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

OMB No 1545-0052 **2010**

G Check	all that apply:	Initial return		Initial return		ublic ch <u>ari</u>		_∫ Fınal return
		Amended re	turn	Addre	ss change		Name change	
	Name of fou	ındation					A Employeridentif	ication number
Use the l								
label.				AL SCHOLARSHI				-6018713
Otherwis print	Number and	1 street (or PO box nu	imber if ma	ail is not delivered to street	address)	Room/sur	Telephone number (see	page 10 of the instructions)
or type		¥ 0205					,,,	EXT 257
See Spec	ific P.O. BO					Ĺ	C If exemption applica	363-3136
Instructio	ns. City or town	, state, and ZIP code)				pending, check here	
	CATEM	OR 97308-230) E				D 1 Foreign organiza	
I Chask				(3) exempt private f	oundation.		2 Foreign organiza 85% test, check i	nere and attach
		nexempt charitable	,-	Other taxable pri		ion	computation •	
	arket value of all			ting method: X Ca			E If private foundation	
	(from Part II, co	1	_	er (specify)	3311 7400	· · · · · · · · · · · · · · · · · · ·	1	o)(1)(A), check here •
16) ►				olumn (d) must be oi	n cash basis.)		. 1	in a 60-month termination b)(1)(B), check here .
Part I A	nalysis of Reve	nue and Expense	s (The					(d) Disbursement
te	otal of amounts in	columns (b), (c), and	(d)	(a) Revenue and expenses per	(b) Net inve		(c) Adjusted net income	for charitable
n c	nay not necessarii) olumn (a) (see pag	equal the amounts to the end of t	ons))	books	incon	ie	income	purposes (cash basis only
	ntributions, gifts, grants,	, etc., received (attach sche	dule)					
L	if the	foundation is not requi	red to					
3 int		temporary cash invest		568.		568.	568.	
4 Di	vidends and intere	est from securities .	[13,063.	1	3,063.	13,063.	STM
5a Gr	oss rents							
b Ne	t rental income or (lo	oss)						
6a Ne		sale of assets not on lir		4,379.			 	
b Gr as:	oss sales price for all sets on line 6a		99.		· 	<u> </u>	 	
b Gr ass	pital gain net inco	ome (from Part IV, lin	ie 2) .			4,379.		
8 Na	•	al gain						
9 Inc	come modification oss sales less returns	ıs · · · · · · · · · · · · · · · · · · ·	· · · ·		 			
an	d allowances • • •	• •						
1	ss Cost of goods sol	d . [- +					
		(attach schedule) , h schedule)						
12 To	tal Add lines 1.45	mound 11		18,010.	1	8,010.	13,631.	
13 Co	mpensation of office	PURE EIVED	tc.	6,457.		6,457.	10/001	
14 Ot	her emillovee sala	ries and wages	IIO.II			NONE	NONE	1
a i	nsion plans emM	A¥ b1no4ts 2010	OIL			NONE	NONE	
16a Le	gal fees (attach so	chedule)	RS-(
b Ac	counting fees (att	ach_scheduje)						
	her projessiona	GDENCHLIT) . [[
17 Ini	erest							
18 Ta	xes (attach schedule) (see page 14 of the in the	Ctio3s)	430.	L			
19 De	preciation (attach	schedule) and depl	etion .		 			
20 Oc			_			770377	17017	
21 Tr		and meetings		 		NONE	NONI	
6 22 Pr	- '	tions				NONE	NONE	}
23 Ot		ach schedule)			 			
6 24 To		administrative exp	ĺ	c 007		6 457	NONE	4
) l	-	h 23		6,887. 24,453.	 	6,457.		24,
25 Co	-	grants paid				6,457.	NONE	
26 To	alexpenses and disbu	rsements Add lines 24	and 25			U, ± J / ·	INTON	
1				13,330.	 			
h Ni		spenses and disbursement ome (if negative, ent		13,330.		1,553.		
c Ac		e (if negative, enter			<u></u>	-1223	13,631	<u> </u>
~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~				ee page 30 of the insti	L	JS/		Form 990-PF (

P	Part II	Balance Sheets	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	End of	of year	
_			amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value	
	1	Cash - non-interest-beari	ng	1,347.	1,019.	1,019.	
	2	Savings and temporary	cash investments	24,307.	34,378.	34,378.	
	3	Accounts receivable					
		Less: allowance for doub	otful accounts				
	4	Pledges receivable					
		Less allowance for doub	otful accounts		[
			ficers, directors, trustees, and other				
			ich schedule) (see page 16 of the instructions)				
	7		eceivable (attach schedule)				
	′	Lace allowance for doub	otful accounts NONE				
Assets			se				
SSE			eferred charges		· - ·- ·		
4			government obligations (attach schedule)				
			stock (attach schedule)				
	11 °	Investments - land, building	bonds (attach schedule)s,				
	40	(attach schedule)					
	12	investments - mortgage	loans	350,433.	251 012	457 247	
	13 14	Investments - other (atta Land, buildings, and equipment basis Less accumulated deprecia	ch schedule)	350,433.	351,813.	457,247	
		(attach schedule)					
ı			>				
			pleted by all filers - see the				
_			age 1, item I)		387,210.	492,644.	
	17	Accounts payable and a	ccrued expenses	<u> </u>			
	18						
es	19	Deferred revenue					
Ξ	20	Loans from officers, director	rs, trustees, and other disqualified persons 🔒 📘				
Liabilities	21	Mortgages and other no	tes payable (attach schedule)				
_	22	Other liabilities (describe	; ▶) <u> </u>				
	23	Total liabilities (add line	s 17 through 22)				
			ow SFAS 117, check here 4 through 26 and lines 30 and 31.				
es	24	Unrestricted					
ž	25						
3ala	24 25 26						
þ		· · · · · · · · · · · · · · · · · · ·	not follow SFAS 117,				
Fund			plete lines 27 through 31.				
5			ipal, or current funds	376,087.	387,210.		
S	28		land, bldg , and equipment fund				
Set	28 29 30		ated income, endowment, or other funds				
As	20		I balances (see page 17 of the				
Jet	30		· -	376,087.	387,210.		
~	31		assets/fund balances (see page 17	370,007.	307,210.		
				276 007	207 210		
	 	A polygio of Che	Block Appets on Fund B	376,087.	387,210.		
			anges in Net Assets or Fund B				
1			lances at beginning of year - Part II, co			200 200	
_	_		on prior year's return)		- T	376,087.	
2	Enter	r amount from Part I, Ii	ine 27a ed in line 2 (itemize) ▶ SEE STAT			-13,330.	
						24,453.	
					<u>4</u>	387,210.	
5	Decre	eases not included in	line 2 (itemize)		5		
<u>6</u>	Total	net assets or fund ba	lances at end of year (line 4 minus line	e 5) - Part II, column (b), I	line 30 6	387,210.	

