A Employer identification	number		
G	ERI	DA AND OLE SKAARUP FOUN	06-1057545			
		nd street (or P O box number if mail is not delivered to street	B Telephone number	0.0		
		FIELD POINT ROAD			203-622-68	00
		own, state, and ZIP code ENWICH, CT 06830			C If exemption application is po	ending, check here
G	heck	all that apply Initial return	Initial return of a fo	rmer public charity	D 1. Foreign organizations	, check here
		Final return	Amended return			
		Address change	Name change		Foreign organizations me 2. check here and attach co	mputation test,
H C	heck	type of organization X Section 501(c)(3) ex	empt private foundation		E If private foundation stat	us was terminated
	Sec	ction 4947(a)(1) nonexempt charitable trust	Other taxable private founda	ntion	under section 507(b)(1)	(A), check here
l Fa	ır ma	rket value of all assets at end of year J Accounti	ng method X Cash	Accrual	F If the foundation is in a 6	60-month termination
			her (specify)		under section 507(b)(1)	(B), check here
_		654,794. (Part I, colu	mn (d) must be on cash l	basis.)		
Pa	ırt I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(0) Disbursements for chantable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received	250,000.			
	2	Check if the foundation is not required to attach Sch. B				
	3	Interest on savings and temporary cash investments				
	4	Dividends and interest from securities	8,241.	8,241.	8,241.	STATEMENT 1
	5a	Gross rents				
	b	Net rental income or (loss)		-H- U-111		
<u>•</u>	6a	Net gain or (loss) from sale of assets not on line 10				
Revenue	b	Gross sales price for all assets on line 6a		· · · · · · · · · · · · · · · · · · ·		
ě	7	Capital gain net income (from Part IV, line 2)		0.		
ш.	8 Net short-term capital gain		. 3135	11111-1-11	0.	<u> </u>
	9	Income modifications Gross sales less returns				
	10a	and allowances				
		Less Cost of goods sold				
		Gross profit or (loss)				
	11	Other income	258,241.	8,241.	8,241.	
	12	Total Add lines 1 through 11 Compensation of officers, directors, trustees, etc	0.	0.	0.	0.
	14	Other employee salaries and wages				
	15	Pension plans, employee benefits				
es	160	Legal fees		RECEIV		
ens	b	Accounting fees			08(
Expens	C	Other professional fees		□ JUN-1 8	2012 6	
 ≥		Interest		12 JUN 1 0	القرار المناسبة	
rati	18	Taxes			117	
Administrative	19	Depreciation and depletion		OGDEN	,01	
Ę	20	Occupancy				
	21	Travel, conferences, and meetings				
and	22	Printing and publications	1 515			
	23	Other expenses STMT 2	1,515.	0.	0.	0.
Operating	24	Total operating and administrative	1 515	0.	. 0.	0.
Ope		expenses. Add lines 13 through 23	1,515. 21,750.	0.	· · · · · · · · · · · · · · · · · · ·	21,750.
J	25	Contributions, gifts, grants paid	21,750.			21,130.
	26	Total expenses and disbursements.	23,265.	0.	. 0.	21,750.
_	27	Add lines 24 and 25 Subtract line 26 from line 12	23,203.		1	
	1		234,976.			
		Excess of revenue over expenses and disbursements Net investment income (if negative, enter -0-)		8,241	•	**************************************
		Adjusted net income (if negative, enter -0-)			8,241.	,
_						

