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4

Form 990-PF

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

OMB No 1545-0052 2009

Department of the Treasury Internal Revenue Service

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

| For | alendai | r year 2009, or tax year beginning , a | and ending | | | | |
|--|---------------|--|---|--|-----------------|--|--|
| G C | heck all | | urn of a former public | | l l | Final return | |
| Use the IRS Name of foundation THE D. JEROME & MARGERY C. SLACK | | | | | | loyer identification nu | mber |
| | abel. | | SLACK | |] | -3265519 | 10 of the meta-setions) |
| | erwise, | FOUNDATION | to atreat address) | Room/suite | В генер | phone number (see page | e 10 of the instructions) |
| | rint type. | Number and street (or PO box number if mail is not delivered 3687 COURTNEY PLACE | to street address) | Room/suite | C If eye | emption application is pe | nding check here |
| | Specific | | | | 1 | oreign organizations, che | · . H |
| | uctions | Oity of town state, and all cool | 49684 | | | oreign organizations med | |
| H C | heck tvo | pe of organization Section 501(c)(3) exempt private | | | 1 | 5% test, check here and | - |
| | | | e private foundation | | E If priv | vate foundation status wa | as terminated under |
| | | et value of all assets at end J Accounting method. | [] | crual | section | on 507(b)(1)(A), check h | ere 🕨 📘 |
| of | year (fro | om Part II, col (c), Other (specify) | | | F If the | foundation is in a 60-mo | onth termination |
| lin | e 16) 🕨 | \$ 413,169 (Part I, column (d) must b | e on cash basis) | | under | r section 507(b)(1)(B), c | heck here |
| Ρâ | ıřt l | Analysis of Revenue and Expenses (The | (a) Revenue and | i | | | (d) Disbursements |
| | | total of amounts in columns (b) (c), and (d) may not necessarily equal | expenses per books | (b) Net in | vestment ome | (c) Adjusted net income | for charitable purposes |
| | | the amounts in column (a) (see page 11 of the instructions)) | | | | | (cash basis only) |
| | 1 (| Contributions, gifts, grants, etc., received (attach schedule) | | | | : 1 | 4.5 |
| | 2 (| Check $ ightharpoons$ If the foundation is not required to attach Sch B | · · · · · · · · · · · · · · · · · · · | | | | Walter Company |
| | 3 I | nterest on savings and temporary cash investments | | ļ | | | (#) |
| Revenue | 4 [| Dividends and interest from securities | 10,09 | 5 | 8,672 | 10,09 | 16 3 |
| | 5a (| Gross rents | | <u> </u> | | | 17-18-11 |
| | 1 d | Net rental income or (loss) | 70.01 | | | | 77,760 2 |
| –ੂੜੋਂ | Į. | Net gain or (loss) from sale of assets not on line 10 STMT 1 | -79,04 | <u> </u> | | | 5 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 |
| <u>~</u> ≷ | | Gross sales price for all assets on line 6a 148,-884 | rice to the | | 100 | , ' | A BOT A PORT TO ME |
| <u>₩</u> | | Capital gain net income (from Part IV, line 2) | *64, ** 14 1 | | 108 | | 0 |
| AU. | | Net short-term capital gain | - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 | | | | 132 122 122 |
| \Box | ı | Income modifications | _157 + 1 _1787 \$1 ; | | | <u> </u> | 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 |
| SCANNED | 1 | Gross sales less returns & allowances Less Cost of goods sold | ADC - | | | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | THE PARTY OF THE P |
| Z | | Gross profit or (loss) (attach schedule) | <u> </u> | | ` | | 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| | | Other income (attach schedule) STMT 2 | -7,47 | | | -7.47 | 250. 文建模点。_ |
| Š | ľ | Total. Add lines 1 through 11 | -76,42 | | 8,780 | | 100 At 1 1 1 1 1 1 1 1 1 |
| | | Compensation of officers, directors, trustees, etc | , | 1 | | | THE STATE OF THE S |
| xpenses | ł | Other employee salaries and wages | | | | | |
| Sue | | Pension plans, employee benefits | | | | | |
| Ř | 16a l | Legal fees (attach schedule) | | | | REC | EIVED |
| | b A | Accounting fees (attach schedule) STMT 3 | 44! | 5 | 445 | | |
| ž | c (| Other professional fees (attach schedule) STMT 4 | 2,72 | 5 | 2,726 | 10F | 2 3 2010 |
| and Administrative E | | Interest | | ļ | | | 2010 13 |
| is: | l | Taxes (attach schedule) (see page 14 of the instructions) ${ m STMT}$ | 25 | 0 | 250 | | <u>- </u> <u> </u> |
| <u>≅</u> : | | Depreciation (attach schedule) and depletion | | | _ | OGDI | EN UT |
| 4d! | | Occupancy | | <u> </u> | | | |
| ğ | | Travel, conferences, and meetings | 143 | 3 | 148 | | |
| an | | Printing and publications | | | | | |
| ng | | Other expenses (att sch.) STMT 6 | 21 | 3 | 28 | | |
| ati | | Total operating and administrative expenses. | 3 50 | 7 | 2 [7] | | |
| Operating | | Add lines 13 through 23 | 3,59 | | 3,597 | | 0 |
| Õ | | Contributions, gifts, grants paid Fotal expenses and disbursements. Add lines 24 and 25 | 19,000 | | 2 507 | | 19,000 |
| | | Subtract line 26 from line 12 | 22,59 | <u>' </u> | 3,597 | | 19,000 |
| | | Excess of revenue over expenses and disbursements | -99,01 | a | | | |
| | | Net investment income (if negative, enter -0-) | 77,01 | | 5,183 | | |
| | | Adjusted net income (if negative, enter -0-) | | | , | 2,62 | 4 |