Part IV Capital Gain	s and Losses for Tax on Inve	estment Income	·		
	d describe the kind(s) of property sold ((b) How acquired P-Purchase	(c) Date acquired	(d) Date sold (mo , day, yr)
	TTT varehouse, or common stock, 200	shs. MLC Co)	D-Donation	(mo , day, yr)	(1110 , ddy, yr)
1a SEE PART IV DETA b	7T.T.		 	 	
С					
d					
<u>e</u>	<u></u>				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) minu	
<u>a</u>			 		
<u>b</u>			<u> </u>		
d			 		
e			ļ ————		
Complete only for assets sho	owing gain in column (h) and owne	d by the foundation on 12/31/69	(1)	Gains (Col (h) ga	ıın minus
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	col	(k), but not less t Losses (from co	
a					
<u>b</u>			ļ		
<u> </u>					
<u>d</u> e					
2 Capital gain net income or		gain, also enter in Part I, line 7 (loss), enter -0- in Part I, line 7	2		4,379.
3 Net short-term capital gain	or (loss) as defined in sections 122		-		1/3/3.
• =	line 8, column (c) (see pages 13 ar				
	ine 8		3		
	der Section 4940(e) for Reduc			,	
(For optional use by domestic	private foundations subject to the	section 4940(a) tax on net investing	nent inco	me.)	
If section 4940(d)(2) applies,	leave this part blank.				
	the section 4942 tax on the distrib not qualify under section 4940(e). I		ase perio	d? [_	Yes X No
	ount in each column for each year;	see page 18 of the instructions be	fore maki		
(a) Base period years	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets		(d) Distribution ra	
Calendar year (or tax year beginning in)	7,647.	492,854.		(col (b) divided by	551575111
2007	7,047.	452,054.	 	0.015	731373111
2006					
2005					
2004					
2 Total of line 1, column (d)		2	0.015	51575111
•	for the 5-year base period - divide	· · · · · · · · · · · · · · · · · · ·	_	0.01	
number of years the foun	dation has been in existence if less	than 5 years	3	0.015	551575111_
4 Enter the net value of nor	ncharitable-use assets for 2009 from	m Part X, line 5	4		389,604.
5 Multiply line 4 by line 3			5		6,045.
6 Enter 1% of net investmen	nt income (1% of Part I, line 27b)		6		116.
7 Add lines 5 and 6			7		6,161.
8 Enter qualifying distribution If line 8 is equal to or grant VI instructions on page	ons from Part XII, line 4	n Part VI, line 1b, and complete t	8 hat part	using a 1% tax	24,453. c rate. See the
ISA				Form	990-PF (2009)

Page 3

Pari	VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of the	ne ins	tructio	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1			
	Date of ruling or determination letter(attach copy of ruling letter if necessary - see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check		1	<u> 16.</u>
	here X and enter 1% of Part I, line 27b			
C	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4%			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 2			
3	Add lines 1 and 2		1	16.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 4		N	ONE
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0		1	16.
6	Credits/Payments Credits/Payment			
а	2009 estimated tax payments and 2008 overpayment credited to 2009 6a 192.			
	Exempt foreign organizations-tax withheld at source			
c	Tax paid with application for extension of time to file (Form 8868) 6c NONE			
d	Backup withholding erroneously withheld			
7	Total credits and payments Add lines 6a through 6d		1	<u>.92.</u>
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	_		<u>76.</u>
11_	Enter the amount of line 10 to be Credited to 2010 estimated tax ▶ 76 . Refunded ▶ 11			
Par	VII-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
	participate or intervene in any political campaign?	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19			
	of the instructions for definition)?	1b_		X
	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			
	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 >\$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
	on foundation managers. > \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
	If "Yes," attach a detailed description of the activities.			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of			٠,,
	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?	4a		<u> X</u>
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		X
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		<u>^</u>
	If "Yes," attach the statement required by General Instruction T			l
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			ĺ
	By language in the governing instrument, or			1
	By state legislation that effectively amends the governing instrument so that no mandatory directions that		х	l
	conflict with the state law remain in the governing instrument?	6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	. ^	 -
8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the			
	instructions) ► STMT 6			Į
þ	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General	, .	x	
_	(or designate) of each state as required by General Instruction G? If "No," attach explanation	_8b_	^	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			ı
	4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page			X
	27)? If "Yes," complete Part XIV	9		<u>^`</u>
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	10		l x
	names and addresses	10	OD-DE	

Х

X No

3a Did the foundation hold more than a 2% direct or indirect interest in any business

enterprise at any time during the year?

