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Return of Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust

Treated as a Private Foundation

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 calendar year 2009, or tax year beginning , and ending

G Check all that apply: ☐ Initial return ☐ Initial return of a former public charity ☐ Final return
☐ Amended return ☐ Address change ☒ Name change

Use the IRS label Otherwise, print or type See Specific Instructions	Name of foundation SLINGSHOT DEVELOPMENT FUND		A Employer identification number 45-0579461
	Number and street (or P.O. box number if mail is not delivered to street address) Room/suite PO BOX 11756		B Telephone number 206-498-4643
	City or town, state, and ZIP code BAINBRIDGE ISLAND, WA 98110		C If exemption application is pending, check here <input type="checkbox"/>
	H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		D 1 Foreign organizations, check here <input type="checkbox"/> 2 Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col (c), line 16) \$ 6,233,664. (Part I, column (d) must be on cash basis)		J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/> F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)	
Revenue	1 Contributions, gifts, grants, etc., received	6,357,950.		N/A		
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B					
	3 Interest on savings and temporary cash investments					
	4 Dividends and interest from securities	27,596.	27,596.		STATEMENT 1	
	5a Gross rents					
	b Net rental income or (loss)					
	6a Net gain or (loss) from sale of assets not on line 10	60,165.				
	b Gross sales price for all assets on line 6a	732,973.				
	7 Capital gain net income (from Part IV, line 2)		60,165.			
	8 Net short-term capital gain					
	9 Income modifications					
	10a Gross sales less returns and allowances					
b Less: Cost of goods sold						
c Gross profit or (loss)						
11 Other income						
12 Total. Add lines 1 through 11	6,445,711.	87,761.				
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	1,750.	0.		0.	
	14 Other employee salaries and wages					
	15 Pension plans, employee benefits					
	16a Legal fees					
	b Accounting fees					
	c Other professional fees	STMT 2	20,000.	0.		0.
	17 Interest					
	18 Taxes					
	19 Depreciation and depletion	122.	0.			
	20 Occupancy					
	21 Travel, conferences, and meetings	4,085.	0.		0.	
	22 Printing and publications	8.	0.		0.	
	23 Other expenses	STMT 3	30,712.	19,708.		0.
	24 Total operating and administrative expenses. Add lines 13 through 23	56,677.	19,708.		0.	
	25 Contributions, gifts, grants paid	342,824.			342,824.	
26 Total expenses and disbursements. Add lines 24 and 25	399,501.	19,708.		342,824.		
27 Subtract line 26 from line 12.						
a Excess of revenue over expenses and disbursements	6,046,210.					
b Net investment income (if negative, enter -0-)		68,053.				
c Adjusted net income (if negative, enter -0-)			N/A			

Part II Balance Sheets

Attached schedules and amounts in the description column should be for end-of-year amounts only

		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash - non-interest-bearing		23,570.	23,570.
	2 Savings and temporary cash investments		380,033.	380,033.
	3 Accounts receivable ▶			
	Less: allowance for doubtful accounts ▶			
	4 Pledges receivable ▶			
	Less: allowance for doubtful accounts ▶			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons			
	7 Other notes and loans receivable ▶			
	Less: allowance for doubtful accounts ▶			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments - U.S. and state government obligations			
	b Investments - corporate stock STMT 4	0.	2,267,810.	2,426,672.
	c Investments - corporate bonds			
Liabilities	11 Investments - land, buildings, and equipment basis ▶			
	Less: accumulated depreciation ▶			
	12 Investments - mortgage loans			
	13 Investments - other STMT 5	0.	3,375,169.	3,402,307.
	14 Land, buildings, and equipment: basis ▶ 1,204.			
	Less: accumulated depreciation STMT 6 ▶ 122.		1,082.	1,082.
	15 Other assets (describe ▶)			
	16 Total assets (to be completed by all filers)	0.	6,047,664.	6,233,664.
	17 Accounts payable and accrued expenses			
	18 Grants payable			
Net Assets or Fund Balances	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable			
	22 Other liabilities (describe ▶ STATEMENT 7)	0.	1,454.	
	23 Total liabilities (add lines 17 through 22)	0.	1,454.	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. ▶ <input type="checkbox"/>			
	24 Unrestricted			
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. ▶ <input checked="" type="checkbox"/>			
	27 Capital stock, trust principal, or current funds	0.	0.	
	28 Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
	29 Retained earnings, accumulated income, endowment, or other funds	0.	6,046,210.	
30 Total net assets or fund balances	0.	6,046,210.		
31 Total liabilities and net assets/fund balances	0.	6,047,664.		

