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50rm 990-PF Department of the Treasury Internal Revenue Service

Return of Private Foundation
or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation
Note: The foundation may be able to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0052

20	N	9
450	v	J

Fo	r cal	endar	year 2009, o	or tax	year begir	ning			, 2009	, and endi	ng		, 20	
			hat apply:	$\overline{}$	Initial retur		í	nitial return	of a former p	ublic char	ity		Final return	
					Amended r	eturn		X Addre	ess change			lame change		
			Name of four	ndation	n_							A Employeridentifi	cation number	
ι	lse ti	he IRS												
		oel.	SLAUGHTE	ER S	<u>CHOLARS</u>	HIP 7	RUST 4	800 <u>2901</u>	5			35-	6054296	
(wise,	Number and	street	(or P O. box n	umber if	mail is not de	livered to stree	et address)	Room/su	ite	B Telephone number (see	page 10 of the instructions)	
	•	int ype.												
s		pecific	P.O. BOX										<u>4) 235-2790</u>	
		ctions.	City or town,	state,	and ZIP cod	е						C If exemption applicate pending, check here		_
												D 1 Foreign organizati	ions, check here . 🕨	
			SOUTH BE									 Foreign organizati 85% test, check hi 		
ዞ	Che	ck type	e of organizat	tion:	X Section	n 501(computation •		
\perp			4947(a)(1) nor						rivate foundat			E If private foundation	status was terminated	
i			t value of all						ash Acc	rual		under section 507(b))(1)(A), check here . 🕨 🗌	
			om Part II, col			<u> </u>	ther (speci	ify)	<u>-</u>			F If the foundation is in	n a 60-month termination	
		▶ \$		12,7				i) must be o	n cash basis.)			under section 507(b)(1)(B), check here	
P	art		ysis of Rever				(a) Rev	enue and	(b) Net inve	estment	6	c) Adjusted net	(d) Disbursements for charitable	ì
		may r	not necessarily	equal	the amounts	in		nses per ooks	incom	I	•	income	purposes	
_		colun	nn (a) (see page	e 11 of	f the instruct	ions))	DC						(cash basis only)	
	1		tions, gifts, grants,		eived (attach sch ion is not requ									
	2	Check	attach	Sch B.	on is not requ					-				
	3	Interest	on savings and t	tempor	ary cash inves	tments		5 150		5 150		F 150	OFW	
	4	Divide	nds and interes	st from	n securities			5,179	 	<u>5,179.</u>		5,179.	STMT	<u>. </u>
-	5 a	Gross	rents											
			tal income or (lo											
<u>ا</u> و			n or (loss) from s ales price for all					-5,215	 					
悥	-	assets o	on line 6a -			<u>658.</u>								
Hevenue	7		gain net incoi											
_	8		ort-term capita	-				•						
	9 10 a		e modifications ales less returns						ļ					
İ		and allo	wances · · ·	··⊢										—
			ost of goods sold											—
-			profit or (loss) (159	<u> </u>				STMT	7
- 1	11		income (attach					123	+	5,179.		5,179.	51111	
\neg	12		Add lines 1 thr					2,547		$\frac{3,173.}{2,547.}$		5,175.		—
- 1	13		nsation of officer					4,541	<u> </u>	<u> </u>				
	14 15		employee salar n plans, emplo					•						
<u> </u>			n pians, empio ees (attach sch	-				•						
炎	roa H	Legal I	ees (attach scr nting fees (atta	neuule;	, nedule\STM	т ; ·		1,125	<u> </u>	1,125.		NONE	N	ION
اند			professional fe					-1-20		_,,				
Operating and Administrative Expenses	17	Interes		oo tatte		,,			<u> </u>		-			
اية	17 18 -	Taver.	attacheschentia	(Co. 1)	e 14 of STM	T4.		193		-				_
<u>=</u>	19	Depres	interventedite	School P	delenad den	letion								
틹	20	Ochun	ancv		0.	3011								
₹	21	Pavel	ancy kphtereices,	sair.	eetings .						-			
ᆰ	22	Printin	g and publicati	ions	高.	· · · ·								_
<u>ق</u>	23		expenses to tra		edule)				-					
 	24	Total	perating and	admin	Istrative exp	enses.						•		
6		1	nes 13 through		-			3,865		3,672.		NONE	N	<u>ION</u> I
5	25		outions, gifts, g					23,250					23,2	
- 1	26		penses and disbur					27,115	,	3,672.		NONE		_
\neg	<u> 27</u>		ct line 26 from											
			of revenue over ex			nts		-26,992						
			vestment inco							1,507.				
			ed net income		=							5,179.		

SCANNED MAY 2 0 2010 For Privacy Act and Paperwork Reduction Act Notice, see page 30 of the instructions.

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GP1863 A491 05/03/2010 15:15:27 480029

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Form 990-PF (2009) (

Da	II	Palanca S	Shoots	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	End o	of year
Pal		Dalalice S	oneets	amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
\top	1	Cash - non-inte	rest-bearir	ng		-6,206.	-6,206.
	2	Savings and te	mporary o	eash investments			
	3	Accounts recei	ıvable 📐				
		Less: allowance	e for doub	otful accounts			
		Less: allowance	e for doub	otful accounts			
				ficers, directors, trustees, and other			
				ch schedule) (see page 16 of the instructions)			
				eceivable (attach schedule)			
				otful accounts			
				е			
ध				eferred charges		-	
SS 1				government obligations (attach schedule)		•	
7				stock (attach schedule)		•	
				bonds (attach schedule)			-
1	1	Investments - lan and equipment b Less accumulate	nd, building: basis ed deprecia	\$,			
١,		(attach schedule	•	lanna			· · · · ·
i				loans	234,219.	213,834.	218,918.
	4	Land, buildings, a	and		234,213.	213,031.	210,510
ĺ		equipment basis Less accumulate	s ed depreciat	tion			
١.		(attach schedule))				
- 1				>) pleted by all filers - see the	· ·		
'				age 1, item l)	234,219.	207,628.	212,712.
+					234,219.	201,020.	212,112.
- 1 -				ccrued expenses			
		Grants payable					
.≘।							
<u>`</u> ≣				rs, trustees, and other disqualified persons .		·· ·· ·· · ·	
의 2				tes payable (attach schedule)			
2	22	Other Habilities	s (describe	• ▶)			
١,	23	Total liabilities	s (add line)	s 17 through 22)			
+				ow SFAS 117, check here			
		and complete	e lines 2	4 through 26 and lines 30 and 31.			
ğ 2	24						
	25						
aã 2	26		-				
or Fund Balances				not follow SFAS 117,			
띰				olete lines 27 through 31. ► X	224 210	207 (20	
				ipal, or current funds	234,219.	207,628.	
\$ 2				land, bldg, and equipment fund			
اتة		•		ated income, endowment, or other funds			
# 3				balances (see page 17 of the	224 210	205 620	
- 1					234,219.	207,628.	
3				assets/fund balances (see page 17	024 010	005 600	
		of the instruction	ons)		234,219.	207,628.	
				inges in Net Assets or Fund			
				ances at beginning of year - Part II, c			
				on prior year's return)			234,219.
2 E	nter	amount from	n Part I, li	ne 27aSEE_STA	<u></u>	2	-26,992.
							401.
4 A	Add I	ines 1, 2, and	13				207,628.
5 [Эесте	ases not incl	luded in l	line 2 (itemize) ▶		5	
<u>6 T</u>	otal	net assets or	fund bal	Ine 2 (itemize) ► ances at end of year (line 4 minus line)	ne 5) - Part II, column (b)	, line 30 6	207,628.

