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**990-PF**Form Department of the Treasury  
Internal Revenue Service**Return of Private Foundation**  
or Section 4947(a)(1) Nonexempt Charitable Trust  
Treated as a Private Foundation

OMB No 1545-0052

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

**2009**

For calendar year 2009, or tax year beginning

05/01, 2009, and ending

04/30, 2010

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

<b>Use the IRS label.</b> <b>Otherwise, print or type.</b> <b>See Specific Instructions.</b>	Name of foundation <b>MOULTON, HAROLD E SCHOLARSHIP FUND BANK OF AMERICA, NA</b>		<b>A</b> Employer identification number <b>51-0197187</b>
	Number and street (or P O box number if mail is not delivered to street address)		Room/suite
	<b>P O BOX 1802</b>		( ) -
	City or town, state, and ZIP code <b>PROVIDENCE, RI 02901-1802</b>		<b>C</b> If exemption application is pending, check here <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <b>D</b> 1 Foreign organizations, check here <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <b>2</b> Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
<b>H</b> 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		<b>I</b> Fair market value of all assets at end of year (from Part II, col. (c), line 16) <input type="checkbox"/> \$ <b>357,533.</b> <small>(Part I, column (d) must be on cash basis.)</small>	

<b>Part I Analysis of Revenue and Expenses</b> <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see page 11 of the instructions))</small>		<b>(a)</b> Revenue and expenses per books	<b>(b)</b> Net investment income	<b>(c)</b> Adjusted net income	<b>(d)</b> Disbursements for charitable purposes (cash basis only)
1	Contributions, gifts, grants, etc., received (attach schedule)				
2	Check <input checked="" 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				
5a	Gross rents				
b	Net rental income or (loss)				
6a	Net gain or (loss) from sale of assets not on line 10				
b	Gross sales price for all assets on line 6a	<b>850.</b>			
7	Capital gain net income (from Part IV, line 2)				
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) (attach schedule)				
11	Other income (attach schedule)	<b>710.</b>	<b>459.</b>		
12	<b>Total.</b> Add lines 1 through 11	<b>-17,070.</b>	<b>9,030.</b>		<b>STMT 1</b>
13	Compensation of officers, directors, trustees, etc	<b>3,645.</b>	<b>1,458.</b>		<b>STMT 2</b>
14	Other employee salaries and wages				<b>2,187.</b>
15	Pension plans, employee benefits				
16a	Legal fees (attach schedule)				
b	Accounting fees (attach schedule)	<b>80.</b>	<b>80.</b>	<b>NONE</b>	<b>NONE</b>
c	Other professional fees (attach schedule)				
17	Interest				
18	Taxes (attach schedule) (see page 14 of the instructions)	<b>174.</b>	<b>174.</b>		
19	Depreciation (attach schedule) and depletion				
20	Occupancy				
21	Travel, conferences, and meetings				
22	Printing and publications				
23	Other expenses (attach schedule)	<b>100.</b>			<b>100.</b>
24	<b>Total operating and administrative expenses.</b>				
	Add lines 13 through 23	<b>3,999.</b>	<b>1,712.</b>	<b>NONE</b>	<b>2,287.</b>
25	Contributions, gifts, grants paid	<b>14,249.</b>			<b>14,249.</b>
26	<b>Total expenses and disbursements</b> Add lines 24 and 25	<b>18,248.</b>	<b>1,712.</b>	<b>NONE</b>	<b>16,536.</b>
27	Subtract line 26 from line 12				
a	Excess of revenue over expenses and disbursements	<b>-35,318.</b>			
b	Net investment income (if negative, enter -0-)		<b>7,318.</b>		
c	Adjusted net income (if negative, enter -0-)				

For Privacy Act and Paperwork Reduction Act Notice, see page 30 of the instructions.

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Form 990-PF (2009)

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POSTMASTER DATE AUG 12 2010

SCANNED AUG 26 2010

Operating and Administrative Expenses

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<b>Part II Balance Sheets</b>		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions )	<b>Beginning of year</b>	<b>End of year</b>	
			<b>(a) Book Value</b>	<b>(b) Book Value</b>	<b>(c) Fair Market Value</b>
<b>Assets</b>	1	Cash - non-interest-bearing . . . . .	NONE	NONE	
	2	Savings and temporary cash investments . . . . .	11,024.	14,805.	14,805.
	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 (attach schedule) (see page 16 of the instructions)			
	7	Other notes and loans receivable (attach schedule) ► *		*	NONE
		Less allowance for doubtful accounts ►		NONE	NONE
	8	Inventories for sale or use . . . . .			
	9	Prepaid expenses and deferred charges . . . . .			
	10 a	Investments - U S and state government obligations (attach schedule) . . . . .	NONE	NONE	NONE
	b	Investments - corporate stock (attach schedule) . . . . .	329,117.	322,371.	342,728.
	c	Investments - corporate bonds (attach schedule) . . . . .	NONE	NONE	NONE
	11	Investments - land, buildings, and equipment basis ►	NONE		
	Less accumulated depreciation (attach schedule) ►		NONE	NONE	
12	Investments - mortgage loans . . . . .	NONE	NONE		
13	Investments - other (attach schedule) . . . . .	STMT 6.			
14	Land, buildings, and equipment basis ►				
	Less accumulated depreciation (attach schedule) ►				
15	Other assets (describe ►) . . . . .	NONE	NONE	NONE	
16	<b>Total assets</b> (to be completed by all filers - see the instructions Also, see page 1, item I) . . . . .	340,141.	337,176.	357,533.	
<b>Liabilities</b>	17	Accounts payable and accrued expenses . . . . .			
	18	Grants payable . . . . .			
	19	Deferred revenue . . . . .			
	20	Loans from officers, directors, trustees, and other disqualified persons . . . . .			
	21	Mortgages and other notes payable (attach schedule) . . . . .			
	22	Other liabilities (describe ►) . . . . .			
	23	<b>Total liabilities</b> (add lines 17 through 22) . . . . .			
		Foundations that follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.			
	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 . . . . .	340,141.	337,176.		
28	Paid-in or capital surplus, or land, bldg , and equipment fund . . . . .				
29	Retained earnings, accumulated income, endowment, or other funds . . . . .	NONE	NONE		
30	<b>Total net assets or fund balances</b> (see page 17 of the instructions) . . . . .	340,141.	337,176.		
31	<b>Total liabilities and net assets/fund balances</b> (see page 17 of the instructions) . . . . .	340,141.	337,176.		