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	0.
2 Enter amount from Part I, line 27a	2	6,046,210.
3 Other increases not included in line 2 (itemize) ▶	3	0.
4 Add lines 1, 2, and 3	4	6,046,210.
5 Decreases not included in line 2 (itemize) ▶	5	0.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	6,046,210.

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Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a WELLS FARGO-SEE STATEMENT ATTACHED	P	VARIOUS	VARIOUS
b CAPITAL GAINS DIVIDENDS			
c			
d			
e			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 732,890.		672,808.	60,082.
b 83.			83.
c			
d			
e			

(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	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
a			60,082.
b			83.
c			
d			
e			

2 Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7	2	60,165.
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8		3	N/A

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2008	0.	0.	.000000
2007	0.	0.	.000000
2006			
2005			
2004			

2 Total of line 1, column (d)	2	.000000
3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	.000000
4 Enter the net value of noncharitable-use assets for 2009 from Part X, line 5	4	2,357,435.
5 Multiply line 4 by line 3	5	0.
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	681.
7 Add lines 5 and 6	7	681.
8 Enter qualifying distributions from Part XII, line 4	8	342,824.

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions)

1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary-see instructions)		1	681.
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b			
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		2	0.
3 Add lines 1 and 2		3	681.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4	0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5	681.
6 Credits/Payments:			
a 2009 estimated tax payments and 2008 overpayment credited to 2009	6a		
b Exempt foreign organizations - tax withheld at source	6b		
c Tax paid with application for extension of time to file (Form 8868)	6c		
d Backup withholding erroneously withheld	6d		
7 Total credits and payments. Add lines 6a through 6d	7		0.
8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8		20.
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9		701.
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10		
11 Enter the amount of line 10 to be credited to 2010 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	11		

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
1b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)? 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		X
c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. <input type="checkbox"/> \$ 0. (2) On foundation managers. <input type="checkbox"/> \$ 0.		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. <input type="checkbox"/> \$ 0.		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T		X
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 conflict with the state law remain in the governing instrument?		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	X	
8a Enter the states to which the foundation reports or with which it is registered (see instructions) <input type="checkbox"/> WA		
b 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	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," complete Part XIV		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	X	

N/A

STMT 8

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Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	

Website address ► HTTP://SLINGSHOTDF.ORG

14 The books are in care of ► THE FOUNDATION Telephone no. ► 206-498-4643
 Located at ► NANA P.O. BOX 1086, BANGKOK THAILAND ZIP+4 ► 10110

15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here ☐
 and enter the amount of tax-exempt interest received or accrued during the year ► 15

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

	Yes	No
1a During the year did the foundation (either directly or indirectly):		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)? Organizations relying on a current notice regarding disaster assistance check here	N/A	1b
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2009?		1c X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
a At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2009?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If "Yes," list the years ► _____, _____, _____		
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.)	N/A	2b
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ► _____, _____, _____		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b 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 the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2009.)	N/A	3b
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		4a X
b 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?		4b X

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Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

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	1,340,442.
b	Average of monthly cash balances	1b	1,052,893.
c	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	2,393,335.
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	2,393,335.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	35,900.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	2,357,435.
6	Minimum investment return. Enter 5% of line 5	6	117,872.

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6	1	117,872.
2a	Tax on investment income for 2009 from Part VI, line 5	2a	681.
b	Income tax for 2009. (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	681.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	117,191.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	117,191.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	117,191.

Part XII Qualifying Distributions (see 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	342,824.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
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	342,824.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b	5	681.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	342,143.

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.

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Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI, line 7				117,191.
2 Undistributed income, if any, as of the end of 2009				
a Enter amount for 2008 only			0.	
b Total for prior years: 2007, _____, _____		0.		
3 Excess distributions carryover, if any, to 2009:				
a From 2004				
b From 2005				
c From 2006				
d From 2007				
e From 2008				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2009 from Part XII, line 4: ► \$ 342,824.				
a Applied to 2008, but not more than line 2a			0.	
b Applied to undistributed income of prior years (Election required - see instructions)		0.		
c Treated as distributions out of corpus (Election required - see instructions)	0.			
d Applied to 2009 distributable amount				117,191.
e Remaining amount distributed out of corpus	225,633.			
5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:	225,633.			
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	225,633.			
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable amount - see instructions		0.		
e Undistributed income for 2008. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2009. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2010				0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2004 not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a	225,633.			
10 Analysis of line 9:				
a Excess from 2005				
b Excess from 2006				
c Excess from 2007				
d Excess from 2008				
e Excess from 2009	225,633.			

