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Form **990****Return of Organization Exempt From Income Tax**

OMB No 1545-0047

**2008****Open to Public Inspection**Department of the Treasury  
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)  
▶ The organization may have to use a copy of this return to satisfy state reporting requirements

**A For the 2008 calendar year, or tax year beginning** 6/1/2008 **and ending** 5/31/2009

**B** Check if applicable:  
☐ Address change  
☐ Name change  
☐ Initial return  
☐ Termination  
☐ Amended return  
☐ Application pending

**C Name of organization** HOUCK/ JOHNS HOPKINS 0101574000  
**Doing Business As**  
**Number and street (or P O box if mail is not delivered to street address)** Wells Fargo Bank, N.A P.O Box 53456, MAC S4035-014  
**Room/suite**  
**City or town, state or country, and ZIP + 4** Phoenix AZ 85072

**D Employer identification number** 23-7455346  
**E Telephone number** 800-352-3705

**G Gross receipts \$** 3,320,730

**F Name and address of principal officer:** Wells Fargo Bank, N.A. PO BOX 53456, Phoenix, AZ 85072

**H(a) Is this a group return for affiliates?** ☐ Yes ☒ No  
**H(b) Are all affiliates included?** ☐ Yes ☐ No  
 If "No," attach a list (see instructions)

**I Tax-exempt status.** ☒ 501(c) ( 3 ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

**J Website:** ▶ N/A

**K Type of organization** ☐ Corporation ☒ Trust ☐ Association ☐ Other ▶

**L Year of formation** 1977 **M State of legal domicile** CO

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities. THE ORGANIZATION'S MISSION IS TO SUPPORT JOHN HOPKINS HOSPITAL

**2** Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its assets

**3** Number of voting members of the governing body (Part VI, line 1a) 3 1

**4** Number of independent voting members of the governing body (Part VI, line 1b) 4 1

**5** Total number of employees (Part V, line 2a) 5 0

**6** Total number of volunteers (estimate if necessary) 6 0

**7a** Total gross unrelated business revenue from Part VIII, line 12, column (C) 7a 0

**b** Net unrelated business taxable income from Form 990-T, line 34 7b 0

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	0	0
<b>9</b> Program service revenue (Part VIII, line 2g)	0	0
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,071,465	-521,962
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	44,119
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,071,465	-477,843
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,196,834	0
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) 0		
<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	149,716	128,681
<b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,346,550	128,681
<b>19</b> Revenue less expenses Subtract line 18 from line 12	-275,085	-606,524
<b>20</b> Total assets (Part X, line 16)	Beginning of Year 19,383,008	End of Year 18,740,773
<b>21</b> Total liabilities (Part X, line 26)	0	0
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	19,383,008	18,740,773

**Part II Signature Block**

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 officer) is based on all information of which preparer has any knowledge

**Sign Here**  
 Signature of officer: John N Sulentic Date: 2/10/2010  
 Type or print name and title: John N Sulentic VP and Trust Officer

**Paid Preparer's Use Only**  
 Preparer's signature: [Signature] Date: 2/12/2010  
 Check if self-employed: ☒ Preparer's identifying number (see instructions): P00364310  
 Firm's name (or yours if self-employed), address, and ZIP + 4: PRICEWATERHOUSECOOPERS, LLP 600 GRANT STREET 15219-2777  
 EIN: 13-4008324 Phone no: 412-355-6000

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☒ NoFor Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.  
(HTA)Form **990** (2008)

5

ENVELOPE  
POSTMARK DATE FEB 22 2010

SCANNED MAR 18 2010

**Part III Statement of Program Service Accomplishments** (see instructions)**1** Briefly describe the organization's mission:

THE ORGANIZATION'S MISSION IS TO SUPPORT JOHN HOPKINS HOSPITAL

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

**4** Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported**4a** (Code ) (Expenses \$ 101,970 including grants of \$ 0 ) (Revenue \$ 0 )

THE ORGANIZATION'S MISSION IS TO SUPPORT JOHN HOPKINS HOSPITAL

**4b** (Code ) (Expenses \$ 0 including grants of \$ 0 ) (Revenue \$ 0 )**4c** (Code ) (Expenses \$ 0 including grants of \$ 0 ) (Revenue \$ 0 )**4d** Other program services (Describe in Schedule O.)

