### STAM498 06/15/2010 Form

Department of the Treasury

**Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung

benefit trust or private foundation)

OMB No 1545-0047 2008 Open to Public Inspection

The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service 12/01/08 11/30/09 For the 2008 calendar year, or tax year beginning , and ending THE ELAINE AND STEPHEN STAMAS, NY Please C Name of organization Employer identification number Check if applicable use IRS PHILHARMONIC SCHOLARSHIP FUND, Address change label or 13-4143498 Doing Business As print or Name change Room/suite Telephone number type. Number and street (or P O box if mail is not delivered to street address) Initial return See 2410 212-967-7300 C/O WOLF WEISSMAN CPA'S 1 PENN PL Specific Termination 72,682 City or town, state or country, and ZIP + 4 G Gross receipts \$ Instruc NEW YORK NY 10119 Amended return tions. H(a) Is this a group return for F Name and address of principal officer Application pending Yes No affiliates? H(b) Are all affiliates included? If "No." attach a list (see instructions) X 501(c) ◀ (insert no ) 4947(a)(1) or 527 Tax-exempt status Website ► N/A **H(c)** Group exemption number ▶ Type of organization |X| Corporation M State of legal domicile Year of formation Trust Other Association Part I Summary SCANNED AUG Briefly describe the organization's mission or most significant activities TO PROMOTE TALENTED MUSICAL ARTISTS BY PROVIDING ENHANCED Governance MUSICAL EDUCATION AND TRAINING OPPORTUNITIES, COMMISSIONS, SCHOLARSHIPS, AND AWARDS. if the organization discontinued its operations or disposed of more than 25% of its assets Check this box ▶ Number of voting members of the governing body (Part VI, line 1a) 3 ø 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of employees (Part V, line 2a) 2 6 Total number of volunteers (estimate if necessary) 7a 7a Total gross unrelated business revenue from Part VIII, line 12, column (C) 7h b Net unrelated business taxable income from Form 990-T, line 34 Pnor Year Current Year 850 540 Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) 37,032 6,571 Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 7,111 37,882 Total revenue—add lines 8 through 11 (must\_equal Part VIII, column (A), line 12) 7,850 Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or the members (Part X, eplumn (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional wholeasing fees (ஜோப்லி blung (A), line 11e) b Total fundraising expenses (Part IX, column (D) line 25) 636 680 17 Other expenses (Part IX, column (A) lines 11a-11d, 11f-24f)
18 Total expenses Add Intest 3.1. (must equal Part IX, column (A), line 25) 636 8,530 6,475 29,352 19 Revenue less expenses Subtract line 18 from line 12 Beginning of Year End of Year 141,909 132,100 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 909 132,100 22 Net assets or fund balances Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge Declaration of preparer (other than officer) is based on all information of which preparer has any Sign Here President Type or print name and title Preparer's identifying number Check if (see instructions Paid P00887090 signature 6/15/10 IRWIN WOLF employed Preparer's WEISSMAN WOLF CPA'S . C 13-3423153 EIN Firm's name (or yours Use Only 2410 PENN PLAZA, SUITE Phone if self-employed), address, and ZIP + 4 212-967-7300 NEW YORK, NY 10119

May the IRS discuss this return with the preparer shown above? (see instructions

Yes

Form 990 (2008) THE ELAINE AND STEPHEN STAMAS, NY

### Part IV Checklist of Required Schedules

	,		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3	L	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to		ĺ	
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete			
	Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part		] ]	
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		<u> </u>
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,			
	Parts VI, VIII, IX, or X as applicable	11		X
12	Did the organization receive an audited financial statement for the year for which it is completing this return			
	that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>X</u>
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		<u> </u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			v
	business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	4.5	ĺ	x
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	-	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	4.		x
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16 17		X
17 18	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	18		X
	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	19		X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	20		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H  Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	$\longrightarrow$	X
21 22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	x	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions			
	24b–24d and complete Schedule K. If "No," go to question 25	24a		X
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			-
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified			
	person from a prior year? If "Yes," complete Schedule L, Part I	25b		X
8	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	Ī		
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
7	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or	J		_
	substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		X

Part IV Checklist of Required Schedules (continued)