| 'Rant II' Balance Sheet | | Ralance Shoots Attached schedules and amounts in the description column | Beginning of year | End o | of year | |
|-------------------------|----------|---|---|---|--|--|
| | - ant.11 | Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions) | (a) Book Value | (b) Book Value | (c) Fair Market Value | |
| | 1 | Cash—non-interest-bearing | | | | |
| | 2 | Savings and temporary cash investments | | | | |
| | 3 | Accounts receivable ▶ | - 1 | | at Andricher | |
| | | Less allowance for doubtful accounts ▶ | | | | |
| | 4 | Pledges receivable ▶ | 7 | | 7 7 7 | |
| | | Less allowance for doubtful accounts ▶ | | | | |
| | 5 | Grants receivable | | | | |
| | 6 | Receivables due from officers, directors, trustees, and other | | | | |
| | | disqualified persons (attach schedule) (see page 16 of the | | | | |
| | | instructions) | | | | |
| | 7 | Other notes and loans receivable (att. schedule) | , , | , =- | A 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | |
| S | | Less allowance for doubtful accounts ▶ | | | | |
| | 8 | Inventories for sale or use | | | | |
| Assets | 9 | Prepaid expenses and deferred charges | | | | |
| As | 10a | Investments—U S and state government obligations (attach schedule) | | | | |
| 1 | b | Investments—corporate stock (attach schedule) SEE STMT 7 | 527,468 | 428,449 | 413,169 | |
| | c | Investments—corporate bonds (attach schedule) | , | | | |
| ļ | 11 | Investments—land buildings, and equipment basis | | , | The can water of | |
| |] | Less accumulated depreciation (attach sch.) | | | | |
| | 12 | Investments—mortgage loans | | | | |
| | 13 | Investments—other (attach schedule) | | | | |
| | 14 | Land, buildings, and equipment basis | - | | - 1) | |
| | | Less accumulated depreciation (attach sch.) | | | | |
| | 15 | Other assets (describe ►) | | | | |
| | 16 | Total assets (to be completed by all filers—see the | | · · · · · · · · · · · · · · · · · · · | | |
| | ,,, | instructions. Also, see page 1, item I) | 527,468 | 428,449 | 413,169 | |
| _ | 17 | Accounts payable and accrued expenses | | | | |
| | 18 | Grants payable | | 7 | , | |
| ies | 19 | Deferred revenue | | | , | |
| ilit | 20 | Loans from officers, directors, trustees, and other disqualified persons | | | | |
| Liabilities | 21 | Mortgages and other notes payable (attach schedule) | | | | |
| \Box | 22 | Other liabilities (describe ►) | - | | 1 | |
| | 23 | Total liabilities (add lines 17 through 22) | 0 | | 5 5 F | |
| _ | | Foundations that follow SFAS 117, check here ▶ | | <u>~</u> <u>~</u> | 1 | |
| S | | and complete lines 24 through 26 and lines 30 and 31. | | | Et The 1/2 Water | |
| seo | 24 | Unrestricted | | | | |
| or Fund Balan | 25 | Temporarily restricted | | | 5人。 经通过 | |
| Ba | 26 | Permanently restricted | | <u>-</u> | | |
| ğ | | Foundations that do not follow SFAS 117, check here ► X | | | 100 | |
| Ē | [| and complete lines 27 through 31. | | | | |
| ř | 27 | Capital stock, trust principal, or current funds | | | | |
| S | 28 | Paid-in or capital surplus, or land, bldg, and equipment fund | | | | |
| Net Assets | 29 | Retained earnings, accumulated income, endowment, or other funds | 527,468 | 428,449 | te i i i i i i i i i i i i i i i i i i i | |
| Ş | 30 | Total net assets or fund balances (see page 17 of the | 327,133 | 1207 119 | | |
| ĭ, | | instructions) | 527,468 | 428,449 | | |
| ž | 31 | Total liabilities and net assets/fund balances (see page 17 | 327,400 | 120,117 | , ", | |
| | J . | of the instructions) | 527,468 | 428,449 | 3.34 | |
| _ | Part II | | 327,400 | 420,449 | <u> </u> | |
| | | net assets or fund balances at beginning of year—Part II, column (a), line 30 (must a | agree with | | ······································ | |
| • | | f-year figure reported on prior year's return) | -g. 50 mini | 1 | 527,468 | |
| 2 | | amount from Part I, line 27a | | 2 | -99,019 | |
| | | increases not included in line 2 (itemize) ▶ | | 3 | - 55,019 | |
| 4 | | nes 1, 2, and 3 | | 4 | 428,449 | |
| 5 | | ases not included in line 2 (itemize) ▶ | | 5 | 420,443 | |
| 6 | | net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), I | line 30 | 6 | 428,449 | |
| _ | | arti, column (b), i | | | 428,449 | |

| | 2006 | 27,843 | 540,024 | | 0.051559 |
|---|---|---|----------------------------|----|----------|
| | 2005 | 16,066 | 314,124 | | 0.051145 |
| | 2004 | 7,764 | 146,922 | | 0.052844 |
| | Total of line 1, column (d) | | | 2 | 0.255921 |
| 3 | Average distribution ratio for the 5-year base per number of years the foundation has been in exist | · · · · · · · · · · · · · · · · · · · | | 3 | 0.051184 |
| 4 | Enter the net value of noncharitable-use assets for | or 2009 from Part X, line 5 | | 4 | 0 |
| 5 | Multiply line 4 by line 3 | | | 5 | |
| 6 | Enter 1% of net investment income (1% of Part I, | line 27b) | | 6 | 52 |
| 7 | Add lines 5 and 6 | | | 7 | 52 |
| 8 | Enter qualifying distributions from Part XII, line 4 | | | 8 | 19,000 |
| | If line 8 is equal to or greater than line 7, check the | e box in Part VI, line 1b, and complete that part | using a 1% tax rate See th | ie | |

| Form | 990-PF(2009) THE D. JEROME & MARGERY C. SLACK 38-3265519 | | | F | age |
|--------|---|---------------|-----------|----------|---------------------------|
| V4.5 | Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instruc | ctions) | | | |
| | Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1 | 1 4.2.5 | 1 1 | 1, | |
| | Date of ruling or determination letter (attach copy of letter if necessary—see instructions) | | | | |
| b | Domestic foundations that meet the section 4940(e) requirements in Part V, check | ĺ | | | 52 |
| ~ | here ► X and enter 1% of Part I, line 27b | 1 77.2 | | | , |
| С | 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-) | | | | (|
| 3 | Add lines 1 and 2 | | | | 52 |
| 4 | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | | | | (|
| 5 | Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0- | | | | 52 |
| 6 | Credits/Payments | 1 | | | |
| | 2009 estimated tax payments and 2008 overpayment credited to 2009 6a | ł | | | |
| a h | | | | | |
| b | ZASINE ISING GAMZANON LAX WANNES AT SOCIETY | | | | |
| ۳ C | , | | | | |
| d ~ | | | | | |
| 7 | | | | | |
| 8 | Zino, any poninty to strategy memory against the strategy | | | | 52 |
| 9 | | | | | |
| 10 | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid Definition 10 in | | | | |
| 11 | Enter the amount of line 10 to be Credited to 2010 estimated tax Refunded 11 | <u> </u> | | | |
| | Statements Regarding Activities | - | Γ | Yes | No |
| 1a | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it | | 4- | res | No X |
| | participate or intervene in any political campaign? | | 1a | <u> </u> | $\frac{\Lambda}{\Lambda}$ |
| b | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 | | 41. | i | 🗸 |
| | 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 | | | | |
| С | Did the foundation file Form 1120-POL for this year? | | 1c | | X |
| 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 ▶ \$ | | ļ | ' | |
| е | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed | | | | |
| | on foundation managers \$ | | | Į | |
| 2 | Has the foundation engaged in any activities that have not previously been reported to the IRS? | | 2 | ļ, | X |
| | If "Yes," attach a detailed description of the activities | | l . | , | |
| 3 | Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of | | } | 1 | Ì |
| | 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 | · | N/A | _4b | ļ | <u> </u> |
| 5 | Was there a liquidation, termination, dissolution, or substantial contraction during the year? | | 5 | | X |
| | If "Yes," attach the statement required by General Instruction T | | | ; | Ì |
| 6 | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either. | | | | 4 |
| | By language in the governing instrument, or | | } | | 1 |
| | By state legislation that effectively amends the governing instrument so that no mandatory directions that | | } | 6. | |
| | 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 | Χ | } |
| 8a | Enter the states to which the foundation reports or with which it is registered (see page 19 of the | | | | |
| | instructions) ► MI | | ļ | Ì | |
| p | If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General | | , | , ; | |
| | (or designate) of each state as required by General Instruction G? If "No," attach explanation | | 8b | Χ | |
| 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 | |] | | |
| | 27)? If "Yes," complete Part XIV | | 9 | | X |
| 10 | Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their | | | | |
| | names and addresses | | 40 | [| v |