**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	340,141.
2	Enter amount from Part I, line 27a . . . . .	2	-35,318.
3	Other increases not included in line 2 (itemize) ► SEE STATEMENT 7	3	32,356.
4	Add lines 1, 2, and 3 . . . . .	4	337,179.
5	Decreases not included in line 2 (itemize) ► SEE STATEMENT 8	5	3.
6	<b>Total net assets or fund balances at end of year</b> (line 4 minus line 5) - Part II, column (b), line 30 . . . . .	6	337,176.

**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.)
<b>1a SEE PART IV DETAIL</b>					
b					
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					
b					
c					
d					
e					
<b>Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69</b>					
(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	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))		
a					
b					
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	-26,351.	
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) (see pages 13 and 17 of the instructions). If (loss), enter -0- in Part I, line 8. . . . .	{ }		3		

**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 page 18 of the 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	21,979.	317,934.	0.06913070008
2007	22,852.	369,730.	0.06180726476
2006	23,001.	399,405.	0.05758816239
2005	21,889.	385,463.	0.05678625445
2004	25,031.	370,705.	0.06752269325
<b>2 Total of line 1, column (d)</b>			<b>2</b> 0.31283507493
<b>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</b>			<b>3</b> 0.06256701499
<b>4 Enter the net value of noncharitable-use assets for 2009 from Part X, line 5</b>			<b>4</b> 326,510.
<b>5 Multiply line 4 by line 3</b>			<b>5</b> 20,429.
<b>6 Enter 1% of net investment income (1% of Part I, line 27b)</b>			<b>6</b> 73.
<b>7 Add lines 5 and 6</b>			<b>7</b> 20,502.
<b>8 Enter qualifying distributions from Part XII, line 4</b>			<b>8</b> 16,536.
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 on page 18.			

## Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of the 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 ruling letter if necessary - see instructions)	1	146 .
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ► <input 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-)	4	2	146 .
3	Add lines 1 and 2 . . .			
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			
5	<b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0- . . .			
6	<b>Credits/Payments:</b>			
a	2009 estimated tax payments and 2008 overpayment credited to 2009 . . .	6a	84 .	5
b	Exempt foreign organizations-tax withheld at source . . .	6b	NONE	
c	Tax paid with application for extension of time to file (Form 8868) . . .	6c	NONE	
d	Backup withholding erroneously withheld . . .	6d		
7	Total credits and payments Add lines 6a through 6d . . .	6	7	84 .
8	Enter any penalty for underpayment of estimated tax Check here <input type="checkbox"/> if Form 2220 is attached . . .			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed . . .			
10	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the amount overpaid . . .	7	8	62 .
11	Enter the amount of line 10 to be <b>Credited to 2010 estimated tax</b> ► <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? . . .	1a	X
1b	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
<i>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.</i>			
1c	Did the foundation file <b>Form 1120-POL</b> 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 ► \$ _____		
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ► \$ _____		
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? . . . <i>If "Yes," attach a detailed description of the activities</i>	2	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 . . .	3	X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . .	4a	X
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . .	4b	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . <i>If "Yes," attach the statement required by General Instruction T</i>	5	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? . . .	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	X
8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the instructions) ► _____ <b>STMT 9</b>		
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 <i>General Instruction G</i> ? If "No," attach explanation . . .	8b	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 on page 27)? If "Yes," complete Part XIV . . .	9	X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses . . .	10	X

**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 page 20 of the 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 ► N/A

14 The books are in care of ► PRIVATE BANK, TAX SERVICES Telephone no ► (401) 278-6880  
Located at ► P O BOX 1802, PROVIDENCE, RI ZIP + 4 ► 02901-1802

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

**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 checked="" type="checkbox"/> Yes	<input 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 <b>any</b> 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)? . . . . . ► <b>1b</b> <input type="checkbox"/> X Organizations relying on a current notice regarding disaster assistance check here . . . . .		
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? . . . . . <b>1c</b> <input type="checkbox"/> 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? . . . . . <b>2b</b> <input type="checkbox"/> X If "Yes," list the years ► . . . . .		
b Are there any years listed in 2a for which the foundation is <b>not</b> 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 page 20 of the instructions) . . . . .		
c If the provisions of section 4942(a)(2) are being applied to <b>any</b> 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? . . . . . <b>3b</b> <input type="checkbox"/> X <b>3c</b> <input type="checkbox"/> X 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>4a</b> <input type="checkbox"/> X <b>4b</b> <input type="checkbox"/> X		
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? . . . . .		
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? . . . . .		