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)

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?

Par	VII-B Statements Regarding Activities for	Which Form 47	20 May Be Requi	red (continued)		
5a	During the year did the foundation pay or incur any amour	nt to				
	(1) Carry on propaganda, or otherwise attempt to influence	e legislation (section	4945(e))?	Yes X No	,	}
	(2) Influence the outcome of any specific public election (-	į l
	directly or indirectly, any voter registration drive?			Yes X No	•	
	(3) Provide a grant to an individual for travel, study, or oth	er simılar purposes?		. Yes X No	•	
	(4) Provide a grant to an organization other than a charita	ble, etc , organizatioi	n described in]
	section 509(a)(1), (2), or (3), or section 4940(d)(2)? (se	ee page 22 of the ins	structions)	. Yes X No)	
	(5) Provide for any purpose other than religious, charitable	e, scientific, literary, o	or educational			
	purposes, or for the prevention of cruelty to children o	r anımals?		. Yes X No	, {	[
b	If any answer is "Yes" to 5a(1)-(5), did any of the transa	actions fail to qualify	under the exceptions	described in	{	1
	Regulations section 53 4945 or in a current notice regards	ing disaster assistanc	e (see page 22 of the	nstructions)?	<u>5</u> b	<u> </u>
	Organizations relying on a current notice regarding disaste	er assistance check h	ere	▶ 🔲	1	}
c	If the answer is "Yes" to question 5a(4), does the foundation	on claim exemption f	rom the tax		}	ł
	because it maintained expenditure responsibility for the gr	rant?		Yes No)	}
	If "Yes," attach the statement required by Regulations secti	on 53 4945-5(d).			}	
6a	Did the foundation, during the year, receive any funds, dire	ectly or indirectly, to	pay premiums	<u>—</u> , —	- }	
	on a personal benefit contract?				,	
b	Did the foundation, during the year, pay premiums, directly	y or indirectly, on a p	ersonal benefit contrac	t?	6b	X X
	If "Yes" to 6b, file Form 8870				1	
	At any time during the tax year, was the foundation a part				<u> </u>	
	If yes, did the foundation receive any proceeds or have any					
	Information About Officers, Directors, and Contractors		•		•	
1	List all officers, directors, trustees, foundation mar				ctions).	
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter	(d) Contributions to employee benefit plans		se account, owances
		_devoted to position	-0-)	and deferred compensation		
CUU	STATEMENT 7		6,457.	-0-		-0-
<u> </u>			0,131.	-		
2	Compensation of five highest-paid employees (oth	er than those incl	uded on line 1 - see	page 23 of the inst	ructions).	
	f none, enter "NONE."					
ía	Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit		se account,
,		devoted to position	(0, 00	plans and deferred compensation	other all	owances
NON	E		NONE	NONE	N	ONE
			-			
			L <u> </u>			
						
Tota	number of other employees paid over \$50,000 .	<u> </u>	<u> </u>	<u> </u>		► NONE
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All other program-related investments. See page 24 of the instructions

Pa	Minimum Investment Return (All domestic foundations must complete this part. Foreign see page 24 of the instructions.)	gn foundations,	
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	365,406.
b		1b	30,131.
С	Fair market value of all other assets (see page 24 of the instructions)	1c	NONE
d	Total (add lines 1a, b, and c) Reduction claimed for blockage or other factors reported on lines 1a and	1d	395,537.
е		:	
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	NONE
3	Subtract line 2 from line 1d Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see page 25	3	395,537.
4			
	of the instructions) Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	4	5,933.
5		5	389,604.
6	Minimum investment return. Enter 5% of line 5	6	19,480.
Pa	Taxi Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private foundations and certain foreign organizations check here ► and do not complete this page 25.	e operating eart.)	
1	Minimum investment return from Part X, line 6	1	19,480.
2a	Tax on investment income for 2009 from Part VI, line 5 2a 116.		
b	Income tax for 2009. (This does not include the tax from Part VI.) 2b		
C	Add lines 2a and 2b	2c	116.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	19,364.
4	Recoveries of amounts treated as qualifying distributions	4	NONE
5	Add lines 3 and 4	5	19,364.
6	Deduction from distributable amount (see page 25 of the instructions)	6	NONE
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	19,364.
Pa	rt XII Qualifying Distributions (see page 25 of the instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	24,453.
b	Program-related investments - total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	NONE
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	NONE
b	Cash distribution test (attach the required schedule)	3b	NONE
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	24,453.
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	116.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	24,337.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating will qualifies for the section 4940(e) reduction of tax in those years.	nether the foundation	