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

If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of

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

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?

the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the

Form 990-PF (2009)

Χ

3b

4a

Yes

X No

N/A

at any time during the year?

foundation had excess business holdings in 2009)

| Statements Regarding Activities for Which Form 4720 May Be Required (continued) 5a During the year did the foundation pay or incur any amount to (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? (2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? Yes X No | |
|---|---------------------------------------|
| (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? (2) Influence the outcome of any specific public election (see section 4955), or to carry on, | |
| (2) Influence the outcome of any specific public election (see section 4955), or to carry on, | 1 |
| | |
| | |
| | |
| (3) Provide a grant to an individual for travel, study, or other similar purposes? | |
| (4) Provide a grant to an organization other than a charitable, etc., organization described in | |
| section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see page 22 of the instructions) | |
| (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational | |
| purposes, or for the prevention of cruelty to children or animals? | |
| b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in | 1 |
| Regulations section 53 4945 or in a current notice regarding disaster assistance (see page 22 of the instructions)? | 5b |
| Organizations relying on a current notice regarding disaster assistance check here | |
| c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax | 小型~ 流 |
| because it maintained expenditure responsibility for the grant? N/A Yes No | A > 1 |
| If "Yes," attach the statement required by Regulations section 53 4945-5(d) | - 3 |
| 6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums | |
| on a personal benefit contract? | 3. 4 (1) (1) |
| | 6b X |
| If "Yes" to 6b, file Form 8870. | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Yes X No | 1 |
| | 7b |
| Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, | , |
| and Contractors | |
| 1 List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the instructions) | |
| 1.15 O-1.1-1.1 | |
| | (e) Expense account, |
| (D) Title, and average (C) Compensation employee henefit | (e) Expense account, other allowances |
| (a) Name and address (b) Title, and average (c) Compensation (c) Compensat | |
| (a) Name and address (b) Tile, and average hours per week devoted to position (If not paid, enter compensation of the plans and deferred compensation of the plans and deferred compensation (If not paid, enter compensation of the plans and deferred comp | |
| (a) Name and address (b) Tile, and average hours per week devoted to position (lif not paid, enter plans and deferred compensation) D JEROME SLACK TRAVERSE CITY PRESIDENT 3687 COURTNEY PLACE MI 49686 2 00 0 0 | |
| (a) Name and address (b) Tile, and average hours per week devoted to position (li not paid, enter plans and deferred compensation) D JEROME SLACK TRAVERSE CITY PRESIDENT 3687 COURTNEY PLACE MI 49686 2 00 0 0 MARGERY C SLACK TRAVERSE CITY VICE-PRES | |
| (a) Name and address (b) Title, and average hours per week devoted to position (lif not paid, enter plans and deferred compensation) D JEROME SLACK TRAVERSE CITY PRESIDENT 3687 COURTNEY PLACE MI 49686 2 00 0 0 | |
| (a) Name and address (b) Title, and average hours per week devoted to position (linot paid, enter plans and deferred compensation) D JEROME SLACK TRAVERSE CITY PRESIDENT 3687 COURTNEY PLACE MI 49686 2 00 0 0 MARGERY C SLACK TRAVERSE CITY VICE-PRES | |
| (a) Name and address (b) Title, and average hours per week devoted to position (linot paid, enter plans and deferred compensation) D JEROME SLACK TRAVERSE CITY PRESIDENT 3687 COURTNEY PLACE MI 49686 2 00 0 0 MARGERY C SLACK TRAVERSE CITY VICE-PRES | |
| (a) Name and address (b) Tile, and average hours per week devoted to position (li not paid, enter plans and deferred compensation) D JEROME SLACK TRAVERSE CITY PRESIDENT 3687 COURTNEY PLACE MI 49686 2 00 0 0 MARGERY C SLACK TRAVERSE CITY VICE-PRES | |
| (a) Name and address (b) flue, and average hours per week devoted to position (lf not paid, enter devoted to position) D JEROME SLACK TRAVERSE CITY PRESIDENT 3687 COURTNEY PLACE MI 49686 2 00 0 0 MARGERY C SLACK TRAVERSE CITY VICE-PRES 3687 COURTNEY PLACE MI 49686 1 00 0 0 | |
| (a) Name and address (b) Ties, and average hours per week devoted to position (c) Compensation (d) Name and address (e) Compensation (f) foot paid, enter devoted to position (f) foot paid, enter devoted to position (f) foot paid, enter devoted to position (f) Compensation | |
| (a) Name and address (b) Title, and average hours per week devoted to position D JEROME SLACK TRAVERSE CITY PRESIDENT 3687 COURTNEY PLACE MI 49686 2 00 0 0 MARGERY C SLACK TRAVERSE CITY VICE-PRES 3687 COURTNEY PLACE MI 49686 1 00 0 0 0 0 0 1 1 1 1 1 1 1 1 1 1 1 1 | |
| (a) Name and address but the first paid, enter compensation (if not paid, enter plans and deferred compensation) D. JEROME SLACK TRAVERSE CITY PRESIDENT 3687 COURTNEY PLACE MI 49686 2 00 0 0 MARGERY C. SLACK TRAVERSE CITY VICE-PRES 3687 COURTNEY PLACE MI 49686 1 00 0 0 Compensation of five highest-paid employees (other than those included on line 1—see page 23 of the instructions). If none, enter "NONE." (a) Name and address of each employee paid move than \$50,000 but the points per week to compensation of employee benefit plans and deferred compensation of the paid, enter compensation of the paid that the p | other allowances |
| (a) Name and address CITY per week devoted to position (If not paid, enter plans and deferred compensation) D JEROME SLACK TRAVERSE CITY PRESIDENT 3687 COURTNEY PLACE MI 49686 2 00 0 0 MARGERY C SLACK TRAVERSE CITY VICE-PRES 3687 COURTNEY PLACE MI 49686 1 00 0 0 COMPANIENT PLACE MI 49686 1 00 0 0 0 COMPANIENT PLACE MI 49686 1 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | other allowances |
| (a) Name and address but the fours per week devoted to position burs per week devoted to position burs per week devoted to position burst per week devoted t | other allowances |
| (a) Name and address burns per week devoted to position (If not paid, enter plans and deferred plans and plans and plans and deferred plans and plans and plans and plans and plans and deferred plans and plans and plans and deferred plans and plans | other allowances |
| (a) Name and address burns per week devoted to position (If not paid, enter plans and deferred plans and plans and plans and deferred plans and plans and plans and plans and plans and deferred plans and plans and plans and deferred plans and plans | other allowances |
| (a) Name and address burns per week devoted to position (If not paid, enter plans and deferred plans and plans and plans and deferred plans and plans and plans and plans and plans and deferred plans and plans and plans and deferred plans and plans | other allowances |
| (a) Name and address burns per week devoted to position (If not paid, enter plans and deferred plans and plans and plans and deferred plans and plans and plans and plans and plans and deferred plans and plans and plans and deferred plans and plans | other allowances |
| (a) Name and address burns per week devoted to position (If not paid, enter plans and deferred plans and plans and plans and deferred plans and plans and plans and plans and plans and deferred plans and plans and plans and deferred plans and plans | other allowances |
| (a) Name and address burns per week devoted to position (If not paid, enter plans and deferred compensation) D. JEROME SLACK TRAVERSE CITY PRESIDENT 3687 COURTNEY PLACE MI 49686 2 00 0 0 MARGERY C. SLACK TRAVERSE CITY VICE-PRES 3687 COURTNEY PLACE MI 49686 1 00 0 Compensation of five highest-paid employees (other than those included on line 1—see page 23 of the instructions). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 (c) Compensation (d) Contributions to employee benefit plans and deferred compensation (c) Compensation (d) Contributions to employee benefit plans and deferred compensation (c) Compensation (d) Contributions to employee benefit plans and deferred compensation (c) Compensation (d) Contributions to employee benefit plans and deferred compensation (e) Compensation (d) Contributions to employee benefit plans and deferred compensation (e) Compensation (e | other allowances |
| (a) Name and address business | other allowances |
| (a) Name and address burns per week devoted to position (If not paid, enter plans and deferred compensation) D. JEROME SLACK TRAVERSE CITY PRESIDENT 3687 COURTNEY PLACE MI 49686 2 00 0 0 MARGERY C. SLACK TRAVERSE CITY VICE-PRES 3687 COURTNEY PLACE MI 49686 1 00 0 Compensation of five highest-paid employees (other than those included on line 1—see page 23 of the instructions). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 (c) Compensation (d) Contributions to employee benefit plans and deferred compensation (c) Compensation (d) Contributions to employee benefit plans and deferred compensation (c) Compensation (d) Contributions to employee benefit plans and deferred compensation (c) Compensation (d) Contributions to employee benefit plans and deferred compensation (e) Compensation (d) Contributions to employee benefit plans and deferred compensation (e) Compensation (e | other allowances |
| (a) Name and address business | other allowances |