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Part IV Capital Gains	and Losses for Tax on Inve	estment Income			
	describe the kind(s) of property sold (cick warehouse; or common stock, 200	-	(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo., day, yr)	(d) Date sold (mo , day, yr)
1a SEE PART IV DETA	IL				
<u>b</u>			ļ <u>-</u>		
C					
<u>d</u>			<u> </u>		
e (e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (k (e) plus (f) min	
a					
b					<u> </u>
C					
d					
е					
Complete only for assets sho	wing gain in column (h) and owner			Gains (Col (h) g	
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	COI	(k), but not less to Losses (from co	
a					
<u>b</u>					
C					
d e					
	(If	gain, also enter in Part I, line 7			
2 Capital gain net income or		(loss), enter -0- in Part I, line 7	2		-5,215.
3 Net short-term capital gain	or (loss) as defined in sections 122	22(5) and (6) [.]		-	-
•	ine 8, column (c) (see pages 13 an				
	ne 8		3		 -
	der Section 4940(e) for Reductions subject to the				
	eave this part blank. he section 4942 tax on the distrib ot qualify under section 4940(e). [ase perio	d ⁷	Yes X No
	unt in each column for each year;	see page 18 of the instructions be	ore maki		
(a) Base period years	(b) Adjusted qualifying distributions	(c)		(d) Distribution ra	
Calendar year (or tax year beginning in)		Net value of noncharitable-use assets		(col (b) divided by	
2008	10,000. 16,030.	231,752. 260,723.			314957368 L48287646
2006	16,522.	254,215.			199223099
2005	18,586.	255,316.			279606448
2004	12,000.	259,220.			529272433
	for the 5-year base period - divide t		2		371346994
-	ation has been in existence if less	•	3	0.05	774269399
4 Enter the net value of none	charitable-use assets for 2009 from	n Part X, line 5	4		204,959.
5 Multiply line 4 by line 3			5		11,835.
6 Enter 1% of net investmen	t income (1% of Part I, line 27b)		6		15.
7 Add lines 5 and 6			7		11,850.
8 Enter qualifying distribution If line 8 is equal to or gree Part VI instructions on page	ns from Part XII, line 4	n Part VI, line 1b, and complete t	8 hat part	using a 1% tax	23,250. c rate. See the

	S90-PF (2009) 35-6054296 VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of the section 4940(a), 4940(b), 4940(b), 4940(c), or 4948 - see page 18 of the section 4940(a), 4940(b), 4940(b), 4940(c), or 4948 - see page 18 of the section 4940(a), 4940(b), 4940(c), or 4948 - see page 18 of the section 4940(a), 4940(b), 4940(c), or 4948 - see page 18 of the section 4940(a), 4940(b), 4940(c), or 4948 - see page 18 of the section 4940(a), 4940(b), 4940(c), or 4948 - see page 18 of the section 4940(a), 4940(b), 4940(b), 4940(c), or 4948 - see page 18 of the section 4940(a), 4940(b),	he ins		ne)
	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1	116 1113	- COUC	1131
1a				
h	Date of ruling or determination letter(attach copy of ruling letter if necessary - see instructions) Domestic foundations that meet the section 4940(e) requirements in Part V, check			15.
•	here \blacktriangleright X and enter 1% of Part I, line 27b		_	<u> </u>
_	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4%			
·	of Part I, line 12, col (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 2			
3	Add lines 1 and 2			15.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)		N	ONE
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-			15.
6	Credits/Payments:			
а	2009 estimated tax payments and 2008 overpayment credited to 2009 6a 159 .			
	Exempt foreign organizations-tax withheld at source			
	Tax paid with application for extension of time to file (Form 8868) 6c NONE			
ď	Backup withholding erroneously withheld			
7	Total credits and payments. Add lines 6a through 6d		1	59.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		1	44.
11	Enter the amount of line 10 to be Credited to 2010 estimated tax ▶ 144 . Refunded ▶ 11			
Par	VII-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
	participate or intervene in any political campaign?	1a		<u>X</u>
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19			
	of the instructions for definition)?	1b		<u>X</u>
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			
	published or distributed by the foundation in connection with the activities.			
C	Did the foundation file Form 1120-POL for this year?	1c		<u>X</u>
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
	(1) On the foundation 🕨\$ (2) On foundation managers 🕨 \$			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
	on foundation managers 🕨 \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	_2_	X	
	If "Yes," attach a detailed description of the activities.			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of			17
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	<u>4a</u>		X
þ	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	_5_		<u> </u>
	If "Yes," attach the statement required by General Instruction T.			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			
	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that		Х	
	conflict with the state law remain in the governing instrument?	6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7_	^	
8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the			
	instructions) > STMT 7			
þ	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General	0.	Х	
_	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b		
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			
	4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page	9		Х
	27)? If "Yes," complete Part XIV		-	
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	10		Х
	names and addresses		90-PF	

disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the

Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?

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

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X

3b

4a

rorm	990-PF (2009)			34296		rage 0
Par	t VII-B Statements Regarding Activities for	Which Form 47	'20 May Be Requi	red (continued)	 -	
5a	During the year did the foundation pay or incur any amou	nt to:				
	(1) Carry on propaganda, or otherwise attempt to influence		4945(e)) ⁷	Yes X No)	
	(2) Influence the outcome of any specific public election	(see section 4955); o	r to carry on,			
	directly or indirectly, any voter registration drive?			Yes X No	,	
	(3) Provide a grant to an individual for travel, study, or other				,	
	(4) Provide a grant to an organization other than a charita			· <u>—</u> —		
	section 509(a)(1), (2), or (3), or section 4940(d)(2)? (s			Yes X No	,	
	(5) Provide for any purpose other than religious, charitable					
	purposes, or for the prevention of cruelty to children of	•		Yes X No	,	
L				• — —		
D					5b	
	-					- -
	•					
С				□ vaa □ Na	_	
				. Tes live	'	
	If "Yes," attach the statement required by Regulations sect	ion 53.4945-5(d).				
6a	• • • • • • • • • • • • • • • • • • • •	•				
	•			. — —		1
þ	Did the foundation, during the year, pay premiums, directly	y or indirectly, on a p	ersonal benefit contrac	t ⁷	<u>6b</u>	X
	If "Yes" to 6b, file Form 8870					
Par		, Trustees, Foun	dation Managers,	Highly Paid Empl	oyees,	
1	List all officers, directors, trustees, foundation mag	nagers and their c	ompensation (see p	page 22 of the instru	ictions).	
<u> </u>		wer is "Yes" to question 5a(4), does the foundation claim exemption from the tax it maintained expenditure responsibility for the grant? Intrach the statement required by Regulations section 53.4945-5(d). Intermal to contract? Intrach the statement required by Regulations section 53.4945-5(d). Intrach the statement required by Regulations section 53.4945-5(d). Intermal to contract? Intrach the statement required by Regulations section 53.4945-5(d). Intermal to contract 7 Intrach the statement required by Regulations section 53.4945-5(d). Intermal to contract 7 Intrach the statement required by Regulations section 53.4945-5(d). Intermal				
	(a) Notice and address	ng on a current notice regarding disaster assistance check here. es" to question 5a(4), does the foundation claim exemption from the tax ned expenditure responsibility for the grant? statement required by Regulations section 53.4945-5(d). during the year, receive any funds, directly or indirectly, to pay premiums fit contract? during the year, pay premiums, directly or indirectly, on a personal benefit contract? form 8870 the tax year, was the foundation a party to a prohibited tax shelter transaction? The dation receive any proceeds or have any net income attributable to the transaction? The dation About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, ntractors irectors, trustees, foundation managers and their compensation (see page 22 of the instructions). Name and address (b) Title, and average hours per week devoted to position (f) Compensation (d) Contributions to employee benefit plans and deferred compensation other allowances (e) Expense account, other allowances				
		tions section 53 4945 or in a current notice regarding disaster assistance (see page 22 of the instructions)?				
SEE	STATEMENT 8		2,547.	-0-		-0-
2	Compensation of five highest-paid employees (oth	er than those incl	uded on line 1 - see	page 23 of the inst	ructions).	
	If none, enter "NONE."	·				
	Name and address of each ampleyee paid more than \$50,000	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit	(e) Expens	e account,
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) compensation	plans and deferred compensation	other all	owances
				301119011011011		
NON			NONE	NONE	N	ONE
1101			NONE	NONE		0112
				<u> </u>		
		<u> </u>	<u>. </u>			Т
Tota	I number of other employees paid over \$50,000 .		<u> </u>		<u> </u>	NONE
					- 00	A DE (2000)