123501 12-02-11 LHA For Paperwork Reduction Act Notice, see instructions

Dar	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of yea	<u>r</u>
rar	column should be for end-of-year amounts only	(a) Book Value		c) Fair Market Value
1	Cash - non-interest-bearing	2,288.	2,495.	2,495 <u>.</u>
2	Savings and temporary cash investments			
3	Accounts receivable ►			
	Less allowance for doubtful accounts			
4	Pledges receivable ►			
	Less allowance for doubtful accounts ▶		i	
5		-		
ء ا	Receivables due from officers, directors, trustees, and other			
"				
1_	disqualified persons			
1	Other notes and loans receivable	1	1	
	Less allowance for doubtful accounts			·····
<u>इ</u> इ	Inventories for sale or use	n		
Assets	Prepaid expenses and deferred charges			·
⋖ 10	a Investments - U.S. and state government obligations			
- }	b Investments - corporate stock STMT 3	381,698.	616,467.	652,299.
	c Investments - corporate bonds			
11	Investments - land, buildings, and equipment basis			,
	Less accumulated depreciation		}	
12	Investments - mortgage loans			
13				
	Land, buildings, and equipment basis			п
' '	Less accumulated depreciation		1	
1.5				
פרן	Other assets (describe)		<u> </u>	 _
		383,986.	618,962.	654,794.
	Total assets (to be completed by all filers)	303,300.	010,302.	034,134.
17	•			
18	Grants payable			
ဖ္မ 19	Deferred revenue			
Liabilities	Loans from officers, directors, trustees, and other disqualified persons			
<u>명</u> 21	Mortgages and other notes payable			
그 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.			
8 24	•			
E 26				
וֿן קַּ	Foundations that do not follow SFAS 117, check here			
ā	and complete lines 27 through 31.	1		
১		43,934.	43,934.	
ets c		0.	0.	
Net Assets or Fund Balan		340,052.	575,028.	
¥ 29		383,986.	618,962.	
ž 30	Total net assets or fund balances	303,300.	010,302.	
		202 006	610 062	
3.	Total liabilities and net assets/fund balances	383,986.	618,962.	
Par	t III Analysis of Changes in Net Assets or Fund Ba	alances		
1 To	tal net assets or fund balances at beginning of year - Part II, column (a), line 3	30		
	ust agree with end-of-year figure reported on prior year's return)		1	383,986.
•	ter amount from Part I, line 27a		2	234,976.
	ner increases not included in line 2 (itemize)		3	0.
	d lines 1, 2, and 3		4	618,962
	creases not included in line 2 (itemize)		5	0.
	tal net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	lumn (h) line 30	6	618,962
<u>U 10</u>	tal not assets of lune palanees at one of year time 4 fillings line 3) - Fatt 11, CO	Same to be mile on	1. V I	Form 990-PF (2011)

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See the Part VI instructions

	990-PF(2011) GERDA AND OLE SKAARUP FOUNDATION			0575			age 4
	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), o	r 494	8 -	see in	stru	ction	s)
1a	Exempt operating foundations described in section 4940(d)(2), check here 🕨 🔀 and enter "N/A" on line 1						
	Date of ruling or determination letter (attach copy of letter if necessary-see instructions)				/-		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 📖 and enter 1%	Ŀ	1		N/1	<u> </u>	
	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) $\mathcal J$						
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	-	2			_	
3	Add lines 1 and 2	;	3				
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4				
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-		5				0.
6	Credits/Payments						
a	2011 estimated tax payments and 2010 overpayment credited to 2011 6a	_					
b	Exempt foreign organizations - tax withheld at source 6b	_	1				
C	Tax paid with application for extension of time to file (Form 8868) 6c	_	1				
d	Backup withholding erroneously withheld 6d 6d	_					^
	Total credits and payments Add lines 6a through 6d		7				0.
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	. —	8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		9				0.
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		10			_	
	Enter the amount of line 10 to be Credited to 2012 estimated tax	1	11				
	rt VII-A Statements Regarding Activities					V	NI-
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or inter-	vene in		-		Yes	
	any political campaign?	. \ 0		⊢	1a		<u>X</u> _
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 public	lished	or				
	distributed by the foundation in connection with the activities.				_ [1	х
	Did the foundation file Form 1120-POL for this year?			ŀ	1c		
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year	0.				1	
	(1) On the foundation > \$ (2) On foundation managers > \$	<u> </u>				1	
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation					1	
	managers ▶ \$			İ	2	1	Х
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	on or				1	
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporate	ion, or			3	1	Х
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes				4a		X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year? If "Yes " has it filed a tax return on Form 990-T for this year?		N	/A	4b	_	
_	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		,		5		X
o	If "Yes," attach the statement required by General Instruction T.						
R	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either						
U	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 la	w	1			
	remain in the governing instrument?				6		Х
7	Did the foundation have at least \$5,000 in assets at any time during the year?			Ī	7	Х	
•	If "Yes," complete Part II, col. (c), and Part XV.						•
Ra	Enter the states to which the foundation reports or with which it is registered (see instructions)			İ			
Va	CT						
h	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)				:		
	of each state as required by General Instruction G? If "No," attach explanation				8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for	r calend	lar				
•	year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes," complete Part XIV				9	X	<u> </u>
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses				10		Х