(Expenses \$ 0 including grants of \$ 0 ) (Revenue \$ 0 )

**4e** Total program service expenses ► \$ 101,970 (Must equal Part IX, Line 25, column (B) )

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .	<b>1</b> X	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors?	<b>2</b>	X
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .	<b>3</b>	X
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II . . . . .	<b>4</b>	X
<b>5</b> <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III . . . . .	<b>5</b>	N/A
<b>6</b> Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I . . . . .	<b>6</b>	X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II . . . . .	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .	<b>8</b>	X
<b>9</b> Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV . . . . .	<b>9</b>	X
<b>10</b> Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V . . . . .	<b>10</b>	X
<b>11</b> Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable . . . . .	<b>11</b>	X
<b>12</b> Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII . . . . .	<b>12</b>	X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the U.S. ? . . . . .	<b>14a</b>	X
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I . . . . .	<b>14b</b>	X
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II . . . . .	<b>15</b>	X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III . . . . .	<b>16</b>	X
<b>17</b> Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I . . . . .	<b>17</b>	X
<b>18</b> Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II . . . . .	<b>18</b>	X
<b>19</b> Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III . . . . .	<b>19</b>	X
<b>20</b> Did the organization operate one or more hospitals? If "Yes," complete Schedule H . . . . .	<b>20</b>	X
<b>21</b> Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . .	<b>21</b>	X
<b>22</b> Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . .	<b>22</b>	X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J . . . . .	<b>23</b>	X
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25 . . . . .	<b>24a</b>	X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>	X
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>	X
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>	X
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I . . . . .	<b>25a</b>	X
<b>b</b> Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I . . . . .	<b>25b</b>	X
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II . . . . .	<b>26</b>	X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III . . . . .	<b>27</b>	X

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>28</b> During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
<b>a</b> Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		X
<b>b</b> Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		X
<b>c</b> Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i>		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . . . .</i>		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I . . . . .</i>		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 . . . . .</i>		X
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>		X
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI . . . . .</i>		X

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable . . . . .	<b>1a</b>	0
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	<b>1b</b>	0
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<b>1c</b>	X
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .	<b>2a</b>	0
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	<b>2b</b>	N/A
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .	<b>3a</b>	X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	<b>3b</b>	N/A
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	<b>4a</b>	X
<b>b</b>	If "Yes," enter the name of the foreign country ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>	X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>	X
<b>c</b>	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? . . . . .	<b>5c</b>	N/A
<b>6a</b>	Did the organization solicit any contributions that were not tax deductible? . . . . .	<b>6a</b>	X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<b>6b</b>	N/A
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? . . . . .	<b>7a</b>	X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	<b>7b</b>	N/A
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	<b>7c</b>	X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<b>7d</b>	N/A
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	<b>7e</b>	X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	<b>7f</b>	X
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>	N/A
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .	<b>7h</b>	N/A
<b>8</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .	<b>8</b>	X
<b>9</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966? . . . . .	<b>9a</b>	N/A
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>	N/A
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter.		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>	N/A
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	N/A
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders . . . . .	<b>11a</b>	N/A
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	<b>11b</b>	N/A
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .	<b>12a</b>	N/A
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .	<b>12b</b>	N/A

**Part VI Governance, Management, and Disclosure** (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

**Section A. Governing Body and Management**

		Yes	No
For each "Yes" response to lines 2–7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
<b>1a</b>	Enter the number of voting members of the governing body.	1	
<b>b</b>	Enter the number of voting members that are independent.	1	
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a material diversion of the organization's assets?		X
<b>6</b>	Does the organization have members or stockholders?		X
<b>7a</b>	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
<b>b</b>	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?		X
<b>9a</b>	Does the organization have local chapters, branches, or affiliates?		X
<b>b</b>	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		N/A
<b>10</b>	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	X	
<b>11</b>	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