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**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)**

5a	During the year did the foundation pay or incur any amount to (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
	(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
	(3) Provide a grant to an individual for travel, study, or other similar purposes? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
	(4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see page 22 of the instructions) . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
b	If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see page 22 of the instructions)? . . . . .			5b	
	Organizations relying on a current notice regarding disaster assistance check here . . . . . ►				
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
	<i>If "Yes," attach the statement required by Regulations section 53.4945-5(d)</i>				
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? <i>If "Yes" to 6b, file Form 8870</i> . . . . .			6b	X
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
b	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? . . . . .			7b	

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors****1 List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the instructions).**

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 10		3,645.	-0-	-0-
-----				
-----				
-----				
-----				

**2 Compensation of five highest-paid employees (other than those included on line 1 - see page 23 of the instructions).  
If none, enter "NONE."**

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 11		NONE	NONE	NONE
-----				
-----				
-----				
-----				

Total number of other employees paid over \$50,000 . . . . . ► **NONE**

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**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see page 24 of the instructions.)

1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a Average monthly fair market value of securities . . . . .	1a	319,369.
b Average of monthly cash balances . . . . .	1b	12,113.
c Fair market value of all other assets (see page 24 of the instructions) . . . . .	1c	NONE
d <b>Total</b> (add lines 1a, b, and c) . . . . .	1d	331,482.
e Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) . . . . .	1e	
2 Acquisition indebtedness applicable to line 1 assets . . . . .	2	NONE
3 Subtract line 2 from line 1d . . . . .	3	331,482.
4 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see page 25 of the instructions) . . . . .	4	4,972.
5 <b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3 Enter here and on Part V, line 4 . . . . .	5	326,510.
6 <b>Minimum investment return.</b> Enter 5% of line 5 . . . . .	6	16,326.

**Part XI Distributable Amount** (see page 25 of the 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	16,326.
2a Tax on investment income for 2009 from Part VI, line 5 . . . . .	2a	146.
b Income tax for 2009. (This does not include the tax from Part VI.) . . . . .	2b	
c Add lines 2a and 2b . . . . .	2c	146.
3 Distributable amount before adjustments. Subtract line 2c from line 1 . . . . .	3	16,180.
4 Recoveries of amounts treated as qualifying distributions . . . . .	4	NONE
5 Add lines 3 and 4 . . . . .	5	16,180.
6 Deduction from distributable amount (see page 25 of the instructions) . . . . .	6	NONE
7 <b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 . . . . .	7	16,180.

**Part XII Qualifying Distributions** (see page 25 of the instructions)

1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 . . . . .	1a	16,536.
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:		
a Suitability test (prior IRS approval required) . . . . .	3a	NONE
b Cash distribution test (attach the required schedule) . . . . .	3b	NONE
4 <b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 . . . . .	4	16,536.
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	N/A
6 <b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4 . . . . .	6	16,536.

**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.



## Part XIII Undistributed Income (see page 26 of the instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI, line 7 . . . . .				16,180.
2 Undistributed income, if any, as of the end of 2009				
a Enter amount for 2008 only . . . . .			NONE	
b Total for prior years 20 07, 20 20 . . . . .		NONE		
3 Excess distributions carryover, if any, to 2009				
a From 2004 . . . . .	NONE			
b From 2005 . . . . .	NONE			
c From 2006 . . . . .	730.			
d From 2007 . . . . .	5,197.			
e From 2008 . . . . .	6,244.			
f Total of lines 3a through e . . . . .	12,171.			
4 Qualifying distributions for 2009 from Part XII, line 4 ► \$ 16,536.				
a Applied to 2008, but not more than line 2a . . . . .			NONE	
b Applied to undistributed income of prior years (Election required - see page 26 of the instructions) . . . . .		NONE		
c Treated as distributions out of corpus (Election required - see page 26 of the instructions) . . . . .	NONE			
d Applied to 2009 distributable amount . . . . .				16,180.
e Remaining amount distributed out of corpus . . . . .	356.			
5 Excess distributions carryover applied to 2009 . (If an amount appears in column (d), the same amount must be shown in column (a))	NONE			NONE
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e Subtract line 5	12,527.			
b Prior years' undistributed income Subtract line 4b from line 2b . . . . .		NONE		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed . . . . .		NONE		
d Subtract line 6c from line 6b Taxable amount - see page 27 of the instructions . . . . .		NONE		
e Undistributed income for 2008 Subtract line 4a from line 2a Taxable amount - see page 27 of the instructions . . . . .			NONE	
f Undistributed income for 2009 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2010. . . . .				NONE
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see page 27 of the instructions) . . . . .	NONE			
8 Excess distributions carryover from 2004 not applied on line 5 or line 7 (see page 27 of the instructions) . . . . .	NONE			
9 Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a . . . . .	12,527.			
10 Analysis of line 9:				
a Excess from 2005 . . . . .	NONE			
b Excess from 2006 . . . . .	730.			
c Excess from 2007 . . . . .	5,197.			
d Excess from 2008 . . . . .	6,244.			
e Excess from 2009 . . . . .	356.			

**Part XIV Private Operating Foundations (see page 27 of the instructions and Part VII-A, question 9) NOT APPLICABLE**

1a	If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2009, enter the date of the ruling				►	
b	Check box to indicate whether the foundation is a private operating foundation described in section				4942(j)(3) or	4942(j)(5)
2a	Tax year	Prior 3 years				(e) Total
	(a) 2009	(b) 2008	(c) 2007	(d) 2006		
b	85% of line 2a					
c	Qualifying distributions from Part XII, line 4 for each year listed					
d	Amounts included in line 2c not used directly for active conduct of exempt activities					
e	Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the alternative test relied upon					
a	"Assets" alternative test - enter					
	(1) Value of all assets					
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c	"Support" alternative test - enter					
	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
	(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(ii)					
	(3) Largest amount of support from an exempt organization					
	(4) Gross investment income					

**Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year - see page 28 of the instructions.)****1 Information Regarding Foundation Managers:**