Page 7

Part VIII Information About Officers, Directors, Trustees, Foundation Manand Contractors (continued)	nagers, Highly Paid Emplo	yees,
3 Five highest-paid independent contractors for professional services (see page 23	of the instructions). If none.	enter "NONE."
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		NONE
Total number of others receiving over \$50,000 for professional services		▶ NONE
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical infor of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	mation such as the number	Expenses
1NONE		
2		
		
3		
4		
"		
Part IX-B Summary of Program-Related Investments (see page 23 of the inst	tructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and		Amount
1NONE		
2		
All other program-related investments See page 24 of the instructions		<u></u>
3NONE		
<u> </u>		
Total. Add lines 1 through 3		

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Pa	Minimum Investment Return (All domestic foundations must complete this part. Forei see page 24 of the instructions.)	gn foundation	ıs,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes.		
a	Average monthly fair market value of securities	1a	208,080.
b	Average of monthly cash balances	1b	NONE
C		1c	NONE
þ		1d	208,080.
е			
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets] 2	NONE
3		3	208,080.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see page 25		
	of the instructions)	4	3,121.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	204,959.
6	Minimum investment return. Enter 5% of line 5	6	10,248.
Pa	Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) priva foundations and certain foreign organizations check here ▶ ☐ and do not complete this process.	te operating	
1	Minimum investment return from Part X, line 6	1	10,248.
2a	Tax on investment income for 2009 from Part VI, line 5		
b]	
C	Add lines 2a and 2b	1 2c	15.
3	Distributable amount before adjustments. Subtract line 2c from line 1		10,233.
4	Recoveries of amounts treated as qualifying distributions		NONE
5	Add lines 3 and 4	5	10,233.
6	Deduction from distributable amount (see page 25 of the instructions)	6	NONE
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	10,233.
		<u> </u>	
Pa	Oualifying Distributions (see page 25 of the instructions)	 .	<u>.</u>
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes.		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	23,250.
b	Program-related investments - total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	NONE
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	NONE
b	Cash distribution test (attach the required schedule)	3b	NONE
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	23,250.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		
	Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	15.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	23,235.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating will qualifies for the section 4940(e) reduction of tax in those years	hether the four	ndation

Form **990-PF** (2009)

_	t XIII Undistributed Income (see page	26 of the instruction	ns)	 	
		(a)	(b)	(c)	(d)
1	Distributable amount for 2009 from Part XI,	Corpus	Years prior to 2008	2008	2009
	line 7				10,233.
2	Undistributed income, if any, as of the end of 2009				
а	Enter amount for 2008 only			NONE	
b	Total for prior years: 20, 20, 20		NONE_		
3	Excess distributions carryover, if any, to 2009:				
а	From 2004 NONE				
b	From 2005 6,148.				
C	From 2006 4,267.				
d	From 2007				
е	From 2008 NONE				
f	Total of lines 3a through e	13,849.			
4					
	line 4· ▶ \$23, 250.			NOVE	
а	Applied to 2008, but not more than line 2a			NONE	
Ь	Applied to undistributed income of prior years (Election		NONE		
	required - see page 26 of the instructions)		NONE		
C	Treated as distributions out of corpus (Election	NONB			
	required - see page 26 of the instructions)	NONE			10,233.
	Applied to 2009 distributable amount	13,017.			10,233.
	Remaining amount distributed out of corpus	NONE			NONE
5	(If an amount appears in column (d), the same	NONB	·		HONE
_	amount must be shown in column (a).)				
6	Enter the net total of each column as indicated below:				
2	Corpus Add lines 3f, 4c, and 4e. Subtract line 5	26,866.			
	Prior years' undistributed income Subtract				
J	line 4b from line 2b		NONE		
C	Enter the amount of prior years' undistributed				
	income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has				
	been previously assessed		NONE		
d	Subtract line 6c from line 6b. Taxable				
	amount - see page 27 of the instructions		NONE		
е	Undistributed income for 2008. Subtract line 4a from line 2a. Taxable amount - see page				
	27 of the instructions			NONE	
f	Undistributed income for 2009. Subtract lines				
-	4d and 5 from line 1 This amount must be				310310
_	distributed in 2010				NONE
7	Amounts treated as distributions out of corpus to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (see page 27 of the	NONB			
8	instructions)	NOINE			
•	applied on line 5 or line 7 (see page 27 of the	NONE			
_	Instructions)	NOND	· · · · · · · · · · · · · · · · · · ·		
9	Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a	26,866.			
10	Analysis of line 9.	20,0001			
	Excess from 2005 6 , 148 .				
ь	Excess from 2006 4 , 267 .				
c	Excess from 2007				
ď	Excess from 2008 NONE				
е	Excess from 2009 13,017.				
_					5 990-PE (2009)

