

Return of Organization Exempt from Income Tax

2002

Department of the Treasury
Internal Revenue Service

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

Open to Public
Inspection

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

A For the 2002 calendar year, or tax year beginning , 2002, and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See specific instruc- tions	C Name of organization GBU Foundation, Inc	D Employer Identification Number 25-6076646
		Number street (or P O box if mail is not delivered to street addi) Room/suite 4254 Clairton Boulevard	E Telephone number (412) 884-5100
		City town or country State ZIP code + 4 Pittsburgh PA 15227-3394	F Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify)
		Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).	

G Web site: N/A

J Organization type (check only one) 501(c) 3 (insert no) 4947(a)(1) or 527

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12: 80,606

H and I are not applicable to section 527 organizations

H (a) Is this a group return for affiliates? Yes No

H (b) If Yes enter number of affiliates: _____

H (c) Are all affiliates included? Yes No (If No attach a list. See instructions.)

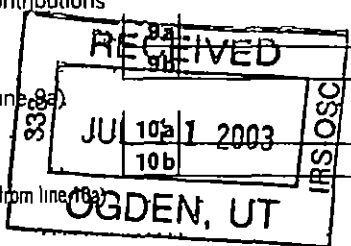
H (d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Enter 4-digit GEN: _____

M Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions)

1	Contributions, gifts, grants, and similar amounts received			
	a Direct public support	1a		
	b Indirect public support	1b		
	c Government contributions (grants)	1c		
d	Total (add lines 1a through 1c) (cash \$ _____ noncash \$ _____)	1d		
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		80,606
3	Membership dues and assessments	3		
4	Interest on savings and temporary cash investments	4		
5	Dividends and interest from securities	5		
6a	Gross rents	6a		
b	Less rental expenses	6b		
c	Net rental income or (loss) (subtract line 6b from line 6a)	6c		
7	Other investment income (describe _____)	7		
8a	Gross amount from sales of assets other than inventory	(A) Securities	(B) Other	
		8a		
		8b		
c	Gain or (loss) (attach schedule)	8c		
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8d		
9	Special events and activities (attach schedule)			
a	Gross revenue (not including \$ _____ of contributions reported on line 1a)			
b	Less direct expenses other than fundraising expenses			
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c		
10a	Gross sales of inventory, less returns and allowances			
b	Less cost of goods sold			
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c		
11	Other revenue (from Part VII, line 103)	11		
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		80,606
13	Program services (from line 44, column (B))	13		54,306.
14	Management and general (from line 44, column (C))	14		0
15	Fundraising (from line 44, column (D))	15		0
16	Payments to affiliates (attach schedule)	16		
17	Total expenses (add lines 16 and 44, column (A))	17		54,306
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18		26,300.
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19		912,220
20	Other changes in net assets or fund balances (attach explanation)	20		8,298.
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		946,818.



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Part II Statement of Functional Expenses All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (att sch) (cash \$ 49,750 non cash \$)	49,750	49,750		
23	Specific assistance to individuals (att sch)	0	0		
24	Benefits paid to or for members (att sch)	0	0		
25	Compensation of officers, directors, etc	0	0	0	0
26	Other salaries and wages	0	0	0	0
27	Pension plan contributions	0	0	0	0
28	Other employee benefits	0	0	0	0
29	Payroll taxes	0	0	0	0
30	Professional fundraising fees	0	0	0	0
31	Accounting fees	0	0	0	0
32	Legal fees	0	0	0	0
33	Supplies	0	0	0	0
34	Telephone	0	0	0	0
35	Postage and shipping	0	0	0	0
36	Occupancy	0	0	0	0
37	Equipment rental and maintenance	0	0	0	0
38	Printing and publications	0	0	0	0
39	Travel	0	0	0	0
40	Conferences, conventions, and meetings	0	0	0	0
41	Interest	0	0	0	0
42	Depreciation, depletion, etc (attach schedule)				
43	Other expenses not covered above (itemize)				
a	Other	4,556	4,556	0	0
b					
c					
d					
e					
44	Total functional expenses (add lines 22-43) Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	54,306	54,306	0	0