Part XV	Supplementary Information (continued)
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3 Grants and Contributions Paid During the Year or Approved for Future 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)				
a Paid during the year				
SEE STATEMENT 11				
Total			► 3a	342,824.
b Approved for future payment				
THAI BURMA BORDER HEALTH INITIATIVE 1127 BOGGLE DR. GALLUP, NM 87301	N/A			14,500.
Total			► 3b	14,500.

Part XVII

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





- | | | | |
|---|--------------|------------|-----------|
| 1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? | | Yes | No |
| a Transfers from the reporting foundation to a noncharitable exempt organization of: | | | |
| (1) Cash | 1a(1) | | X |
| (2) Other assets | 1a(2) | | X |
| b Other transactions: | | | |
| (1) Sales of assets to a noncharitable exempt organization | 1b(1) | | X |
| (2) Purchases of assets from a noncharitable exempt organization | 1b(2) | | X |
| (3) Rental of facilities, equipment, or other assets | 1b(3) | | X |
| (4) Reimbursement arrangements | 1b(4) | | X |
| (5) Loans or loan guarantees | 1b(5) | | X |
| (6) Performance of services or membership or fundraising solicitations | 1b(6) | | X |
| c Sharing of facilities, equipment, mailing lists, other assets, or paid employees | 1c | | X |
| d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. | | | |

[illegible]

- 2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No
- b** If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

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

Sign Here	 Signature of officer or trustee		24 Oct. 2010 Date		 Board Member Title	
	Paid Preparer's Use Only	Preparer's signature 		Date 9/27/10		Check if self-employed <input type="checkbox"/>
Firm's name (or yours if self-employed), address, and ZIP code DUKES & GRAVES, LTD. 4306 EVERGREEN LANE, SUITE 202 ANNANDALE, VA 22003					Preparer's identifying number EIN  Phone no 703-941-1400	

Schedule B(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

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

OMB No 1545-0047

2009

Name of the organization

SLINGSHOT DEVELOPMENT FUND

Employer identification number

45-0579461

Organization type (check one)

Filers of:

Section:

Form 990 or 990-EZ

☐

501(c)() (enter number) organization

☐

4947(a)(1) nonexempt charitable trust not treated as a private foundation

☐

527 political organization

Form 990-PF

☒

501(c)(3) exempt private foundation

☐

4947(a)(1) nonexempt charitable trust treated as a private foundation

☐

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions**General Rule**

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II

Special Rules

- ☐ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions
for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization

Employer identification number

SLINGSHOT DEVELOPMENT FUND

45-0579461

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	HADSELL & STORMER, INC 128 N. FAIR OAKS AVE. SUITE 204 PASADENA, CA 91103	\$ 6,357,950.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

2009 DEPRECIATION AND AMORTIZATION REPORT

FORM 990-PF PAGE 1

990-PF

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
1	LAPTOP COMPUTER	052309SL		5.00	16	985.			985.			115.
2	SKYPE SPEAKER	110909SL		5.00	16	219.			219.			7.
	* TOTAL 990-PF PG 1					1,204.		0.	1,204.	0.	0.	122.
	DEPR											

FORM 990-PF	DIVIDENDS AND INTEREST FROM SECURITIES	STATEMENT	1
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SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	COLUMN (A) AMOUNT
WELLS FARGO	27,679.	83.	27,596.
TOTAL TO FM 990-PF, PART I, LN 4	27,679.	83.	27,596.

FORM 990-PF	OTHER PROFESSIONAL FEES	STATEMENT	2
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DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
CONSULTING FEES	20,000.	0.		0.
TO FORM 990-PF, PG 1, LN 16C	20,000.	0.		0.

FORM 990-PF	OTHER EXPENSES	STATEMENT	3
-------------	----------------	-----------	---

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
BANK FEES, WIRE FEES, POSTAGE, SUPPLIES	23,403.	19,708.		0.
BOARD MEETINGS	5,811.	0.		0.
COMMUNICATIONS	398.	0.		0.
VISA RELATED	1,100.	0.		0.
TO FORM 990-PF, PG 1, LN 23	30,712.	19,708.		0.

