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50rm 990-PF

Return of Private Foundation or Section_4947(a)(1) Nonexempt Charitable Trust

11

OMB No 1545-0052

Treated as a Private Foundation

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements. For calendar year 2011 or tax year beginning 2011, and ending 20 A Employer identification number Name of foundation GENEVIEVE LONG SCHOLARSHIP TRUST 310405014 35-2097287 Room/suite B Telephone number (see instructions) Number and street (or P.O. box number if mail is not delivered to street address) P.O. BOX 1602 (574) 235-2790 City or town, state, and ZIP code C If exemption application is pending, check here SOUTH BEND, IN 46634 G Check all that apply: Initial return Initial return of a former public charity D 1 Foreign organizations, check here Final return Amended return 2 Foreign organizations meeting the 85% test, check here and attach Address change Name change computation H Check type of organization: | X | Section 501(c)(3) exempt private foundation F If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here . J Accounting method: X Cash I Fair market value of all assets at end if the foundation is in a 60-month termination under section 507(b)(1)(B), check here . > of year (from Part II, col. (c), line Other (specify) (Part I, column (d) must be on cash basis) 161 ▶ \$ 124,710 Part I Analysis of Revenue and Expenses (The (d) Disbursements (a) Revenue and (b) Net investment (c) Adjusted net total of amounts in columns (b), (c), and (d) for charitable expenses per may not necessarily equal the amounts in income income purposes books column (a) (see instructions).) (cash basis only) Contributions, gifts, grants, etc., received (attach schedule) . if the foundation is **not** required to attach Sch B 2 Check ▶ 3 Interest on savings and temporary cash investments 2,159 2,159 2,159. STMT Dividends and interest from securities **5a** Gross rents Net rental income or (loss) -304 $\mathsf{RF}(\mathsf{FivE})$ Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a 7 Capital gain net income (from Part IV, line 2) . Net short-term capital gain Income modifications 10 a Gross sales less returns and allowances · · · b Less Cost of goods sold . Gross profit or (loss) (attach schedule) Other income (attach schedule) 1.855 2,159 2,159 Total. Add lines 1 through 11 12 1.978 989 13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees (attach schedule) . . . 1,300 1,300 NONE **b** Accounting fees (attach schedule) STMT 2 Other professional fees (attach schedule) . . . Administrative 17 Taxes (attach schedule) (see instructions) STMT. 3. 27 18 19 Depreciation (attach schedule) and depletion. 20 21 Travel, conferences, and meetings 22 Printing and publications Operating 23 Other expenses (attach schedule) Total operating and administrative expenses. 3,3<u>05</u> 2.289 NONE NONE Add lines 13 through 23 6,526 6,526 Contributions, gifts, grants paid 2,289 9,831 NONE Total expenses and disbursements Add lines 24 and 25 Subtract line 26 from line 12: -7,976 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) -0-

c Adjusted net income (if negative, enter -0-). For Paperwork Reduction Act Notice, see instructions.

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Form 990-PF (2011)

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Part	Ralance Sheets	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	End o	f year
rait	Datatice Streets	amounts only. (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
1	Cash - non-interest-beari	ing			
2	Savings and temporary	cash investments			
3	Accounts receivable				
	Less: allowance for doub	btful accounts ▶			
4					
	Less: allowance for doul	btful accounts ▶			_
5					
6		officers, directors, trustees, and other			
		ach schedule) (see instructions)			
7	, ,	eceivable (attach schedule)			
		btful accounts			_
. 8		se			
Assets 0 0		eferred charges			
SS 10		e government obligations (attach schedule)			
71		stock (attach schedule)			
		bonds (attach schedule)			
11	Investments - land, building				
	and equipment basis Less accumulated deprecia				
12	(attach schedule)	loans			-
13		ach schedule)			
14	Land, buildings, and	>			
	equipment basis Less accumulated deprecia	ation .			
15	(attach schedule)	STMT 4)	125,916.	118,064.	124,710
16	Total assets (to be	completed by all filers - see the	120/0101	220/0011	
'"		age 1, item I)	125,916.	118,064.	124,710
17		accrued expenses	123,510.	110,001.	121/710
18					
			-		
Liabilities 20 21 20 20 20 20 20 20 20 20 20 20 20 20 20		ors, trustees, and other disqualified persons			
를 21		ors, trustees, and other disqualified persons			
멸 22		T .			
22	Other habilities (describe	e ▶_ <u>`</u> }}			
23	Total liabilities (add line	es 17 through 22)			
+==		low SFAS 117, check here ▶			
		24 through 26 and lines 30 and 31.			
ဖွ	Ummastmated	<u> </u>			
2 24	Towns and the section of		-		
<u>a</u> 25	Democratily restricted				
2 20	Fermanently restricted				
Š	check here and com-	not follow SFAS 117, plete lines 27 through 31. ► X			
s or Fund Balances	Capital stock trust princ	cipal, or current funds	125,916.	118,064.	
S 20	Pard to accountal autobio or	r land, bldg , and equipment fund	123/510.	110,001.	
set		lated income, endowment, or other funds			
Net Assets 30 31 28	•	d balances (see instructions)	125,916.	118,064.	
31 31		net assets/fund balances (see	123,510.	110,001.	
2 0.		· · · · · · · · · · · · · · · · · · ·	125,916.	118,064.	
Part		anges in Net Assets or Fund I		110,004.	
		palances at beginning of year - Part		must agree with	
		I on prior year's return)		-	125,916.
					-7,976.
3 U+r	er incresees not includ	line 27a ed ın lıne 2 (itemize) ▶SEE_STAT	PEMENT 5		155.
					118,095.
E D∘.	a mico i, 2, and o	line 2 (itemize) ► SEE STAT	TEMENT 6	5	31.
		lances at end of year (line 4 minus line)			118,064.
0 101	ai iiet assets ut tuttu Da	nances at end of year time 4 minus in	io o, - i arc ii, colullii (b)	, nne 30 0	Form 990-PF (2011)