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orm 990-PF (2011) GERDA AND OLE SKAARUP FO			<u>06-105754</u>	45 Page 6
Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be F	Required (contin	ued)	
5a During the year did the foundation pay or incur any amount to				
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	4945(e))?	Ye	s X No	
(2) Influence the outcome of any specific public election (see section 4955), or	to carry on, directly or indire			
any voter registration drive?			s X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes?	•	C Ye	s 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	s X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f	or		
the prevention of cruelty to children or animals?	, ,		s X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	er the exceptions described i	n Regulations		
section 53 4945 or in a current notice regarding disaster assistance (see instruc		J	N/A 5	ib
Organizations relying on a current notice regarding disaster assistance check he			▶□ □	
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr		ined		
expenditure responsibility for the grant?		I/A □ Ye	s No	
If "Yes," attach the statement required by Regulations section 53 4945	5-5 <i>(d</i>)			
6a Did the foundation, during the year, receive any funds, directly or indirectly, to p				
a personal benefit contract?	ay promiums on	☐ Ye	s X No	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a pi	ore onal honofit contract?		- 1	sb X
If "Yes" to 6b. file Form 8870	ersonal benefit contract.			
7a At any time during the tax year, was the foundation a party to a prohibited tax si	haltar transaction?	□ v _e	s X No	
		L 16	, , , , , , , , , , , , , , , , , , , ,	7b
b If "Yes," did the foundation receive any proceeds or have any net income attribution of the foundation About Officers, Directors, Truste	noe Foundation Ma	nagere Highly		
Part VIII Paid Employees, and Contractors	ses, i outluation wa	magers, mgm	•	
List all officers, directors, trustees, foundation managers and their of the state of the s	compensation.			
	(b) Title and average	(c) Compensation	(d) Contributions to	(e) Expense
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation	account, other allowances
	to position	CINCI O)	comparisation	
· · · · · · · · · · · · · · · · · · ·				
SEE STATEMENT 4		0.	0.	0.
SEE STATEMENT 4				
				1
	<u> </u>			
				ı
				i
		 		
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none.	enter "NONE."		
	(b) Title, and average		(d) Contributions to	(e) Expense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	employee benefit plans and deterred	(e) Expense account, other allowances
NONE	devoted to position	-	compensation	allowalices
NONE				
				<u> </u>
		1	-	
		 		
		 		
	Į			
Total number of other employees paid over \$50,000			<u> </u>	<u>0</u>
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Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	Managers, Highly	- · · · · · · · · · · · · · · · · · · ·
3 Five highest-paid independent contractors for professional services. If none, enter "NO	NE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
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 statistical in number of organizations and other beneficiaries served, conferences convened, research papers produced,	formation such as the etc	Expenses
N/A		
2		
3		
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 lines 1	and 2	Amount
N/A		
2		
All other program-related investments See instructions		
3		
Total Add In and Athermatic 2	>	0 -

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations, s	ee 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	461,258.
b	Average of monthly cash balances	1b	4,902.
	Fair market value of all other assets	10	
d	Total (add lines 1a, b, and c)	1d	466,160.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	466,160.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	6,992.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	459,168.
6	Minimum investment return. Enter 5% of line 5	6	22,958.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and foreign organizations check here X and do not complete this part)	d certain	
1	Minimum investment return from Part X, line 6	1	
2a	Tax on investment income for 2011 from Part VI, line 5		
b	Income tax for 2011 (This does not include the tax from Part VI)		
C	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	21,750.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	21,750.
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	21,750.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation	qualifies for	the section