	,		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or			
	employee), or an indirect business relationship through ownership of more than 35% in another entity			
	(individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L,			
	Part IV	28a		_X_
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes,"			
	complete Schedule L, Part IV	28b		<u> </u>
C	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a	İ		
	professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		_X_
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		_X_
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		_X_
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		_X_
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	34		<u> </u>
35	is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		_X_
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
	VI	37		<u> </u>

Form **990** (2008)

Pe	int V Statements Regarding Other IRS Filings and Tax Compilance	·		. 1	
4.	Fater the number reported in Pay 2 of Farm 1006. Applied Summany and Transmittal of	1		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	1a			
<b>L</b>	U.S Information Returns. Enter -0- if not applicable  Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	1 1		; *
b	Did the organization comply with backup withholding rules for reportable payments to vendors and reporta		1 1	1	Ē
С	gaming (gambling) winnings to prize winners?		1c	1	X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax				
	Statements, filed for the calendar year ending with or within the year covered by this return	2a		1	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see			-	:
	instructions)			1	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			1	í
	this return?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other author				
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	ıl			17
	account)?		4a		X
b	If "Yes," enter the name of the foreign country				
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank				:
_	and Financial Accounts		5a	Ì	X
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  Defend to the party party the agreement of the transaction at any time during the tax year?		5b		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity				
С	Regarding Prohibited Tax Shelter Transaction?		5c		
6a	Did the organization solicit any contributions that were not tax deductible?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions of				
	gifts were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than			-	:
	\$75?		7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	required to file Form 8282?	1	7c		X
d	in 100, majoute the number of terms of the same family the year	7d	- 1		<u>:</u>
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a persor	nal		İ	. •
	benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g	-	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as		7h		x
	required? Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section	n			
8	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsori				į
	organization, have excess business holdings at any time during the year?	5	8		X
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.				
а	Did the organization make any taxable distributions under section 4966?		9a		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9ь		X
10	Section 501(c)(7) organizations. Enter				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	1 1		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	4 1	ŀ	
11	Section 501(c)(12) organizations. Enter	ı		ŀ	
а	Gross income from members or shareholders	11a	4 1	-	
b	Gross income from other sources (Do not net amounts due or paid to other sources against			ŧ	
		11b	1, 1	ŧ	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 104		12a	<u>}</u>	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	لمسل		

**Part VI Governance, Management, and Disclosure** (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sec	tion A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the			
	circumstances, processes, or changes in Schedule O See instructions			
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X_
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	<u> </u>	X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	_6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			Í
	of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	ļ	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			ŀ
	the year by the following			ŧ
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	<u> </u>
9a	Does the organization have local chapters, branches, or affiliates?	9a_	ļ	X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		<u> </u>
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations	į	İ	
	must describe in Schedule O the process, if any, the organization uses to review the Form 990	10		X
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		L	X
<u>Sec</u>	tion B. Policies		1	
		[40	Yes	No V
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
þ	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		<del> </del>
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	i		
	describe in Schedule O how this is done	12c	-	77
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14	ļ.—	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision	l		
а	The organization's CEO, Executive Director, or top management official?	15a		X
b	Other officers or key employees of the organization?	15b		
	Describe the process in Schedule O (see instructions)	•		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	ļ., ·		
	with a taxable entity during the year?	16a	ļ	X
þ	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			ŀ
	the organization's exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NY  Section 0404 required on a recognization to make its Form 1033 (or 1034 if applicable), 990, and 990 T (501(a)(3)s only)			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
	available for public inspection. Indicate how you make these available. Check all that apply			
40	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
20	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization   ORGANIZATION  1 PENN PL. #2410			
NT	organization NY 10119			

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A)	(B) Average	Pos	(C) osition (check all that apply)				nlv)	(D) Reportable	(E) Reportable	( <b>F</b> ) Estimated
Name and Title	hours per week	Individual trustee		Officer	Key employee	employee employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
KEN MIRKIN PRESIDENT								0	0	0
DAWN HANNAY VICE PRESIDE								0	0	0
RENEE SIEBER SECRETARY								0	0	0
JOSEPH PEREI TREASURER	RA							0	0	0
							_			
							-			