	d describe the kind(s) of property sole rick warehouse; or common stock, 20	=	(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo., day, yr)	(d) Date so (mo , day,
PUBLICLY TRADED	SECURITIES				
b					
;					
d					
•					
(e) Gross sales price	(f) Depreciation allowed	(g) Cost or other basis		(h) Gain or (lo	
(e) Gloss sales plice	(or allowable)	plus expense of sale		(e) plus (f) min	us (g)
16,534.		17,138.			-604.
b					
d					
}					
	showing gain in column (h) and owner	ed by the foundation on 12/31/69	(0)	Gains (Col. (h) g	ain minue
	(j) Adjusted basis	(k) Excess of col. (i)		(k), but not less	
(i) F M.V. as of 12/31/69	as of 12/31/69	over col (j), if any		Losses (from co	
· · · · · · · · · · · · · · · · · · ·			 		-604.
<u> </u>			 		-004.
<u> </u>	 		 		
			 		
<u> </u>					
<u> </u>	<u> </u>		 		
Canital gain not income or	Inst capital loss!	If gain, also enter in Part I, line 7			
Capital gain net income or	ther capital 1055)	If (loss), enter -0- in Part I, line 7	2	 	
	or (loss) as defined in sections 1				
If gain, also enter in Par	t I, line 8, column (c) (see in	istructions). If (loss), enter -0- in $igr)$			
Part I, line 8	 	J	3		
art V Qualification U	Inder Section 4940(e) for Re	educed Tax on Net Investment I	ncome		
section 4940(d)(2) applies,	leave this part blank.	he section 4940(a) tax on net investi	ment inco		Yes 🗀
section 4940(d)(2) applies,	leave this part blank.	he section 4940(a) tax on net investi ributable amount of any year in the b	ment inco		Yes 🖸
section 4940(d)(2) applies, as the foundation liable for "Yes," the foundation does r	leave this part blank. the section 4942 tax on the dist not qualify under section 4940(e	he section 4940(a) tax on net investi ributable amount of any year in the b	ment inco	d?	Yes 🔼
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section 4940(d)(2) applies, as the foundation liable for a "Yes," the foundation does r Enter the appropriate amo Base period years Calendar year (or tax year beginning in) 2010 2009 2008 2007 2006 Total of line 1, column (d) Average distribution ratio number of years the found Enter the net value of non- Multiply line 4 by line 3 Enter 1% of net investment Add lines 5 and 6 Enter qualifying distribution If line 8 is equal to or green.	leave this part blank. the section 4942 tax on the dist not qualify under section 4940(e) ount in each column for each year (b) Adjusted qualifying distributions 2,150,6,977,10,773,14,096,2,500,000 for the 5-year base period - divided attion has been in existence if lest charitable-use assets for 2011 find the income (1% of Part I, line 27b) ons from Part XII, line 4	ributable amount of any year in the b.). Do not complete this part. ar; see the instructions before making (c) Net value of noncharitable-use assets	pase perion any entr	d? (d) Distribution r. (col (b) divided by 0.010 0.050 0.071 0.080 0.011	8110 (c)) 6431655 8311742 9388356 8029026 5940217 8100999 128,9 6,6
section 4940(d)(2) applies, as the foundation liable for a "Yes," the foundation does renter the appropriate amo (a) Base period years Calendar year (or tax year beginning in) 2010 2009 2008 2007 2006 Total of line 1, column (d) Average distribution ration umber of years the foundation of the renter the net value of non-Multiply line 4 by line 3 Enter 1% of net investmental Add lines 5 and 6 Enter qualifying distribution	leave this part blank. the section 4942 tax on the dist not qualify under section 4940(e) ount in each column for each year (b) Adjusted qualifying distributions 2,150,6,977,10,773,14,096,2,500,000 for the 5-year base period - divided attion has been in existence if lest charitable-use assets for 2011 final from the form of Part I, line 27b) ons from Part XII, line 4	ributable amount of any year in the b.). Do not complete this part. ar; see the instructions before making (c) Net value of noncharitable-use assets 130,845. 119,650. 135,700. 160,129. 156,836.	pase perion any entr	d? (d) Distribution r. (col (b) divided by 0.010 0.050 0.071 0.080 0.011	8tio (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d
section 4940(d)(2) applies, (as the foundation liable for a "Yes," the foundation does renter the appropriate amoustic labeled as a separate of the appropriate amoustic labeled as a separate labeled as a separate labeled as a section of the appropriate amoustic labeled as a section	leave this part blank. the section 4942 tax on the dist not qualify under section 4940(e) ount in each column for each year (b) Adjusted qualifying distributions 2,150,6,977,10,773,14,096,2,500,000 for the 5-year base period - divided attion has been in existence if lest charitable-use assets for 2011 final from the form of Part I, line 27b) ons from Part XII, line 4	ributable amount of any year in the b.). Do not complete this part. ar; see the instructions before making (c) Net value of noncharitable-use assets 130,845. 119,650. 135,700. 160,129. 156,836.	pase perion any entr	d? (d) Distribution r. (col (b) divided by 0.01. 0.05. 0.07. 0.08. 0.01. 0.25. 0.05.	8110 (c)) 6431655 8311742 9388356 8029026 5940217 8100999 128,9 6,6

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

8a Enter the states to which the foundation reports or with which it is registered (see instructions)

Form 990-PF (2011)