Part XIII	Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2010	(c) 2010	(d) 2011
1 Distributable amount for 2011 from Part XI, line 7				0.
2 Undistributed income, if any, as of the end of 2011	<u> </u>			
a Enter amount for 2010 only			0.	
b Total for prior years				
b rotarior prior years		0.		
3 Excess distributions carryover, if any, to 2011			Himme in marketing	······
a From 2006 340.				
b From 2007 7,736.				
c From 2008 4, 152.				
d From 2009 2,985.				
e From 2010				
f Total of lines 3a through e	15,213.			
4 Qualifying distributions for 2011 from	13/2131	······································		
Part XII, line 4 ► \$ N/A				
a Applied to 2010, but not more than line 2a			0.	1
· · · · · · · · · · · · · · · · · · ·		//////////////////////////////////////		
b Applied to undistributed income of prior		0.		
years (Election required - see instructions)		, , , , , , , , , , , , , , , , , , , 	##### · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
c Treated as distributions out of corpus	0.			
(Election required - see instructions)				0.
d Applied to 2011 distributable amount	0.			
e Remaining amount distributed out of corpus	0.			0.
5 Excess distributions carryover applied to 2011 (If an amount appears in column (d), the same amount must be shown in column (a))	U .			
6 Enter the net total of each column as indicated below:	***************************************			
3 Corpus Add lines 3f, 4c, and 4e Subtract line 5	15,213.			
b Prior years' undistributed income Subtract				
line 4b from line 2b		<u> </u>		
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 2010 Subtract line		······································		
4a from line 2a Taxable amount - see instr			0.	,
f Undistributed income for 2011 Subtract		······		
lines 4d and 5 from line 1. This amount must				
be distributed in 2012				0.
7 Amounts treated as distributions out of	<u> </u>			
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2006				
not applied on line 5 or line 7	340.			
9 Excess distributions carryover to 2012.				
Subtract lines 7 and 8 from line 6a	14,873.			
10 Analysis of line 9				
				1
a Excess from 2007 b Excess from 2008 7,736. 4,152.				
c Excess from 2009 2,985.				
d Excess from 2010				
e Excess from 2011				
				Form 990-PF (2011)

Part XIV Private Operating F	oundations (see ins	structions and Part VII-	A, question 9)						
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 2011, enter the date of the ruling									
b Check box to indicate whether the found	•	· ·			12(1)(5)				
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years	10 101/107 01					
income from Part I or the minimum	(a) 2011	(b) 2010	(c) 2009	(d) 2008	(e) Total				
investment return from Part X for				.,					
each year listed	8,241.	7,369.	0.	2,248.	17.858				
b 85% of line 2a	7,005.	6,264.	0.	1,911.	17,858. 15,179.				
	7,003.	0/2041		1,011.	15,115.				
c Qualifying distributions from Part XII,	21,750.	300.	4,570.	6,400.	33,020.				
line 4 for each year listed	21,730.	300.	4,370.	0,400.	33,020.				
d Amounts included in line 2c not									
used directly for active conduct of	o.	0.	0.	0.	0				
exempt activities	0.1	<u> </u>	0.	<u> </u>					
e Qualifying distributions made directly									
for active conduct of exempt activities	01 750	200	4 570	(400	22 000				
Subtract line 2d from line 2c	21,750.	300.	4,570.	6,400.	33,020.				
3 Complete 3a, b, or c for the alternative test relied upon									
a "Assets" alternative test - enter									
(1) Value of all assets					0.				
(2) Value of assets qualifying									
under section 4942(j)(3)(B)(i)					0.				
b "Endowment" alternative test - enter									
2/3 of minimum investment return shown in Part X, line 6 for each year									
listed	15,305.	5,029.	1,057.	1,499.	22,890.				
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)			0.	0.	0.				
(2) Support from general public									
and 5 or more exempt									
organizations as provided in section 4942(j)(3)(B)(iii)			0.	0.	0.				
(3) Largest amount of support from									
an exempt organization					0.				
(4) Gross investment income					0.				
Part XV Supplementary Info	rmation (Comple	te this part only i	f the foundation	had \$5,000 or mo	re in assets				
at any time during t									
1 Information Regarding Foundation	n Managers:		<u> </u>						
a List any managers of the foundation wh	-	than 2% of the total conti	ributions received by the	foundation before the clos	e of any tax				
year (but only if they have contributed r			•		•				
NONE									
b List any managers of the foundation wh	o own 10% or more of th	e stock of a corporation (or an equally large portio	n of the ownership of a pa	rtnership or				
other entity) of which the foundation ha									
NONE									
2 Information Regarding Contribut	ion, Grant, Gift, Loan,	Scholarship, etc., Pr	ograms:						
Check here				ot accept unsplicited requi	ests for funds. If				
the foundation makes gifts, grants, etc	•	•	•	•					
a The name, address, and telephone num									
CATHRINE PARKER, 203		п аррисации опосто ос	200,00000						
276 TACONIC ROAD, GR		06831							
b The form in which applications should t			ould include						
LETTER WITH REASON F									
c Any submission deadlines NONE									
d Any restrictions or limitations on award NONE	s, such as by geographica	al areas, charitable fields,	kinds of institutions, or o	ther factors					
123601 12-02-11					Form 990-PF (2011)				
		11							