P	rt VII Section A	A. Officers, Directors, Trus	tees	, Ke	y En	nplo	yees	, an	d Highest Compensated E	mployees (continued)	 		
	(A) Name and title	(B) Average			checl				(D) Reportable	(E) Reportable	( <b>F</b> Estim	ated	
		hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amour othrom from organizand re and re	er sation the ration lated	
				_									
	_												
												-	-
												-	
													·
1b	Total				1			<b>&gt;</b>			_		
2	Total number of indivorganization ▶ 0	riduals (including those in 1	a) wh	no re	ceive	ed m	ore t	han	\$100,000 in reportable com	pensation from the	-	_	
3		list any <b>former</b> officer, direc	tor o	r trus	stee	kev	emn	love	e or highest compensated			Yes	No
4	employee on line 1a? For any individual list	If "Yes," complete Schedued on line 1a, is the sum of	le J f	or su	ich ir le co	ndıvı mpe	dual nsatı	on a	and other compensation from		3		X
_	ındıvıdual	-							complete Schedule J for su	ch	4		x
5	services rendered to	on line 1a receive or accru the organization? If "Yes," o									 5		x
1	Complete this table for compensation from the	or your five highest compen	sate	d ind	eper	nden	t con	trac	tors that received more than	\$100,000 of			
		(A) Name and business address							Descript	(B) ion of services	Cor	(C) mpensat	lion
	<del>_</del>					_							
					_								
	<del>_</del>												
													-
2	Total number of indep	pendent contractors (includi ne organization ►	ng th	ose	ın 1)	who	rece	eive	d more than \$100,000 in		 0		

P	art \	/III Stater	ment of Rev	enue						
		,	·				(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
s o	10	Federated car	nnaiana	40	·····		<del></del>	revenue		512, 513, or 514
ant	14			1a	<del></del>	<del></del>				
5	Ь	•	-	1b						
Contributions, gifts, grants and other similar amounts	S C	•		1c		<del></del>				
Ωį	e d	- 5		1d						
Sign	e		·	1e		[	:			
Ė	1	All other contribution								1
<u> </u>	3		not included above	1f	<del></del>	850	ı			1
S S	g		ns included in lines 1a	-1f \$						
_	<u> </u>	Total. Add line	es 1a_1f			<u> </u>	850			
Program Service Revenue	1					Busn. Code				
eve	2a					<b> </b>		<del></del>		
Š	b	•						·		
ξi	C									
Se	d	l				<u> </u>				
Гаш	е					L				
5 g	f	All other progr		nue						
<u> </u>	g	Total. Add line	es 2a-2f			<b>•</b>				
	3	Investment inc	ome (including o	lıvıden	ds, interes	st, and				
		other similar a	mounts)			▶	2,820			2,820
	4	Income from in	vestment of tax	-exem <sub>l</sub>	pt bond pr	oceeds 🕨 💄				
	5	Royalties				<b></b>				
			(ı) Real		(II) F	Personal	<u> </u>			ţ
	6a	Gross Rents					1			
	ь	Less rental exps								
	С	Rental inc or (loss)								ŧ
	_d	Net rental inco	me or (loss)			<b></b>				
	7a	Gross amount from sales of assets	(ı) Secuntie	s	(11	) Other				1
		other than inventory	69	,012						
	b	Less cost or other								
	l	basis & sales exps	34	,800						Į.
	c	Gain or (loss)	34	,212						
	d		ss)			<b></b>	34,212	34,212		
	8a	Gross income fro	m fundraising ever	nts						
9		(not including \$	-							
ē	l	of contributions re	eported on line 1c)		}	1	1			
Other Reveni		See Part IV, line	•	а						
ě	b	Less direct ex		b						
ਰੋ	1	Net income or		aising	events	<b>•</b>	ĺ			
	ı	Gross income fro								,
		See Part IV, line	-	а			<b>‡</b>			1
	b	Less direct exp		b			1			1
		Net income or		na acti	vities	<b>•</b>				
		Gross sales of	_	J						
		returns and allo	-	а			1			
	b	Less cost of ge	oods sold	b			ŧ.			
		Net income or		of inv	entory	<b>•</b>	ĺ	Ì		
			ellaneous Revenue		<u> </u>	Busn. Code	<del></del>		· · · · ·	
	11a						į	Ì		1
	b					<u> </u>				<del>                                     </del>
	c					<del>                                     </del>				<del> </del>
		All other revenu	ie			<del> </del>				<del>                                     </del>
		Total. Add lines				<b></b>			······································	
			. Add lines 1h, 2	a 3 4	. 5 6d 7d		<u>-</u>			<del></del>
	-	9c, 10c, and 11		ສ, ບ, <b>າ</b>	, 0, 00, 70	, oc, <b>▶</b>	37,882	34,212	(	2,820
		, 100, 0110 11	<u> </u>							4,040