**Section B. Policies**

		Yes	No
<b>12a</b>	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done.	X	
<b>13</b>	Does the organization have a written whistleblower policy?	X	
<b>14</b>	Does the organization have a written document retention and destruction policy?	X	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision		
<b>a</b>	The organization's CEO, Executive Director, or top management official?		X
<b>b</b>	Other officers or key employees of the organization?		X
	Describe the process in Schedule O (see instructions)		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</b>	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		N/A

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed **CO**

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
☐ Own website ☒ Another's website ☒ Upon request

**19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization **WELLS FARGO BANK, N.A.** **800-352-3705**  
**PO BOX 53456, MAC S4035-014, PHOENIX, AZ 85072**

## Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

List persons in the following order: individual trustees or directors; institutional trustees; officers, key employees, highest compensated employees, and former such persons

[illegible]



[illegible]

<b>1b Total</b>	122,776	0	0
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2	Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization	0
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**3** Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual* . . . . .

**4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

**5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4		X
5		X

## Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
N/A		0
		0
		0
		0
		0

2	Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization	0
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Part VIII Statement of Revenue				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a	0			
	b	Membership dues	1b	0			
	c	Fundraising events	1c	0			
	d	Related organizations	1d	0			
	e	Government grants (contributions)	1e	0			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	0			
	g	Noncash contributions included in lines 1a-1f: \$		0			
	h	Total. Add lines 1a-1f		0			
Program Service Revenue	2a	Business Code		0			
	b			0			
	c			0			
	d			0			
	e			0			
	f	All other program service revenue		0			
	g	Total. Add lines 2a-2f		0			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		732,470		
4		Income from investment of tax-exempt bond proceeds		0			
5		Royalties		0			
6a		Gross Rents	(i) Real	67,780			
b		Less rental expenses	(ii) Personal	25,570			
c		Rental income or (loss)		42,210	0		
d		Net rental income or (loss)		42,210			42,210
7a		Gross amount from sales of assets other than inventory	(i) Securities	2,518,571	0		
b		Less cost or other basis and sales expenses	(ii) Other	3,773,003	0		
c		Gain or (loss)		-1,254,432	0		
d		Net gain or (loss)		-1,254,432			-1,254,432
8a		Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18	a	0			
b		Less direct expenses	b	0			
c		Net income or (loss) from fundraising events		0			
9a		Gross income from gaming activities. See Part IV, line 19	a	0			
b		Less direct expenses	b	0			
c		Net income or (loss) from gaming activities		0			
10a		Gross sales of inventory, less returns and allowances	a	0			
b	Less cost of goods sold	b	0				
c	Net income or (loss) from sales of inventory		0				
Miscellaneous Revenue		Business Code					
11a	PARTNERSHIP INCOME	900099	24			24	
b	FEE REBATE INCOME	900099	1,885			1,885	
c			0				
d	All other revenue		0				
e	Total. Add lines 11a-11d		1,909				
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		-477,843	0	0	-477,843	

**Part IX Statement of Functional Expenses****Section 501(c)(3) and 501(c)(4) organizations must complete all columns.****All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).**