3 Grants and Contributions Paid During the Ye		Payment		
Recipient	If recipient is an individual,		Durnoss of avent or	
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year				
GREENWICH HOSPITAL	NONE	PUBLIC HOSPITAL	GENERAL UNRESTRICTED	
5 PERRYRIDGE ROAD GREENWICH, CT 06830			PURPOSES (GUP)	2,000.
MEALS ON WHEELS 89 MAPLE AVENUE GREENWICH, CT 06830	NONE		GENERAL UNRESTRICTED PURPOSES	500.
ROUND HILL VOLUNTEER FIRE DEPARTMENT 15 HAVEMEYER PLACE	NONE		GENERAL UNRESTRICTED PURPOSES	
GREENWICH, CT 06830				500.
ROLIFF JANSEN COMMUNITY LIBRARY 9091 ROUTE 22	NONE	PUBLIC LIBRARY	GUP	
HILLSDALE, NY 12529				500.
TURIMIQUIRE FOUNDATION 33 RICHDALE AVENUE	NONE	FAMILY PLANNING	GUP	
CAMBRIDGE, MA 02140		707 (0)		750.
b Approved for future payment	TINUATION SHE	ET(S)	▶ 3a	21,750.
NONE				
Total	<u> </u>		▶ _3b	0.

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated	Unrelated business income			ided by section 512, 513, or 514	(e)	
·	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income	
1 Program service revenue	Code		coue			
a						
b	-					
<u> </u>				-		
d						
1						
g Fees and contracts from government agencies						
2 Membership dues and assessments						
3 Interest on savings and temporary cash						
investments						
4 Dividends and interest from securities					8,241.	
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			<u> </u>		,,,,	
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			ļ			
C			ļ			
d						
e			├	0.	0 2/1	
12 Subtotal Add columns (b), (d), and (e)		0.		<u> </u>	0.041	
13 Total. Add line 12, columns (b), (d), and (e)				13 _	0,241.	
(See worksheet in line 13 instructions to verify calculations)						
Part XVI-B Relationship of Activities t	o the Acc	omplishment of E	emp	ot Purposes		
Line No. Explain below how each activity for which income	me is reported	ın column (e) of Part XVI-A	contri	buted importantly to the accor	nplishment of	
the foundation's exempt purposes (other than	by providing fu	inds for such purposes)			D. GWADTERADED	
4 INVESTED AND REINVESTED	FUNDS	ARE USED FO	RE	EXCLUSIVELY FO	R CHARITABLE,	
SCIENTIFIC, LITERARY, PUB	BLIC SA	FETY OR EDUC	:ATI	ONAL PURPOSES		
				 .	 .	
		·				
			-			
				·· ·	· · · · · · · · · · · · · · · · · · ·	
				·		
		<u> </u>				
					-	
						
		·		-		
						
			•			

Part /	XVII]	Information Review Exempt Organ		insfers To a	and Transactions a	nd Relation	ships With Nonc	haritable	
1 Did	the ere			or of the follower			ahaa 504/a) a4		aa Na
		anization directly or indi			ction 50 f(c) of	110	es No		
					?7, relating to political organ	izations			
		rom the reporting found	ation to a nonchar	itable exempt or	ganization of			1-(1)	v
(1) Cash (2) Other assets								1a(1)	$\frac{x}{x}$
• •								1a(2)	<u> </u>
	er trans		- 					a Land	v
		of assets to a noncharita	. •					1b(1)	X X
		ises of assets from a no	•	t organization				1b(2)	$\frac{\Lambda}{X}$
		of facilities, equipment,						1b(3)	X
(4) Reimbursement arrangements								1b(4) 1b(5)	X
(5) Loans or loan guarantees									X
		mance of services or me	•	•				1b(6)	$\frac{X}{X}$
	•	facilities, equipment, ma	•		• •			10	
		•	-	-	dule Column (b) should alv	•	-		•
					ed less than fair market valu	ie in any transacti	on or snaring arrangeme	nt, snow in	
		the value of the goods,	_		a avament a reconstant	(4)			
(a) Line n	° '	b) Amount involved	(c) Name		e exempt organization	(u) Descript	ion of transfers, transactions,	and shanng arrang	ements
				N/A					
			-						
			 						