#### Part IX Statement of Functional Expenses

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

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

		Tompiete delamin (71) But			
	o not include amounts reported on lines 6b, <u>o,</u> 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	Grants and other assistance to governments and			<del></del>	
•	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	7,850	7,850		<u> </u>
3	·	- 7,000			
J	Grants and other assistance to governments,		1		
	organizations, and individuals outside the				
	U S See Part IV, lines 15 and 16	<del></del>			
4	Benefits paid to or for members				<u> </u>
5	Compensation of current officers, directors,				
	trustees, and key employees	ļ			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)			<del></del>	
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal			_ <del></del>	
С	Accounting	575		575	
d	Lobbying		······································		
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
9			_ <del>_</del> -		<del></del>
12	Advertising and promotion			·····	
13	Office expenses			<del></del>	
14	Information technology				<del>-</del>
15 16	Royalties			<del></del>	
16 17	Occupancy Travel				
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses Itemize expenses not				
	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed			1	
	5% of total expenses shown on line 25 below)				
а	FILING FEES	60	60		
b	BANK FEES	45	45		
C					
d					
e	All other expenses				<del></del>
т 25	All other expenses  Total functional expenses. Add lines 1 through 24f	8,530	7,955	575	
<u>25</u> 26	Joint Costs. Check here If following	0,330	7,333		<del></del> -
	SOP 98-2 Complete this line only if the				-
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation				

P	art )	Balance Sheet						uge i
				(A) Beginning of year		(B End of		
	1	Cash—non-interest bearing		10,719	1		3,	707
	2	Savings and temporary cash investments			2			
	3	Pledges and grants receivable, net			3			
	4	Accounts receivable, net			4			
	5	Receivables from current and former officers, directors, tru	istees, key					
		employees, or other related parties. Complete Part II of Sc	hedule L		5			
	6	Receivables from other disqualified persons (as defined ur	nder section					
		4958(f)(1)) and persons described in section 4958(c)(3)(B)	Complete					
		Part II of Schedule L			6			
ţ	7	Notes and loans receivable, net			7			
Assets	8							
As	9	Prepaid expenses and deferred charges			9			
	10a	Land, buildings, and equipment cost basis	10a					
	b	Less accumulated depreciation Complete						
		Part VI of Schedule D	10b		10c			
	11	Investments—publicly traded securities		131,190	11	1	28,	<u> 393</u>
	12	12						
	13	Investments—program-related See Part IV, line 11			13			
	14	Intangible assets			14			
	15	Other assets See Part IV, line 11		111 000	15			
	16	Total assets. Add lines 1 through 15 (must equal line 34)		141,909	16		32,	100
	17	Accounts payable and accrued expenses		<u> </u>	17			
	18	Grants payable			18	<del></del>		
	19	Deferred revenue		- <del></del>	19			
s	20	Tax-exempt bond liabilities			20			
Liabilities	21	Escrow account liability Complete Part IV of Schedule D			21	<del></del>		
bili	22	Payables to current and former officers, directors, trustees	•					
ia		employees, highest compensated employees, and disquali	пеа	<u> </u>	20			
_	20	persons Complete Part II of Schedule L			22			
	23	Secured mortgages and notes payable to unrelated third p	arties	<del></del>	23			
	24 25	Unsecured notes and loans payable			25			
	26	Other liabilities Complete Part X of Schedule D  Total liabilities. Add lines 17 through 25			26			
(0	20	Organizations that follow SFAS 117, check here	and		20			
ces		complete lines 27 through 29, and lines 33 and 34.	. and		1			
an	27	Unrestricted net assets		141,909	27	1	32,	100
3al	28	Temporarily restricted net assets			28			
g l	29	Permanently restricted net assets		<del></del>	29			
ا جَ.		Organizations that do not follow SFAS 117, check here	, <b>,</b> ,					
빌		and complete lines 30 through 34.			1			
0	30	Capital stock or trust principal, or current funds		j	30			
ğ	31	Paid-in or capital surplus, or land, building, or equipment fu	ind		31			
ŝ	32	Retained earnings, endowment, accumulated income, or or			32			
Net Assets or Fund Balanc	33	Total net assets or fund balances		141,909	33	1.	32,3	100
ž	<u>3</u> 4	Total liabilities and net assets/fund balances		141,909	34		32,	
Pa	irt X	Financial Statements and Reporting						
							Yes	No
1	Acc	counting method used to prepare the Form 990 $oxdim X$ Ca	ash 🗌 Accrual 📋 Ot	ther				
2a	We	re the organization's financial statements compiled or review	ved by an independent accountan	nt?		2a		<u>X</u>
b	We	re the organization's financial statements audited by an inde	ependent accountant?			2b		_ <u>X</u>
С	lf "	es" to lines 2a or 2b, does the organization have a committe	ee that assumes responsibility for	oversight of				
		e audit, review, or compilation of its financial statements and				2c		
3a		a result of a federal award, was the organization required to	undergo an audit or audits as set	t forth in			J	
		Single Audit Act and OMB Circular A-133?				3a		
<u>b</u>	If "	es," did the organization undergo the required audit or audit	ts?			3b		