Joint Costs. Check if you are following SOP 98 2
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If 'Yes,' enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to program services \$ _____, (iii) the amount allocated to management and general \$ _____, and (iv) the amount allocated to fundraising \$ _____

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? <input type="checkbox"/> To Provide Scholarships To Qualifying Individuals	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others)
a <u>To Provide Scholarships To Youths And Other Persons To Further Their Educational Pursuit</u> (Grants and allocations \$ 49,750)	54,306
b _____ (Grants and allocations \$)	
c _____ (Grants and allocations \$)	
d _____ (Grants and allocations \$)	
e Other program services (Grants and allocations \$)	
f Total of Program Service Expenses (should equal line 44, column (B), program services)	54,306

Part IV Balance Sheets (See Instructions)

		(A) Beginning of year		(B) End of year
ASSETS	45 Cash – non interest bearing	30,094	45	27,489
	46 Savings and temporary cash investments		46	
	47 a Accounts receivable	47 a		
	b Less allowance for doubtful accounts	47 b	47 c	
	48 a Pledges receivable	48 a		
	b Less allowance for doubtful accounts	48 b	48 c	
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51 a Other notes & loans receivable (attach sch)	51 a		
	b Less allowance for doubtful accounts	51 b	51 c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	
	54 Investments – securities (attach schedule) L-54 Stmt <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	972,575	54	1,021,440
	55 a Investments – land, buildings, & equipment basis	55 a		
	b Less accumulated depreciation (attach schedule)	55 b	55 c	
	56 Investments – other (attach schedule)		56	
	57 a Land, buildings, and equipment basis	57 a		
	b Less accumulated depreciation (attach schedule)	57 b	57 c	
	58 Other assets (describe ▶ <u>Accrued Interest</u>)	16,808	58	14,640
59 Total assets (add lines 45 through 58) (must equal line 74)	1,019,477	59	1,063,569	
LIABILITIES	60 Accounts payable and accrued expenses	750	60	800
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64 a Tax exempt bond liabilities (attach schedule)		64 a	
	b Mortgages and other notes payable (attach schedule)		64 b	
	65 Other liabilities (describe ▶ <u>See Line 65 Stmt</u>)	106,507	65	115,951
66 Total liabilities (add lines 60 through 65)	107,257	66	116,751	
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted		67	
	68 Temporarily restricted	912,220	68	946,818
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	912,220	73	946,818	
74 Total liabilities and net assets/fund balances (add lines 66 and 73)	1,019,477	74	1,063,569	

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

BAA

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See instructions)

a	Total revenue, gains, and other support per audited financial statements	a	88,904
b	Amounts included on line a but not on line 12, Form 990		
(1)	Net unrealized gains on investments \$ 8,298		
(2)	Donated services and use of facilities \$		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify)		
	----- \$		
	Add amounts on lines (1) through (4)	b	8,298
c	Line a minus line b	c	80,606
d	Amounts included on line 12, Form 990 but not on line a		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify)		
	----- \$		
	Add amounts on lines (1) and (2)	d	
e	Total revenue per line 12, Form 990 (line c plus line d)	e	80,606

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements	a	54,306
b	Amounts included on line a but not on line 17, Form 990		
(1)	Donated services and use of facilities \$		
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify)		
	----- \$		
	Add amounts on lines (1) through (4)	b	
c	Line a minus line b	c	54,306
d	Amounts included on line 17, Form 990 but not on line a		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify)		
	----- \$		
	Add amounts on lines (1) and (2)	d	
e	Total expenses per line 17, Form 990 (line c plus line d)	e	54,306