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

N/A

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

N/A

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here ►  if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see page 28 of the instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

a The name, address, and telephone number of the person to whom applications should be addressed:

SEE STATEMENT 13

b The form in which applications should be submitted and information and materials they should include:

SEE ATTACHED STATEMENT FOR LINE 2

c Any submission deadlines:

SEE ATTACHED STATEMENT FOR LINE 2

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

SEE ATTACHED STATEMENT FOR LINE 2

**Part XV | Supplementary Information (continued)****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
<b>Name and address (home or business)</b>				
<b>a Paid during the year</b>				
SEE STATEMENT 16				
<b>Total</b>			► 3a	14,249.
<b>b Approved for future payment</b>				
<b>Total</b>			► 3b	

**Part XVI-A Analysis of Income-Producing Activities**

Enter gross amounts unless otherwise indicated

**1 Program service revenue**

- a
- b
- c
- d
- e
- f
- g Fees and contracts from government agencies

**2 Membership dues and assessments****3 Interest on savings and temporary cash investments****4 Dividends and interest from securities****5 Net rental income or (loss) from real estate**

- a Debt-financed property
- b Not debt-financed property

**6 Net rental income or (loss) from personal property****7 Other investment income****8 Gain or (loss) from sales of assets other than inventory****9 Net income or (loss) from special events****10 Gross profit or (loss) from sales of inventory****11 Other revenue: a**

- b **FEDERAL TAX REFUND**
- c
- d
- e

**12 Subtotal Add columns (b), (d), and (e)****13 Total. Add line 12, columns (b), (d), and (e)**

(See worksheet in line 13 instructions on page 28 to verify calculations.)

**Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes**

**Line No.** Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). (See page 29 of the instructions.)

NOT APPLICABLE

**Form 990-PF (2009)**

**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.		

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

(a) Name of organization	(b) Type of organization	(c) Description of relationship

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.

Under penalties of perjury, I declare that I have examined and, to the best of my knowledge and belief, it is true, correct, and complete. Declaration made under penalty of perjury.

*Anton Whitelock*

07/15/2010 SVP Tax

Date

**Title**

Sign Here

Signature of officer or trustee		Date	Title	
<b>Paid Preparer's Use Only</b>	Preparer's signature	Date	Check if self-employed ► <input type="checkbox"/>	Preparer's identifying number (See Signature on page 30 of the instructions)
	Firm's name (or yours if self-employed), address, and ZIP code		EIN ►	Phone no

**Form 990-PF (2009)**

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



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

Kind of Property		Description				P or D	Date acquired	Date sold
Gross sale price less expenses of sale	Depreciation allowed/ allowable	Cost or other basis	FMV as of 12/31/69	Adj basis as of 12/31/69	Excess of FMV over adj basis			
929.00			66.587 MID CAP GROWTH CTF PROPERTY TYPE: SECURITIES 913.00			05/14/2004	12/31/2009	
6,407.00			92.413 LARGE CAP GROWTH CTF PROPERTY TYPE: SECURITIES 6,174.00			11/19/2004	12/31/2009	
TOTAL GAIN(LOSS) .....						-26,351.		
						=====		

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

DESCRIPTION	REVENUE AND EXPENSES PER BOOKS	NET INVESTMENT INCOME
US GOVERNMENT INT REPORTED AS NONQUALIFI	2.	2.
FOREIGN DIVIDENDS	1,222.	1,222.
DOMESTIC DIVIDENDS	2,570.	2,570.
OTHER INTEREST	3,430.	3,430.
FOREIGN INTEREST	501.	501.
U.S. GOVERNMENT INTEREST (FEDERAL TAXABLE	571.	571.
NONQUALIFIED FOREIGN DIVIDENDS	127.	127.
NONQUALIFIED DOMESTIC DIVIDENDS	148.	148.
TOTAL	8,571.	8,571.

## FORM 990PF, PART I - OTHER INCOME

DESCRIPTION	REVENUE AND EXPENSES PER BOOKS	NET INVESTMENT INCOME
OTHER INCOME	459.	459.
FEDERAL TAX REFUND	251.	
TOTALS	710.	459.



## FORM 990PF, PART I - ACCOUNTING FEES

DESCRIPTION	REVENUE AND EXPENSES PER BOOKS	NET INVESTMENT INCOME	ADJUSTED NET INCOME	CHARITABLE PURPOSES
AUDIT & ACCOUNTING FEES (ALLOC)	80.	80.		
TOTALS	80.	80.	NONE	NONE

EX-355

FORM 990PF, PART I - TAXES  
=====

DESCRIPTION	REVENUE AND EXPENSES PER BOOKS	NET INVESTMENT INCOME
FOREIGN TAXES	174.	174.
TOTALS	174.	174.



## FORM 990PF, PART I - OTHER EXPENSES

=====

=====

=====

## REVENUE

AND

EXPENSES  
PER BOOKS

=====

=====

## DESCRIPTION

=====

=====

## OTHER ALLOCABLE EXPENSE- INCOME

=====

=====

100.

=====

=====

## TOTALS

=====

=====

100.

=====

=====

100.

=====

=====

F0246378

MOULTON, HAROLD E SCHOLARSHIP FUND

51-0197187

FORM 990PF, PART II - OTHER INVESTMENTS

DESCRIPTION	TOTALS
SEE ATTACHED STATEMENT	C

DESCRIPTION	TOTALS
SEE ATTACHED STATEMENT	C

TOTALS

FEDERAL

MOULTON, HAROLD E SCHOLARSHIP FUND

51-0197187

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

DESCRIPTION	AMOUNT
-----	-----
CTF ADJUSTMENT	32,356.
-----	-----
TOTAL	32,356.
=====	=====

STATEMENT 7

MOULTON, HAROLD E SCHOLARSHIP FUND

51-0197187

## FORM 990PF, PART III - OTHER DECREASES IN NET WORTH OR FUND BALANCES

DESCRIPTION AMOUNT

ROUNDING ADJ 3 .