FORM 990-PF	CORPORATE STOCK	STATEMENT	4
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DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
WELLS FARGO-EQUITIES	2,267,810.	2,426,672.
TOTAL TO FORM 990-PF, PART II, LINE 10B	2,267,810.	2,426,672.

FORM 990-PF OTHER INVESTMENTS STATEMENT 5

DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
WELLS FARGO-MUTUAL FUNDS	COST	2,750,000.	2,752,260.
WELLS FARGO-OTHER	COST	307,720.	306,946.
WELLS FARGO-REAL ESTATE INV.	COST	317,449.	343,101.
TOTAL TO FORM 990-PF, PART II, LINE 13		3,375,169.	3,402,307.

FORM 990-PF DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 6

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
LAPTOP COMPUTER	985.	115.	870.
SKYPE SPEAKER	219.	7.	212.
TOTAL TO FM 990-PF, PART II, LN 14	1,204.	122.	1,082.

FORM 990-PF OTHER LIABILITIES STATEMENT 7

DESCRIPTION	BOY AMOUNT	EOY AMOUNT
DUE TO JANELLE CHOI	0.	1,454.
TOTAL TO FORM 990-PF, PART II, LINE 22	0.	1,454.

FORM 990-PF LIST OF SUBSTANTIAL CONTRIBUTORS STATEMENT 8
PART VII-A, LINE 10

NAME OF CONTRIBUTOR

ADDRESS

HADSELL AND STORMER

128 N. FAIR OAKS AVE. STE. 204
PASADENA, CA 91103

FORM 990-PF PART VIII - LIST OF OFFICERS, DIRECTORS STATEMENT 9
TRUSTEES AND FOUNDATION MANAGERS

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
THERESE CAQUETTE	TREASURER 1.00	1,750.	0.	0.
KA HSAW WA	PRESIDENT 1.00	0.	0.	0.
NAI KASAUH MON	VICE-PRESIDENT 1.00	0.	0.	0.
JUDITH CHOMSKY	SECRETARY 1.00	0.	0.	0.
TYLER GIANNINI	BOARD MEMBER 1.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII		1,750.	0.	0.

FORM 990-PF	GRANT APPLICATION SUBMISSION INFORMATION	STATEMENT 10
	PART XV, LINES 2A THROUGH 2D	

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

SLINGSHOT DEVELOPMENT FUND
PO BOX 11756
BAINBRIDGE ISLAND, WA 98110

TELEPHONE NUMBER

206-498-4643

FORM AND CONTENT OF APPLICATIONS

FORMS FOR APPLICATION SUBMISSIONS MAY BE OBTAINED VIA E-MAIL. THE CONTACT INFORMATION IS ON THE ORGANIZATION'S WEBSITE WHICH IS: [HTTP://SLINGSHOTDF.ORG](http://SLINGSHOTDF.ORG)

ANY SUBMISSION DEADLINES

AVAILABLE FROM THE WEBSITE. PROPOSALS ARE REVIEWED DURING BOARD MEETINGS.

RESTRICTIONS AND LIMITATIONS ON AWARDS

POLITICAL PARTIES, GOVERNMENTS, ARMED ORGANIZATIONS, MICROFINANCE ORGANIZATIONS AND INDIVIDUALS ARE EXCLUDED FROM RECEIVING AWARDS