							1		
	_								
			ļ						
			1						
			<u> </u>						
									
			ļ			_			
					W====	1			
		•	•		or more tax-exempt organi	zations described			[T]
		501(c) of the Code (othe		(c)(3)) or in sec	tion 527?			Yes	X No
<u>b lf "\</u>	Yes," co	mplete the following sch			T =	·			
		(a) Name of or	ganization		(b) Type of organization		(c) Description of relat	ionship	
		N/A							
							···		
	_								
	Under	penalties of perjury, I declare	that I have examined	this return, including	ng accompanying schedules and in taxpayer) is based on all inform	statements, and to t	he best of my knowledge	May the IRS disc	uss this
Sign	and be	iei, it is tide, confect, aing o		preparer (other tha	in taxpayer, is based on all fillen	トナレ	/	return with the pr shown below (se	eparer e_instr)?
Here		LAGE	1111		6-11-10		4734	X Yes	∟ No
	Sign	ature of officer or truste	e		Date	Title		<u> </u>	
		Print/Type preparer's n	ame	Preparer's s	ignature	Date	1 · · · · ·	TIN	
	İ			Buch	en Anaw	12 12 12	self- employed		
Paid		KIRSTEN E.			- · · · · · · · · · · · · · · · · · · ·	1011119		P006340	
Prepa	arer	Firm's name ► CAI	ITAL FIN	NANCIAL	MANAGEMENT L	LC	Firm's EIN ► 06	-148793	ວ
Use (Only								
	-	Firm's address ▶ 84	WEST PA	ARK PLAC	E				
			ramford,				Phone no		
	-	-		_	-			Form 990-F	F (2011)
									. ,

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

GERDA AND OLE SKAARUP FOUNDATION

OMB No 1545-0047

2011

Name of the organization

Organization type (check one)

Employer identification number

06-1057545

Filers of: Section: Form 990 or 990-EZ Ĵ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization X 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable 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** X 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, total contributions of more than \$1,000 for use exclusively for religious, charitable, 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 total 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-FF), 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 Part I, 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).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Name of organization

Employer identification number

<u>GERDA</u>	AND OLE SKAARUP FOUNDATION		-1057545
Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	IRA OF OLE SKAARUP C/O SKAARUP SHIPPING CORP 66 FIELD POINT RD GREENWICH, CT 06830	\$ 250,000.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total 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) Total 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) Total 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) Total 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) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

GERDA AND OLE SKAARUP FOUNDATION

06-1057545

	AND OLE SKAARUP FOUNDATION Names of Bronarty (see instructions) Lies duplicate seems of B		-1057545
art II	Noncash Property (see instructions). Use duplicate copies of P	art II II additional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_1	VARIOUS SECURITIES		
		\$ 250,000.	11/17/11
(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
. <u></u>		\$	
(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
		\$	

Name of orga	anization			Employer identification number	
GERDA	AND OLE SKAARUP FOUNDAT	TON		06-1057545	
Part III	Exclusively religious, charitable, etc., indivi year. Complete columns (a) through (e) and the the total of exclusively religious, charitable, etc. Use duplicate copies of Part III if additiona	dual contributions to section 501(following line entry: For organizati , contributions of \$1,000 or less fo	c)(7), (8), or (10) organizatio ons completing Part III, enter r the year (Enter this information once	ns that total more than \$1,000 for the	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	06-1057545 anizations that total more than \$1,000 for the	
		(e) Transfer of gi	<u> </u>		
	Transferee's name, address, and			nsferor to transferee	
(a) No.	(h) Dumana at aith	(a) Hop of sift	(d) Door	existing of how gift is hold	
Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	enpuon oi now girt is neid	
		(e) Transfer of gi	ft		
	Transferee's name, address, an	d ZIP + 4	Relationship of tra	insferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held	
		(e) Transfer of gi	ft		
	Transferee's name, address, an	d ZIP + 4	Relationship of tra	ansferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held	
	Transferee's name, address, an	(e) Transfer of gi		ansferor to transferee	