	If the foundation has r	•			- 1	
	foundation, and the ruling					
b	Check box to indicate whe		private operating founda		4942(j)(3) or 4942(j)
2a	Enter the lesser of the ad-	Tax year		Prior 3 years		(e) Total
	justed net income from Part	(a) 2009	(b) 2008	(c) 2007	(d) 2006	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	I or the minimum investment return from Part X for each					
	year listed			<u> </u>		<u> </u>
ь	85% of line 2a					
c	Qualifying distributions from Part					
_	XII, line 4 for each year listed .					
d	Amounts included in line 2c not					
	used directly for active conduct of exempt activities					
e	Qualifying distributions made					
	directly for active conduct of					
	exempt activities Subtract line 2d from line 2c					
;	Complete 3a, b, or c for the					
	alternative test relied upon					
а	"Assets" alternative test - enter					
	(1) Value of all assets (2) Value of assets qualifying		-	<u> </u>		<u> </u>
	under section					
h	4942(j)(3)(B)(i)			 		1
IJ	"Endowment" alternative test- enter 2/3 of minimum invest-		1	1		
	ment return shown in Part X,					
	line 6 for each year listed				 	1
С	"Support" alternative test - enter					
	(1) Total support other than gross investment income					
	(interest, dividends, rents,					
	payments on securities					
	loans (section 512(a)(5)), or royalties)					
	(2) Support from general					
	public and 5 or more exempt organizations as					
	provided in section 4942					
	(j)(3)(B)(iii)	·· ·· ··		1		
	port from an exempt					
	organization		-			<u> </u>
)ai		ry Information (C	omplete this part	only if the found	ation had \$5.000	or more in ass
٠.	at any time d	uring the year - se	e page 28 of the in	structions.)		• • • • • • • • • • • • • • • • • • • •
	Information Regarding					· · · · · · · · · · · · · · · · · · ·
	List any managers of t	_		e than 2% of the tota	I contributions receiv	ed by the foundati
	before the close of any	tax year (but only if t	hey have contributed	more than \$5,000). (S	ee section 507(d)(2).)	•
	N/A					
L	List any managers of	ho foundation who	0140 100/ 07	f the steel of a ser-	oration for an acually	, large portion of t
D	ownership of a partners					y large portion of t
	Ownership of a partners	only of other entity, o	i willcii the loullaatio	ii iias a 10 % Oi gicalci	microsi.	
	37 / 3					
	N/A Information Regarding	Contribution C	Gift Loon Cabalanah	in etc Programs:		
<u> </u>		Continuution, Grant,	GIII, LUAII, SCHOIAFSI	iip, etc., rrograms:		
<u> </u>						
	Check here ▶ if th	e foundation only	makes contributions	to preselected chari	table organizations a	and does not acce
	Check here ▶ if the unsolicited requests for	or funds. If the four	dation makes gifts, g	grants, etc. (see page	table organizations a e 28 of the instruction	and does not acce ons) to individuals
	Check here ► if the unsolicited requests for organizations under other controls.	or funds. If the four er conditions, compl	dation makes gifts, g ete items 2a, b, c, and	grants, etc. (see page I d.	e 28 of the instruction	and does not acce ons) to individuals
	Check here ▶ if the unsolicited requests for	or funds. If the four er conditions, compl	dation makes gifts, g ete items 2a, b, c, and	grants, etc. (see page I d.	e 28 of the instruction	and does not acceons) to individuals
	Check here ► if the unsolicited requests for organizations under other controls.	or funds. If the four er conditions, compl I telephone number (dation makes gifts, g ete items 2a, b, c, and	grants, etc. (see page I d.	e 28 of the instruction	and does not acce
a	Check here ▶ if the unsolicited requests for organizations under other than the name, address, and	or funds. If the four per conditions, compl I telephone number (dation makes gifts, gete items 2a, b, c, and of the person to whom	grants, etc. (see page I d. n applications should b	e 28 of the instruction	and does not acce
а	Check here ▶ if the unsolicited requests for organizations under other the name, address, and SEE STATEMENT 9	or funds. If the four ter conditions, compl I telephone number of cations should be su	dation makes gifts, gete items 2a, b, c, and of the person to whom bmitted and informati	grants, etc. (see page I d. n applications should b	e 28 of the instruction	and does not acce
а	Check here if the unsolicited requests for organizations under other than the name, address, and SEE STATEMENT 9. The form in which applies	or funds. If the four ter conditions, compl I telephone number of cations should be su	dation makes gifts, gete items 2a, b, c, and of the person to whom bmitted and informati	grants, etc. (see page I d. n applications should b	e 28 of the instruction	and does not acce
a b	Check here ▶ if the unsolicited requests for organizations under other than the name, address, and SEE STATEMENT 9 The form in which apples SEE ATTACHED ST	or funds. If the four per conditions, completed the conditions of the conditions of the conditions should be sufficient to the conditions of the conditions	dation makes gifts, gete items 2a, b, c, and of the person to whom bmitted and informati	grants, etc. (see page I d. n applications should b	e 28 of the instruction	and does not acce
a b	Check here if the unsolicited requests for organizations under other than the name, address, and SEE STATEMENT 9. The form in which applies	or funds. If the four per conditions, completed the conditions of the conditions of the conditions should be sufficient to the conditions of the conditions	dation makes gifts, gete items 2a, b, c, and of the person to whom bmitted and informati	grants, etc. (see page I d. n applications should b	e 28 of the instruction	and does not acce
a b	Check here ▶ if the unsolicited requests for organizations under other than the name, address, and SEE STATEMENT 9 The form in which applicate ATTACHED STATEMENT ST	or funds. If the four per conditions, completed the conditions of the conditions of the conditions should be sufficient to the conditions of the conditions	dation makes gifts, gete items 2a, b, c, and of the person to whom bmitted and informati	grants, etc. (see page I d. n applications should b	e 28 of the instruction	and does not acce
a b	Check here ▶ if the unsolicited requests for organizations under other than the name, address, and SEE STATEMENT 9. The form in which applicate ATTACHED STATEMENT 9. Any submission deadline N/A	or funds. If the four per conditions, complete conditions, complete conditions should be supported by the conditions should be supported by the conditions of the conditions o	dation makes gifts, gete items 2a, b, c, and of the person to whom bmitted and information 2	grants, etc. (see page I d. n applications should b on and materials they	e 28 of the instructions and the second seco	ons) to individuals
a b	Check here ▶ if the unsolicited requests for organizations under other than the name, address, and SEE STATEMENT 9. The form in which applicate ATTACHED STATEMENT 9. Any submission deadline N/A. Any restrictions or line	or funds. If the four per conditions, complete conditions, complete conditions should be supported by the conditions should be supported by the conditions of the conditions o	dation makes gifts, gete items 2a, b, c, and of the person to whom bmitted and information 2	grants, etc. (see page I d. n applications should b on and materials they	e 28 of the instruction e addressed: should include:	ons) to individuals
a b	Check here ▶ if the unsolicited requests for organizations under other than the name, address, and SEE STATEMENT 9. The form in which applicate ATTACHED ST. Any submission deadline N/A. Any restrictions or line factors:	or funds. If the four per conditions, complete telephone number of cations should be supported by the cations of the cations o	dation makes gifts, gete items 2a, b, c, and of the person to whom bmitted and information in the 2	grants, etc. (see page I d. n applications should b on and materials they	e 28 of the instruction e addressed: should include:	ons) to individuals
b c	Check here ▶ if the unsolicited requests for organizations under other than the name, address, and SEE STATEMENT 9. The form in which applicate ATTACHED STATEMENT 9. Any submission deadline N/A. Any restrictions or line	or funds. If the four per conditions, complete telephone number of cations should be supported by the cations of the cations o	dation makes gifts, gete items 2a, b, c, and of the person to whom bmitted and information in the 2	grants, etc. (see page I d. n applications should b on and materials they	e 28 of the instruction e addressed: should include:	ons) to individuals

Page **11**

3 Grants and Contributions Paid Durin	g the Year or Appro	oved for F	uture Payment	
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	Amount
a Paid during the year				
SEE STATEMENT 14				
				1
Total				23,250.
b Approved for future payment		<u> </u>	January Januar	
2 / Ipprovoc 10. 10.0.10 pc/o				
Total				