FORM 990-PF GRANTS AND CONTRIBUTIONS STATEMENT 11
PAID DURING THE YEAR

RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT	RECIPIENT STATUS	AMOUNT
MON RELIEF AND DEVELOPMENT COMMITTEE P.O. BOX 30 SANGKLABURI, THAILAND 71240	N/A RICE SUPPLIES, WATER PIPES HYDRO AND BRIDGE	COMMUNITY BASED ORGANIZATI	78,288.
COMMITTEE FOR INTERNALLY DISPLACED PERSON-SOUTH P.O. BOX 11 KANCHANABURI, THAILAND 71000	N/A RICE SUPPLIES AND MEDICINES	COMMUNITY BASED ORGANIZATI	74,776.
KAREN AMERICAN COMMUNITY FOUNDATION P.O. BOX 5298 HYATTSVILLE, MD 20782	N/A KAREN REFUGEE CONFERENCE TO COORDINATE ASSISTANCE	PUBLIC CHARITY	12,650.
FREE BURMA RANGERS P.O. BOX 14 MAE JO P.O. CHIANG MAI, THAILAND 50290	N/A TRAINING OF MEDICS FOR HUMANITARIAN RELIEF TRIPS	COMMUNITY BASED ORGANIZATI	30,000.
KAREN STUDENT EDUCATION ASSISTANCE GROUP P.O. BOX 39 MAE SARIANG, MAI, THAILAND 58110	N/A EDUCATION ASSISTANCE AND TEACHER SUBSIDIES FOR IMPOVERISHED COMMUNITIES	PUBLIC CHARITY	15,835.
COMMITTEE FOR INTERNALLY DISPLACED PERSON-NORTH 309 MOO 1 BAN KAT MAE SARIANT , MAE HONGSON, THAILAND 58110	N/A RICE SUPPLIES	COMMUNITY BASED ORGANIZATI	41,373.
GLOBAL HEALTH ACTION PROGRAM 801 CEDAR ST. SUITE 200 BERKELEY, CA 94710	N/A SCHOOL HEALTH PROGRAM AND CAPACITY DEVELOPMENT	PUBLIC CHARITY	55,069.
PATTANARAK FOUNDATION 49/83 L/C/ SUWINTAWONG RD LAM PHAK CHI BANGKOK, NONG CHOK, THAILAND 10530	N/A COMMUNITY DEVELOPMENT FOR MIGRANT POPULATIONS	PUBLIC CHARITY	30,000.

· SLINGSHOT DEVELOPMENT FUND

45-0579461

THAI BURMA BORDER HEALTH
INITIATIVE
1127 BOGGLE DR. GALLUP, NM
87301

N/A
MEDICAL ASSISTANCE AND
HEALTH EDUCATION

PUBLIC
CHARITY

4,833.

TOTAL TO FORM 990-PF, PART XV, LINE 3A

342,824.

Form **4562**Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

Depreciation and Amortization 990-PF
(Including Information on Listed Property)

▶ See separate instructions.

▶ Attach to your tax return.

OMB No 1545-0172

2009Attachment
Sequence No **67**

Business or activity to which this form relates

Identifying number

SLINGSHOT DEVELOPMENT FUND**FORM 990-PF PAGE 1****45-0579461****Part I Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I

1 Maximum amount See the instructions for a higher limit for certain businesses	1	250,000.
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation	3	800,000.
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	
6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property Enter the amount from line 29	7	
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10	
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5	11	
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	122.

Part III MACRS Depreciation (Do not include listed property.) (See instructions)**Section A**

17 MACRS deductions for assets placed in service in tax years beginning before 2009	17	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B - Assets Placed in Service During 2009 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property	/		27.5 yrs	MM	S/L	
i Nonresidential real property	/		39 yrs	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year	/		40 yrs	MM	S/L	

Part IV Summary (See instructions)

21 Listed property Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations - see instr	22	122.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles)

24a Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No **24b** If "Yes," is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use							25	
26 Property used more than 50% in a qualified business use								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1							28	
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1								29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
30 Total business/investment miles driven during the year (do not include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2009 tax year					
43 Amortization of costs that began before your 2009 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

**2009 Form 1099**

Account Number 73427700

Page 4

SLINGSHOT BURMA FUND-SP-MAIN
SLINGSHOT DEVELOPMENT FUND

EIN: 45-0579461

SCHEDULE OF GAINS/LOSSES

TAX YEAR ENDED 12/31/09

Forms 1099 for 2009**1099-B Proceeds From Broker and Barter Exchange Transactions (OMB No. 1545-0715)****Copy B, For Recipient**

The proceeds from each of the sales shown below in Box 2 are reported to the Internal Revenue Service on Forms 1099-B. In addition, we report security description, cusip #, and units. We do not report your net gains and losses to the Internal Revenue Service. An asterisk symbol (*) next to the tax cost indicates that the tax cost has been adjusted for the current year's return of capital.

A schedule of your net gains and losses is shown below. Please note that if you have sold an asset for which we do not have cost basis information, it is either shown separately in the section entitled Cost Not Available or it may appear with a zero tax cost. Please review these carefully when preparing your return.

Short term gains and losses

This category includes all assets held 12 months or less.