Χ

X

Х

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		1
meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11	<u>X</u>
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified		
person had advisory privileges? If "Yes," attach statement (see instructions)	12	<u> </u>
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 ► IST SOURCE BANK Telephone no. ► (5/4)/235-27	<u>90</u>	-
Located at ► 100 N MICHIGAN, SOUTH BEND, IN ZIP + 4 ► 46601		
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here	• • • •	
and enter the amount of tax-exempt interest received or accrued during the year	V	N-
16 At any time during calendar year 2011, did the foundation have an interest in or a signature or other authority	- 1	es No
over a bank, securities, or other financial account in a foreign country?	16	X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of		
Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required		
	V	es No
File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	- '	- 110
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? Yes X No		
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a		-
disqualified person?		
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?		
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No		ļ
(5) Transfer any income or assets to a disqualified person (or make any of either available for		l
the benefit or use of a disqualified person)?	;	
(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)	1	
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations		
section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)7	1b	
Organizations relying on a current notice regarding disaster assistance check here		1
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that		X
were not corrected before the first day of the tax year beginning in 2011?	1c	 -
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 2011, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2011?		
If "Yes," list the years		
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)	-	
(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to		
all years listed, answer "No" and attach statement - see instructions)	2b	X_
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.		
>		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise		
at any time during the year?		
b If "Yes," did it have excess business holdings in 2011 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 2011.)	3b	
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	41	X
charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2011?	4b	PF (2011)

_	<u>.</u>	▶	NONE
F	orm	990	PF (2011)

NONE

compensation

NONE

NONE

NONE

Total number of other employees paid over \$50,000

Total number of others receiving over \$50,000 for professional services	Part VIII	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Emplo and Contractors (continued)	yees,
NONE NONE	3 Five hig		E."
Total number of others receiving over \$50,000 for professional services. ▶ NON Part IX-A Summary of Direct Charitable Activities List the foundation's four largest direct charitable activities during the tax year include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc 1 NONE 2 3 4		(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensatio
Total number of others receiving over \$50,000 for professional services	NONE_		NONE
Total number of others receiving over \$50,000 for professional services			
Total number of others receiving over \$50,000 for professional services			
Total number of others receiving over \$50,000 for professional services			
Part IX-B Summary of Direct Charitable Activities List the foundation's four largest direct charitable activities during the tax year Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc 1 NONE 2			
List the foundation's four largest direct chantable activities during the tax year Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc 1 NONE 2	Fotal number	of others receiving over \$50,000 for professional services	NOI
organizations and other beneficiaries served, conferences convened, research papers produced, etc 1NONE 2	Part IX-A	Summary of Direct Charitable Activities	
2	List the found organizations	ation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of ind other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
3	1NONE		
3			
Part IX-B Summary of Program-Related Investments (see instructions) Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amount 2 All other program-related investments See instructions 3 NONE Total. Add lines 1 through 3.			
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 1 NONE 2 All other program-related investments See instructions 3 NONE Total. Add lines 1 through 3	3		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 1 NONE 2 All other program-related investments See instructions 3 NONE Total. Add lines 1 through 3			
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 1 NONE 2 All other program-related investments See instructions 3 NONE Total. Add lines 1 through 3	4		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 1 NONE 2 All other program-related investments See instructions 3 NONE Total. Add lines 1 through 3	Part IX-B	Summary of Program-Related Investments (see instructions)	
All other program-related investments See instructions 3 NONE Total. Add lines 1 through 3			Amount
All other program-related investments See instructions 3 NONE Total. Add lines 1 through 3	1NONE		
3NONE	2		
3NONE			
Total. Add lines 1 through 3	_	am-related investments. See instructions	
	Fotal. Add lir	es 1 through 3	Form 990-PF /2

35-2097287

Par	Part X Minimum Investment Return (All domestic foundations must com see instructions.)	plete this part. Foreign found	ations,
1	Fair market value of assets not used (or held for use) directly in carrying of	out charitable, etc.,	
	purposes:		
а	a Average monthly fair market value of securities	1a	130,913.
b			NONE
C		1c	NONE
d	d Total (add lines 1a, b, and c)		130,913.
e			
	1c (attach detailed explanation)		
2		2	NONE
3	Subtract line 2 from line 1d	3	130,913.
4	Subtract line 2 from line 1d Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for great contents)	ater amount, see	
			1,964.
5	instructions) Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and	d on Part V, line 4 5	128,949.
6		6	6,447.
Pai	Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) foundations and certain foreign organizations check here ▶ and	private operating	
			6,447.
1	Toy on investment income for 2011 from Bort VI line 5	NONE	0,337.
b			NONE
C			6,447.
3	•		NONE
4			
5		 	6,447. NONE
6		nd on Bort VIII	NONE
7			6 117
	line 1 · · · · · · · · · · · · · · · · · ·		6,447.
Pai	Part XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc.,	purposes:	
а			6,526.
b			
2		out charitable, etc.,	
	purposes	_	NONE
3			
а			NONE
b		1 26 1	NONE
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part	t XIII, line 4 4	6,526.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on ne	t investment income.	
	Enter 1% of Part I, line 27b (see instructions)	1	N/A
6			6,526.
	Note. The amount on line 6 will be used in Part V, column (b), in subsec		
	qualifies for the section 4940(e) reduction of tax in those years.		

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Page 9

Pa	rt XIII Undistributed Income (see instru	ictions)			
		(a)	(b)	(c)	(d)
1	Distributable amount for 2011 from Part XI,	Corpus	Years prior to 2010	2010	2011
	line 7				6,447.
2	Undistributed income, if any, as of the end of 2011				
а	Enter amount for 2010 only			<u>6,526.</u>	
b	Total for prior years: 20 <u>09</u> , 20, 20		NONE		
3	Excess distributions carryover, if any, to 2011:				
а	From 2006 NONE				
b	From 2007 NONE				
C	From 2008 NONE				
d	From 2009 NONE				
	From 2010 NONE				
f	Total of lines 3a through e	NONE			
4					
	line 4: ▶ \$6,526.				
a	Applied to 2010, but not more than line 2a			6,526.	
þ	Applied to undistributed income of prior years		ļ		
	(Election required - see instructions)				
c	Treated as distributions out of corpus (Election	,,,,,			
	required - see instructions)	NONE			NONE
	Applied to 2011 distributable amount	17071			NONE
_	Remaining amount distributed out of corpus	NONE			NONE
5	Excess distributions carryover applied to 2011. (If an amount appears in column (d), the same	NONE			NONE
	amount must be shown in column (a).)				
6	Enter the net total of each column as indicated below:				
	Corpus. Add lines 3f, 4c, and 4e Subtract line 5	NONE			
	· · · · · · · · · · · · · · · · · · ·	110111			
D	Prior years' undistributed income. Subtract line 4b from line 2b		NONE		
¢	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		
ч	Subtract line 6c from line 6b. Taxable			·	
4	amount - see instructions		NONE		
6	Undistributed income for 2010. Subtract line				• • • • • • • • • • • • • • • • • • • •
	4a from line 2a Taxable amount - see instructions			<u>.</u>	
	Undistributed income for 2011. Subtract lines				-
'	4d and 5 from line 1 This amount must be				
	distributed in 2012				6,447.
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (see instructions)	NONE			
8	Excess distributions carryover from 2006 not				
	applied on line 5 or line 7 (see instructions)	NONE			
9	Excess distributions carryover to 2012.				
	Subtract lines 7 and 8 from line 6a	NONE			
	Analysis of line 9		1		
	Excess from 2007 NONE				
Ь	Excess from 2008 NONE				
	Excess from 2009 NONE				
d	Excess from 2010 NONE		,		
e	Excess from 2011 NONE				- 000 PE /