3 Grants and Contributions Paid During the	e Year (Continuation)			
· Recipient	If recipient is an individual,	Foundation	Purpose of grant or	
Name and address (home or business)	show any relationship to any foundation manager	status of	contribution	Amount
	or substantial contributor	recipient	<u> </u>	
			}	1
SOUNDWATERS	NONE	501(C)(3)	GUP	
128 COVE ROAD		DEVOTED TO LONG		
STAMFORD, CT 06902		ISLA		2,000
GREENWICH SYMPHONY ORCHESTRA	NONE	501(C)(3)	GUP	
PO BOX 35		DEVOTED TO		
GREENWICH, CT 06830		MUSIC		2,000
PALLADIUM MUSICUM INC	NONE	501(C)(3)	GUP	
6 STANWICH RD		DEVOTED TO		
GREENWICH, CT 06830	_	MUSIC		1,000
PEGASUS THERAPEUTIC RIDING	NONE	501(C)(3)	GUP	
310 PEACH LAKE RD		DEVOTED TO		
BREWSTER, NY 10509		HANDICAPP		1,500
				}
BOYS AND GIRLS CLUB OF GREENWICH	NONE	501(C)(3)	GUP	
4 HORSENECK LANE		DEVOTED TO KIDS		
GREENWICH, CT 06830		DEVE		500
DANISH HOME FOR THE AGED	NONE	501(C)(3)	GUP	
1065 QUAKER BRIDGE RD		HOUSING FOR		
CROTON , NY 10520		ELDERLY		1,000
SALVATION ARMY	NONE	501(C)(3) HELPS	GUP	
34 NORTH MAIN STREET		THOSE IN NEED		
PORT CHESTER, NY	<u> </u>	 		500
AMERICAN RED CROSS	NONE	501(C)(3) HELPS	GUP	
231 EAST PUTNAM AVE		THOSE IN NEED		
GREENWICH, CT 06830				1,500
SPECIAL OLYMPICS	NONE	501(C)(3) HELPS	GUP	
1459 SOUTH BRITAIN RD		KIDS INTELLECT		
SOUTHBURY, CT 06488				1,500
WEBB INSTITUTE	NONE	501(C)(3)	GUP	
298 CRESCENT BEACH RD		PREPARES		
GLEN COVE, NY 11542		STUDENTS		2,000
Total from continuation sheets				17-500

3 Grants and Contributions Paid During the	e Year (Continuation)			
· Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or contribution	A A
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
GREENWICH LIBRARY	none	PUBLIC LIBRARY	GUP	
.01 W PUTNAM AVENUE				1 50
GREENWICH, CT 06830				1,500
NYU LANGONE MEDICAL CENTER	NONE	501(C)3SERVICE		
NORTH STREET WHITE PLAINS, NY 10605		TO HUMAN HEALTH		1,500
THE PURING, NI 10003				
SAVE OUR SHIPS NEW YORK	NONE	501(C)(3)	GUP	
100 WEST 72ND STREET		DEVOTED TO		
NEW YORK, NY 10023		RESTORING		1,000
<u> </u>				
				-

FORM 990-PF DIVIDENI	DS AND	INTER	EST	FROM	SECUE	RITIES	ST	ATEMENT	1	
SOURCE		GROSS	AMO	DUNT		TAL GAINS	C	OLUMN (A))	
DEUTSCHE BANK ALEX BROWN			8,	241.		0. 8		8,24	3,241.	
TOTAL TO FM 990-PF, PART I,	LN 4		8,	,241.		0.	8,24		11.	
FORM 990-PF	0	THER E	XPE	ISES			ST	ATEMENT	2	
DESCRIPTION	EXPE	A) NSES BOOKS		(B) INV IT IN		(C) ADJUSTED NET INCOM		(D) CHARITAI PURPOSI		
BANK CHARGES PROFESSIONAL FEES		15. 1,500.			0.		0.		0.	
TO FORM 990-PF, PG 1, LN 23 1,515.				-	0.		0.		0.	
FORM 990-PF	CO	RPORAT	E S'	rock			ST	ATEMENT	3	
DESCRIPTION					вос	OK VALUE	FA	IR MARKE' VALUE	r	
SECURITIES					.	616,467.		652,2	99.	
TOTAL TO FORM 990-PF, PART II, LINE 10B						616,467.		652,2	99.	