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A) Total expenses</b>	<b>(B) Program service expenses</b>	<b>(C) Management and general expenses</b>	<b>(D) Fundraising expenses</b>
<b>1</b> Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . . . .	0			
<b>2</b> Grants and other assistance to individuals in the U.S. See Part IV, line 22 . . . . .	0			
<b>3</b> Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 . . . . .	0			
<b>4</b> Benefits paid to or for members . . . . .	0			
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .				
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0			
<b>7</b> Other salaries and wages . . . . .	0			
<b>8</b> Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	0			
<b>9</b> Other employee benefits . . . . .	0			
<b>10</b> Payroll taxes . . . . .	0			
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .	0			
<b>b</b> Legal . . . . .	26	6	20	
<b>c</b> Accounting . . . . .	1,163	1,163		
<b>d</b> Lobbying . . . . .	0			
<b>e</b> Professional fundraising services See Part IV, line 17 . . . . .	0			
<b>f</b> Investment management fees . . . . .	0			
<b>g</b> Other . . . . .	0			
<b>12</b> Advertising and promotion . . . . .	0			
<b>13</b> Office expenses . . . . .	0			
<b>14</b> Information technology . . . . .	0			
<b>15</b> Royalties . . . . .	0			
<b>16</b> Occupancy . . . . .	0			
<b>17</b> Travel . . . . .	0			
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
<b>19</b> Conferences, conventions, and meetings . . . . .	0			
<b>20</b> Interest . . . . .	0			
<b>21</b> Payments to affiliates . . . . .	0	0	0	0
<b>22</b> Depreciation, depletion, and amortization . . . . .	0	0	0	0
<b>23</b> Insurance . . . . .	0			
<b>24</b> Other expenses. Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
<b>a</b> FOREIGN TAXES . . . . .	3,088	3,088		
<b>b</b> TRUSTEE FEES . . . . .	122,776	96,085	30,694	
<b>c</b> PARTNERSHIP EXPENSES . . . . .	1,628	1,628		
<b>d</b> . . . . .	0			
<b>e</b> . . . . .	0			
<b>f</b> All other expenses . . . . .	0			
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24f	128,681	101,970	30,714	0
<b>26</b> <b>Joint Costs.</b> Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation . . . . .				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .		<b>1</b>	
	<b>2</b> Savings and temporary cash investments . . . . .	493,493	<b>2</b>	1,577,077
	<b>3</b> Pledges and grants receivable, net . . . . .	0	<b>3</b>	0
	<b>4</b> Accounts receivable, net . . . . .	0	<b>4</b>	0
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L . . . . .	0	<b>5</b>	0
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L . . . . .	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .	0	<b>7</b>	0
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost basis . . . . .	<b>10a</b> 843,000		
	<b>b</b> Less: accumulated depreciation. Complete Part VI of Schedule D . . . . .	<b>10b</b> 0		
		843,000	<b>10c</b>	0
	<b>11</b> Investments—publicly traded securities . . . . .	18,046,515	<b>11</b>	17,163,696
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	0	<b>12</b>	0
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	0	<b>13</b>	0
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
<b>15</b> Other assets. See Part IV, line 11 . . . . .	0	<b>15</b>	0	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	19,383,008	<b>16</b>	18,740,773	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .		<b>17</b>	
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .	0	<b>20</b>	0
	<b>21</b> Escrow account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .	0	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	0	<b>23</b>	0
	<b>24</b> Unsecured notes and loans payable . . . . .	0	<b>24</b>	0
	<b>25</b> Other liabilities. Complete Part X of Schedule D . . . . .	0	<b>25</b>	0
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	0	<b>26</b>	0
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .		<b>27</b>	
	<b>28</b> Temporarily restricted net assets . . . . .		<b>28</b>	
	<b>29</b> Permanently restricted net assets . . . . .		<b>29</b>	
	<b>Organizations that do not follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .	19,383,008	<b>30</b>	18,740,773
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	19,383,008	<b>33</b>	18,740,773	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	19,383,008	<b>34</b>	18,740,773	

**Part XI Financial Statements and Reporting**

- 1** Accounting method used to prepare the Form 990: ☒ Cash ☐ Accrual ☐ Other
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .
- b** Were the organization's financial statements audited by an independent accountant? . . . . .
- c** If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . . .
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .
- b** If "Yes," did the organization undergo the required audit or audits? . . . . .