Description (Box 7)	Cusip (Box 1b)	Units (Box 5)	Acquisition Date	Sale date (Box 1a)	Gross proceeds less commissions (Box 2)	Tax cost	Net gain or loss
OCEANEERING INTERNATIONAL INC	675232102	45	08/11/09	08/27/09	\$2,370 73	\$2,344 05	\$26 68
PIEDMONT NATURAL GAS CO COM	720186105	95	08/11/09	08/27/09	\$2,375 77	\$2,298 66	\$77 11
SPDR GOLD TRUST	78463V107	73	01/01/09	08/31/09	\$2 23	\$2 55	\$-0 32
ROWAN COMPANIES INC	779382100	55	08/10/09	09/11/09	\$1,233 61	\$1,146 20	\$87 41
TYCO INTERNATIONAL LTD NEW	H89128104	650	08/10/09	09/18/09	\$22,191 07	\$20,388 16	\$1,802 91
TYCO ELECTRONICS LTD F	H8912P106	950	08/10/09	09/18/09	\$22,524 87	\$21,135 98	\$1,388 89
WEATHERFORD INTNTL LTD NEW	H27013103	600	08/10/09	09/18/09	\$13,362 25	\$11,254 92	\$2,107 33
HASBRO INC	418056107	403	08/10/09	09/18/09	\$11,735 65	\$10,790 89	\$944 76
SHERWIN-WILLIAMS COMPANY COMMON	824348106	144	08/10/09	09/18/09	\$8,951 02	\$8,815 16	\$135 86
PPG INDUSTRIES INC	693506107	394	08/10/09	09/18/09	\$23,466 62	\$21,849 11	\$1,617 51
SMUCKER J M CO	832696405	50	08/10/09	09/18/09	\$2,638 43	\$2,560 00	\$78 43
KROGER COMPANY COMMON	501044101	484	08/10/09	09/18/09	\$10,038 63	\$10,192 99	\$-154 36
DEVON ENERGY CORPORATION NEW	25179M103	170	08/10/09	09/18/09	\$12,061 45	\$10,964 69	\$1,096 76
HESS CORP	42809H107	315	08/10/09	09/18/09	\$17,548 66	\$17,290 07	\$258 59



SLINGSHOT DEVELOPMENT FUND

EIN: 45-0579461

SCHEDULE OF GAINS/LOSSES

FOR TAX YEAR ENDED 12/31/09

SLINGSHOT BURMA FUND-SP-MAIN

2009 Form 1099

Account Number 73427700

Page 5

Short term gains and losses

This category includes all assets held 12 months or less.