Forn	990-PF (2011)			35-209	7287		Page 10
Pa	rt XIV Private Opera	iting Foundations (se	ee instructions and	Part VII-A, question 9		NOT AF	PLICABL
1 a	If the foundation has r	eceived a ruling or det	ermination letter that	it is a private operating	,		
	foundation, and the ruling	is effective for 2011, enter	the date of the ruling		>		
b	Check box to indicate whe	ther the foundation is a pr	ivate operating foundati	on described in section	49420	j)(3) or '	4942(j)(5)
2 a	Enter the lesser of the ad-	Tax year		Prior 3 years		(e)	Total
	justed net income from Part	(a) 2011	(b) 2010	(c) 2009	(d) 2008		
	I or the minimum investment return from Part X for each					1	
	year listed						
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						
а	"Assets" alternative test - enter						
	(1) Value of all assets						
	(2) Value of assets qualifying under section						
	4942(j)(3)(B)(i)		<u> </u>				
b	"Endowment" alternative test- enter 2/3 of minimum invest-						
	ment 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						

Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year - see instructions.)

1	Information	Regarding	Foundation	Managers:
---	-------------	-----------	------------	-----------

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

exempt organizations as provided in section 4942 (j)(3)(B)(m) (3) Largest amount of support from an exempt organization (4) Gross investment income

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.

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 instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.
а	The name, address, and telephone number of the person to whom applications should be addressed:
	SEE STATEMENT 8
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

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Form 990-PF (2011)

Supplementary information (c	ontinueu/	1.7 -		
3 Grants and Contributions Paid During	the Year or Appro	ved for F	uture Payment	Г
3 Grants and Contributions Paid During Recipient Name and address (home or business)	show any relationship to	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				
SEE STATEMENT 10			ļ	
			i	
İ				
			Į	
1				
1				
<u>-</u>				6 506
Total	· · · · · · · · · · · · · · · · · · ·		▶ 3a	6,526.
b Approved for future payment				
				1
<u>.</u>				
•				
			[
			}	
				ļ <u></u>
Total				I

Part XVI-			/ITIES ated business income	Excluded by	section 512, 513, or 514	(e)
_	amounts unless otherwise indicated.	(a) Business code	(b) Amount	(c)	(d) Amount	Related or exempt function income (See instructions.)
	service revenue			ZAGIGGIGH GOOG	-	(See instructions.)
				- - 		- · · -
е						
f						
g Fees	and contracts from government agencies					
Member	ship dues and assessments					
	n savings and temporary cash investments			 	0.150	
	ds and interest from securities			14	2,159.	
	al income or (loss) from real estate:					
	-financed property					
	debt-financed property					
	l income or (loss) from personal property	 			<u></u>	
	vestment income	ı		18	-304.	
	oss) from sales of assets other than inventory	-		10	- 304.	
	me or (loss) from special events					
	rofit or (loss) from sales of inventory					
						_
			· · · · · · · · · · · · · · · · · · ·			
_				1		-
е						
	. Add columns (b), (d), and (e)		_		1,855.	
	dd line 12, columns (b), (d), and (e)				13	1,85
ee worksh art XVI-	B Relationship of Activities		complishment of F	vemnt Purn	0505	
ine No. ▼	Explain below how each activit accomplishment of the foundation					
						
			NOT APPLICAB	LE		

Form 990-PF (2011)

Form 990-PF (201				_	35-2097			_		ge 13
Part XVII	Information Regarding T Exempt Organizations	ransfers	To and	Transactions	and Relatio	nships	With	Noncha	ritable	
									1 1	