	Yes	No
<b>2a</b>		X
<b>2b</b>		X
<b>2c</b>		
<b>3a</b>		X
<b>3b</b>		

**SCHEDULE A**  
**(Form 990 or 990-EZ)****Public Charity Status and Public Support**

OMB No 1545-0047

**2008****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue ServiceTo be completed by all section 501(c)(3) organizations and section 4947(a)(1)  
nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization

HOUCK/ JOHNS HOPKINS 0101574000

Employer identification number

23-7455346

**Part I Reason for Public Charity Status** (All organizations must complete this part ) (see instructions)The organization is not a private foundation because it is: (Please check only **one** organization )

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H )
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II )
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III )
- 10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**. (see instructions)
- 11 ☒ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h
- a ☐ Type I      b ☐ Type II      c ☐ Type III—Functionally integrated      d ☒ Type III—Other
- e ☒ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		X
11g(ii)		X
11g(iii)		X

**h Provide the following information about the organizations the organization supports**

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col.(i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
JOHN HOPKINS HOSP	52-0591656	3	X		X		X		0
									0
									0
									0
									0
									0
<b>Total</b>									0

N/A

**Part II****Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants"). . . . .	0	0	0			0
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .	0	0	0			0
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .	0	0	0			0
<b>4 Total.</b> Add lines 1-3 . . . . .	0	0	0	0	0	0
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						
<b>6 Public support.</b> Subtract line 5 from line 4 . . . . .						0

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>7</b> Amounts from line 4 . . . . .	0	0	0	0	0	0
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	0	0	0			0
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						0
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) . . . . .	0	0	0			0
<b>11 Total support.</b> Add lines 7 through 10 . . . . .						0
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					12	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	0 00%
<b>15</b> Public support percentage from 2007 Schedule A, Part IV-A, line 26f. . . . .	<b>15</b>	0 00%
<b>16a 33 1/3% support test-2008.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>b 33 1/3% support test-2007.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances-test-2008.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test-2007.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . <input type="checkbox"/>		

N/A

**Part-III** **Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants"). . . . .	0	0	0			0
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .	0	0	0			0
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						0
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .	0	0	0			0
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .	0	0	0			0
<b>6 Total.</b> Add lines 1-5 . . . . .	0	0	0	0	0	0
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						0
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 . . . . .						0
<b>c</b> Add lines 7a and 7b . . . . .	0	0	0	0	0	0
<b>8 Public support</b> (Subtract line 7c from line 6.) . . . . .						0

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6 . . . . .	0	0	0	0	0	0
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						0
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						0
<b>c</b> Add lines 10a and 10b . . . . .	0	0	0	0	0	0
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						0
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) . . . . .	0	0	0			0
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						0
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	0 00%
<b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g . . . . .	<b>16</b>	0 00%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2008</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	0 00%
<b>18</b> Investment income percentage from <b>2007</b> Schedule A, Part IV-A, line 27h . . . . .	<b>18</b>	0 00%

**19a 33 1/3% support tests—2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

**b 33 1/3% support tests—2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Account Statement For:  
HOUCK, FRANK M. T/U/A

Period Covered: May 1, 2009 - May 31, 2009

Account Number 0101574000

**WELLS  
FARGO**

## ASSET DETAIL

### ASSET DESCRIPTION

### Cash & Equivalents

CASH

INCOME

**Total Cash**

MONEY MARKET

WELLS FARGO ADVANTAGE CASH

INVESTMENT FUND

INSTITUTIONAL CLASS - #451

*Asset held in Invested Income Portfolio*

WELLS FARGO ADVANTAGE CASH

INVESTMENT FUND

INSTITUTIONAL CLASS - #451

**Total Money Market**

**Total Cash & Equivalents**

ASSET DESCRIPTION	QUANTITY	PRICE	MARKET VALUE AS OF 05/31/09	COST BASIS	UNREALIZED GAIN/LOSS	CURRENT YIELD	ACCRUED INCOME
CASH							
INCOME			\$156.00	\$156.00	\$0.00		
<b>Total Cash</b>			<b>\$156.00</b>	<b>\$156.00</b>	<b>\$0.00</b>		
MONEY MARKET							
WELLS FARGO ADVANTAGE CASH	24,128.140		\$24,128.14	\$24,128.14	\$0.00	0.60%	\$6.42
INVESTMENT FUND							
INSTITUTIONAL CLASS - #451							
<i>Asset held in Invested Income Portfolio</i>							
WELLS FARGO ADVANTAGE CASH	652,629.680		652,629.68	652,629.68	0.00	0.60	325.33
INVESTMENT FUND							
INSTITUTIONAL CLASS - #451							
<b>Total Money Market</b>			<b>\$676,757.82</b>	<b>\$676,757.82</b>	<b>\$0.00</b>	<b>0.60%</b>	<b>\$331.75</b>
<b>Total Cash &amp; Equivalents</b>			<b>\$676,913.82</b>	<b>\$676,913.82</b>	<b>\$0.00</b>	<b>0.60%</b>	<b>\$331.75</b>