ter gross amounts unless otherwise indicated	Unrela	ted business income	Excluded by	section 512, 513, or 514	(e) Related or exempt
B	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See page 28 of the instructions)
Program service revenue					the instructions /
b			- 		
c					
d					
e					
f					
g Fees and contracts from government agencies					
Membership dues and assessments					<u>-</u>
Interest on savings and temporary cash investments					
Dividends and interest from securities			14	5,179.	
Net rental income or (loss) from real estate:					
a Debt-financed property		•			
b Not debt-financed property					
Net rental income or (loss) from personal property .			<u> </u>		
Other investment income			10		
Gain or (loss) from sales of assets other than inventory			18	-5,215.	
Net income or (loss) from special events			 		
Gross profit or (loss) from sales of inventory			 		
Other revenue: a			114	150	
b 2008 REFUND APPLD			14	159.	
c					
d			1		
е				123	
e Subtotal Add columns (b), (d), and (e)				123.	123
Subtotal Add columns (b), (d), and (e)					123
e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions on page 28 to art XVI-B Relationship of Activities ine No. Explain below how each activities	o verify calcu to the Ac		xempt Purpo	oses (e) of Part XVI-A cont	tributed importantly
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions on page 28 to art XVI-B Relationship of Activities	o verify calcu to the Ac		xempt Purpo	oses (e) of Part XVI-A cont	tributed importantly
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) see worksheet in line 13 instructions on page 28 to art XVI-B Relationship of Activities ine No. Explain below how each activities the accomplishment of the form	o verify calcu to the Ac		xempt Purpo	oses (e) of Part XVI-A cont	tributed importantly
e Subtotal Add columns (b), (d), and (e)	o verify calcu to the Ac		xempt Purpo	oses (e) of Part XVI-A cont	tributed importantly
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) se worksheet in line 13 instructions on page 28 to art XVI-B Relationship of Activities ine No. Explain below how each activities the accomplishment of the form	o verify calcu to the Ac	complishment of E ch income is report exempt purposes	ed in column other than b	oses (e) of Part XVI-A cont	tributed importantly
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) se worksheet in line 13 instructions on page 28 to art XVI-B Relationship of Activities ine No. Explain below how each activities the accomplishment of the form	o verify calcu to the Ac		ed in column other than b	oses (e) of Part XVI-A cont	tributed importantly
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) se worksheet in line 13 instructions on page 28 to art XVI-B Relationship of Activities ine No. Explain below how each activities the accomplishment of the form	o verify calcu to the Ac	complishment of E ch income is report exempt purposes	ed in column other than b	oses (e) of Part XVI-A cont	tributed importantly
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) see worksheet in line 13 instructions on page 28 to art XVI-B Relationship of Activities ine No. Explain below how each activities the accomplishment of the form	o verify calcu to the Ac	complishment of E ch income is report exempt purposes	ed in column other than b	oses (e) of Part XVI-A cont	tributed importantly
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) see worksheet in line 13 instructions on page 28 to art XVI-B Relationship of Activities ine No. Explain below how each activities the accomplishment of the form	o verify calcu to the Ac	complishment of E ch income is report exempt purposes	ed in column other than b	oses (e) of Part XVI-A cont	tributed importantly
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) see worksheet in line 13 instructions on page 28 to art XVI-B Relationship of Activities ine No. Explain below how each activities the accomplishment of the form	o verify calcu to the Ac	complishment of E ch income is report exempt purposes	ed in column other than b	oses (e) of Part XVI-A cont	tributed importantly
e Subtotal Add columns (b), (d), and (e)	o verify calcu to the Ac	complishment of E ch income is report exempt purposes	ed in column other than b	oses (e) of Part XVI-A cont	tributed importantly
e Subtotal Add columns (b), (d), and (e)	o verify calcu to the Ac	complishment of E ch income is report exempt purposes	ed in column other than b	oses (e) of Part XVI-A cont	tributed importantly
e Subtotal Add columns (b), (d), and (e)	o verify calcu to the Ac	complishment of E ch income is report exempt purposes	ed in column other than b	oses (e) of Part XVI-A cont	tributed importantly
e Subtotal Add columns (b), (d), and (e)	o verify calcu to the Ac	complishment of E ch income is report exempt purposes	ed in column other than b	oses (e) of Part XVI-A cont	tributed importantly

Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations Part XVII

1	ın sec	ne organization directly ction 501(c) of the Co zations? ers from the reporting fou	de (other than	section 501(c)(3)	organizations)						Yes	No
а	(1) Ca	sh										X
b	Other (1) Sa (2) Pu	her assets	ritable exempt o noncharitable ex	rganization						1b(2)		X
	(4) Re (5) Lo	ental of facilities, equipment simbursement arrangement ans or loan guarantees erformance of services or	nts		<i>.</i>					1b(4) 1b(5)		X X X
	Sharin If the	g of facilities, equipment, answer to any of the goods, other	mailing lists, oth he above is "	her assets, or paid en Yes," complete the	nployees e following sc	hedule. (should alw	 vays show	1c the		X narket
		in any transaction or										
(a) L	ine no	(b) Amount involved	(c) Name of r	noncharitable exempt or	ganization	(d) Descr	iption of transf	ers, transactio	ons, and shar	rıng arraı	ngemei	nts
									_,			
				 -						<u>.</u>		
		_										
	section	foundation directly or 501(c) of the Code (oth ," complete the following	er than section 5							Ye	s <u>X</u>	No D
	ii res	(a) Name of organization		(b) Type of	organization			(c) Descriptio	n of relation	ship		
				_			<u> </u>	_				
	-											
$\frac{-}{\exists}$	Under belief,	penalties of perjury, I decla	re that I have explete Declaration (amined this return, inc of preparer (other than	luding accompan taxpayer or fiduc	ciary) is bas	ed on all infor	ments, and to	the best on the prepare	of my kr r has an	owled y knov	ge and vledge
و	► ±	gnature of trustee	ws. HV	4		<u> </u>	<u>∪</u> •	Title				
Sign Here	id rer's Only	Preparer's signature			Date		Check if self-employ	, m	Preparer's number (So page 30 of t	ee Signa	ture or	
	Paid Preparer's Use Only	Firm's name (or yours if self-employed), address,	P O BO	OURCE BANK OX 1602					5-0309			
		and ZIP code	SOUTH	BEND, IN		466	34	Phone no	<u>574-2</u>	35-2 orm 99		(2009)

FORM 990-PF - PART IV
CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

<u>CAPITA</u>	L GA	INS AND LO	SSES FOR	R TAX ON	INVEST	M	ENT INCOM	<u> </u> E
Kind of Property			Descr	ription		or D	Date acquired	Date sold
price less allo	eciation wed/ wable	Cost or other basis	FMV as of 12/31/69	Adj. basis as of 12/31/69	Excess of FMV over adj basis		Gain or (loss)	
		TOTAL SHORT PARTNERSHIP ESTATES OR	, S CORPORA	ATION, AND			-102.	
		TOTAL LONG-	TERM CAPITA	AL GAIN DIV	IDENDS		43.	
		TOTAL LONG- PARTNERSHIP ESTATES OR	, S CORPORA	ATION, AND			-196.	
		13.956 ARTI			Y FD CL		02/28/2006	08/13/200
393.00		PROPERTY TY 557.00	PE: SECURIT	TES			-164.00	
		101. ARTIO PROPERTY TY		-	FD CL I		02/28/2006	12/24/200
3,066.00		4,034.00	FE. BECOKII	1150			-968.00	
		8.806 ARTIO PROPERTY TY			FD CL I		02/28/2006	12/31/200
249.00		352.00	in. oncorri	.100			-103.00	
		11.103 DODG PROPERTY TY			STOCK F		04/30/2009	08/13/200
324.00		249.00	in buomin	. 125			75.00	
		9.335 DODGE PROPERTY TY			STOCK FD		12/26/2008	12/31/200
297.00		196.00					101.00	
		109.241 FID PROPERTY TY			2		05/14/2008	05/14/200
5,000.00		7,543.00					-2,543.00	
		28.522 FIDE PROPERTY TY					05/14/2008	08/13/200
1,469.00		1,969.00					-500.00	
		25.751 FIDE PROPERTY TY					05/14/2008	12/31/200
1,501.00		1,778.00					-277.00	