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see instructions)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
James D Reagan 161 Hampton Dr Glen Carbon, IL 62034	Chairman Of The Board 0	0	0	0
James R Stoker 9 East Club Dr Pittsburgh, PA 15236	Secretary/Treasurer 1	0	0	0
Ernest C Bevins 9838 N Territorial Dr Dexter, MI 48130	Director 0	0	0	0
Donna Brophy 5185 Elmwood Dr Pittsburgh, PA 15227	Director 0	0	0	0
Barry Gorzelsky 134 Harshberger St Johnstown, PA 15905	Director 0	0	0	0
Lea Ann Hazi 8776 Man-O-War Palm Beach Gardens, FL 33418	Director 0	0	0	0

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? Yes No
If 'Yes,' attach schedule - see instructions

Part VI Other Information (See instructions)

		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes		X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
78b	If 'Yes,' has it filed a tax return on Form 990-T for this year?		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc. to any other exempt or nonexempt organization?	X	
80b	If 'Yes,' enter the name of the organization <u>Greater Beneficial Union of Pittsburgh</u> and check whether it is <input checked="" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81a	Enter direct or indirect political expenditures See line 81 instructions	81a	0
81b	Did the organization file Form 1120-POL for this year?		X
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
82b	If 'Yes,' you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)	82b	
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
84b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
85a	501(c)(4), (5), or (6) organizations Were substantially all dues nondeductible by members?		
85b	Did the organization make only in house lobbying expenditures of \$2,000 or less? If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year		
85c	c Dues, assessments, and similar amounts from members	85c	
85d	d Section 162(e) lobbying and political expenditures	85d	
85e	e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
85f	f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	
85g	g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	
85h	h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	
86a	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12	86a	
86b	b Gross receipts, included on line 12, for public use of club facilities	86b	
87a	501(c)(12) organizations Enter a Gross income from members or shareholders	87a	
87b	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX	88	X
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <u>0</u> , section 4912 <u>0</u> , section 4955 <u>0</u>		
89b	501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction	89b	X
	c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0
	d Enter Amount of tax on line 89c, above, reimbursed by the organization		0
90a	List the states with which a copy of this return is filed <u>None</u>		
90b	Number of employees employed in the pay period that includes March 12, 2002 (See instructions)	90b	0
91	The books are in care of <u>Secretary/Treasurer</u> Telephone number <u>(412) 884-5100</u> Located at <u>4254 Clairton Boulevard</u> <u>Pittsburgh, PA</u> ZIP + 4 <u>15227-3394</u>		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax exempt interest received or accrued during the tax year <u>92</u>		

Part VII Analysis of Income-Producing Activities (See instructions)

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a CONTRIBUTIONS					14,122
b INVESTMENT INCOME					66,484
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts					
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate					
a debt financed property					
b not debt financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))					80,606
105 Total (add line 104, columns (B), (D), and (E))					80,606

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See instructions)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93	CONTRIBUTIONS FROM MEMBERS, AND INVESTMENT INCOME ARE USED EXCLUSIVELY TO PROVIDE SCHOLARSHIPS FOR CONTINUING EDUCATION

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See instructions) N/A

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See instructions)

a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions)

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

Please *James R. ... CEO* Date *6/27/03*

... CEO

Date _____ Check if _____ Preparer's SSN or PTIN (see General Instructions)

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under
Section 501(c)(3)

OMB No 1545 0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

2002

Department of the Treasury
Internal Revenue Service

Supplementary Information -- (See separate instructions)
▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.

Name of the organization

GBU Foundation, Inc

Employer identification number

25-6076646

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See instructions List each one If there are none, enter "None ")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
None -----				

Total number of other employees paid over \$50,000 ▶	None			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See instructions List each one (whether individuals or firms) If there are none, enter "None ")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None -----		

Total number of others receiving over \$50,000 for professional services ▶	None	

Part III Statements About Activities (See instructions)

1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities. ▶ \$ 0

(Must equal amounts on line 38, Part VI-A, or line f of Part VI B)

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes,' must complete Part VI B AND attach a statement giving a detailed description of the lobbying activities

2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions)

a Sale, exchange, or leasing of property?

b Lending of money or other extension of credit?

c Furnishing of goods, services, or facilities?

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?

e Transfer of any part of its income or assets?