Description (Box 7)	Cusip (Box 1b)	Units (Box 5)	Acquisition Date	Sale date (Box 1a)	Gross proceeds less commissions (Box 2)	Tax cost	Net gain or loss
NOBLE ENERGY INC	655044105	250	08/10/09	09/18/09	\$17,264 93	\$15,130 43	\$2,134 50
AON CORPORATION COM	037389103	161	08/10/09	09/18/09	\$6,694 44	\$6,521 82	\$172 62
CHUBB CORPORATION COM	171232101	245	08/10/09	09/18/09	\$12,085 90	\$11,784 06	\$301 84
PRUDENTIAL FINL INC	744320102	100	08/10/09	09/18/09	\$5,304 01	\$4,743 82	\$560 19
EATON CORPORATION COMMON	278058102	188	08/10/09	09/18/09	\$11,232 99	\$10,266 00	\$966 99
FLUOR CORP NEW	343412102	400	08/10/09	09/18/09	\$22,508 02	\$23,077 84	\$-569 82
NORTHROP GRUMMAN CORP	666807102	649	08/10/09	09/18/09	\$33,520 95	\$30,865 27	\$2,655 68
BROADCOM CORP CL A	111320107	450	08/10/09	09/18/09	\$13,509 33	\$12,410 19	\$1,099 14
FREEMPORT-MCMORAN COPPER & GOLD INC	35671D857	250	08/10/09	09/18/09	\$17,707 42	\$15,649 10	\$2,058 32
INVERSCO LTD	G491BT108	950	08/10/09	09/18/09	\$21,660 87	\$19,264 48	\$2,396 39
TOTAL FINA ELF S A ADR	89151E109	472	08/10/09	09/18/09	\$29,074 92	\$25,386 33	\$3,688 59
SUNCOR ENERGY INC NEW F	867224107	450	08/10/09	09/18/09	\$16,573 52	\$15,060 78	\$1,512 74
FOREST CITY ENTERPRISES INC CL A	345550107	20	08/11/09	09/18/09	\$241 41	\$150.08	\$91 33
DIRECTV GROUP INC	25459L106	850	08/10/09	09/18/09	\$22,168 71	\$20,706 00	\$1,462 71
SPDR GOLD TRUST	78463V107	73	01/01/09	09/30/09	\$2 47	\$2 69	\$-0 22
TAIWAN SEMICONDUCTOR ADR	874039100	1300	08/10/09	10/15/09	\$13,110 16	\$13,192 66	\$-82 50
ALLSTATE CORP COM	020002101	532	08/10/09	10/15/09	\$17,013 88	\$14,549 24	\$2,464 64
PHILIP MORRIS INTERNATIONAL IN	718172109	741	08/10/09	10/15/09	\$37,228 07	\$34,876 50	\$2,351 57
METLIFE INC	59156R108	700	08/10/09	10/15/09	\$26,734 83	\$25,624 48	\$1,110 35
INGERSOLL-RAND PLC	G47791101	750	08/10/09	10/15/09	\$25,860 68	\$21,471 15	\$4,389 53
DOMINION RES INC VA NEW	25746U109	343	08/10/09	10/15/09	\$11,789 22	\$11,414 42	\$374 80
NUCOR CORP	670346105	500	08/10/09	10/15/09	\$23,145 30	\$23,813 20	\$-667 90
LOCKHEED MARTIN CORP	539830109	467	08/10/09	10/15/09	\$34,867 00	\$35,585 96	\$-718 96
WYETH (WYE)	983024100	321	08/10/09	10/15/09	\$16,130 98	\$15,164 01	\$966 97
ANADARKO PETE CORP	032511107	18	08/10/09	10/16/09	\$1,205 26	\$884 70	\$320 56
AFFILIATED MANAGERS GROUP INC	008252108	10	08/11/09	10/21/09	\$709 82	\$663 01	\$46 81
PFIZER INC COM	717081103	0 19	10/16/09	10/21/09	\$3 33	\$3 24	\$0 09

Short term gains and losses

This category includes all assets held 12 months or less.

Description (Box 7)	Cusip (Box 1b)	Units (Box 5)	Acquisition Date	Sale date (Box 1a)	Gross proceeds less commissions (Box 2)	Tax cost	Net gain or loss
SPDR GOLD TRUST	78463V107	82	01/01/09	10/31/09	\$2 65	\$2 44	\$0 21
PENTAIR INC	709631105	83	08/10/09	11/03/09	\$2,481 08	\$2,271 71	\$209 37
BLUE NILE INC	09578R103	15	08/11/09	11/18/09	\$861 97	\$786 00	\$75 97
PEETS COFFEE & TEA INC	705560100	20	08/11/09	11/19/09	\$774 37	\$540 91	\$233 46
PEETS COFFEE & TEA INC	705560100	10	08/11/09	11/20/09	\$381 09	\$270 46	\$110 63
HUTCHISON TELECOMMUNICATIONS	44841T107	297	08/10/09	11/23/09	\$914 92	\$1,155 33	\$-240 41
EXXON MOBIL CORP	30231G102	288	08/10/09	11/24/09	\$21,858.77	\$19,983 80	\$1,874 97
CHEVRON CORP	166764100	279	08/10/09	11/24/09	\$22,043 36	\$19,358 81	\$2,684 55
APACHE CORPORATION COM	037411105	164	08/10/09	11/24/09	\$15,886 93	\$14,421 27	\$1,465 66
TRANSOCEAN LTD	H8817H100	200	08/10/09	11/24/09	\$17,073 86	\$15,202 56	\$1,871 30
PEABODY ENERGY CORP	704549104	700	08/10/09	11/24/09	\$31,611 53	\$24,785 74	\$6,825 79
RANGE RES CORP	75281A109	49	08/10/09	11/25/09	\$2,336 75	\$2,260 37	\$76 38
RANGE RES CORP	75281A109	21	09/23/09	11/25/09	\$1,001 46	\$1,081 25	\$-79 79
SUNOCO INC	86764P109	87	08/10/09	11/25/09	\$2,247 15	\$2,244 60	\$2 55
ULTRA PETE CORP	903914109	49	08/10/09	11/25/09	\$2,388 68	\$2,285 85	\$102 83
NOBLE ENERGY INC	655044105	38	08/10/09	11/25/09	\$2,525 79	\$2,284 56	\$241 23
DRIL-QUIP INC	262037104	125	08/11/09	11/25/09	\$6,781 70	\$5,043 65	\$1,738 05
DRIL-QUIP INC	262037104	15	08/27/09	11/25/09	\$813 80	\$640 52	\$173 28
IVANHOE MINES LTD	46579N103	454	08/10/09	11/25/09	\$5,775 41	\$3,368 68	\$2,406 73
ANADARKO PETE CORP	032511107	74	08/10/09	11/25/09	\$4,620 44	\$3,637 10	\$983 34
SPDR GOLD TRUST	78463V107	82	01/01/09	11/30/09	\$2 84	\$2 51	\$0 33
FOREST CITY ENTERPRISES INC CL A	345550107	140	08/11/09	12/17/09	\$1,691 92	\$1,050 58	\$641 34
RAVEN INDS INC	754212108	30	08/11/09	12/17/09	\$961 23	\$832 26	\$128 97
SPDR GOLD TRUST	78463V107	82	01/01/09	12/31/09	\$2 86	\$2 27	\$0 59
Total short term gain/loss:					\$732,889 97	\$672,808 12	\$60,081 85