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	t XIII Undistributed Income (see page	26 of the instructio	ns)		rage 3
		(a)	(b)	(c)	(d)
1	Distributable amount for 2009 from Part XI,	Corpus	Years prior to 2008	2008	2009
•	line 7				19,364.
2	Undistributed income, if any, as of the end of 2009				13/301.
	Enter amount for 2008 only	1		16,806.	
	Total for prior years 20_07_,20,20		NONE		
3	Excess distributions carryover, if any, to 2009				
a	From 2004 NONE				
a	From 2005				
	From 2006 NONE				
4	From 2007 NONE				
•	1701				
	From 2008 NONE Total of lines 3a through e	NONB	,		
4	Qualifying distributions for 2009 from Part XII,	NOIVE			
*	line 4 ► \$ 24,453.				
	Applied to 2008, but not more than line 2a			16,806.	
				10,000.	
b	Applied to undistributed income of prior years (Election required - see page 26 of the instructions)		NONE		
			NONE		
С	Treated as distributions out of corpus (Election required - see page 26 of the instructions)	NONE			
а	Applied to 2009 distributable amount	1,01,12			7,647.
	Remaining amount distributed out of corpus	NONE			770-77
5	Excess distributions carryover applied to 2009	NONE			NONE
	(If an amount appears in column (d), the same				
6	amount must be shown in column (a))				
U	Enter the net total of each column as indicated below:		1		
а	Corpus Add lines 3f, 4c, and 4e. Subtract line 5	NONE			
	Prior years' undistributed income Subtract				
	line 4b from line 2b		NONENONE		. <u></u>
C	Enter the amount of prior years' undistributed				
	income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has				
	been previously assessed		NONE		
d	Subtract line 6c from line 6b Taxable				
	amount - see page 27 of the instructions		NONE		
е	Undistributed income for 2008 Subtract line 4a from line 2a Taxable amount - see page				
	27 of the instructions				
f	Undistributed income for 2009 Subtract lines				
•	4d and 5 from line 1 This amount must be				7
_	distributed in 2010				11,717.
7	Amounts treated as distributions out of corpus to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (see page 27 of the	NONE	,		
8	Instructions)	NONB	<u> </u>		
•	applied on line 5 or line 7 (see page 27 of the	NOME			
	instructions)	NONE			
9	Excess distributions carryover to 2010.	NONE		ĺ	
	Subtract lines 7 and 8 from line 6a	NONB			
	Analysis of line 9 Excess from 2005 NONE			ļ	
	· · · — — — — — — — — — — — — — — — —				
p	Excess from 2006 NONE Excess from 2007 NONE			1	
q	Excess from 2007 NONE Excess from 2008 NONE			}	
	Excess from 2009 NONE				
<u> </u>	LACCOS HOIL 2003 NONE	<u>_</u>			- 000 DE (0000)

	TAIV Private Oper					suon 9)	NOT A	PAPTCARI
18	If the foundation has							
	foundation, and the ruling							
b	Check box to indicate wh	ether the foundation is a	private operating founda	tion described in secti	on	4942(j)((3) or	4942(j)(5)
2 a	Enter the lesser of the ad-	Tax year	<u> </u>	Prior 3 years			(a)	Total
	justed net income from Part	(a) 2009	(b) 2008	(c) 2007	(d) 20	006	101	
	I or the minimum investment return from Part X for each	. — — — — —		1				
	year listed							
h	85% of line 2a			<u> </u>				
c	Qualifying distributions from Part			 				
·	XII, line 4 for each year listed .	1	}	1	ł	1		
d	Amounts included in line 2c not used directly for active conduct							
e	Oualifying distributions made		 		 			
·	directly for active conduct of exempt activities Subtract line							
3	2d from line 2c Complete 3a, b, or c for the							
•	alternative test relied upon							
a	"Assets" alternative test - enter			ĺ		ĺ		
	(1) Value of all assets	 	 	 				
	(2) Value of assets qualifying under section	1	}	}		}		
_	4942(j)(3)(B)(i)			ļ				
D	"Endowment" alternative test- enter 2/3 of minimum invest-							
	ment return shown in Part X,	1	[1			
	line 6 for each year listed							
С	"Support" alternative test - enter	1		ł.				
	(1) Total support other than	}	ļ]				
	gross investment income (interest, dividends, rents,							
	payments on securities		1	1				
	loans (section 512(a)(5)), or royalties)	l .	ł	4	-			
	(2) Support from general			T				
	public and 5 or more exempt organizations as							
	provided in section 4942			}				
	(j)(3)(B)(iii)			 				
	port from an exempt		}		ľ			
	organization	 	 	 				
Pa		ary Information (C	omplete this part	only if the four	dation had	\$5,000 (or more	in assets
υĢ		during the year - se			idation nad	43,000 (<i>,</i>	111 03300
1	Information Regarding							
' a	List any managers of	•		e than 2% of the to	stal contributio	ns receive	d by the	foundation
	before the close of any						a by the	10diladioi1
		•	•					
	<u> N/A</u>			 				
b	List any managers of					n equally	large por	tion of the
	ownership of a partner	ship or other entity) of	t which the toundation	nas a 10% or great	er interest.			
	1-							
	N/A		700 - 7					
2	Information Regarding		•	•				
	Check here $\triangleright X$ if t	he foundation only	makes contributions	to preselected cha	arıtable organi	zations an	d does r	not accept
	unsolicited requests f				ge 28 of the	instruction	is) to ind	ividuals or
	organizations under ot	ner conditions, compli	ete items 2a, b, c, and	a.				
a	The name, address, an	d telephone number o	of the person to whom	applications should	I be addressed.			
			<u> </u>					
b	The form in which app	lications should be su	bmitted and information	on and materials the	y should includ	de:		
С	Any submission deadli	nes:						
	•							
d	Any restrictions or li	imitations on awards	, such as by geogra	aphical areas, char	itable fields, l	kinds of ir	nstitutions	, or other
	factors:							