TOTAL 3 .

=====

STATEMENT 8

MOULTON, HAROLD E SCHOLARSHIP FUND

51-0197187

STATE(S) WHERE THE FOUNDATION IS REGISTERED

=====

NY

STATEMENT 9

51-0197187

MOULTON, HAROLD E SCHOLARSHIP FUND

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

=====

OFFICER NAME:

BANK OF AMERICA, NA

ADDRESS:

1 EAST AVE, NY7-144-04-04  
ROCHESTER, NY 14638

TITLE:

TRUSTEE

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 40

COMPENSATION ..... 3,645.

TOTAL COMPENSATION: 3,645.

=====

STATEMENT 10



MOULTON, HAROLD E SCHOLARSHIP FUND

51-0197187

990PF, PART VIII - COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES

=====

EMPLOYEE NAME:

NONE

STATEMENT 11

MOULTON, HAROLD E SCHOLARSHIP FUND

51-0197187

990PF, PART VIII- COMPENSATION OF THE FIVE HIGHEST PAID PROFESSIONALS

=====

NAME:  
NONE

STATEMENT 12

MOULTON, HAROLD E SCHOLARSHIP FUND  
FORM 990PF, PART XV - LINES 2a - 2d  
=====

51-0197187

## RECIPIENT NAME:

JUDITH A. LEE, VP & TRUST OFFICER  
ADDRESS:

ONE EAST AVENUE, FOURTH FLOOR  
ROCHESTER, NY 14604

## FORM, INFORMATION AND MATERIALS:

SEE ATTACHED APPLICATION

## SUBMISSION DEADLINES:

SEE ATTACHED APPLICATION

## RESTRICTIONS OR LIMITATIONS ON AWARDS:

SEE ATTACHED APPLICATION

STATEMENT 13

一一

MOULTON, HAROLD E SCHOLARSHIP FUND . 51-0197187  
FORM 990PF, PART XV, LINE 3 - CONTRIBUTIONS, GIFTS, GRANTS PAID  
=====

RECIPIENT NAME: ALFRED STATE COLLEGE  
RELATIONSHIP: NONE  
PURPOSE OF GRANT: SCHOLARSHIP AWARDS  
FOUNDATION STATUS OF RECIPIENT: N/A  
AMOUNT OF GRANT PAID . . . . . 2,000.

RECIPIENT NAME: FINGER LAKES COMMUNITY COLLEGE  
RELATIONSHIP: NONE  
PURPOSE OF GRANT: SCHOLARSHIP AWARDS  
FOUNDATION STATUS OF RECIPIENT: N/A  
AMOUNT OF GRANT PAID ..... 1,000.

RECIPIENT NAME: ST BONADVENTURE UNIV  
RELATIONSHIP: NONE  
PURPOSE OF GRANT: SCHOLARSHIP AWARDS  
FOUNDATION STATUS OF RECIPIENT: N/A  
AMOUNT OF GRANT PAID ..... 2,333.

RECIPIENT NAME:  
SETON HILL UNIVERSITY  
RELATIONSHIP:  
NONE  
PURPOSE OF GRANT:  
SCHOLARSHIP AWARDS  
FOUNDATION STATUS OF RECIPIENT:  
N/A  
AMOUNT OF GRANT PAID ..... 1,333.

MOULTON, HAROLD E SCHOLARSHIP FUND  
FORM 990PF, PART XV, LINE 3 - CONTRIBUTIONS, GIFTS, GRANTS PAID

=====

RECIPIENT NAME:  
JAMESTOWN COMMUNITY COLLEGE  
RELATIONSHIP:  
NONE  
PURPOSE OF GRANT:  
SCHOLARSHIP AWARDS  
FOUNDATION STATUS OF RECIPIENT:  
N/A  
AMOUNT OF GRANT PAID ..... 750.

RECIPIENT NAME:  
UNIVERISTY OF TAMPA  
RELATIONSHIP:  
NONE  
PURPOSE OF GRANT:  
SCHOLARSHIP AWARDS  
FOUNDATION STATUS OF RECIPIENT:  
N/A  
AMOUNT OF GRANT PAID ..... 1,333.

RECIPIENT NAME:  
SUNY COBLESKILL  
RELATIONSHIP:  
NONE  
PURPOSE OF GRANT:  
SCHOLARSHIP AWARDS  
FOUNDATION STATUS OF RECIPIENT:  
N/A  
AMOUNT OF GRANT PAID ..... 1,000.

RECIPIENT NAME:  
UNIVERSITY OF BUFFALO  
RELATIONSHIP:  
NONE  
PURPOSE OF GRANT:  
SCHOLARSHIP AWARDS  
FOUNDATION STATUS OF RECIPIENT:  
N/A  
AMOUNT OF GRANT PAID ..... 2,500.

MOULTON, HAROLD E SCHOLARSHIP FUND  
FORM 990PF, PART XV, LINE 3 - CONTRIBUTIONS, GIFTS, GRANTS PAID  
=====

51-0197187

RECIPIENT NAME:  
DAEMEN COLLEGE  
RELATIONSHIP:  
NONE  
PURPOSE OF GRANT:  
SCHOLARSHIP AWARDS  
FOUNDATION STATUS OF RECIPIENT:  
N/A  
AMOUNT OF GRANT PAID ..... 1,000.