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 494

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

THE ELAINE AND STEPHEN STAMAS, NY PHILHARMONIC SCHOLARSHIP FUND, INC.

Employer identification number 13-4143498

Schedule A (Form 990 or 990-EZ) 2008

F	art I	Reas	on for Public Charity	Status (All organizations	must c	omplete	this p	oart.) (	see in	structi	ions)		
The	orga	nization is not	a private foundation because	e it is (Please check only one org	ganization	)	_ •				_		
1		A church, co	nvention of churches, or asso	ociation of churches described in	section 1	70(b)(1)(	A)(i).						
2	П	A school des	cribed in section 170(b)(1)(/	A)(ii). (Attach Schedule E)									
3	П			e organization described in secti	ion 170(b	)(1)(A)(iii)	. (Attach	Schedu	ıle H )				
4	П			in conjunction with a hospital de						ne hosp	ital's name.		
		city, and state					( - / (	, , , , ,			,		
5	$\Box$	•		f a college or university owned or	r operated	by a gove	ernment	al unit de	escribed	Lin			
•			b)(1)(A)(iv). (Complete Part		оролого	-, -, 5							
6	П			′′ / overnmental unit described in <b>sec</b>	tion 170	<b>ΤΑΙ(1)(Δ)</b> (υ	d						
7	X	•					•	n the ae	neral ni	iblic			
•	4.	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)											
۰	$\Box$	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II )											
8 9	$\vdash$	•				ntabution	a mamb	orobio f	000 00	d aross			
7	L	An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its											
										1 113			
			_	d unrelated business taxable inco			11 (4%) 11	oiii busi	1162262				
40	$\Box$	-	_	, 1975 See <b>section 509(a)(2).</b> (			-3/43 /-		-4				
10	H			xclusively to test for public safety									
11	Ш	-		xclusively for the benefit of, to pe				-		4! a.u.			
				d organizations described in sec						шоп			
	509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h												
	г	a Type	<b>□</b> ′'	c Type III–Functiona			d		e III–Ot	ner			
е	Ш			inization is not controlled directly									
				and other than one or more public	ciy suppoi	ted organ	izations	describe	a in sec	cuon			
			section 509(a)(2)	and the second s	Time I Ti	me II er T	Supp. III. o		_				-
f		=		mination from the IRS that it is a	Type i, Ty	/pe ii, or i	ype iii s	upportin	g				$\Box$
		_	check this box		<b>6</b>								Ш
g		<del>-</del>		on accepted any gift or contributi	on from a	ny or the							
		following per											Γ
				ntrols, either alone or together wi	th person	s describe	d in (ii)					Yes	No
		• •	below, the governing body of	* * * *							11g(i)		├
			member of a person describe	**							11g(II)		<u> </u>
		• •	ontrolled entity of a person de	** **							11g(iii)		L
h		Provide the f	ollowing information about th	e organizations the organization	supports						,		
(1	Name	e of supported	(ii) EIN	(III) Type of organization	1 ' '	organization		ou notify		s the	(VII) Am	ount of	
	org	anization		(described on lines 1-9 above or IRC section		sted in your document?	·	nization in of your	organizat	ion in cal zed in the	supp	ort	
				(see instructions))	governing	document.		or your		3 2			
				,	Yes	No	Yes	No	Yes	No			
										-		_	
								Ĺ					
					L								
					Ē								
				•	r .				1	1	,		