Part XV Supplementary Information (continued)								
3 Grants and Contributions Paid Durin	g the Year or Appro		uture Payment					
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount				
Name and address (home or business)	or substantial contributor	recipient	Contribution					
a Paid during the year]						
COD COMMONDAYON O								
SEE STATEMENT 8		Ì						
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	<u> </u>	L	L	24.452				
b Approved for future payment	· · · · · · · · · · · · · · · · · · ·			24,453.				
b Approved for future payment	}							
	}	1						
]	J	ļ					
		ļ						
				1				
]						
		1						
Total								

er gross amounts unless otherwise indicated		ated business income	Excluded by	section 512, 513, or 514	(e)
	(a) Business code	(b)	(c) Exclusion code	(d)	Related or exempt function income (See page 28 of the instructions)
Program service revenue.	- Business code	Amount	Exclusion code	Amount	the instructions)
8					
b					
d			 		
е					
f					
g Fees and contracts from government agencies					
Membership dues and assessments					
Interest on savings and temporary cash investments			14	568.	
Dividends and interest from securities			14	13,063.	
Net rental income or (loss) from real estate					· · · · · · · · · · · · · · · · · · ·
a Debt-financed property			 		
b Not debt-financed property			- 		
Net rental income or (loss) from personal property			_		
Other investment income			18	4,379.	
Gain or (loss) from sales of assets other than inventory Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory					
Other revenue: a					
b		 			
G					
d					
9					
- '					
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions on page 28 to the state of	o verify calcu to the Ac	ulations) complishment of E	xempt Purp	oses	
Subtotal Add columns (b), (d), and (e)	to the Ac	complishment of E	Exempt Purp	oses (e) of Part XVI-A con	tributed importantl
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions on page 28 to taxVI-B Relationship of Activities Te No. Explain below how each activities the accomplishment of the form	to the Ac	complishment of E	Exempt Purp	oses (e) of Part XVI-A con	tributed importantl
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions on page 28 to rt XVI-B Relationship of Activities The No. Explain below how each activities the accomplishment of the form	to the Ac	complishment of E	Exempt Purp	oses (e) of Part XVI-A con	tributed importantly
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions on page 28 to taxVI-B Relationship of Activities The No. Explain below how each activities the accomplishment of the form	to the Ac	complishment of E	Exempt Purp	oses (e) of Part XVI-A con	tributed importantl
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Subtotal Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions on page 28 to taxvi-B Relationship of Activities e No. Explain below how each activities the accomplishment of the form	to the Ac	complishment of E	Exempt Purpled in column (other than I	oses (e) of Part XVI-A con	tributed importantl
Fotal. Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions on page 28 to taxvi-B Relationship of Activities e No. Explain below how each activities the accomplishment of the form	to the Ac	complishment of E	Exempt Purpled in column (other than I	oses (e) of Part XVI-A con	tributed importantl
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Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions on page 28 to rt XVI-B Relationship of Activities ne No. Explain below how each activities accomplishment of the form	to the Ac	complishment of E	Exempt Purpled in column (other than I	oses (e) of Part XVI-A con	tributed importantl

Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations	Form	990-PF	(2009)				9	3-601873	L3			P.	age 13
In section 501cl of the Code (other than section 501cl(s)) organizations of in section 527, releting to political 3/93062077 the reporting foundation to a nonchantable exempt organization of (1) Cash	Pai	t XVII			ransfers To and	Transa	ctions a	nd Relati	onships	With	Noncl		
(1) Sales of assets to a noncharitable exempt organization	1	ın se	ction 501(c) of the C	ode (other than	section 501(c)(3) orga	anizations)						Yes	No
22 Other assets	а		· -								1a(1)		X
(1) Sales of assets to a noncharitable exempt organization													
22 Purchase of assets from a noncharitable exempt organization 15(2) X 15(3) 15(4) 15(4) 15(4) 15(5) 15(4) 15(5)	b												.,
(a) Rental of facilities, equipment, or other assets													
(a) Reimbursement arrangements													
(5) Loans or loan guarantees (6) Performance of services or membership or fundraising solicitations (6) Performance of services or membership or fundraising solicitations (7) Itely X c Sharing of facilities, equipment, mailing lists, other assets, or paid employees 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 (a) Line no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements 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? b If "Yes," complete the following schedule La) Name of organization (b) Type of organization (c) Description of relationship Italian and to the best of my knowledge and statements, and to the best of my knowledge and statements, and to the best of my knowledge and statements, and to the best of my knowledge and statements and information of which prepare has any knowledge and statements, and to the best of my knowledge and statements and information of which prepare has any knowledge and statements and information of which prepare has any knowledge and statements and to the best of my knowledge and statements and to the best of my knowledge and statements and to the best of my knowledge and statements and to the prepare identifying number (See Signature or officer or trustee Tax Officer Tax Officer Proparer's identifying number (See Signature or officer) and the proparer has any knowledge and self-employed by an analysis of the instructions) and the proparer is identifying number (See Signature or officer) and the proparer i													
c Shanng of facilities, equipment, making lists, other assets, or paid employees											1b(5)		
d if the enswer 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 of the assets or services received. a) Line no. (b) Amount involved. (c) Name of noncharitable exemptionganization. (d) Description of transfers, transactions, and sharing arrangements. a) Line no. (b) Amount involved. (c) Name of noncharitable exemptionganization. (d) Description of transfers, transactions, and sharing arrangements. a) Line no. (b) Amount involved. (c) Name of noncharitable exemptionganization. (d) Description of transfers, transactions, and sharing arrangements. a) Line no. (b) Amount involved. (c) Name of noncharitable exemptionganization. (d) Description of transfers, transactions, and sharing arrangements. a) Line no. (b) Amount involved. (e) Name of noncharitable exemptionganization. (d) Description of transfers, transactions, and sharing arrangements. a) Line no. (b) Amount involved. (e) Name of noncharitable exemptionganization. (e) Description of transfers, transactions, and sharing arrangements. b) If 'Yes, 'complete the following schedule. (e) Name of noncharitable exemptionganization. (e) Description of relationship. b) If 'Yes, 'complete the following schedule. (e) Name of organization. (e) Description of relationship. b) If 'Yes, 'complete the following schedule. (e) Name of organization. (e) Description of relationship. (e) Descr		(6) Pe	erformance of services o	r membership or f	undraising solicitations .						1b(6)		
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 (a) Line no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements (a) Line no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements (a) Line no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements (d) Description of transfers, transactions, and sharing arrangements are section 50 for transfers, transactions, and sharing arrangements are section 50 for transfers, transactions, and sharing arrangements are section 50 for transfers, transactions, and sharing arrangements are section 50 for transfers, transactions, and sharing arrangements are section 50 for the Code (other than section 50 for (c) of the Code (other than section 50 for (c) of the Code (other than section 50 for (c) of the Code (other than section 50 for (c) of the Code (other than section 50 for (c) of the Code (other than section 50 for (c) of the Code (other than section 50 for organization (c) Description of relationship (e) Description of relationship (f) Tax Officer Total Paparer's clarity in the control				=								,	
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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?			•		• •	-							
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?			T	1									
section 501(c) of the Code (other than section 501(c)(3)) or in section 527?	(a)	line no	(b) Amount involved	(c) Name of n	noncharitable exempt organiz	ation	(d) Descri	ption of transfe	ers, transacti	ons, and sha	ring arrai	ngeme	ents
section 501(c) of the Code (other than section 501(c)(3)) or in section 527?													
section 501(c) of the Code (other than section 501(c)(3)) or in section 527?													
section 501(c) of the Code (other than section 501(c)(3)) or in section 527?				ļ									
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section 501(c) of the Code (other than section 501(c)(3)) or in section 527?				 									
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section 501(c) of the Code (other than section 501(c)(3)) or in section 527?				 									
section 501(c) of the Code (other than section 501(c)(3)) or in section 527?	_												
b If "Yes," complete the following schedule (a) Name of organization (b) Type of organization (c) Description of relationship (c) Description of relationship (d) Description of relationship (e) Description of relationship (f) Description of relationship (g) Description of relationship (h) Type of organization (h) Description of relationship (h) Lype of organization (2a		· ·	•			ore tax-exe	empt organiz	ations de	scribed in			===
Preparer's signature Preparer's signature					501(c)(3)) or in section 52	⁷⁷					Ye	s	X) No
Picture of officer or trustee MARSHALL OLSON Date Check if self-employed, address, and ZIP code Firm's name (or yours if self-employed), address, and ZIP code Phone no	b	If "Yes			(b) Type of organ	nization			c) Description	on of relation			
Tax Officer 04/28/2010 Tax Officer	_		(a) Name of Organization	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(b) Type of organ	nzation			C) Description	on or relation	3111P		
Tax Officer 04/28/2010 Tax Officer	_		- 										
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Tax Officer 04/28/2010 Tax Officer													
Tax Officer 04/28/2010 Tax Officer	\neg		mana (The coloredo Miros de Hoc	Dr.A. that Though ave	amined this return including	accompan	what schedu	lee and staten	nents and t	to the hest (of my kn	nwler	Ige and
Signature of officer or trustee MARSHALL OLSON Date Title Check if self-employed Preparer's signature Firm's name (or yours if self-employed), address, and ZIP code Signature of officer or trustee MARSHALL OLSON Date Title Check if self-employed Preparer's identifying number (See Signature on page 30 of the instructions) EIN Phone no		berier,	THE TIME, COMPANY SHORE	PLAS-GIUSTE			ciary) is base	ed on all infor	mation of w	hich prepare	r has an	y kno	wledge
Date Check if self-employed Preparer's identifying number (See Signature on page 30 of the instructions) Firm's name (or yours if self-employed), address, and ZIP code Date Check if self-employed Preparer's identifying number (See Signature on page 30 of the instructions)		By: <u>/</u>	Makes		Tax Office	er	04/2	8/2010	Tax Of	ficer			
Firm's name (or yours if self-employed), address, and ZIP code EIN Phone no	e e	Sı	gnature of officer or trustee	MARSHA	ALL OLSON		Date	,	Title				
Firm's name (or yours if self-employed), address, and ZIP code EIN Phone no	ž					Date				number (S	ee Signa	ture o	ņ
Firm's name (or yours if self-employed), address, and ZIP code EIN Phone no	igi	d Inly	Preparer's					self-employe	ea 🗕 🗀 🛚	page 30 of	the instru	uctions	5)
and ZIP code Phone no	ری	Pai epar se Q	Firm's name (or yours	f N				<u> </u>	EIN ▶				
and ZIP code Phone no		يَّ جَ	self-employed), address										
			and ZIP code						Phone no				

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

	CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME Kind of Property Description Date Sold									
Gross sale	Depreciation	Cost or	FMV	Adj basis	Excess of	Ď	acquired Gain			
price less expenses of sale	allowed/ allowable	other basis	as of 12/31/69	as of 12/31/69	FMV over adı basıs		or (loss)			
		TOTAL SHORT PARTNERSHIP ESTATES OR	-TERM COMMO , S CORPORA TRUST GAIN	ON TRUST FUR ATION, AND O OR LOSS	ND AND OTHER		36.			
		TOTAL LONG-PARTNERSHIP ESTATES OR	, S CORPORA	TION, AND			4,063.			
		390.85 FIXE	D INCOME CO	MMON TRUST	FUND		12/28/1961	05/29/2009		
		PROPERTY TY						•		
3,000.00		2,720.00					280.00			
TOTAL GAIN(L	oss)						4,379.			
					!					
					:					