RECIPIENT NAME:  
SYRACUSE UNIVERSITY  
RELATIONSHIP:  
NONE  
PURPOSE OF GRANT:  
SCHOLARSHIP AWARDS  
FOUNDATION STATUS OF RECIPIENT:  
N/A  
AMOUNT OF GRANT PAID ..... 1,000.

TOTAL GRANTS PAID: 14,249.  
=====

STATEMENT 16

2009

**SCHEDULE D**  
(Form 1041)Department of the Treasury  
Internal Revenue Service**Capital Gains and Losses**

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

Name of estate or trust

MOULTON, HAROLD E SCHOLARSHIP FUND

Employer identification number

51-0197187

Note: Form 5227 filers need to complete only Parts I and II.

**Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less**

(a) Description of property (Example 100 shares 7% preferred of "Z" Co )	(b) Date acquired (mo , day, yr )	(c) Date sold (mo , day, yr )	(d) Sales price	(e) Cost or other basis (see page 4 of the instructions)	(f) Gain or (loss) for the entire year Subtract (e) from (d)
1a					

b Enter the short-term gain or (loss), if any, from Schedule D-1, line 1b . . . . .	1b	
2 Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824 . . . . .	2	
3 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts . . . . .	3	-8,011.
4 Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2008 Capital Loss Carryover Worksheet . . . . .	4	( )
5 Net short-term gain or (loss). Combine lines 1a through 4 in column (f). Enter here and on line 13, column (3) on the back . . . . . ► 5		-8,011.

**Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year**

(a) Description of property (Example 100 shares 7% preferred of "Z" Co )	(b) Date acquired (mo , day, yr )	(c) Date sold (mo , day, yr )	(d) Sales price	(e) Cost or other basis (see page 4 of the instructions)	(f) Gain or (loss) for the entire year Subtract (e) from (d)
6a					

b Enter the long-term gain or (loss), if any, from Schedule D-1, line 6b . . . . .	6b	-1,848.
7 Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824 . . . . .	7	
8 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts . . . . .	8	-16,492.
9 Capital gain distributions . . . . .	9	
10 Gain from Form 4797, Part I . . . . .	10	
11 Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2008 Capital Loss Carryover Worksheet . . . . .	11	( )
12 Net long-term gain or (loss). Combine lines 6a through 11 in column (f). Enter here and on line 14a, column (3) on the back . . . . . ► 12		-18,340.

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

Schedule D (Form 1041) 2009

Schedule D (Form 1041) 2009

<b>Part III Summary of Parts I and II</b>		(1) Beneficiaries' (see page 5)	(2) Estate's or trust's	(3) Total
<b>Caution: Read the instructions before completing this part.</b>				
13 Net short-term gain or (loss) . . . . .	13			-8,011.
14 Net long-term gain or (loss):				
a Total for year . . . . .	14a			-18,340.
b Unrecaptured section 1250 gain (see line 18 of the wrksht.) . . . . .	14b			
c 28% rate gain . . . . .	14c			
15 Total net gain or (loss). Combine lines 13 and 14a ► 15				-26,351.

**Note:** If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 990-T, Part I, line 4a). If lines 14a and 15, column (2), are net gains, go to Part V, and do not complete Part IV. If line 15, column (3), is a net loss, complete Part IV and the Capital Loss Carryover Worksheet, as necessary.

#### Part IV Capital Loss Limitation

16 Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, line 4c, if a trust), the smaller of:	16	( 3,000 )
a The loss on line 15, column (3) or b \$3,000 . . . . .		

**Note:** If the loss on line 15, column (3), is more than \$3,000, or if Form 1041, page 1, line 22 (or Form 990-T, line 34), is a loss, complete the Capital Loss Carryover Worksheet on page 7 of the instructions to figure your capital loss carryover.

#### Part V Tax Computation Using Maximum Capital Gains Rates

**Form 1041 filers.** Complete this part only if both lines 14a and 15 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is more than zero.

**Caution:** Skip this part and complete the worksheet on page 8 of the instructions if:

- 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 gains, or qualified dividends are included in income in Part I of Form 990-T, and Form 990-T, line 34, is more than zero. Skip this part and complete the worksheet on page 8 of the instructions if either line 14b, col. (2) or line 14c, col. (2) is more than zero.

17 Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34) . . . . .	17		
18 Enter the smaller of line 14a or 15 in column (2) but not less than zero . . . . .	18		
19 Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2) (or enter the qualified dividends included in income in Part I of Form 990-T) . . . . .	19		
20 Add lines 18 and 19 . . . . .	20		
21 If the estate or trust is filing Form 4952, enter the amount from line 4g; otherwise, enter -0- ► 21	21		
22 Subtract line 21 from line 20. If zero or less, enter -0- . . . . .	22		
23 Subtract line 22 from line 17. If zero or less, enter -0- . . . . .	23		
24 Enter the smaller of the amount on line 17 or \$2,300 . . . . .	24		
25 Is the amount on line 23 equal to or more than the amount on line 24?			
<input type="checkbox"/> Yes. Skip lines 25 and 26; go to line 27 and check the "No" box.	25		
<input type="checkbox"/> No. Enter the amount from line 23 . . . . .	26		
26 Subtract line 25 from line 24 . . . . .	26		
27 Are the amounts on lines 22 and 26 the same?			
<input type="checkbox"/> Yes. Skip lines 27 thru 30, go to line 31	27		
<input type="checkbox"/> No. Enter the smaller of line 17 or line 22 . . . . .	28		
28 Enter the amount from line 26 (If line 26 is blank, enter -0-) . . . . .	28		
29 Subtract line 28 from line 27 . . . . .	29		
30 Multiply line 29 by 15% (.15) . . . . .	30		
31 Figure the tax on the amount on line 23. Use the 2009 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041) . . . . .	31		
32 Add lines 30 and 31 . . . . .	32		
33 Figure the tax on the amount on line 17. Use the 2009 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041) . . . . .	33		
34 Tax on all taxable income. Enter the smaller of line 32 or line 33 here and on Form 1041, Schedule G, line 1a (or Form 990-T, line 36) . . . . .	34		