b If "Yes," complete the following schedule. (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 becorrect and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge May the IRS discuss with the preparer is	Yes	s No	No	ło
a Transfers from the reporting foundation to a noncharitable exempt organization of: (1) Cash (2) Other assets (3) Cash of a seaset so a noncharitable exempt organization (1) Sales of a seaset so a noncharitable exempt organization (2) Purchases of assets from a noncharitable exempt organization (3) Rental of facilities, equipment, or other assets (4) Reimbursement arrangements (5) Loans of loan guarantees (6) Performance of services or membership or fundraising solicitations (6) Performance of services or membership or fundraising solicitations (7) Interest of laptities, equipment, mailing lists, other assets, or paid employees (8) Interest of laptities, equipment, mailing lists, other assets, or paid employees (8) Interest of laptities, equipment, mailing lists, other assets, or paid employees (9) Interest of laptities, equipment, show in the following schedule. Column (b) should always show the fix value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than for value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services lip lune no (b) Amount involved (c) Name of nonchamable exempt organization (d) Description of transfers, transactions, and sharing arrangement (e) Name of organization (d) Description of transfers, transactions, and sharing arrangement of page of the code (other than section 501(c)) of the Code (other than section 501(c)) of the Code (other than section 501(c)) or in section 52?? (a) Name of organization (b) Type of organization (d) Description of transfers, transactions, and sharing arrangement as any tworkedge (e) Description of relationship or page of the code (other than supplyer) is based on all information of the distribution of pregare to complete libration of pregare to the the transactions of the code (other than supplyer) is based on all information of the code (other than supplyer) is based on all information of the code (other than supplyer) is based on all in				
(2) Other assets				
22 Other assets 1a(2)		l x	x	X
b Other transactions: (1) Sales of assets form a noncharitable exempt organization (2) Purchases of assets from a noncharitable exempt organization (3) Rental of facilities, equipment, or other assets (4) 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 (6) Performance of services or membership or fundraising solicitations (6) The answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the favalue of the goods, other assets, or services given by the reporting foundation. If the foundation received less than for value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services (a) Line no (b) Amount involved (c) Manes of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangement in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? (a) Name of organization (b) Type of organization (c) Type of organization (d) Description of transfers, and to the best of my knowledge and to the organization of proper (other than transper) is asset on all information of which prepare the arr Newvinding of the organization of proper (other than transper) is asset on all information of which prepare the arr Ne				X
(1) Sales of assets to a noncharitable exempt organization				
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(a) Rental of facilities, equipment, or other assets	1			X
(4) Reimbursement arrangements 1969 (5) Loans or loan guarantees 1969 (6) Performance of services or membership or fundraising solicitations 1969 c Sharing of facilities, equipment, mailing lists, other assets, or paid employes 1969 d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the first value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fivalue in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services (a) Line no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangement (a) Line no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangement (d) Description of transfers, transactions, and sharing arrangement (e) Description of transfers, transactions (e) Description of transfers, transactions (e) Description of relationship (e) Des	-			$\frac{X}{X}$
(5) Loans or loan guarantees				Ŷ
(6) Performance of services or membership or fundraising solicitations	\Box			X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees				X
d if the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fivalue of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fivalue in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services (a) Line no (b) Amount involved (e) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangement (e) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangement (e)	 			χ
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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?			-	
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described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?				
described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?				
Sign Here 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 be correct and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge May the IRS discuss with the preparer signature of officer of trustee Date Title	es 2	X N		No
Here Signature of officer or trustee Date Title May the IRS discuss with the preparer is (see instructions)? X				
Here Signature of officer or trustee Date Title May the IRS discuss with the preparer is (see instructions)? X				
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Here Signature of officer or trustee Date Title May the IRS discuss with the preparer is (see instructions)? X				
Here Signature of officer or trustee Date Title May the IRS discuss with the preparer is (see instructions)? X				
Here Signature of officer or trustee Date Title Print/Type preparer's name Preparer Firm's name ▶ 1ST SOURCE BANK Use Only Firm's address ▶ P 0 BOX 1602 May the IRS discuss with the preparer s.	belief, it	f, it is tr	ıs trı	true
Print/Type preparer's name Preparer Firm's name Proportion Print/Type preparer's name Preparer Firm's name Proportion Preparer's signature Preparer's signature Preparer's signature Preparer's signature Preparer's signature Print/Type preparer's name Preparer's signature Print/Type preparer's name Print/Type preparer's name Preparer's signature Print/Type preparer's name Preparer's signature Print/Type preparer's name Print			returr	
Paid Print/Type preparer's name Preparer Firm's name Preparer's signature Preparer Firm's name Preparer's signature Preparer's signature Date Check if self-employed Firm's EIN ▶ 35-03095 Firm's address ▶ P O BOX 1602	- T		belov	٦.
Paid Preparer Use Only Check if self-employed	Yes	<u>"•</u> '		_INc
Paid Preparer Use Only Check if self-employed				
Preparer Use Only Firm's name District Source Bank Firm's EIN 35-03095				
Use Only Firm's address P O BOX 1602				
I want to be produced by the box 1002	<u> 3575</u>	5		
COUTH DEND IN 46624 Dhana na 574-225-2'				
Form 990	30-PF	'F (201	(201	011

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

ADJUSTED NET INCOME	139. 97. 8. 65. 60. 51. 163. 1. 426. 246. 2,159.
NET INVESTMENT INCOME	139. 97. 8. 65. 60. 51. 163. 1. 426. 903. 2,159.
REVENUE AND EXPENSES PER BOOKS	139. 97. 8. 65. 60. 51. 163. 1426. 903. 2,159.
DESCRIPTION	DODGE & COX INTERNATIONAL STOCK FD FIDELITY CONTRA FUND #022 JOHN HANCOCK III-S/C FUND-I NEW WORLD FD-F2 T ROWE PRICE MID CAP GROWTH FUND SCOUT INTERNATIONAL FUND TEMPLETON GLOBAL BOND FD-AD WASATCH LONG SHORT FUND WASATCH LARGE CAP VALUE FUND UNITS IN INCOME FUND OF 1ST SOURCE BANK UNITS IN SHORT TERM INCOME FUND OF 1ST TOTAL

STATEMENT

FORM 990PF, PART I - ACCOUNTING FEES

CHARITABLE PURPOSES	NONE
ADJUSTED NET INCOME	NONE
NET INVESTMENT INCOME	1,300.
REVENUE AND EXPENSES PER BOOKS	1,300.
	TOTALS
DESCRIPTION	TAX PREPARATION FEES

FORM 990PF, PART I - TAXES _____

> REVENUE AND **EXPENSES**

DESCRIPTION

PER BOOKS -----

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FOREIGN TAXES

27.

TOTALS

27.