| Form 990-PF (2009) THE D. JEROME & MARGERY C. SLACK | 38-3265519 | Page 7 |
|---|-------------------------------------|------------------|
| Part VIII Information About Officers, Directors, Trustees, Foundation Mand Contractors (continued) | lanagers, Highly Paid Emplo | |
| 3 Five highest-paid independent contractors for professional services (see page 23 of the | instructions). If none, enter "NONE | 71 |
| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
| NONE | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total number of others receiving over \$50,000 for professional services | | |
| BaitylX:A Summary of Direct Charitable Activities | | |
| List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical informatio organizations and other beneficiaries served, conferences convened, research papers produced, etc. | n such as the number of | Expenses |
| 1 N/A | | |
| | | |
| | | |
| 2 | | |
| | | |
| 3 | | |
| J | | |
| | | |
| 4 | | |
| | | |
| - te confidence | | |
| Part X-B Summary of Program-Related Investments (see page 24 of t | he instructions) | |
| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 1 N/A | | Amount |
| 1 N/A | | |
| | | |
| 2 | | |
| | | |
| | | |
| All other program-related investments. See page 24 of the instructions | | |
| 3 | | |
| | | |
| Total. Add lines 1 through 3 | > | |

Form 990-PF (2009)

| <u>-orn</u> | 1990-PF (2009) THE D. JEROME & MARGERY C. SLACK 38-3265519 | | Page 8 |
|-------------|--|-------------|--------|
| .P. | Minimum Investment Return (All domestic foundations must complete this part. Foreign | gn fou | |
| | see page 24 of the instructions) | , | |
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., | | |
| | purposes | | |
| а | Average monthly fair market value of securities | 1a | 0 |
| þ | Average of monthly cash balances | 1b | 0 |
| ¢ | Fair market value of all other assets (see page 24 of the instructions) | 1c | 0 |
| d | Total (add lines 1a, b, and c) | 1d | 0 |
| e | Reduction claimed for blockage or other factors reported on lines 1a and | | |
| | 1c (attach detailed explanation) 1e 0 | | |
| 2 | Acquisition indebtedness applicable to line 1 assets | 2 | 0 |
| 3 | Subtract line 2 from line 1d | 3 | 0 |
| 4 | Cash deemed held for charitable activities Enter 1½ % of line 3 (for greater amount, see page 25 of | | |
| | the instructions) | 4 | 0 |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4 | 5 | 0 |
| 6 | Minimum investment return. Enter 5% of line 5 | 6 | 0 |
| P | Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private ope | rating | |
| | foundations and certain foreign organizations check here and do not complete this part) | | |
| 1 | Minimum investment return from Part X, line 6 | 1 | |
| 2a | Tax on investment income for 2009 from Part VI, line 5 | | |
| b | Income tax for 2009 (This does not include the tax from Part VI) | | |
| c | Add lines 2a and 2b | 2c | 52 |
| 3 | Distributable amount before adjustments Subtract line 2c from line 1 | 3 | 52 |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | |
| 5 | Add lines 3 and 4 | 5 | |
| 6 | Deduction from distributable amount (see page 25 of the instructions) | 6 | |
| 7 | Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, | | |
| | line 1 | 7 | |
| - | The Mil' On the first Distributions (and prove OF of the instructions) | | |
| - | Qualifying Distributions (see page 25 of the instructions) | | |
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes | | |
| a | Expenses, contributions, gifts, etc —total from Part I, column (d), line 26 | 1a | 19,000 |
| р | 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 | |
| 3 | Amounts set aside for specific charitable projects that satisfy the | 1 | |
| a | Suitability test (prior IRS approval required) | 3a | |
| b | Cash distribution test (attach the required schedule) | 3b | |
| 4 | Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 | 4 | 19,000 |
| 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 | 52 |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | 18,948 |
| | Note. The amount on line 6 will be used in Part V. column (b), in subsequent years when calculating whether the foundation | | |