Account Statement For:  
HOUCK, FRANK M. T/U/A

Period Covered: May 1, 2009 - May 31, 2009

Account Number 0101574000

**WELLS  
FARGO**

## ASSET DETAIL (continued)

### ASSET DESCRIPTION

#### Fixed Income

##### GOVERNMENT OBLIGATIONS

ASSET DESCRIPTION	PAR VALUE	PRICE	MARKET VALUE AS OF 05/31/09	COST BASIS	UNREALIZED GAIN/LOSS	YIELD TO MATURITY	ACCURED INCOME
FED HOME LN MTG CORP DTD 09/16/99 6.625 09/15/2009 CUSIP: 3134A3M78 MOODY'S RATING: AAA STANDARD & POOR'S RATING: AAA	500,000.000	\$101.813	\$509,065.00	\$503,440.00	\$5,625.00	6.51%	\$6,993.06
FED NATL MTG ASSN DTD 03/26/01 5.500 03/15/2011 CUSIP: 31359MHK2 MOODY'S RATING: AAA STANDARD & POOR'S RATING: AAA	500,000.000	107.938	539,690.00	539,462.50	227.50	1.02	5,805.56
FED NATL MTG ASSN DTD 11/23/05 4.750 12/15/2010 CUSIP: 31359MZL0 MOODY'S RATING: AAA STANDARD & POOR'S RATING: AAA	500,000.000	106.031	530,155.00	501,098.50	29,056.50	0.81	10,951.39

#### Total Government Obligations

##### CORPORATE OBLIGATIONS

ASTRAZENECA PLC DTD 09/12/2007 5.400 09/15/2012 CUSIP: 046353AC2 MOODY'S RATING: A1 STANDARD & POOR'S RATING: AA-	500,000.000	\$107.755	\$538,775.00	\$502,230.00	\$36,545.00	2.91%	\$5,700.00
BANK OF NEW YORK MELLON MED TERM NOTE DTD 03/27/08 4.500 04/01/2013 CUSIP: 06406HJ7 MOODY'S RATING: AA2 STANDARD & POOR'S RATING: AA-	250,000.000	101.210	253,025.00	256,175.00	-3,150.00	4.15	1,875.00
BHP BILLITON FIN USA LTD DTD 04/17/03 4.800 04/15/2013 CUSIP: 055451AA6 MOODY'S RATING: A1 STANDARD & POOR'S RATING: A+	100,000.000	103.271	103,271.00	99,386.00	3,885.00	3.88	613.33

Account Statement For:  
HOUCK, FRANK M. T/U/A

Period Covered: May 1, 2009 - May 31, 2009

Account Number 0101574000

**WELLS  
FARGO**

## ASSET DETAIL (continued)

ASSET DESCRIPTION	PAR VALUE	PRICE	MARKET VALUE AS OF 05/31/09	COST BASIS	UNREALIZED GAIN/LOSS	YIELD TO MATURITY	ACCURED INCOME
<b>Fixed Income (continued)</b>							
CORPORATE OBLIGATIONS (continued)							
BP CAPITAL MARKETS PLC DTD 05/08/09 3.625 05/08/2014 CUSIP: 05565QBL1 MOODY'S RATING: AA1 STANDARD & POOR'S RATING: AA	250,000,000	98.660	246,650.00	250,342.50	- 3,692.50	3.93	578.99
GOLDMAN SACHS GROUP INC DTD 01/17/06 5.000 01/15/2011 CUSIP: 38141GEF7 MOODY'S RATING: A1 STANDARD & POOR'S RATING: A	500,000,000	102.415	512,075.00	508,630.00	3,445.00	3.46	9,444.44
HEWLETT-PACKARD CO DTD 02/26/09 4.750 06/02/2014 CUSIP: 428236AV5 MOODY'S RATING: A2 STANDARD & POOR'S RATING: A	100,000,000	104.735	104,735.00	101,475.00	3,260.00	3.71	1,253.47
<b>Total Corporate Obligations</b>			<b>\$1,758,531.00</b>	<b>\$1,718,238.50</b>	<b>\$40,292.50</b>		<b>\$19,465.23</b>