FORM 990PF, PART I - INTEREST ON TEMPORARY CASH INVESTMENTS

ADJUSTED NET INCOME	568.
NET INVESTMENT INCOME	568.
REVENUE AND EXPENSES PER BOOKS	568.
	TOTAL
DESCRIPTION	MONEY MARKET & CD INTEREST

11143300

STATEMENT

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STATEMENT

ROM SECURITIES	
INTEREST FR	11 11 11 11 11 11 11 11 11 11 11 11
DIVIDENDS AND	
PART I - DI	*
FORM 990PF,	

ADJUSTED NET INCOME	283. 4,118. 4,620. 4,032. 10. 13,063.
NET INVESTMENT INCOME	283. 4,118. 4,620. 4,032. 10. 13,063.
REVENUE AND EXPENSES PER BOOKS	283. 4,118. 4,620. 4,032. 10. 13,063.
DESCRIPTION	FOREIGN DIVIDENDS DOMESTIC DIVIDENDS OTHER INTEREST U.S. GOVERNMENT INTEREST(FEDERAL TAXABLE NONQUALIFIED DOMESTIC DIVIDENDS

FORM 990PF, PART I - TAXES

		REVENUE
		AND
		EXPENSES
DESCRIPTION		PER BOOKS
OREGON FILING FEES		48.
FED EXCISE TAX 2008		300.
FED EXCISE TAX 2009		82.
	TOTALS	430.

93-6018713		
WILCOX MEMORIAL SCHOLARSHIP FUND	, PART II - OTHER INVESTMENTS	
CHESTER M.	FORM 990PF,	

١. ŧ

ENDING FMV 	219,423. 237,824.
ENDING BOOK VALUE	200,726. 151,087. 351,813.
COST/ FMV DESCRIPTION C OR F	FIXED INCOME COMMON TRUST FUND C STOCK COMMON TRUST FUND TOTALS

FORM 990PF,	PART III	- OTHER	INCREASES	IN NET	WORTH (OR FUND	BALANCES
=========	=======	======	========	======	======	======	=======

DESCRIPTION TRUOMA

65 DAY DISTRIBUTION 24,453.

> TOTAL 24,453.

4, to 0

STATE(S) WHERE THE FOUNDATION IS REGISTERED OR

CHESTER M. WILCOX MEMORIAL SCHOLARSHIP FUND

93-6018713

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

OFFICER NAME:

PIONEER TRUST BANK NA

ADDRESS:

109 COMMERCIAL ST NE

SALEM, OR 97308

TITLE:

w_ (c €

TRUSTEE

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

COMPENSATION

6,457.

TOTAL COMPENSATION:

6,457.

CHESTER M. WILCOX MEMORIAL SCHOLARSHIP FUND 93-6018713 FORM 990PF, PART XV, LINE 3 - CONTRIBUTIONS, GIFTS, GRANTS PAID ______ RECIPIENT NAME: OREGON STATE UNIVERSITY RESEARCH FOUNDATION ADDRESS: 850 SW 35TH STREET CORVALLIS, OR 97333 RELATIONSHIP: NONE PURPOSE OF GRANT: AGRICULTURAL RESEARCH FOUNDATION STATUS OF RECIPIENT: EDUCATIONAL AMOUNT OF GRANT PAID 24,453.

STATEMENT 8

TOTAL GRANTS PAID:

24,453.

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SCHEDULE D (Form 1041)

Capital Gains and Losses

► Attach to Form 1041, Form 5227, or Form 990-T. See the instructions for

OMB No 1545-0092

2009

Department of the Treasury Schedule D (Form 1041) (also for Form 5227 or Form 990-T, if applicable). Internal Revenue Service Employer identification number Name of estate or trust CHESTER M. WILCOX MEMORIAL SCHOLARSHIP FUND 93-6018713 Note: Form 5227 filers need to complete only Parts I and II. Short-Term Capital Gains and Losses - Assets Held One Year or Less (e) Cost or other basis (f) Gain or (loss) for (b) Date acquired (c) Date sold (a) Description of property (d) Sales price (see page 4 of the the entire year (Example 100 shares 7% preferred of "Z" Co) (mo , day, yr) (mo, day, yr) Subtract (e) from (d) instructions) 1a b Enter the short-term gain or (loss), if any, from Schedule D-1, line 1b 1b Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts 3 36. Short-term capital loss carryover, Enter the amount, if any, from line 9 of the 2008 Capital Loss 4 Net short-term gain or (loss). Combine lines 1a through 4 in column (f) Enter here and on line 13, 36. Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year (e) Cost or other basis (see page 4 of the (f) Gain or (loss) for (a) Description of property (Example 100 shares 7% preferred of "Z" Co) (b) Date acquired (c) Date sold (d) Sales price the entire year (mo, day, yr) (mo, day, yr) instructions) Subtract (e) from (d) 6a 280. b Enter the long-term gain or (loss), if any, from Schedule D-1, line 6b 6b 7 Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts 8 4,063. Capital gain distributions 9 Gain from Form 4797, Part I 10 10 Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2008 Capital Loss

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

Schedule D (Form 1041) 2009

11

Net long-term gain or (loss). Combine lines 6a through 11 in column (f). Enter here and on line 14a,