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

THE ELAINE AND STEPHEN STAMAS, NY Schedule A (Form 990 or 990-EZ) 2008 13-4143498 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 8,000 3,100 540 850 12,490 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1-3 3,100 540 850 8,000 12,490 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 12,490 Section B. Total Support Calendar year (or fiscal year beginning in) (c) 2006 (d) 2007 (e) 2008 (a) 2004 (b) 2005 (f) Total Amounts from line 4 8,000 3,100 540 850 12,490 Gross income from interest, dividends. payments received on securities loans, rents, royalties and income from similar 2,572 5,890 3,771 2,291 2,820 17,344 sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. Add lines 7 through 10 29,834 12 12 Gross receipts from related activities, etc. (see instructions) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) 14 41.8650 % 15 15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f 40.9089 33 1/3 % support test—2008. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3 % support test-2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or

more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Schedule A (Form 990 or 990-EZ) 2008

Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1-5 Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 Add lines 7a and 7b Public support (Subtract line 7c from line 6) Section B. Total Support (d) 2007 Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (c) 2006 (e) 2008 (f) Total Amounts from line 6 Gross income from interest, dividends, 10a payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business 11 activities not included in line 10b, whether or not the business is regularly carried on 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, 13 and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 14 organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) 15 % Public support percentage from 2007 Schedule A, Part IV-A, line 27g 16 % Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) 17 % Investment income percentage from 2007 Schedule A, Part IV-A, line 27h 18 % 18 33 1/3 % support tests—2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3 % support tests—2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization

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

Schedule A (Form 990 or 990-EZ) 2008 THE ELAINE AND STEPHEN STAMAS, NY

13-4143498

Page 4

**Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12 Provide any other additional information. (see instructions)

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**SCHEDULE 1** (Form 990) Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.

OMB No 1545-0047	2008	Open to Public

Inspection

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

× % |X (h) Purpose of grant Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use or assistance ☐ Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Employer identification number non-cash assistance (g) Description of 13-4143498 (d) Amount of cash grant (e) Amount of non-cash (book, FMV, appraisal, assistance other) Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part IV and Schedule I-1 (Form 990) if additional space is needed INC. (c) IRC section if applicable THE ELAINE AND STEPHEN STAMAS, PHILHARMONIC SCHOLARSHIP FUND, General Information on Grants and Assistance (p) EIN the selection criteria used to award the grants or assistance? (a) Name and address of organization or government Name of the organization Parti

Enter total number of section 501(c)(3) and government organizations Enter total number of other organizations Schedule I (Form 990) 2008

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2008

Page 2

13-4143498

THE ELAINE AND STEPHEN STAMAS, NY

(f) Description of non-cash assistance Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) non-cash assistance (d) Amount of 7,850 (c) Amount of cash grant Use Schedule I-1 (Form 990) if additional space is needed. (b) Number of recipients (a) Type of grant or assistance SCHOLARSHIP Part IV Part III

ĕ

SCHEDULE O

(Form 990)

Supplemental Information to Form 990

provide 2008 Open to Public

Department of the Treasury Internal Revenue Service Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Name of the organization