3 Does the organization make grants for scholarships, fellowships, student loans, etc? (See Note below.)

4 Do you have a section 403(b) annuity plan for your employees?

	Yes	No
1		X
2		
2a		X
2b		X
2c		X
2d		X
2e		X
3	X	
4		X

Note: Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs 'qualify' to receive payments

Part IV Reason for Non-Private Foundation Status (See instructions)

The organization is not a private foundation because it is (Please check only ONE applicable box)

5 A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)

6 A school Section 170(b)(1)(A)(ii) (Also complete Part V)

7 A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)

8 A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)

9 A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ▶

10 An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the Support Schedule in Part IV-A)

11 a An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)

11 b A community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)

12 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 charitable, etc, functions - subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the Support Schedule in Part IV-A)

13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

14 An organization organized and operated to test for public safety Section 509(a)(4) (See instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) *Use cash method of accounting.*

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	12,650	15,869	19,627	11,999	60,145
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	67,263	66,843	63,725	66,123	263,954
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					
23 Total of lines 15 through 22	79,913	82,712	83,352	78,122	324,099
24 Line 23 minus line 17	79,913	82,712	83,352	78,122	324,099
25 Enter 1% of line 23	799	827	834	781	
26 Organizations described on lines 10 or 11	<p>a Enter 2% of amount in column (e), line 24</p> <p>b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1998 through 2001 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts.</p> <p>c Total support for section 509(a)(1) test. Enter line 24, column (e)</p> <p>d Add Amounts from column (e) for lines 18 _____ 19 _____</p> <p>22 _____ 26b _____</p> <p>e Public support (line 26c minus line 26d total)</p> <p>f Public support percentage (line 26e (numerator) divided by line 26c (denominator))</p>				<p>26a 6,482</p> <p>26b</p> <p>26c 324,099</p> <p>26d 263,954</p> <p>26e 60,145</p> <p>26f 18.56%</p>
27 Organizations described on line 12.	<p>a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year</p> <p>(2001) _____ (2000) _____ (1999) _____ (1998) _____</p> <p>b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (include in the list organizations described in lines 5 through 11, as well as individuals). Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year</p> <p>(2001) _____ (2000) _____ (1999) _____ (1998) _____</p> <p>c Add Amounts from column (e) for lines 15 _____ 16 _____</p> <p>17 _____ 20 _____ 21 _____</p> <p>d Add Line 27a total _____ and line 27b total _____</p> <p>e Public support (line 27c total minus line 27d total)</p> <p>f Total support for section 509(a)(2) test. Enter amount from line 23, column (e)</p> <p>g Public support percentage (line 27e (numerator) divided by line 27f (denominator))</p> <p>h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))</p>				<p>27c</p> <p>27d</p> <p>27e</p> <p>27f</p> <p>27g %</p> <p>27h %</p>

28 Unusual Grants. For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 through 2001, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15

Part V Private School Questionnaire (See instructions)
 (To be completed ONLY by schools that checked the box on line 6 in Part IV)

		N/A	
		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If 'Yes,' please describe, if 'No,' please explain (If you need more space, attach a separate statement)		
32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions?		
	If you answered 'No' to any of the above, please explain (If you need more space, attach a separate statement)		
33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities?		
	If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement)		
34a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered 'Yes' to either 34a or b, please explain using an attached statement		
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75 50, 1975 2 C B 587, covering racial nondiscrimination? If 'No,' attach an explanation		

Miscellaneous Statement

SCHEDULE A	PART III, LINE 4		
<u>INDIVIDUALS ARE AWARDED SCHOLARSHIPS BASED ON MERIT, ACADEMIC ACHIEVEMENT, COMMUNITY INVOLVEMENT AND OTHER RELATED ACTIVITIES THE SCHOLARSHIPS ARE PAID DIRECTLY TO THE INSTITUTION PROVIDING THE INDIVIDUALS EDUCATION</u>			

Total

Form 990, Page 3, Part IV, Line 54
Investments - Securities Statement

Line 54 – Investments - Securities:	Beginning of Year	End of Year
PUBLICLY TRADED SECURITIES	972,575	1,021,440
Total	<u>972,575</u>	<u>1,021,440</u>