FORM 990-PF - PART IV
GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

Killa of F	Property		Desc	ription		or	Date acquired	Date so
Gross sale	Depreciation allowed/	Cost or	FMV	Adj basis as of	Excess of FMV over	Ĭ	Gain	
price less xpenses of sale	allowable	other basis	as of 12/31/69	12/31/69	adı basis	Ц	or (loss)	
59.00		1.247 NEW W PROPERTY TY 59.00					12/24/2009	12/31/
		5.337 STRAT			UND		05/14/2008	08/13/
198.00		267.00					-69.00	
		4.487 STRAT			'U N D		05/14/2008	12/31/
181.00		224.00	IE. BECOMI				-43.00	
		6.902 TEMPL			D		12/24/2009	12/31/
88.00		87.00	re. Secont	1100		Ш	1.00	
		231. VANGUA			FD #49		11/26/2008	02/10/
2,504.00		2,458.00	PE: SECURI	1100			46.00	
·		138. VANGUA			FD #49		11/26/2008	04/30/
1,503.00		PROPERTY TY 1,468.00	PE: SECURI	TIES			35.00	
_, , ,		46.041 VANG			NV FD #4		11/26/2008	06/26/
500.00		PROPERTY TY 490.00	FE: SECUKI	1152			10.00	
, · • •		42.699 VANG			NV FD #4		11/26/2008	08/13/
464.00		PROPERTY TY 454.00	PE: SECURI	TIES			10.00	
		620. VANGUA			FD #49		11/26/2008	12/24/
6,770.00		PROPERTY TY 6,597.00	PE: SECURI	TIES			173.00	
		17.921 VANG			NV FD #4		11/26/2008	12/31/
192.00		PROPERTY TY	PE: SECURI	TIES			1.00	
192.00		191.00					1.00	
		211. WASATC PROPERTY TY			HORT FUN		01/29/2008	04/30/
2,000.00		2,370.00					-370.00	
1 000	/ /-	010 15:15:27		480029016				16

FORM 990-PF - PART IV

						P	ENT INCOM	Date sold
Kind of Property				eription		or D	acquired	Date sold
price less allow	ciation ved/ vable	Cost or other basis	FMV as of 12/31/69	Adj basis as of 12/31/69	Excess of FMV over adj basis		Gain or (loss)	
424.00		39.153 WASA PROPERTY TY 440.00		SOURCE LONG, TIES	/SHORT F		01/29/2008	08/13/2009
380.00		32.92 WASAT PROPERTY TY 370.00		OURCE LONG/S TIES	SHORT FU		01/29/2008 10.00	12/31/2009
1,538.00		131.99 WASA PROPERTY TY 1,464.00			ME EQ FD		05/31/1980 74.00	08/13/2009
		115.514 WAS PROPERTY TY			OME EQ F		05/31/1980	12/31/2009
1,465.00		1,281.00	IN INCOME	FUND OF 1ST	SUIDCE		184.00 01/01/1978	01/06/2009
8,165.00		PROPERTY TY 8,587.00			DOORCE		-422.00	01/00/200
2,297.00		257.879 UNI PROPERTY TY 2,356.00			1ST SOUR		01/01/1978 -59.00	08/31/200
5,886.00				ME FUND OF 3	IST SOUR	j	01/01/1978	12/31/200
OTAL GAIN(LOSS)				• • • • • • • • • • •			 -5,215.	

SLAUGHTER SCHOLARSHIP TRUST 480029016

FORM 990PF, PART I - DIVIDENDS AND INTEREST FROM SECURITIES

ADJUSTED NET INCOME	670. 8. 158. 162. 458. 671. 5,179.
NET INVESTMENT INCOME	670. 8. 158. 162. 458. 671. 3,048.
REVENUE AND EXPENSES PER BOOKS	670. 8. 158. 162. 4. 458. 671. 3,048.
DESCRIPTION	ARTIO INTERNATIONAL EQUITY FD CL I WASATCH - 1ST SOURCE INCOME EQ FD DODGE & COX INTERNATIONAL STOCK FD FIDELITY CONTRA FUND #022 GOLDMAN SACHS FS TREASURY OBLIGATION VANGUARD SHORT TERM FED-INV FD #49 WASATCH - 1ST SOURCE INCOME EQ FD UNITS IN INCOME FUND OF 1ST SOURCE BANK

H++L++L++L+

(T

FORM 990PF, PART I - OTHER INCOME

REVENUE AND EXPENSES PER BOOKS

DESCRIPTION

2008 REFUND APPLIED

159.

TOTALS

159.

FORM 990PF, PART I - ACCOUNTING FEES

CHARITABLE PURPOSES	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		NONE	
ADJUSTED NET INCOME	t 1 1 1		NONE	
NET INVESTMENT INCOME	1 1 1 1	1,125.	1,125.	
REVENUE AND EXPENSES PER BOOKS	 1 1 1 1 1	1,125.	1,125.	
			TOTALS	
DESCRIPTION	1 1 1 1 1 1 1 1 1	TAX PREPARATION FEES		

(

HILL LE

FORM 990PF, PART I - TAXES

		REVENUE
		AND
		EXPENSES
DESCRIPTION		PER BOOKS
ARTIO INTERNATL		16.
DODGE & COX INTERNTL		18.
2008 REFUND APPLIED		159.
	momar o	102
	TOTALS	193.
		==========

FORM 990PF, PART II - OTHER INVESTMENTS

======= :OST/ FMV :OR F	OGGGGGGGGG
COST, FMV COR	EASURY MMF E FUND ERM INCOME #49 QUITY FUND RT FUND RNTL STOCK FUND #022 QUITY AP VALUE FUND BOND FUND
DESCRIPTION	GOLDMAN SACHS TREASURY 1ST SOURCE INCOME FUND VANGUARD SHORT TERM IN WASATCH INCOME EQUITY WASATCH LONG/SHORT FUN DODGE & COX INTERNTL S FIDELITY CONTRA FUND # ARTIO INTERNTL EQUITY STRATTON SMALL CAP VAL TEMPLTON GLOBAL BOND F NEW WORLD FUND

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FORM	990PF,	PART	III	- OTHER	INCREASES	IN NET	WORTH	OR FU	UND BALANCES
=====	======	=====	====:	======		======	======	=====	========

DESCRIPTION		TRUOMA
BOOK TO TAX TIMING DIFFERENCE BOOK TO TAX TIMING DIFFERENCE ROUNDING DIFFERENCE		360. 38. 3.
	TOTAL	401.

STATE(S) WHERE THE FOUNDATION IS REGISTERED _____

IN

35-6054296

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES _____

OFFICER NAME:

1ST SOURCE BANK

ADDRESS:

100 N MICHIGAN

SOUTH BEND, IN 46601

TITLE:

TRUSTEE

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

2,547. COMPENSATION

TOTAL COMPENSATION:

2,547.

==========

SLAUGHTER SCHOLARSHIP TRUST 480029016 FORM 990PF, PART XV - LINES 2a - 2d

RECIPIENT NAME:

1ST SOURCE BANK, TRUST DEPT

ADDRESS:

100 N MICHIGAN STREET SOUTH BEND, IN 46601

FORM, INFORMATION AND MATERIALS:

APPLICATION SHOULD BE MADE ON A ST. JOSEPH COUNTY SCHOLARSHIP FND FORM RESTRICTIONS OR LIMITATIONS ON AWARDS:

SCHOLARSHIP GRANTS ARE AWARDED TO GRADUATES OF PUBLIC/PRIVATE SCHOOLS LOCATED IN SOUTH BEND, IN. HIGH SCHOOL SENIORS ARE ELIGIBLE FOR CONSIDERATION BY THE SELECTION COMMITTEE BY SUBMITTING AN APPLICATION.

35-6054296

RECIPIENT NAME: KEITH ZIOLKOWSKI ADDRESS: 58490 PEACH ROAD SOUTH BEND, IN 46619 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL FOUNDATION STATUS OF RECIPIENT: NONE AMOUNT OF GRANT PAID 500. RECIPIENT NAME: ALEX VALENCOURT ADDRESS: 2825 ERSKINE BLVD SOUTH BEND, IN 46614 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL FOUNDATION STATUS OF RECIPIENT: NONE AMOUNT OF GRANT PAID 750. RECIPIENT NAME: BRITTNEY BOLDEN ADDRESS: 2008 PORTAGE AVENUE SOUTH BEND, IN 46616 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL

AMOUNT OF GRANT PAID

NONE

FOUNDATION STATUS OF RECIPIENT:

500.