qualifies for the section 4940(e) reduction of tax in those years

Form **990-PF** (2009)

| P | art XIII Undistributed Income | (see page 26 of th | e instructions) | | | |
|--------|--|--|---------------------------------------|--|------|--|
| | | | (a) | (b) | (c) | (d) |
| 1 | Distributable amount for 2009 from Part X | a. | Corpus | Years prior to 2008 | 2008 | 2009 |
| | line 7 | Γ. | इस्तिक काल सिंद्याल (| 5 5 5 5 1 M | , | -52 |
| 2 | Undistributed income, if any, as of the end | d of 2009 | T. T. 13-11 T. Committee | And the second of the second o | | |
| ~ a | | 3 01 2000 | , | | | _ |
| b | | 20 | 1 | | | |
| 3 | Excess distributions carryover, if any, to 2 | | | THE PROPERTY OF THE PARTY OF TH | | |
| a | | 1 | : | | | |
| a b | | 15,369 | | 70 | | |
| 0 | From 2006 | 28,357 | | | ' | |
| ا | | 27,623 | | <u> </u> | ĺ | |
| d | 5 0000 | 27,023 | | | ļ | |
| e | | 21,202 | 98,611 | | | |
| f 4 | Total of lines 3a through e | | 20,011 | ATT ST. | | |
| 4 | Qualifying distributions for 2009 from Part | . ^!!, | , , , | | ; | |
| | line 4 \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | | | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | • |
| | Applied to 2008, but not more than line 2a | F= | | 5 2 F 211 | | - \ - \ |
| b | Applied to undistributed income of prior ye | | 1 | | 1 | |
| | (Election required—see page 26 of the ins | · · · · · · · · · · · · · · · · · · · | | F 17 | | |
| С | Treated as distributions out of corpus (Ele | } | | | ļ | |
| | required—see page 26 of the instructions |) | · · · · · · · · · · · · · · · · · · · | 11 A B 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | |
| d | Applied to 2009 distributable amount | - | 1 total | 为是不成为是。 | | -52 |
| е | Remaining amount distributed out of corp | us | 19,052 | 2 6 Vanto 17 15 1 15 | - | · · · · · · · · · · · · · · · · · · · |
| 5 | Excess distributions carryover applied to 2 | 2009 | | Carrier San | | |
| | (If an amount appears in column (d), the s | same | , , | | | |
| | amount must be shown in column (a)) | | | ' ' | | |
| 6 | Enter the net total of each column as | | , | ` | | |
| | indicated below: | | • | 1 / 1 - 1 - 1 | | |
| а | Corpus Add lines 3f, 4c, and 4e Subtract | t line 5 | 117,663 | tage 3 _ 1- c | | <u> </u> |
| b | Prior years' undistributed income Subtrac | ct | _ | | ĺ | |
| | line 4b from line 2b | <u>. </u> | 4 8 / 1 | | | |
| С | Enter the amount of prior years' undistribu | ıted | 1 1 1 1 1 1 | | | ŗ |
| | income for which a notice of deficiency ha | ıs | | | | |
| | been issued, or on which the section 4942 | 2(a) | | | | |
| | tax has been previously assessed | | ·· | | , | · |
| d | Subtract line 6c from line 6b Taxable | | | | | 1, |
| | amount—see page 27 of the instructions | | ے ایک دارے دار | | | |
| е | Undistributed income for 2008 Subtract li | ne | त्र विशेषाम् २ थ् १ - १ | 7 | | - |
| | 4a from line 2a Taxable amount—see pa | ge | ا د | 1 mg 3 mg 1 mg | } | |
| | 27 of the instructions | | ر در الاسم | 191 N | | |
| f | Undistributed income for 2009 Subtract li | nes | न्, के स् च इंग्लिस्ट के | The second second | | <u> </u> |
| | 4d and 5 from line 1. This amount must be | e ¦ | | and the second | 1 | |
| | distributed in 2010 | | ا دعا بهر اسمال اسلامی این | there were a free of the | | Ω |
| 7 | Amounts treated as distributions out of co | rous | | B.M. Almonath of 12 | | |
| | to satisfy requirements imposed by sectio | • | | The transfer of | } | |
| | 170(b)(1)(F) or 4942(g)(3) (see page 27 or | | | | | ** |
| | instructions) | | | - 14 TV | 1 | |
| 8 | Excess distributions carryover from 2004 | not | | Fr 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | | |
| • | applied on line 5 or line 7 (see page 27 of | 1 | | , | | |
| | instructions) | uie | | | | |
| 9 | Excess distributions carryover to 2010 | | | France michikarity + - | | |
| , | Subtract lines 7 and 8 from line 6a | · | 117 660 | 1 ₀ 11 | | |
| 10 | | <u> </u> | 117,663 | The second of th | | |
| | Analysis of line 9 | 1 25 260 | ľ | | | |
| a | Excess from 2005 | 15,369 | | ļ , ' l | | |
| ь | Excess from 2006 | 28,357 | | | , | |
| C | Excess from 2007 | 27,623 | | | | |
| q | Excess from 2008 | 27,262 | | - | | |
| _e | Excess from 2009 | 19,052 | | | | |