4,343.

chedule D (Form 1041) 2009				Page 2
Part Summary of Parts I and II Caution: Read the instructions before completing this p	2011	(1) Beneficiaries' (see page 5)	(2) Estate's or trust's	(3) Total
13 Net short-term gain or (loss)	13	(see page 5)	Or trust's	36.
14 Net long-term gain or (loss):				30.
	14a			4,343.
b Unrecaptured section 1250 gain (see line 18 of the wrksht.)				
c 28% rate gain	14c			
	15			4,379.
Note : If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or For o Part V, and do not complete Part IV If line 15, column (3), is a net loss, complete P.				
Part IV Capital Loss Limitation				
6 Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Pa	rt I. lir	e 4c. if a trust), the si	maller of:	
)
a The loss on line 15, column (3) or b \$3,000 lote: If the loss on line 15, column (3), is more than \$3,000, or if Form 1041, page	1, lın	e 22 (or Form 990-T, i	ine 34), is a loss, com	plete the Capital Loss
carryover Worksheet on page 7 of the instructions to figure your capital loss carryove Part V Tax Computation Using Maximum Capital Gains Rates				
orm 1041 filers. Complete this part only if both lines 14a and 15 in colu		l are gaine or an ar	mount is entered in l	Part I or Part II and
here is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is more			nount is entered in i	raiti oi raitii anu
aution: Skip this part and complete the worksheet on page 8 of the instruc				
Either line 14b, col. (2) or line 14c, col. (2) is more than zero, or				
Both Form 1041, line 2b(1), and Form 4952, line 4g are more than zero.				
form 990-T trusts. Complete this part only if both lines 14a and 15 are				
f Form 990-T, and Form 990-T, line 34, is more than zero. Skip this par ither line 14b, col. (2) or line 14c, col. (2) is more than zero.	ı and	complete the work	sneet on page 8 of	the instructions if
7 Enter taxable income from Form 1041, line 22 (or Form 990-T, line 3	1)	17		
8 Enter the smaller of line 14a or 15 in column (2)				
but not less than zero			1 1	
9 Enter the estate's or trust's qualified dividends		}	1 1	
from Form 1041, line 2b(2) (or enter the qualified				
dividends included in income in Part I of Form 990-T) 19		_]]	
0 Add lines 18 and 19		_		
1 If the estate or trust is filing Form 4952, enter the			1	
amount from line 4g; otherwise, enter -0 ▶ 21		_		
Subtract line 21 from line 20. If zero or less, enter -0				
3 Subtract line 22 from line 17 If zero or less, enter -0	• • • •	23		
M. Fataratha amallar aftha amariat an line 17 as \$2 200		24	1 1	
Enter the smaller of the amount on line 17 or \$2,300		. 24		
Yes. Skip lines 25 and 26; go to line 27 and check the "No" box	•		1 1	
No. Enter the amount from line 23		25		
6 Subtract line 25 from line 24				
27 Are the amounts on lines 22 and 26 the same?	• • • •	' •		
Yes. Skip lines 27 thru 30, go to line 31 No. Enter the smaller of line 17 or lin	e 22	27		
8 Enter the amount from line 26 (If line 26 is blank, enter -0-)		28		
9 Cubtrast line 20 from line 27		20	1 1	
9 Subtract line 28 from line 27			30	
Multiply line 29 by 15% (15)			· · · · · · -	
(see the Schedule Ginstructions in the instructions for Form 1041)				
The second of th			• • • • • • • • • • • • • • • • • • • •	
2 Add lines 30 and 31		. , , , , , , ,	32	
3 Figure the tax on the amount on line 17 Use the 2009 Tax Rate	Sche	dule for Estates a		
(see the Schedule G instructions in the instructions for Form 1041)			33	
4 Tax on all taxable income. Enter the smaller of line 32 or line 33 h	ere a	nd on Form 1041,		
G line 12 for Form 990 T line 26)			34	

Schedule D (Form 1041) 2009

Schedule D-1 (Form 1041) 2009 Page 2

ame of estate or trust as shown on Form 1041. Do not enter name and employer identification number if shown on the other side CHESTER M. WILCOX MEMORIAL SCHOLARSHIP FUND				Employer identification number 93-6018713		
Part II Long-Term Capital Gains and			n One Year	1 23 301071		
(a) Description of property (Example 100 sh 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr)	(c) Date sold (mo , day, yr)	(d) Sales price (see page 4 of the instructions)	(e) Cost or other basis (see page 4 of the instructions)	(f) Gain or (loss) Subtract (e) from (d)	
6a 390.85 FIXED INCOME COMMON		/ /				
TRUST FUND	12/28/1961	05/29/2009	3,000.00	2,720.00	280.00	
!						
						
						
			- 			
			<u> </u>			
						
			· · · · · · · · · · · · · · · · · · ·			
						
6b Total. Combine the amounts in column	o (f) Enter here con	d on Schadula D. I	ine 6h		280.00	
An intal Complie the amounts in Column	THE LINE HELE BILL	a on ocheu <u>ule D, I</u>	1110 00 1 1 1 1 1	·_· · · _· · · _· · · · · · ·		

GAINS AND LOSSES FROM PASS-THRU ENTITIES

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

COMMON TRUST FUNDS

miles &

36.00

TOTAL NET SHORT-TERM GAIN OR LOSS (ROUNDED)

36.00

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

COMMON TRUST FUNDS

4,063.00

TOTAL NET LONG-TERM GAIN OR LOSS (ROUNDED)

4,063.00

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