AMOUNT OF GRANT PAID

35-6054296

RECIPIENT NAME:
ALKEYNA ALDRIDGE
ADDRESS:
2624 ARABIAN COURT APT 1B
SOUTH BEND, IN 46628
RELATIONSHIP:
NONE
PURPOSE OF GRANT:
EDUCATIONAL
FOUNDATION STATUS OF RECIPIENT:
NONE
AMOUNT OF GRANT PAID

3,375.

RECIPIENT NAME:
HOPE GRAME
ADDRESS:
1221 WITTFIEL
INDIANAPOLIS.

1221 WITTFIELD STREET INDIANAPOLIS, IN 46229 RELATIONSHIP: NONE PURPOSE OF GRANT:

EDUCATIONAL FOUNDATION STATUS OF RECIPIENT: NONE

500.

RECIPIENT NAME:
 HEATHER GORDON

ADDRESS:
 416 E LASALLE STRRET
 MISHAWAKA, IN 46645

RELATIONSHIP:
 NONE

PURPOSE OF GRANT:
 EDUCATIONAL

FOUNDATION STATUS OF RECIPIENT:

NONE
AMOUNT OF GRANT PAID

3,000.

RECIPIENT NAME: KENDRA TWOHEY

ADDRESS:

330 W 6TH STREET MISHAWAKA, IN 46544

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

EDUCATIONAL

FOUNDATION STATUS OF RECIPIENT:

NONE

RECIPIENT NAME:

JENNIFER KAZMIERCZAK

ADDRESS:

62467 OAK ROAD

SOUTH BEND, IN 46614

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

EDUCATIONAL

FOUNDATION STATUS OF RECIPIENT:

NONE

RECIPIENT NAME:

JANE WAGGONER

ADDRESS:

51861 OLD MILL ROAD SOUTH BEND, IN 46637

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

EDUCATIONAL

FOUNDATION STATUS OF RECIPIENT:

NONE

RECIPIENT NAME: KATHLEEN CARNEY

ADDRESS:

1501 E LASALLE

SOUTH BEND, IN 46617

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

EDUCATIONAL

FOUNDATION STATUS OF RECIPIENT:

NONE

RECIPIENT NAME:

LISA HUANG

ADDRESS:

1822 CRESTWOOD BLVD

SOUTH BEND, IN 46635

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

EDUCATIONAL

FOUNDATION STATUS OF RECIPIENT:

NONE

RECIPIENT NAME:

CHRISTOPHER BURKE

ADDRESS:

17560 BENDING OAKS COURT

GRANGER, IN 46530

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

EDUCATIONAL

FOUNDATION STATUS OF RECIPIENT:

NONE

35-6054296 SLAUGHTER SCHOLARSHIP TRUST 480029016 FORM 990PF, PART XV, LINE 3 - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: SAMANTHA BURKE ADDRESS: 17560 BENDING OAKS COURT GRANGER, IN 46530 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL FOUNDATION STATUS OF RECIPIENT: NONE AMOUNT OF GRANT PAID 1,000. RECIPIENT NAME: KURT SEMMLER ADDRESS: 15810 WLANUT POINTE COURT

RELATIONSHIP:
NONE
PURPOSE OF GRANT:
EDUCATIONAL
FOUNDATION STATUS OF RECIPIENT:
NONE
AMOUNT OF GRANT PAID

TOTAL GRANTS PAID:

GRANGER, IN 46530

23,250.

==========

SCHEDULE D (Form 1041)

Capital Gains and Losses

► Attach to Form 1041, Form 5227, or Form 990-T. See the instructions for Schedule D (Form 1041) (also for Form 5227 or Form 990-T, if applicable).

OMB No 1545-0092

Department of the Treasury Internal Revenue Service Name of estate or trust

Employer identification number

35-6054296

	SLAUGHTER SCHOLARSHIP TRUST 4	80029016			35-605	429	6
	: Form 5227 filers need to complete only Pa						-
Par	Short-Term Capital Gains and Lo	sses - Assets	Held One Ye	ar or Less			
	(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr)	(c) Date sold (mo , day, yr)	(d) Sales price	(e) Cost or other (see page 4 of tours)	the	(f) Gain or (loss) for the entire year Subtract (e) from (d)
1a							
_							
ь	Enter the short-term gain or (loss), if any, fr	om Schedule D-	1, line 1b			1b	-2,366
2	Short-term capital gain or (loss) from Forms	s 4684, 6252, 6	6781, and 882	1		2	
3	Net short-term gain or (loss) from partnersh	nips, S corporati	ons, and other	estates or trusts		3	-102
4	Short-term capital loss carryover. Enter the	amount, if any,	from line 9 of t	he 2008 Capital Loss	s	4	(
5	Carryover Worksheet	es 1a through 4	in column (f).	Enter here and on line	e 13,		2.460
Par	column (3) on the back					5	-2,468
	(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr)	(c) Date sold (mo , day, yr)	(d) Sales price	(e) Cost or other (see page 4 of (instructions)	the	(f) Gain or (loss) for the entire year Subtract (e) from (d)
6a I	ONG-TERM CAPITAL GAIN DIVIDE	NDS	STMT 1				43
-							
						_	
						!	
b	Enter the long-term gain or (loss), if any, fro	om Schedule D-	I, line 6b			6b	2,594
7	Long-term capital gain or (loss) from Forms	2439, 4684, 6	252, 6781, an	d 8824		_7_	
8	Net long-term gain or (loss) from partnersh	ips, S corporatio	ons, and other o	estates or trusts		8	-196
9	Capital gain distributions					9	
10	Gain from Form 4797, Part I					10	
11	Long-term capital loss carryover. Enter the Carryover Worksheet				1	11	()
12	Net long-term gain or (loss). Combine line column (3) on the back	s 6a through 11	in column (f).	Enter here and on lin	e 14a,	12	-2,747

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D (Form 1041) 2009

33

Tax on all taxable income. Enter the smaller of line 32 or line 33 here and on Form 1041, Schedule

SCHEDULE D-1 (Form 1041)

Continuation Sheet for Schedule D (Form 1041)

▶ Attach to Schedule D to list additional transactions for lines 1a and 6a.

▶ See instructions for Schedule D (Form 1041).

OMB No 1545-0092

Department of the Treasury Internal Revenue Service

Name of estate or trust

Employer identification number

CI NICUTED CCUCI NDCUID TDIICT	480029016		1	35-6054296	i ilumbei
SLAUGHTER SCHOLARSHIP TRUST 480029016 35-6054296 Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less					
(a) Description of property (Example 100 sh 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr)	(c) Date sold (mo , day, yr)	(d) Sales price (see page 4 of the instructions)	(e) Cost or other basis (see page 4 of the instructions)	(f) Gain or (loss) Subtract (e) from (d)
1a 11.103 DODGE & COX INTERNATIONAL STOCK FD	04/30/2009	08/13/2009	324.00	249.00	75.00
109.241 FIDELITY CONTRA FUND #022	05/14/2008	05/14/2009	5,000.00	7,543.00	-2,543.00
1.247 NEW WORLD FD-F2	12/24/2009	12/31/2009	59.00	59.00	
6.902 TEMPLETON GLOBAL BOND FD-AD 231. VANGUARD SHORT TERM	12/24/2009	12/31/2009	88.00	87.0 <u>0</u>	1.00
FED-INV FD #49 138. VANGUARD SHORT TERM	11/26/2008	02/10/2009	2,504.00	2,458.00	46.00
FED-INV FD #49 46.041 VANGUARD SHORT TERM	11/26/2008	04/30/2009	1,503.00	1,468.00	35.00
FED-INV FD #49 42.699 VANGUARD SHORT TERM	11/26/2008	06/26/2009	500.00	490.00	10.00
FED-INV FD #49	11/26/2008	08/13/2009	464.00	454.00	10.00
					_
			-		
	 · · ·				