Form 990, Page 3, Part IV, Line 65
Other Liabilities Statement

Line 65 - Other Liabilities:	Beginning of Year	End of Year
AMOUNTS RETAINED BY GBU FOUNDATION, INC AS TRUSTEE	106,507	115,951
Total	<u>106,507</u>	<u>115,951</u>

Supporting Statement of:

Form 990 p 1/Line 20

Description	Amount
UNREALIZED GAIN (LOSS) ON INVESTMENTS	8,298
Total	8,298

Supporting Statement of:

Form 990 p 2/Line 22-Cash

Description	Amount
KATHRYN L BAILEY BETHEL PARK PA 15102	1,000
ERIC C DEUTSCH PITTSBURGH PA 15237	1,000
HEATHER L DISTEL GRAYTOWN OHIO 43432	1,000
ALEXANDRA T DODSON STONEVILLE NC 27048	1,000
CYNTHIA K DRESCHER TOLEDO OH 43614	1,000
JAMES S DVORSKY BETHEL PARK PA 15102	1,000
MARSHA A LOTH BETHEL PARK PA 15102	1,500
ELIISA J LUTZ CASSELBERRY FL 32707	1,000
JESSICA M SCIULLI PITTSBURGH PA 15236	1,000
MELISSA A SCIULLI PITTSBURGH PA 15236	1,000
JASON D CRON VALRICO FL 33594	500
ADAM B MILLER MURRYSVILLE PA 15668	500
HEIDI E KLINE SUMMERHILL PA 15958	500
BRIAN D KOCH MONROE MI 48161	500
MICHELLE M LAPP PITTSBURGH PA 15237	500
DANIEL A PAULSON FLEMINGTON NJ 08822	500
JOHN D RODGERS TRENTON MI 48183	500
DANA M DUMAN PITTSBURGH PA 15239	500
KAREN KLAEGE WALBRIDGE OH 43465	500
LINDA ROUNDTREE CORAOPOLIS PA 15108	500
MADITH J TREICHEL HILLIARD OH 43026	500
DOMINIQUE RUGGIERI ORELAND PA 19075	500
THOMAS R WENKER TOLEDO OH 43614	500
MISTY L BROWN MILLINGTON MI 48746	500
JON B ALEXANDER MIDLAND MI 48642	500
STEPHEN A BROWN SAGINAW MI 48609	500
ASHLEY M DOROW DAVISON MI 48423	500
ERIC J GOELLER GLENSHAW PA 15116	500
HEATHER L HAMMOND CUYAHOGA FALLS OH 44223	500
NICHOLAS C HELMREICH RENO NV 89509	750
CHRISTOPHER J MATSOS NEW BOSTON MI 48164	500
TIMOTHY B SINGER-TOWNS WINONA MN 55987	500
ALES A STEINHAEUER DUXBURY MA 02331	500
RACHEL A STOUT HORSEHEADS NH 14845	500
KRISTEN E DELAMATRE HURON OH 44839	500
ERIN M KING ITHACA NY 14853	500
JOSHUA T MADISON SUMMERHILL PA 15958	500
MELISSA RAJSIC PHILADELPHIA PA 19124	500
JOSHUA C SECHLER CONFLUENCE PA 15424	500

Continued

Supporting Statement of.