| Pa | rt XIV. Private Operating Fou | ndations (see pa | age 27 of the instr | uctions and Part \ | /II-A, question 9) | |
|-------|--|--------------------------|---------------------------------------|---|---------------------|--------------|
| 1a | If the foundation has received a ruling or d | etermination letter tha | t it is a private operating | 3 | | |
| | foundation, and the ruling is effective for 2 | 009, enter the date of | the ruling | | | |
| b | Check box to indicate whether the foundation | tion is a private operat | ing foundation describe | d in section 4 | 942(J)(3) or 494 | 2(J)(5) |
| 2a | Enter the lesser of the adjusted net | Tax year | | Prior 3 years | · | (e) Total |
| | income from Part I or the minimum | (a) 2009 | (b) 2008 | (c) 2007 | (d) 2006 | (0) . Otal |
| | investment return from Part X for | | | 1 | ĺ | |
| | each year listed | | | | | |
| b | 85% of line 2a | | | | | |
| С | 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 | | _ | | | |
| е | Qualifying distributions made directly | | | | | |
| | for active conduct of exempt activities | | | | | |
| | Subtract line 2d from line 2c | | | | | |
| 3 | Complete 3a, b, or c for the | | | | | |
| | alternative test relied upon | | | | ļ | |
| а | "Assets" alternative test—enter | | | | | |
| | (1) Value of all assets | | | | | |
| | (2) Value of assets qualifying under | | | | | |
| | section 4942(j)(3)(B)(i) | | | | | |
| b | "Endowment" alternative test—enter 2/3 | | | | | |
| | of minimum investment return shown in | | | |] | |
| | Part X, line 6 for each year listed | | | | | |
| 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) (3) Largest amount of support from | | <u> </u> | | | |
| | | | | | | |
| | an exempt organization (4) Gross investment income | | | | | |
| D'a | Supplementary Inform | ation (Complete | this part only if the | ne foundation had | 1 \$5 000 or more i | n assets at |
| 117 0 | any time during the ye | | | | 2 ψ0,000 or more r | ii assets at |
| 1 | Information Regarding Foundation Man | | of the matruction | 13.7 | | |
| | List any managers of the foundation who h | • | than 20/ of the total cou | atributions recoved by | the foundation | |
| a | before the close of any tax year (but only i | | | - | the loghdation | |
| | N/A | i they have contributed | a more than \$0,0007 (0 | 000000000000000000000000000000000000000 | | |
| b | List any managers of the foundation who o | own 10% or more of th | e stock of a corporation | (or an equally large po | ortion of the | |
| | ownership of a partnership or other entity) | | | | or to the | |
| | N/A | of which the loundation | on has a 10% of greater | morest | | |
| 2 | Information Regarding Contribution, G | rant Gift Loan Scho | larehin etc Program | 16. | | |
| - | | | o preselected charitable | | es not accent | |
| | unsolicited requests for funds. If the found | | • | | | |
| | organizations under other conditions, com | | | r the mandedons) to me | iividaais oi | |
| a | The name, address, and telephone number | | | ne addressed | | |
| u | N/A | or the person to will | лп аррисацона знови с | oc addressed | | |
| | | | | | | |
| b | The form in which applications should be s | submitted and informati | tion and materials they | should include | | |
| | N/A | and illioima | вон ано тнателатѕ ттеу | anould include | | |
| С | Any submission deadlines | | | _ | | ···· |
| Ü | N/A | | | | | |
| d | Any restrictions or limitations on awards, s | uch as by geographic | al areas charitable fold | ls kinds of inatitutions | Or other feeters | |
| _ | N/A | aon as by geographic | ui arcas, Granidule 11810 | is, ninus or mstruuons, | OF OTHER PACIOIS | |
| | | | · · · · · · · · · · · · · · · · · · · | | | |

Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Recipient show any relationship to Purpose of grant or status of Amount any foundation manager or substantial contributor contribution recipient Name and address (home or business) Paid during the year CENTRAL MICHIGAN UNIV SCHOLARSHIP FUND 3,000 MT PLEASANT MI 48858 FERRIS STATE UNIVERSITY SCHOLARSHIP FUND 1,000 BIG RAPIDS MI 49307 FIRST CONG. CHURCH SCHOLA SCHOLARSHIP FUND 1,000 TRAVERSE CITY MI 49684 GRAND VALLEY STATE UNIV. 3,000 SCHOLARSHIP FUND ALLENDALE MI 49401 LAKE SUPERIOR COLLEGE SCHOLARSHIP FUND 1,000 SAULT SAINTE MARIE MI 497 MICHIGAN STATE UNIVERSITY SCHOLARSHIP FUND 4,000 LANSING MI 48901 N.W. MI COLLEGE SCHOLARSHIP FUND 5,000 TRAVERSE CITY MI 49684 WESTERN MICHIGAN UNIV SCHOLARSHIP FUND 1,000 KALAMAZOO MI 49001 Total ▶ 3a 19,000 Approved for future payment $A \setminus N$