1b Total. Combine the amounts in column (f). Enter here and on Schedule D, line 1b

Schedule D-1 (Form 1041) 2009

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

-2,366.00

Schedule D-1 (Form 1041) 2009

Employer identification number Name of estate or trust as shown on Form 1041. Do not enter name and employer identification number if shown on the other side SLAUGHTER SCHOLARSHIP TRUST 480029016 35-6054296 Part | Long-Term Capital Gains and Losses - Assets Held More Than One Year (d) Sales price (see page 4 of the instructions) (b) Date (e) Cost or other basis (a) Description of property (Example 100 sh 7% preferred of "Z" Co) (c) Date sold (f) Gain or (loss) (see page 4 of the instructions) acquired (mo, day, yr) Subtract (e) from (d) (mo, day, yr) 6a 13.956 ARTIO INTERNATIONAL EQUITY FD CL I 02/28/2006 08/13/2009 393.00 557.00 -164.00 101. ARTIO INTERNATIONAL EQUITY FD CL I 02/28/2006 12/24/2009 3,066.00 4,034.00 -968.00 8.806 ARTIO INTERNATIONAL -103<u>.00</u> EQUITY FD CL I 02/28/2006 249.00 12/31/2009 352.00 9.335 DODGE & COX 12/26/2008 297.00 INTERNATIONAL STOCK FD 12/31/2009 196.00 101.00 28.522 FIDELITY CONTRA 05/14/2008 08/13/2009 -500.00 FUND #022 1,469.00 1,969.00 25.751 FIDELITY CONTRA FUND #022 12/31/2009 1,501.00 1,778.00 -277.00 05/14/2008 5.337 STRATTON SMALL CAP VALUE FUND 05/14/2008 08/13/2009 198.00 267.00 -69.00 4.487 STRATTON SMALL CAP VALUE FUND 05/14/2008 12/31/2009 181.00 224.00 -43.00 620. VANGUARD SHORT TERM 11/26/2008 12/24/2009 6,770.00 6,597.00 173.00 FED-INV FD #49 17.921 VANGUARD SHORT TERM 11/26/2008 12/31/2009 192.00 FED-INV FD #49 191.00 1.00 211. WASATCH - 1ST SOURCE 2,370.00 LONG/SHORT FUND 01/29/2008 04/30/2009 2,000.00 -370.00 39.153 WASATCH - 1ST SOURCE LONG/SHORT FUND 01/29/2008 08/13/2009 424.00 440.00 -16.00 32.92 WASATCH - 1ST SOURCE 12/31/2009 LONG/SHORT FUND 01/29/2008 380.00 370.00 10.00 131.99 WASATCH - 1ST SOURCE INCOME EQ FD 05/31/1980 08/13/2009 1,464.00 74.00 1,538.00 115.514 WASATCH - 1ST 12/31/2009 1,465.00 1,281.00 184.00 SOURCE INCOME EQ FD 05/31/1980 934. UNITS IN INCOME FUND OF 1ST SOURCE BANK 01/01/1978 01/06/2009 8,165.00 8,587.00 -422.00 257.879 UNITS IN INCOME FUND OF 1ST SOURCE BANK 01/01/1978 08/31/2009 2,297.00 2,356.00 -59.00 658.827 UNITS IN INCOME FUND OF 1ST SOURCE BANK 01/01/1978 12/31/2009 5,886.00 6,032.00 -146.00 -2,594.00 6b Total. Combine the amounts in column (f). Enter here and on Schedule D, line 6b . .

Page 2

FEDERAL	CAPITAL	GAIN	DIVIDENDS

LONG-TERM CAPITAL GAIN DIVIDENDS

15% RATE CAPITAL GAIN DIVIDENDS

VANGUARD SHORT TERM FED-INV FD #49 OMNIVISION CLASS ACTION SETTLEMENT 21.00 23.00

TOTAL 15% RATE CAPITAL GAIN DIVIDENDS

43.00

TOTAL LONG-TERM CAPITAL GAIN DIVIDENDS

43.00

GAINS AND LOSSES FROM PASS-THRU ENTITIES

NET SHORT-TERM GAIN (LOSS) FROM PARTNERSHIPS, S CORPORATIONS AND OTHER FIDUCIARIES

COMMON TRUST FUNDS

-102.00

TOTAL NET SHORT-TERM GAIN OR LOSS (ROUNDED)

-102.00

NET LONG-TERM GAIN (LOSS) FROM PARTNERSHIPS, S CORPORATIONS AND OTHER FIDUCIARIES

COMMON TRUST FUNDS

-196.00

TOTAL NET LONG-TERM GAIN OR LOSS (ROUNDED)

-196.00

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THE SLAUGHTER SCHOLARSHIP TRUST

c/o Lee Morton, Vice President and Trust Officer P.O. Box 1602
South Bend, IN 46624
(574) 235-2075 Fax: (574) 235-2771

(PLEASE PRINT OR TYPE)

e-mail: mortonl@1stsource.com

All information will be treated as confidential. Incomplete applications will not be considered. The parent or guardian must also sign this application.

Date of Application		Phone		
Social Security No		Birth Date		
NameLast				
			Middle	
Home Address				
City		Zıp Code		
High School		Graduation Date		
Academic Honors Diploma Yes	, <u>, , , , , , , , , , , , , , , , , , ,</u>	No	·	
List colleges/universities applied to in order of preference:			Check if you have been accepted?	
1		_	·	
2				
3				
List other scholarships applied for:				
Name		Date	Amount	
Name		Date	Amount	

BUDGET INFORMATION

Name of College/Uni	versity		
Expenses		Income	
Tuition and Fees	\$	Parent/Guardian Contribution	n\$
Room and Board	\$	Student savings to be used	\$
Books and Supplies	\$	Summer earnings	\$
Transportation	\$	School job earnings	\$
Laundry/Dry Cleaning	g\$	Scholarship/Grants	\$
Club Dues	\$	Pell Grants	\$
Clothing	\$	Loans	\$
Recreation	\$	Other (specify)	\$
TOTAL	\$	TOTAL	\$
Any other information	n you feel pertinent to	your financial status:	

PERSONAL LETTER OF APPLICATION

Personal letter of application should explain:

- What you expect to get form more years of education
- What meaning this scholarship has for you
- What factors determined your choice of schools

Transcript:

- Transcript as of 7th semester (fall semester, senior year) which includes GPA and class rank
- SAT/ACT score
- PSAT/NMSQT score

EXTRA-CURRICULAR RECORD

- Your Major Extra Curricular Activities both in school and out of school, and the years of participation (e.g. Band 1,2,3,4, Varsity Football Captain 4, Class Secretary 3)
- Awards and Honors You Have Received (e.g. Citizenship Award, National Honor Society 3, 4, National Merit Letter of Commendation)

LETTER OF RECOMMENDATION

Obtain one letter of recommendation.

CSS/Financial Aid PROFILE

Include with your application.

SIGN THIS STATEMENT

We certify that all of the information reported on this statement, and all other documents, which we submitted for federal, state and institutional financial assistance is true and complete to the best of our knowledge. The student and at least one parent or guardian must sign below.

Signature of Student	Date		
Signature of Parent/Guardian	Date		
Signature of Parent/Guardian	Date		