Form 990 p 2/Line 22-Cash

Description	Amount
STEVEN D ALLISON PIPERSVILLE PA 18947	500
SEIGMUND F FUCHS NORTH ROYALTON OH 44133	500
DEBORAH M KLOHE PLANA TX 75023	500
AMANDA R ROSENKRANZ WAUKESHA WI 53188	500
SPRING M SEEMAN CLAIRTON PA 15025	500
CHARLES H BOEHM PITTSBURGH PA 15227	500
THOMAS J ENRIGHT DELTONA FL 32738	500
ELIZABETH CIPRIANO MCMURRAY PA 15317	500
BETHANY M GERDS EASTPOINTE MI 48021	500
SCOTT KLING PLYMOUTH MEETING PA 19462	500
KATIE KOCH MONROE MI 48162	500
JESSICA LIGHTNER JEFFERSON OH 44047	500
CHRISTOPHER M LOPRESTO GIBSONIA PA 15044	500
WILLIAM R LOTH HOLLIDAYSBURG PA 16648	750
KAREN PFEIFFER STERLING HEIGHTS MI 48312	500
NICOLLETTE P YOVANOF PITTSBURGH PA 15227	500
CAROLYN T BAKER MIDDLEFIELD OH 44062	500
ARAXIE R GRANT LAS VEGAS NJ 89149	500
MARK P SHEARER GLENSHAW PA 15116	500
CHRISTOPHER J ARMSTRONG WALBRIDGE OH 43465	500
LAURA M ESSEY BELL VERNON PA 15012	500
JESSICA D GLEFFE ST JOSEPH MI 49085	500
RICHARD A GOELLER III GLENSHAW PA 15116	500
JENELLE A KUDICKO NECONSET NY 11767	500
KATHERINE H KUNZ CENTERVILLE OH 45458	750
ERIN M LIEBNER MONROE MI 48161	500
COURTNEY L PAUL EAST FREEDOM PA 16637	500
DANIEL STAIFER OREGON OH 43616	500
MATTHEW J ZEMANEK HIGHLAND HEIGHTS OH 44143	500
LAURA K BOWMAN SMETHPORT PA 16749	500
ADAM J BRAUN ORLANDO FL 32822	500
ERICH W BUDDE MAUMEE OH 43537	500
SCOTT G SCHNIDER CINCINNATI OH 45242	500
DOMINIC A VALERI PHOENIXVILLE PA 19460	500
STEPHEN A BROWN SAGINAW MI 48609	1,000
BRENTWOOD HIGH SCHOOL PITTSBURGH PA	1,000
JOSHUA T MADISON SUMMERHILL PA 15958	500
JOHN D BROWN MILLINGTON MI 48746	500
ELIZABETH CIPRIANO MCMURRAY PA 15317	500
BENJAMIN J MEEKS BROWN CITY MI 48416	500
NICOLETTE P YOVANOF PITTSBURGH PA 15227	500
CHRISTOPHER J ARMSTRONG WALBRIDGE OH 43465	500
JOEL E SECHLER CONFLUENCE PA 15424	500
AMY C HEINONEN LIVONIA MI 48154	500
ALEXANDER S DRESCHER OTTAWA LAKE MI 49267	500
AMANDA S OPALUCH OLMSTED FALLS OH 44138	500
Total	<u>49,750</u>

Application for Extension of Time to File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ File a separate application for each return

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

Part I Automatic 3-Month Extension of Time — Only submit original (no copies needed)
Note. Form 990-T corporations requesting an automatic 6 month extension — check this box and complete Part I only

All other corporations (including Form 990 C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Type or print File by the due date for filing your return. See instructions	Name of Exempt Organization	Employer identification number
	GBU Foundation, Inc	25-6076646
	Number street, and room or suite number. If a P O box see instructions	
	4254 Clairton Boulevard	
	City, town or post office. For a foreign address, see instructions	state ZIP code
	Pittsburgh	PA 15227-3394

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

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

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

1 I request an automatic 3 month (6-month, for **990-T corporation**) extension of time until Aug 15, 20 03 to file the exempt organization return for the organization named above. The extension is for the organization's return for

▶ calendar year 20 02 or

▶ tax year beginning _____, 20 _____, and ending _____, 20 _____

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

3a If this application is for Form 990-BL, 990 PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____

b If this application is for Form 990-PF or 990 T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ _____

c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions \$ _____ 0

Signature and Verification

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

Signature ▶ J. Edward [Signature] Title ▶ Certified Public Accountant Date ▶ 05/07/03

BAA For Paperwork Reduction Act Notice, see Instructions. Form 8868 (12-2000)