Total

▶ 3b

| | Analysis of Incor s amounts unless otherwise indicate | | | d business income | Excluded by | y section 512, 513, or 514 | (e) |
|-------------|---|---------------|----------------------|---------------------------------------|--------------------------|----------------------------|---|
| | | | (a) Business code | (b) Amount | (c) Exclusion code | (d) Amount | Related or exempt function income (See page 28 of |
| 1 Progra | am service revenue | | | | | | the instructions) |
| | | | _ | <u> </u> | | | |
| | | | - | | | | |
| | | | | | | | |
| | | | | | + | | |
| e | | | | | - | | |
| ' | and contracts from concernment | | | | | | |
| _ | ees and contracts from government pership dues and assessments | agencies | | | | | |
| | st on savings and temporary cash in | nvestments | | | | | |
| | ends and interest from securities | ivestilients | | | | ··· | 10,096 |
| | ental income or (loss) from real estat | te | - | | | - , , - , , | м |
| | ebt-financed property | | | | | | |
| | ot debt-financed property | | | - | | | |
| | ental income or (loss) from personal | property | | - | | | |
| | investment income | , ,, , | | | | | |
| | or (loss) from sales of assets other t | han inventory | | | | | -79,046 |
| 9 Net in | come or (loss) from special events | · | | | | | |
| | profit or (loss) from sales of invento | ory | | | | | |
| 11 Other | revenue a | | | | | | |
| b_V | ISION RESOURCES L | LC | | | | | -7,472 |
| c | | | | | | | |
| d | | | _ | | | | |
| e | | | | | 0 7 | -, | |
| | tal Add columns (b), (d), and (e) | | | <u> </u> | 0 | 0 | -76,422 |
| | Add line 12, columns (b), (d), and (| | | | | 13 | -76,422 |
| | sheet in line 13 instructions on page | | | nt of Evennt E | | | |
| Part X | | | | | _ | | |
| Line N ▼ | accomplishment of the four instructions) | | | | | | ihe |
| N/I | A | | | | | | |
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| Ď | art XVII | Information Re Exempt Organi | | ansfers To and | d Transaction | ns and Relati | onships With No | oncharitable | | |
|---|---|--|---|----------------------------|---------------------|--|------------------------------|---------------------|--|-------|
| 1 | Did the | organization directly or in | | e in any of the follo | wing with any of | her organization | described | | Yes | No |
| • | | n 501(c) of the Code (ot | | | | | | | 100 | |
| | organiza | | nor train ocotic | ,,, oo , (o)(o) o. ga | 24.00.00, 01 00.0 | | | | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | } |
| 2 | • | | | • | | | | | | |
| а | a Transfers from the reporting foundation to a noncharitable exempt organization of (1) Cash | | | | | | | | | |
| | (2) Other assets | | | | | | | | | |
| h | b Other transactions | | | | | | | | | |
| (1) Sales of assets to a noncharitable exempt organization | | | | | | | | | | |
| | • • | | | _ | n | | | | 1b(1) 1b(2) | X |
| (2) Purchases of assets from a noncharitable exempt organization(3) Rental of facilities, equipment, or other assets | | | | | | | | | | Х |
| | • • | nbursement arrangemer | | | | | | | 1b(3) 1b(4) | X |
| | | ns or loan guarantees | | | | | | | 1b(5) | Х |
| | | ormance of services or r | membership or | fundraising solicita | ations | | | | 1b(6) | Χ |
| С | Sharing | of facilities, equipment, r | nailing lists, ot | her assets, or paid | employees | | | | 1c | X |
| d | If the an | swer to any of the above | s is "Yes," com | plete the following | schedule Colum | n (b) should alwa | ys show the fair mark | et | | |
| | value of | the goods, other assets, | or services gi | ven by the reporting | g foundation If the | ne foundation rec | eived less than fair ma | arket | | |
| | value in | any transaction or sharir | ng arrangemer | it, show in column i | (d) the value of t | ne goods, other a | ssets, or services rec | eived | | |
| | (a) Line no | (b) Amount involved | (c) Name | of noncharitable exe | mpt organization | (d) Descr | iption of transfers, transac | ctions, and sharing | arrangements | |
| \sqrt{V} | A | | | | <u></u> | | | | . — | _ |
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| Za | | undation directly or indire | • | • | | | ons | | | 1 |
| L | | d in section 501(c) of the | | man section 50 f(c) | (3)) or in section | 52// | | | Yes X |] 110 |
| | 11 165, | complete the following s (a) Name of organization | criedule | (b) Type of | organization | T | (c) Description | of rolationship | | |
| | N/A | (a) Name of organization | | (b) Type of | organization | | (c) Description | or relationship | | |
| _ | 11/11 | | | | | | | | | |
| _ | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | · | | | |
| | Under per | nalties of perjury, I declare th | nat I have examir | ned this return, including | na accompanyina s | chedules and stater | nents, and to the best of | mv knowledge and | ······ | |
| - | belief, it is | true, correct, and complete | Declaration of p | preparer (other than ta | xpayer or fiduciary | is based on all info | rmation of which prepare | r has any knowledg | je | |
| 1 | X | D. Gerome | flack | 2 | $\times q_{u}$ | 2 16-2010 | PRESID | ENT | | |
| ည | Signa | ature of officer or trustee | Preside | Ŕ | Date | 7 | Title | | | |
| Sign Here | | | | | | Date | , , | | er's identifying | |
| Ξ | ν _{>} | Preparer's | . / | ' \(\) | 1 | 7/12 | Check if self-employed | | (see Signature of of the instructions | |
| န္တ | rer' On() | signature | 50 | Cema | 6/CPA | | 3eii-eiiipioyei | 4 F | 0141739 | |
| | Paid Preparer's Use Only | Firm's name (or yours if | BAIRD | , COTTER A | AND BISH | OP, P.C. | | | | |
| İ | Ę S | self-employed), address, | 134 W | EST HARRIS | | | | EIN ▶ 38- | 199586 | 6 |
| | | and ZIP code | CADI | | 49601 | | | Phone no 231 | | |
| | | | | <u>-</u> | | | | | orm 990-PF | |

| | Federal Statements | | |
|---------------------------------------|--------------------|-----------------|--|
| 3237 THE D. JEROME & MARGERY C. SLACK | 38-3265519 | FYE: 12/31/2009 | |

| | Statement 1 | Statement 1 - Form 990-PF, Part I, Line 6a - Sale of Assets | t I, Line 6a - Sale | of Assets | | | |
|--------------------------------------|-----------------|---|---------------------|-----------|--------------|--------------------|---------|
| Description | | How Received | | | | | , |
| Whom Date Sold Acquired | Date ed Sold | Sale Price | Cost | Expense | Depreciation | Net Gain / Loss | SS |
| T ROWE PRICE EQUITY INCOME VARIOUS | 15 4/15/09 \$ | PURCHASE 225 \$ | 359 \$ | | ₩. | ₩ | -134 |
| VANGUARD BOND INDES VARIOUS | 1/29/09 | PURCHASE 29,242 | 29,533 | | | ' | -291 |
| HUNTINGTON GROWTH | | PURCHASE | | | | | 320 |
| HUNTINGTON FIXED INCOME FUND 1/29/09 | | PURCHASE 1,500 | 1,465 | | | | 35 |
| T ROWE PRICE EQUITY INCOME VARIOUS | | PURCHASE 7,519 | 12,010 | | | -4, | -4,491 |
| REAL ESTATE SEC FD VARIOUS | | PURCHASE 7,427 | 14,806 | | | 7 - | -7,379 |
| FRANK RUSSELL US XM CAP | | PURCHASE 6.161 | 12.079 | | | -5, | 918 |
| VANGUARD SHORT TERM BOND IND | σ. | PURCHASE 13,143 | 13,207 | | | | -64 |
| HUNTINGTON GROWTH FUND VARIOUS |) | PURCHASE 10,000 | . ~ | | | -12, | 593 |
| MUTUAL SHARES FUND Z VARIOUS | | PURCHASE 10,000 | 16,865 | | | 9 1 | -6,865 |
| RUSSELL SH DUR BOND 1/05/06 | /06 2/24/09 | PURCHASE 53 | 57 | | | | 4 |
| VANGUARD EQ INCOME FUND 1/23/08 | /08 2/24/09 | PURCHASE 15,000 | 26,075 | | | -11 | -11,075 |
| | /08 3/20/09 | PURCHASE 10,316 | 17,878 | | | .7- | , 562 |
| MUTUAL SHARES FUND Z 12/20/04 | /04 3/27/09 | PURCHASE 9,207 | 14,883 | | | -5, | ,676 |
| HUNTINGTON GROWIH FUND VARIOUS | JS 8/17/09 | 26,663 | 44,120 | | | -17 | -17,457 |
| | | | | | | | |