Schedule D (Form 1041) 2009

**Schedule D-1 (Form 1041) 2009**

**Name of estate or trust as shown on Form 1041. Do not enter name and employer identification number if shown on the other side**

**Employer identification number**

51-0197187

## Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

6b Total. Combine the amounts in column (f). Enter here and on Schedule D, line 6b . . . . . -1,848.00

-1,848.00

**Schedule D-1 (Form 1041) 2009**



MOULTON, HAROLD E SCHOLARSHIP FUND

51-0197187

## GAINS AND LOSSES FROM PASS-THRU ENTITIES

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

COMMON TRUST FUNDS	-8,011.00
<hr/>	
TOTAL NET SHORT-TERM GAIN OR LOSS (ROUNDED)	-8,011.00
<hr/>	

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

COMMON TRUST FUNDS	-16,492.00
<hr/>	
TOTAL NET LONG-TERM GAIN OR LOSS (ROUNDED)	-16,492.00
<hr/>	

STATEMENT 1

## ASSET SUMMARY

AS OF 04/30/10

ACCOUNT  
41-09-901-8558484

MOULTON H SCHOLARSHIP FD

PAGE 2

	FEDERAL TAX COST	MARKET VALUE	% OF ACCOUNT	CURRENT YIELD	EST AN INCO
CASH AND CASH EQUIVALENTS					
MONEY MARKET FUNDS	14,805.00	14,805.00	4.141	0.000	
FIXED INCOME					
COLLECTIVE FUNDS-FIXED	111,221.33	114,617.69	32.058	4.350	4,9
EQUITIES					
COLLECTIVE FUNDS-EQUITY	211,149.66	228,110.59	63.801	1.361	3,1
ACCOUNT TOTAL	337,175.99	357,533.28	100.000	2.263	8,0

## ASSET DETAIL

AS OF 04/30/10

ACCOUNT  
41-09-901-8558484

MOULTON H SCHOLARSHIP FD

PAGE 3

UNITS	ASSET DESCRIPTION	ORIGINAL COST	FEDERAL TAX COST	MARKET VALUE	% OF ACCOUNT	CURRENT YIELD	EST ANNUAL INCOME
<b>CASH AND CASH EQUIVALENTS</b>							
<b>MONEY MARKET FUNDS</b>							
4,644.840	COLUMBIA GOVERNMENT RESERVES TRUST CLASS (INCOME INVESTMENT) CUSIP NO: 097100556	4,644.84	4,644.84	4,644.84	1.299	0.000	0.
10,160.160	COLUMBIA GOVERNMENT RESERVES TRUST CLASS CUSIP NO: 097100556	10,160.16	10,160.16	10,160.16	2.842	0.000	0.
	TOTAL MONEY MARKET FUNDS	14,805.00	14,805.00	14,805.00	4.141	0.000	0.
	TOTAL CASH AND CASH EQUIVALENTS	14,805.00	14,805.00	14,805.00	4.141	0.000	0.
<b>FIXED INCOME</b>							
14,973.114	GOVERNMENT CREDIT CTF ORIGINAL COST CUSIP NO: 993361880	102,954.58	111,221.33	114,617.69	32.058	4.350	4,986.
	TOTAL COLLECTIVE FUNDS-FIXED	102,954.58	111,221.33	114,617.69	32.058	4.350	4,986.
	TOTAL FIXED INCOME	102,954.58	111,221.33	114,617.69	32.058	4.350	4,986.
<b>EQUITIES</b>							
1,856.970	INTERNATIONAL EQUITY CTF ORIGINAL COST CUSIP NO: 1261292H7	30,622.50	35,941.62	35,224.49	9.852	2.146	755.

## ASSET DETAIL

AS OF 04/30/10

41-09-901-8558484  
ACCOUNI

MOULTON H SCHOLARSHIP FD

MOULTON H SCHOLARSHIP FD PAGE 4

## **HAROLD E. MOULTON SCHOLARSHIP TRUST**

### **SCHOLARSHIP APPLICATION FORM - 2010-2011 SCHOOL YEAR**

#### **GENERAL INFORMATION**

**NOTE:** In order to be eligible for this scholarship, you must reside in the Town of Clarksville and be attending/or a graduate of Bolivar-Richburg, Cuba-Rushford and Portville Central Schools. Preference will be given to students pursuing dairy or agriculture courses in the State of New York and four-year colleges.

**Application does *not* guarantee an award and the Committee decision is final.**

#### **PERSONAL INFORMATION:** *(Please print legibly)*

1. Name: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_  
(No. & Street) (City) (State) (Zip)

2. Are you a resident of the Town of Clarksville?  Yes  No

3. Are you applying for a full year scholarship?

- Yes, beginning Fall 2010
- No, for only (check one)  Fall 2010 or,  Spring 2011

4. Will you be attending school:

- Full-time = (12 or more credit hours per semester)
- Part-time = (less than 12 credit hours per semester)

5. Did you receive a Moulton Scholarship last year?  Yes  No

- If Yes, how many years have you been a Moulton recipient? \_\_\_\_\_

#### **EDUCATION:**

6. Name of High School: \_\_\_\_\_

▪ Dates of attendance: From: \_\_\_\_\_ To: \_\_\_\_\_  
(month/year) (month/year)

▪ Have you graduated?  Yes  No, but will graduate at the end of this school year

▪ Name of college (*if attending*): \_\_\_\_\_

▪ Address of Financial Aid/Bursar's Office: \_\_\_\_\_

▪ Dates of attendance: From: \_\_\_\_\_ To: \_\_\_\_\_  
(month/year) (month/year)

7. What are your plans?

- For college? (Include: major field of study, number of years to complete degree, etc.)