STATEMENT 3

310405014

OTHER ASSETS	
ı	ii II
ΙI	
PART	
990PF,	
FORM	

GENEVIEVE LONG SCHOLARSHIP TRUST 310405014

ENDING FMV		.124,/10.
ENDING BOOK VALUE	0,06 2,04 3,04 15 15 15 15 15 15 15 15 15 15 15 15 15	118,064.
DESCRIPTION	1ST SOURCE INCOME FUND 1ST SOURCE SHORT TERM INCOME FEDERATE TREASURY OBLIGATION WASATCH LONG SHORT FUND DODGE & COX INTERNTL STOCK FIDELITY CONTRA FUND #022 JOHN HANCOCK FD III NEW WORLD FUND WASATCH LARGE CAP VALUE FUND T ROWE PRICE MID CAP GROWTH TEMPLETON GLOBAL BOND SCOUT INTERNATIONAL FUND	TOTALS

FORM 990PF, PART III - OTHER IN	NCREASES IN NET	WORTH OR FUND	BALANCES
	=======================================	=======================================	
DESCRIPTION			AMOUNT
BOOK TO TAX TIMING DIFFERENCE			155.
	TOTAL		155.
			=======================================

									========	====
					TOTAL					31.
12/31/2010 S	SALE I	NCOME	FUND :	riming	DIFFER	ENCE				31.
DESCRIPTION									AMOUNT	
FORM 990PF, ========					ASES IN		OR ====	FUND =====	BALANCES =====	

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

OFFICER NAME:

1ST SOURCE BANK

ADDRESS:

100 N MICHIGAN

SOUTH BEND, IN

TITLE:

TRUSTEE

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

TOTAL COMPENSATION:

1,978.

GENEVIEVE LONG SCHOLARSHIP TRUST 310405014 FORM 990PF, PART XV - LINES 2a - 2d

RECIPIENT NAME:

JUDY DOMINY, 1ST SOURCE BANK

ADDRESS:

P O BOX 1602

SOUTH BEND, IN 46634

FORM, INFORMATION AND MATERIALS:

SEE ATTACHED COLLEGIATE APPLICATION FORM

SUBMISSION DEADLINES:

FEBRUARY 1

RESTRICTIONS OR LIMITATIONS ON AWARDS:

APPLICANTS MUST BE ACTIVE MEMBERS IN A UNITED METHODIST CHURCH LOCATED IN PENN TWP INDIANA

Date of Application	n:	_
For School Year:		Scholarship Amount:

COLLEGIATE APPLICATION FORM

Geneva E. And Genevieve A. Long Teacher Memorial Scholarship Fund

INSTRUCTIONS

Students and parents are to fill out this form completely. If more space is needed, you may attach an additional sheet of paper. The completed form is to be returned to the Trust Department of *1st Source Bank*, Attn: Jacie Bailey, P.O. Box 1602, South Bend, Indiana 46634-1602. Applications must be postmarked by February 1st.

	Last	First	Middle Initial		Date of Birth	(Mo/Day/Yr.)
2. Permanent I	Home Address:					
	Street		City	State	ZIP	Phone
3. Parent or Gu	uardian:					
Father:			Mother:			
Address:			Address:			
City:			City:			
7. Present Hig	h School Attending	**** · · · · · · · · · · · · · · · · ·				Grade:
8. Where do y	ou intend to study:				Have you bee	n accepted:
	ou intend to study:				Have you bee	en accepted:
Intended M			····		·	
Intended M	ajor:	ed Methodist Chu	rch located in Penn	Towns	hip, St. Joseph	. County?
Intended M 9. Are you an	ajor:active member of any Unit	ed Methodist Chu	rch located in Penn	Towns	hip, St. Joseph	. County?
Intended M 9. Are you an	active member of any Unit	ed Methodist Chu	rch located in Penn	Towns	hip, St. Joseph	. County?
Intended M 9. Are you an 10. What acade	active member of any Unit	ed Methodist Church and countyived in high school	rch located in Penn	Towns	hip, St. Joseph	. County?
Intended M 9. Are you an 10. What acade	active member of any Unit If so, the name of the chu emic honors have your rece	ed Methodist Church and countyived in high school	rch located in Penn	Towns	hip, St. Joseph	. County?

Please include with this application the following:

- 1. A letter of recommendation from the Pastor of your Church.
- 2. A transcript of your high school classes/grades.

2001/02 Geneva E. and Genevieve A. Long Teacher Memorial SCHOLARSHIP INFORMATION SHEET

(must be completed and returned before award will be distributed)

Student's Name:	
Student's SSN: Student ID No: (if different from SSN)	
Collegiate Mailing Address: (address award checks are to be mailed to; please be VERY specific)	
Checks to be Issued: (please check one)	Semester Basis (Early Aug. and Early Dec.) Trimester Basis (Early Aug., Early Nov. and Mid-Jan.)
COMMENTS:	

Osceola United Methodis Church 431 N. Beech Road Osceola, IN 46530	679-4435	Penn Township
Willow Creek United Methodist Church 14010 Jefferson Road Mishawaka, IN 46545	255-7500	Penn Township
Tamarack United Methodist Church 937 Deepwood Drive Mishawaka, IN 46544	256-5932	Penn Township
Coalbush United Methodist Church 15977 Jackson Road Mishawaka, IN 46544	259-4136	Penn Township
Albright United Methodist Church 504 W. Mishawaka Avenue Mishawaka, IN 46545	259-1975	Penn Township
First United Methodist Church-Mishawaka 201 E. 3rd Mishawaka, IN 46544	255-4707	Penn Township

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GENÉVIEVE LONG SCHOLARSHIP TRUST 310405014 35-2097287 FORM 990PF, PART XV, LINE 3 - CONTRIBUTIONS, GIFTS, GRANTS PAID

RECIPIENT NAME: LEAH RICHMAN

ADDRESS:

56067 CEDAR ROAD MISHAWAKA, IN 46545

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

EDUCATIONAL SCHOLARSHIP

FOUNDATION STATUS OF RECIPIENT:

NONE

RECIPIENT NAME:

MICHELLE RITSCHARD

ADDRESS:

14519 KERN ROAD

MISHAWAKA, IN

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

EDUCATIONAL SCHOLARSHIP

FOUNDATION STATUS OF RECIPIENT:

NONE

RECIPIENT NAME:

KATHERINE A. COFFEL

ADDRESS:

2212 RIDGE PLACE

MISHAWAKA, IN 46544

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

SCHOLARSHIP

FOUNDATION STATUS OF RECIPIENT:

NONÉ

GENEVIEVE LONG SCHOLARSHIP TRUST 310405014 35-2097287 FORM 990PF, PART XV, LINE 3 - CONTRIBUTIONS, GIFTS, GRANTS PAID

RECIPIENT NAME:

PAYTON E. TWIBELL

ADDRESS:

302 MANCHESTER DR. MISHAWAKA, IN 46544

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

SCHOLARSHIP

FOUNDATION STATUS OF RECIPIENT:

NONE

TOTAL GRANTS PAID:

6,526.