-79,154 Gain / Loss 1-4 -7,472 -7,472 Set Charitable Purpose Charitable Purpose Adjusted Net Income Depreciation Net Investment Adjusted Net Adjusted Income Statement 4 - Form 990-PF, Part I, Line 16c - Other Professional Fees Statement 1 - Form 990-PF, Part I, Line 6a - Sale of Assets (continued) Statement 3 - Form 990-PF, Part I, Line 16b - Accounting Fees Expense Statement 2 - Form 990-PF, Part I, Line 11 - Other Income 445 2,726 445 2,726 -7,472 -7,472 Investment Revenue per Investment 227,930 Federal Statements Books Net Cost How Received ٠s 148,776 445 445 2,726 2,726 Price Sale Total Total 3237 THE D. JEROME & MARGERY C. SLACK Date Sold Description Acquired Date Description INCOME TAX PREPARATION Description Description VISION RESOURCES LLC FIDUCIARY FEES FYE: 12/31/2009 Whom Sold 38-3265519 TOTAL TOTAL TOTAL TOTAL

Federal Statements 3237 THE D. JEROME & MARGERY C. SLACK 38-3265519 FYE: 12/31/2009

| ٠ | Charitable Purpose | ৵ | 0 | | Charitable Purpose | ₩ | | o |
|--|-----------------------|--|-------|---|-----------------------|----------|-----------------------------|-------|
| | Adjusted Net | | 0 | | Adjusted Net | | | 0 |
| <u>xes</u> | | ₩ | w | xpenses | | ₩ | | ₩. |
| Statement 5 - Form 990-PF, Part I, Line 18 - Taxes | Net Investment | 162 68 20 | 250 | Form 990-PF, Part I, Line 23 - Other Expenses | Net Investment | | 10 | 28 |
| .PF, Part | <u>r</u> | ₩ | ₩. | Part I, Lir | 드 | ₩ | | ٠ |
| ıt 5 - Form 990 | Total | 162 68 20 | 250 | Form 990-PF, | Total | | 10 | 28 |
| Statemer | , | ₩ | w | Statement 6 - | | ₹Ŷ | | ₩ |
| | Description | 2008 INCOME TAX FOREIGN TAXES PAID ON DIVIDENDS FILING FEE | TOTAL | State | Description | EXPENSES | PUBLICATION COST POSTAGE | TOTAL |

3237 THE D. JEROME & MARGERY C. SLACK 38-3265519 Federal Statements

FYE: 12/31/2009

Statement 7 - Form 990-PF, Part II, Line 10b - Corporate Stock Investments

| Description | | | | | | | |
|----------------------|-------------------|---------|-----|----------------|--------|-----|----------------------|
| | Beginning of Year | | , | End of Year | | | Fair Market Value |
| VARIOUS MUTUAL FUNDS | | | | | | | |
| | \$_ | 527,468 | \$_ | 428,449 | MARKET | \$_ | 413,169 |
| TOTAL | \$_ | 527,468 | \$_ | 428,449 | | \$_ | 413,169 |

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

| Department of the Internal Revenue | | ► File a sepa | arate application for each return. | | | | | |
|---|---|--|--|------------|-----------------------|------------|--|--|
| | | omatic 3-Month Extension, complete only | Part Land check this box | | | ▶ X | | |
| | | | n, complete only Part II (on page 2 of this form |) | | | | |
| | | | atic 3-month extension on a previously filed For | | | | | |
| Parti | Automati | 3-Month Extension of Time. Only | submit original (no copies needed). | | - | | | |
| A corporation i | required to file | orm 990-T and requesting an automatic 6-mo | onth extension—check this box and complete | | | | | |
| Part I only | | | | | | | | |
| All other corpo | | g 1120-C filers), partnerships, REMICs, and | trusts must use Form 7004 to request an exten | sion of | | | | |
| Electronic Fili | ina (e-file). Ge | perally, you can electronically file Form 8868 i | if you want a 3-month automatic extension of tir | ne to file | | | | |
| | | | Form 990-T) However, you cannot file Form 886 | | | | | |
| | | | on or (2) you file Forms 990-BL, 6069, or 8870, | | | | | |
| | | | omit the fully completed and signed page 2 (Part | | m | | | |
| 8868 For more | e details on the | electronic filing of this form, visit www irs gov | /efile and click on e-file for Charities & Nonprofi | s. | | | | |
| Type or | Name of Exe | mpt Organization | | Employ | er identification nur | nber | | |
| print | | | | | | | | |
| File by the | <u> 265519</u> | | | | | | | |
| due date for filing your return See | | et, and room or suite no. If a P O. box, see in: DURTNEY PLACE | structions | | | | | |
| instructions | City, town or | post office, state, and ZIP code For a foreign | address, see instructions. | | | | | |
| | TRAVER | SE CITY MI 49 | 9684 | | | | | |
| Check type of | freturn to be f | led (file a separate application for each return | n) | | | | | |
| Form 99 | 0 | | 990-T (corporation) 990-T (sec. 401(a) or 408(a) trust) | | Form 4720 | | | |
| Form 99 | Form 5227 Form 6069 | | | | | | | |
| Form 990-EZ X Form 990-PF Form 1041-A | | | | | | | | |
| X Form 99 | 0-PF | Form | 1041-A | | Form 8870 | | | |
| Telephone If the orga If this is for for the whole galist with the n I reques until 0 for the o | No ► 23 nization does r r a Group Retu iroup, check th names and EIN t an automatic | but have an office or place of business in the Unit, enter the organization's four digit Group Existon If it is for part of the good all members the extension will cover— -month (6 months for a corporation required to file the exempt organization return for the cours for the cour | group, check this box | If this is | | ▶ □ | | |
| 2 If this tax | k year is for les | than 12 months, check reason Initia | al return Final return Change i | n account | ing period | | | |
| 3a If this ap | plication is for | orm 990-BL, 990-PF, 990-T, 4720, or 6069, | enter the tentative tax, | | | | | |
| | | credits. See instructions. | | 3a | \$ | 0 | | |
| | | orm 990-PF or 990-T, enter any refundable of | | | | | | |
| | | any prior year overpayment allowed as a cri | | 3b | \$ | 0 | | |
| | | ine 3b from line 3a. Include your payment wi | • | | | | | |
| | | n or, if required, by using EFTPS (Electronic l | Federal Tax Payment | 1 | | _ | | |
| | See instructio | | 0000 5 0455 55 | 3c | \$ | 0 | | |
| for payment ins | | ake an electronic fund withdrawal with this Fo | orm 8868, see Form 8453-EO and Form 8879-E | :O | | | | |
| | | ork Reduction Act Notice, see Instructions | | | r. 0000 | | | |
| uo, A | alia i abeln | an instruction Act Motice, see manucions | o. | | Form 8868 (Re | ev 4-2009) | | |