Report on Form 1040, Schedule D, line 1, Column d, e and f

FORM 8688

EXPLANATION FOR EXTENSION

STATEMENT 10

EXPLANATION

INFORMATION NECESSARY TO PREPARE A COMPLETE RETURN IS NOT
YET AVAILABLE. FINAL ENTRIES RELATED TO INVESTMENT HOLDINGS
AND GRANTS PAYABLE NEED TO BE POSTED TO ORGANIZATION'S BOOKS.

• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box ☒ **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).			
Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization		Employer identification number
	SLINGSHOT DEVELOPMENT FUND		45-0579461
	Number, street, and room or suite no. If a P.O. box, see instructions. PO BOX 11756		For IRS use only
City, town or post office, state, and ZIP code. For a foreign address, see instructions. BAINBRIDGE ISLAND, WA 98110			

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

☐ Form 990 ☐ Form 990-EZ ☐ Form 990-T (sec. 401(a) or 408(a) trust) ☐ Form 1041-A ☐ Form 5227 ☐ Form 8870
☐ Form 990-BL ☒ Form 990-PF ☐ Form 990-T (trust other than above) ☐ Form 4720 ☐ Form 6069

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

THE FOUNDATION

• The books are in the care of **NANA P.O. BOX 1086 - BANGKOK, 10110 THAILAND**

Telephone No. **206-498-4643**

FAX No.

• If the organization does not have an office or place of business in the United States, check this box ☐

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **NOVEMBER 15, 2010.**

5 For calendar year **2009**, or other tax year beginning , and ending .

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

7 State in detail why you need the extension

SEE STATEMENT 10

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$
c	Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$

Signature and Verification

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

Signature **Margaret A. Stark** Title **CPA**

Date **8/13/10**

Form 8868 (Rev. 4-2009)

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

OMB No. 1545-1709

► **File a separate application for each return.**

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

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization SLINGSHOT DEVELOPMENT FUND	Employer identification number 45 : 0579461
	Number, street, and room or suite no. If a P.O. box, see instructions. PO BOX 11756	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BAINBRIDGE ISLAND, WA 98110	

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

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

- The books are in the care of ► **THE ORGANIZATION**

Telephone No. ► (**206**) **498-4643** FAX No. ► ()

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

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **AUGUST 15**, 20**09**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ☒ calendar year 20**09** or
 - ☐ tax year beginning , 20 , and ending , 20

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

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☐ **Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization	Employer identification number
	Number, street, and room or suite no. If a P.O. box, see instructions.	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	

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

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

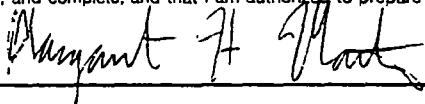
STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of _____
Telephone No. > (_____) _____ FAX No. > (_____) _____
 - If the organization does not have an office or place of business in the United States, check this box ☐
 - If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.
- 4 I request an additional 3-month extension of time until _____, 20____.
- 5 For calendar year _____, or other tax year beginning _____, 20____, and ending _____, 20____.
- 6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension _____

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a \$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b \$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c \$

Signature and Verification

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

Signature >  Title > CPA Date > 5/10/10