	IST OF OFFICERS, D		STATI	EMENT 4
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
CATHRINE PARKER 276 TACONIC ROAD GREENWICH, CT 06831	TRUSTEE 2.00	0.	0.	0.
CHRISTINE SKAARUP 50 HUNTING RIDGE ROAD GREENWICH, CT 06831	TRUSTEE 0.00	0.	0.	0.
STEPHANIE SKAARUP 66 WILLOW BROOK LANE HILLSDALE, NY 12529	TRUSTEE 0.00	0.	0.	0.
J LINCOLN HALLOWELL 210 UPPER SHAD ROAD POUND RIDGE, NY 10576	TRUSTEE 0.20	0.	0.	0.
ULRIK POULSEN 197 BEAVER DAM ACCESS ROAD STRATFORD, CT 06614	TRUSTEE 0.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE	6, PART VIII	0.	0.	0.

Form **8868**

(Rev. January 2012)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

If you a	are filing for an Automatic 3-Month Extension, comple	te only Pa	art I and check this box		•	×X
If you a	are filing for an Additional (Not Automatic) 3-Month Ex	tension, c	complete only Part II (on page 2 of	this form).		
Do not c	omplete Part II unless you have already been granted a	an automa	itic 3-month extension on a previous	sly filed Fo	rm 8868.	
Electroni	c filing (e-file) You can electronically file Form 8868 if y	ou need a	a 3-month automatic extension of tir	ne to file (6	months for a corp	oration
equired t	o file Form 990-T), or an additional (not automatic) 3-mo	nth extens	sion of time. You can electronically f	lle Form 88	368 to request an	extension
	file any of the forms listed in Part I or Part II with the exi				•	
	Benefit Contracts, which must be sent to the IRS in pap	•				
	rs.gov/efile and click on e-file for Charities & Nonprofits		, , , , , , , , , , , , , , , , , , , ,			,
Part I	Automatic 3-Month Extension of Time		submit original (no copies ne	eded).		
A corpora	ation required to file Form 990-T and requesting an autor	matic 6-mc	onth extension - check this box and	complete		
Part I only	<i>(</i>				•	-
	corporations (including 1120-C filers), partnerships, REM ome tax returns.	IICs, and t	rusts must use Form 7004 to reques	st an exten	sion of time	
Type or	Name of exempt organization or other filer, see instru	ctions.		Employer	identification num	iber (EIN) or
File by the	GERDA AND OLE SKAARUP FOUNI		· · · · · · · · · · · · · · · · · · ·	X	06-10575	45
due date for iling your return See	Number, street, and room or suite no. If a P.O. box, s 66 FIELD POINT ROAD	ee instruc	tions	Social se	curity number (SS	N)
nstructions	City, town or post office, state, and ZIP code. For a for GREENWICH, CT 06830	oreign add	ress, see instructions.			
		·				
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)			0 4
Applicati	on	Return	Application			Return
s For	011	Code	Is For			Code
Form 990		01	Form 990-T (corporation)			07
Form 990		02	Form 1041-A			08
Form 990		01	Form 4720			09
Form 990		04	Form 5227			10
		05	Form 6069			11
	-T (sec 401(a) or 408(a) trust)	06	Form 8870			12
FOITH 990	-T (trust other than above) CATHRINE PARKE		FOIII 6670			
• The be	ooks are in the care of b 66 FIELD POINT		- GREENWICH CT O	6830		
	so No \triangleright 203-622-6800	ROAD	FAX No. ►	0030	·	
•	organization does not have an office or place of business	o io tha l lir		_		• 🗖
	is for a Group Return, enter the organization's four digit			lf this is fo	r the whole group	check this
box ►						
	quest an automatic 3-month (6 months for a corporation				ers the extension	5 101.
1 116	2110110 15 0010		tion return for the organization name		The extension	
	or the organization's return for:	i Organiza	tion return for the organization flam	eu above.	THE EXTENSION	
	X calendar year 2011 or					
			d andina			
	tax year beginning	, an	d ending		- •	
2 If th	ne tax year entered in line 1 is for less than 12 months, c	hook roca	on: Initial return	Final retur	2	
2 ""		neck reas	on initial return	rillal letur	11	
L	Change in accounting period					
3a If th	ns application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	nter the tentative tax, less any			
nonrefundable credits. See instructions.					\$	0.
b If th	nis 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.					\$	0.
	ance due. Subtract line 3b from line 3a. Include your pa			3b		
	using EFTPS (Electronic Federal Tax Payment System).	=		3с	\$	0.
	If you are going to make an electronic fund withdrawal v			orm 8879-		
	or Privacy Act and Paperwork Reduction Act Notice,				Form 8868 (F	

123841 01-04-12