SCHEDULE D (Form 1041)

Capital Gains and Losses

OMB No 1545-0092

Employer identification number

Department of the Treasury Internal Revenue Service Name of estate or trust ▶ 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).

							097287		
	Form 5227 filers need to complete only Pa				·				
Part	(a) Description of property	(b) Date acquired	(c) Date sold	(d) Sales price	(e) Cost or other		(f) Gain or (loss) for the entire year		
	(Example 100 shares 7% preferred of "Z" Co)	(mo , day, yr.)	(mo , day, yr)	(a) dates price	(see instruction	ns)	Subtract (e) from (d)		
1a									
					· 				
					-				
							-		
ь	Enter the short-term gain or (loss), if any, fro	om Schedule D-	1. line 1h			1b			
-		,,,, co.,,da.,, c	.,						
2	Short-term capital gain or (loss) from Forms	4684, 6252, 6	3781, and 882	4		2			
3	Net short-term gain or (loss) from partnersh	ina Saarnarati	one and other	actatos or tructe		3	-43		
	Short-term capital loss carryover. Enter								
	Carryover Worksheet		•		-	4	(
5	Net short-term gain or (loss). Combine	lines 1a throug	gh 4 in colum	n (f). Enter here an	d on line 13,	_	4.7		
Part	column (3) on the back	ses - Assets	Held More TI	an One Year		5	-43		
	(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		(f) Gain or (loss) for the entire year		
6a		((555555	,	Subtract (e) from (d)		
	ONG-TERM CAPITAL GAIN DIVIDE	NDS					366		
		<u> </u>							
			i :						
					-1		· · · -		
b Enter the long-term gain or (loss), if any, from Schedule D-1, line 6b						6b	-604		
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	-23		
9	Capital gain distributions					9			
	ouplier gain distributions	• • • • • • • •							
10 Gain from Form 4797, Part I									
1	Long-term capital loss carryover. Enter t	he amount, if	any, from lir	e 14 of the 2010	Capital Loss				
2	Carryover Worksheet				on line 14a	11			
	column (3) on the back	-				12	-261		
	nament Padustian Act Nation and the Instruct		. 4 4				D (Form 1041) 2011		