THE ELAINE AND STEPHEN STAMAS, NY PHILHARMONIC SCHOLARSHIP FUND, INC

Employer identification number 13-4143498

OMB No 1545-0047

Inspection

FORM 990, PART III, LINE 4D - ALL OTHER ACHIEVEMENTS

GRANTS TO NEEDY MUSIC STUDENTS FOR TUITION AND MUSICAL

INSTRUMENTS

STAM498 THE ELAINE AND STEPHEN STAMAS, NY 6/15/2010 **Federal Statements** 13-4143498 FYE: 11/30/2009 **Taxable Interest on Investments** Unrelated Exclusion Postal Code Description Amount **Business Code** Code TD BANK \$ 16 14 \$ 16 TOTAL **Taxable Dividends from Securities** Exclusion Unrelated Postal Description Amount **Business Code** Code Code VANGUARD WELLINGTON \$ 1,132 14 VANGUARD MM FUND 32 14 EXXON MOBIL 1,640 14 2,804 TOTAL

Form **8868**(Rev. April 2009)

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

(Rev April 2009)		Exempt Organization Return		ľ	OMB No 1545-1709	
Department of the Treasury Internal Revenue Service		► File a separate application for each return.				
		tomatic 3-Month Extension, complete only Part I and check this box			▶ X	
-	-	ditional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form)				
	-	ess you have already been granted an automatic 3-month extension on a previously filed Form 8	868	_		
Part 1		c 3-Month Extension of Time. Only submit original (no copies needed).				
A corporation i	required to file I	Form 990-T and requesting an automatic 6-month extension—check this box and complete				
Part I only					▶ □	
	rations (includii ome tax returns	ng 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension	ı of			
Electronic Fili	in <b>g (e-file)</b> . Ge	nerally, you can electronically file Form 8868 if you want a 3-month automatic extension of time t	o file			
		w (6 months for a corporation required to file Form 990-T) However, you cannot file Form 8868				
=		he additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, gro				
	-	nsolidated Form 990-T Instead, you must submit the fully completed and signed page 2 (Part II)	of For	m		
		electronic filing of this form, visit www irs gov/efile and click on e-file for Charities & Nonprofits				
Type or		empt Organization AINE AND STEPHEN STAMAS, NY	npioy	er identifi	cation number	
print File by the			3 - 4	14349	8	
due date for filing your	Number, stre	er, street, and room or suite no If a P O box, see instructions  WOLF WEISSMAN CPA'S I PENN PL. 2410				
return See instructions	City, town or post office, state, and ZIP code For a foreign address, see instructions					
	NEM YO	RK NY 10119				
		iled (file a separate application for each return)				
$\Box$	Form 990 Form 990-T (corporation)				orm 4720	
Form 99		Form 990-T (sec 401(a) or 408(a) trust)		-	orm 5227	
Form 99		Form 990-T (trust other than above) Form 1041-A		-	orm 6069 orm 8870	
FOUR 99	U-PF	Form 1041-A			JIII 6670	
<ul><li>The books</li></ul>	are in the care	of <b>TAXPAYER</b>				
Telephone	No. No.	FAX No ▶				
_		ot have an office or place of business in the United States, check this box			▶ □	
_		·	nis is		, ,	
for the whole g	•					
<del>-</del>	* *	s of all members the extension will cover		_		
•		3-month (6 months for a corporation required to file Form 990-T) extension of time				
		, to file the exempt organization return for the organization named above. The extension is				
	rganization's re	turn for				
	calendar year	or ning 12/01/0 <b>§</b> , and ending 11/30/ <b>∂</b> .9				
<b>▶</b> [X]	tax year beginn	ing 12/01/08, and ending 11/30/049				
2 If this tax	year is for less	s than 12 months, check reason Initial return Final return Change in ac	count	ing period		
3a If this ap	plication is for f	Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax,			<del></del>	
		credits See instructions	3a_	\$		
		Form 990-PF or 990-T, enter any refundable credits and estimated tax				
		e any prior year overpayment allowed as a credit	3b	\$		
		line 3b from line 3a Include your payment with this form, or, if required, on or, if required, by using EFTPS (Electronic Federal Tax Payment				
	See instruction		3c	s		
		nake an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO		<b>_</b> <i>T</i>		
for payment ins						

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev 4-2009)