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- After college?

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8. What college or university is your first choice? \_\_\_\_\_

- Are you currently admitted at this college/university? ( ) Yes ( ) No

- If Yes, what year of college will you be completing by June 2010 ( 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup> )? \_\_\_\_\_

- If No, when do you expect to be accepted? \_\_\_\_\_

9. Will you be living at home while attending college? ( ) Yes ( ) No

- If No, please state the address and phone number where you will be living while attending college.

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(No. & Street)	(City)	(State)	(Zip)	(Phone)
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10. List any other alternative choices for colleges you may have:

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**FINANCIAL INFORMATION:**

11. How much do you reasonably believe you need from the Harold E. Moulton Scholarship Fund, per year, in order to attain your educational goals? \$ \_\_\_\_\_ per year (Note: must be answered -- "any amount" is not acceptable)

12. Please list any other expected scholarships/grants and their amounts:

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\$ \_\_\_\_\_

13. Please list any expected Financial Aid/loans and their amounts:

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\$ \_\_\_\_\_

14. Can you reasonably expect financial help from your family? ( ) Yes ( ) No

15. Will other members of your immediate family be attending college full-time during the next school year?

- ( ) Yes ( ) No
- If Yes, how many? \_\_\_\_\_

16. What are your best estimates of annual costs for attendance at the college of your choice?

\* Tuition for a whole school year ..... \$ \_\_\_\_\_  
Books and fees for a whole school year ..... \$ \_\_\_\_\_  
Room and Board for a whole school year ..... \$ \_\_\_\_\_  
Transportation for a whole school year ..... \$ \_\_\_\_\_  
Misc. expenses (itemized) per school year..... \$ \_\_\_\_\_

<u>ITEM DESCRIPTION</u>	<u>ESTIMATED COST</u>
.....	\$ _____
.....	\$ _____
.....	\$ _____
.....	\$ _____
.....	\$ _____
.....	\$ _____ misc total → \$ _____

*Total estimated expenses for a whole school year* ..... \$ \_\_\_\_\_

\*Please verify tuition cost by sending along a copy of the appropriate page from your college catalog/bulletin or, a copy of your tuition bill.

**MISCELLANEOUS INFORMATION:**

17. You may be considered for a scholarship for more than one year. Do you intend to renew your application?

- For 2011 - 2012 school year? ( ) Yes ( ) No
- For 2012 - 2013 school year? ( ) Yes ( ) No
- For 2013 - 2014 school year? ( ) Yes ( ) No

18. Please list your major **school** activities in the last three years: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

19. Please list your major **community** activities in the last three years: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

20. Are you currently employed? Full -time ( ) Yes ( ) No  
Part-time ( ) Yes ( ) No

21. Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_  
(No. & Street) (City) (State) (Zip)

May the Trustee contact them about your employment?

- ( ) Yes Phone: \_\_\_\_\_
- ( ) No If no, why not? \_\_\_\_\_

**ADDITIONAL MATERIALS REQUIRED:**

22. **ESSAY:** On a *separate sheet*, please explain, in your own words and handwriting (legibly), why you believe you should be awarded this scholarship. You may include biographical information that would be helpful for the selection committee to know.

23. **TRANSCRIPTS:** If you are a NEW applicant, please have an OFFICIAL high school transcript indicating your final or most current GPA and your class rank sent directly to this bank, addressed exactly as shown below. Be sure that your ACT and/or SAT scores are listed on the high school transcript or sent separately. If you are RENEWING your application or are already in college, you need only have OFFICIAL transcripts from *all* colleges attended sent directly to this bank. **No Internet Grades will be accepted.** Note: **College transcripts must include all semesters attended.**

24. **PROOF OF TUITION:** Please do not forget to verify tuition cost by including a copy of the appropriate page from the college catalog/bulletin, a copy of your tuition bill, or appropriate page from the college's website. Be sure that the name of the college appears on whatever tuition documentation you send.

25. **TAX INFO:** In order to verify financial need, please attach a copy of your parents' (and yours if independent) **1040 Tax Return for 2009**. **W-2 forms are not acceptable.** Please provide proof of residence in the Town of Clarksville. A copy of Town or County Tax bill will be accepted. If you do not have this document check, with your Guidance Counselor for verification.

**AFFIRMATION OF ACCURACY OF APPLICATION**

The undersigned hereby affirms that the foregoing application for a Scholarship Grant to the undersigned is true and correct and that any attachments hereto are authentic or true copies of such.

**Signature of Applicant**

- We Suggest That Before You Mail This Application To Us, You Make A Copy To Keep For Your Own Records. **Applications And Additional Materials Must Be Postmarked On Or Before April 30, 2010.** Failure To Comply With These Instructions Will Result In Your Ineligibility For This Scholarship.
- We Recommend That You Periodically Contact Us To Check On The Status Of All Transcripts Sent By Third Parties. **We Are Not Responsible For Materials That Do Not Arrive By The Deadline.**

**MAIL TO:** Harold E. Moulton Scholarship Trust  
Bank of America  
Charitable Management Services  
One East Avenue, Fourth Floor,  
Rochester, NY 14604  
Attn: Judith A. Lee, *VP & Trust Officer*  
Mail Code: NY7-144-04-04