Caution: Read the instructions before completing this part. Net long-term gain or (loss) 13	Schedule D (Form 1041) 2011				Pag	je 2
Taution: Read the instructions before completing this part. See Inst. Net short-term gain or (loss): 14	Part III Summary of Parts I and II			• •	1 131 10121	
14. Net long-term gain or closs): 2. Total or year: 3. Total for year: 4. Line 15, column (1250 gain (see line 18 of the wrksht.) 4. Line 15, column (1250 gai		art.	(see instr.)	or trust's	S	
a Total for year b. Unrecaptured section 1250 gain (see line 18 of the wrksht.) b. Unrecaptured section 1250 gain (see line 18 of the wrksht.) c. 28% rate gain c. 28% rate gain c. 28% rate gain of loss.) Combine lines 13 and 14a b. 15g loss loss loss loss loss loss loss loss		13			-4.	<u>3.</u>
b. Unrecaptured section 1250 gain tisse line 18 of the wrksht.). 46	and the same of the same				200	-
c 28% rate gain . 15 Total ent gain or (loss). Combine lines 13 and 14a					-26.	<u>1.</u>
15 Total net gain or (loss). Combine lines 13 and 14a	·					
Note: If line 15, column (2), is a not gam, enter the gain on Form 1041, line 4 (or Form 990-7, Part I, line 4a). If lines 14a and 15, column (2), are not games, so to Part V, and do not complete Part IV (life 15, column (3), as and loss, complete Part IV (life 15, column (3), as and loss, complete Part IV (life 15, column (3), as and loss, complete Part IV (life 15, column (3) or b \$3,000. 15 The loss on line 15, column (3) or b \$3,000. 16 The loss on line 15, column (3) or b \$3,000. 16 The loss on line 15, column (3) is more than \$3,000. or if Form 1041, page 1, line 22 (or Form 990-7, line 34), is a loss, complete the Capital Loss carryover Worksheet in the instructions to figure your carepidal loss carryover (as an entry or Form 1041 (line 20), and Form 1041, line 22 (is more than zero. 17 The Computation Using Maximum Capital Gains Rates 18 The 18 the series of the 18					20	_
part V Corpital Loss Carryover Worksheet, as necessary Part V I Corpital Loss Carryover Worksheet, as necessary Part V I Corpital Loss Carryover Worksheet in the Internation of Internat			- 000 T O-+ 1 line 4	1 16 15 14-		
Part IV	NOTE: If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (0 gains, go to Part V. and do not complete Part IV. If line 15, column (3), is a net loss, col	or For moleti	m 990-1, Part I, line 4a e Part IV and the Capita	i). If lines 14a I Loss Carryovei	r Worksheet, as necessary	iei
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: 3 The loss on line 15, column (3) or a \$3.000 Note: If the loss line 16, column (3) or a \$3.000 Note: If the loss line 16, column (3) or a \$3.000 Note: If the loss line 16, column (3) or a \$3.000 Note: If the loss line 16, column (3) or a \$3.000 Note: If the loss line 16, column (3) or a \$3.000 Note: If the loss line 16, column (2) are gains, or an amount is entered in Part I or Part II and here is an entry on Form 1041, line 2b(1), and Form 4041, line 22, is more than zero. Sort form 1041, line 2b(1), and Form 4552, line 4g are more than zero. Sort form 1041, line 2b(1), and Form 4552, line 4g are more than zero. Form 990-T, and Form 990-T, line 34, is more than zero. To Form 990-T, and Form 990-T, line 34, is more than zero. Sort form 1041, line 2b(1), and Form 4552, line 4g are more than zero. To Form 990-T, and Form 990-T, line 34, is more than zero. Sort form 1041, line 2b(1), and Form 1041, line 22 (or Form 990-T, line 34). The treat taxable income from Form 1041, line 22 (or Form 990-T, line 34). The treat taxable income from Form 1041, line 22 (or Form 990-T, line 34). The treat taxable income from Form 1041, line 20 (or loss of the qualified dividends included in income in Part I of Form 990-T, line 34). The treat taxable income from Form 1041, line 20 (or loss enter -0	The second secon		•			_
a The loss on line 15, column (3) or b \$3,000 Note: If the loss on line 15, column (3), a more than \$3,000, or if form 1041, page 1, line 22 (or form 990-7, line 34), is a loss, complete the Capital Loss Carryover Worksheet in the instructions to figure your capital loss carryover Worksheet in the instructions to figure your capital loss carryover Worksheet in the instructions to figure your capital loss carryover Part V Tax Computation Using Maximum Capital Gains Rates Form 1041 fillers. 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 here is an entry on Form 1041, line 2b(2), and Form 407 form 1041, line 21; is more than zero. Form 390-T trust. 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 trust. 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 trust. 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 1041, line 2b(2) for line 14c, col. (2) is more than zero. The Enter table income from Form 1041, line 2b(2) for line 12d, col. (2) is more than zero. The Enter table income from Form 1041, line 2b(2) for enter the qualified dividends from Form 1041, line 2b(2) (are enter the gualified dividends included in income in Part I of Form 990-T, line 34) 17 Enter table income from Form 1041, line 2b(2) (are enter the qualified dividends included in income in Part I of Form 990-T, line 34) 17 Enter table income from Form 1041, line 2b(2) (are enter the qualified dividends from Form 1041, line 2b(2) (are enter the smaller of line 14a or 15 in column (2) line 2b and 2b an		et I. bi	ne 4c. if a trust), the sn	naller of:		_
Part V Tax Computations 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 here is an entry on Form 1041, line 2 bid, line 22 is more than zero.				I	6 (30	4)
Part V Tax Computation Using Maximum Capital Gains Rates	Note: If the loss on line 15, column (3), is more than \$3,000, or if Form 1041, page	i, lin	e 22 (or Form 990-T, li	ne 34), is a loss	s, complete the Capital Los	ss
Form 1041 fillers. 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, fine 22(); and Form 1041, line 22() is more than zero, or 8 foith Form 1041, fine 20(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 Schedule D Tax Worksheet in the instructions of either line 14b, col. (2) or line 14c, col. (2) is more than zero. Skip this part and complete the Schedule D Tax Worksheet in the instructions of either line 14b, col. (2) or line 14c, col. (2) is more than zero. 18 Enter the smaller of line 14a or 15 in column (2) but not less than zero. 19 Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2) for enter the qualified dividends included in income in Part I of Form 990-T), line 34) 20 If the estate or trust's qualified dividends from Form 1041, line 2b(2) for enter the qualified dividends included in income in Part I of Form 990-T), line 34 and 15 are gains, or qualified dividends included in income in Part I of Form 990-T), line 34 and 15 are gains, or qualified dividends included in income in Part I of Form 990-T), line 34 and 15 are gains, or qualified dividends from Form 1041, line 2b(2) for enter the qualified dividends from Form 1041, line 2b(2) or line 27 and check the "No" box. 21 Subtract line 2 form line 17. If zero or less, enter -0. 22 Subtract line 22 from line 17. If zero or less, enter -0. 23 Subtract line 25 from line 24. 24 Enter the smaller of the amount from line 23 equal to or more than the amount on line 24? 25 Yes. Skip lines 25 and 26; go to line 27 and check the "No" box. 26 No. Enter the amount from line 25 (liline 26 is blank, enter -0.) 27 Subtract line 28 from line 27 38 Multiply line 29 by 15% (15) 39 Figure the tax on the amoun	Carryover Worksheet in the instructions to figure your capital loss carryover					
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Employer identification number Name of estate or trust as shown on Form 1041. Do not enter name and employer identification number if shown on the other side 35-2097287 GENEVIEVE LONG SCHOLARSHIP TRUST 310405014 Long-Term Capital Gains and Losses - Assets Held More Than One Year (b) Date (e) Cost or other basis (f) Gain or (loss) (c) Date sold (a) Description of property (Example (d) Sales price acquired (mo , day, yr) (see instructions) Subtract (e) from (d) 100 sh 7% preferred of "Z" Co) (mo, day, yr) 6a 111.669 UNITS IN INCOME FU SOURCE BANK 02/28/2011 1,000.00 1,009.00 -9.00 01/17/1999 213.371 WASATCH LARGE CAP 06/23/2011 3,000.00 2,589.00 411.00 03/31/2000 332.382 UNITS IN INCOME FU SOURCE BANK 01/17/1999 06/30/2011 3,000.00 3,011.00 -11.00176.586 DODGE & COX INTERN STOCK FD 12/21/2009 10/21/2011 5,534.00 6,470.00 -936.00 15.691 FIDELITY CONTRA FUN 06/26/2008 11/25/2011 1,000.00 1,056.00 -56.00 81.301 WASATCH LARGE CAP 03/31/2000 11/25/2011 1,000.00 986.00 14.00 110.467 UNITS IN INCOME FU 01/17/1999 11/25/2011 1,000.00 1,001.00 SOURCE BANK -1.00 108.72 UNITS IN SHORT TERM 11/25/2011 1,016.00 -16.00 OF 1ST SOURCE BANK 03/31/2008 <u>1,000.00</u> -604.00 6b Total. Combine the amounts in column (f). Enter here and on Schedule D, line 6b