ASSET DESCRIPTION	QUANTITY	PRICE	MARKET VALUE AS OF 05/31/09	COST BASIS	UNREALIZED GAIN/LOSS	CURRENT YIELD	ACCURED INCOME
<b>Fixed Income</b>							
COMMON TRUST FUNDS							
TAXABLE INTERMEDIATE TERM BOND FUND DIF CUSIP: 999708902	270,106.579	\$9.390	\$2,536,300.77	\$2,574,156.83	- \$37,856.06	5.55%	\$2,737.09
TAXABLE TOTAL RETURN BOND FUND DIF CUSIP: 991283912	315,154.921	6.860	2,161,962.76	2,298,643.51	- 136,680.75	5.66	2,379.36
<b>Total Common Trust Funds</b>			<b>\$4,698,263.53</b>	<b>\$4,872,800.34</b>	<b>- \$174,536.81</b>	<b>5.60%</b>	<b>\$0.00</b>
<b>Total Fixed Income</b>			<b>\$8,035,704.53</b>	<b>\$8,135,039.84</b>	<b>- \$99,335.31</b>		<b>\$48,331.69</b>
							<b>10 of 28</b>

PRIVATE CLIENT SERVICES

Account Statement For:  
HOUCK, FRANK M. T/U/A

Period Covered: May 1, 2009 - May 31, 2009

Account Number 0101574000

**WELLS  
FARGO**

**ASSET DETAIL (continued)**

**ASSET DESCRIPTION**

**Equities**

**CONSUMER DISCRETIONARY**

COMCAST CORP-SPECIAL CL A  
SYMBOL: CMCSK CUSIP: 20030N200

FORTUNE BRANDS INC  
SYMBOL: FO CUSIP: 349631101

MCDONALDS CORP  
SYMBOL: MCD CUSIP: 580135101

TARGET CORP  
SYMBOL: TGT CUSIP: 87612E106

TIME WARNER CABLE INC  
SYMBOL: TWC CUSIP: 88732J207

TIME WARNER INC  
SYMBOL: TWX CUSIP: 887317303

TRACTOR SUPPLY CO COM  
SYMBOL: TSCO CUSIP: 892356106

WALT DISNEY CO  
SYMBOL: DIS CUSIP: 254687106

**Total Consumer Discretionary**

QUANTITY	PRICE	MARKET VALUE AS OF 05/31/09	COST BASIS	UNREALIZED GAIN/LOSS	CURRENT YIELD	ACCRUED INCOME
6,000.000	\$13.000	\$78,000.00	\$119,826.40	-\$41,826.40	2.08%	\$0.00
4,000.000	35.010	140,040.00	125,539.02	14,500.98	2.17	760.00
4,000.000	58.990	235,960.00	105,232.00	130,728.00	3.39	0.00
3,500.000	39.300	137,550.00	70,818.56	66,731.44	1.63	560.00
962.000	30.790	29,619.98	51,713.85	-22,093.87	0.00	0.00
3,833.000	23.420	89,768.86	156,974.01	-67,205.15	3.20	718.69
1,000.000	38.380	38,380.00	52,498.80	-14,118.80	0.00	0.00
5,000.000	24.220	121,100.00	170,963.92	-49,863.92	1.44	0.00
		<b>\$870,418.84</b>	<b>\$853,566.56</b>	<b>\$16,852.28</b>	<b>2.24%</b>	<b>\$2,038.69</b>

Account Statement For:  
HOUCK, FRANK M. T/U/A

Period Covered: May 1, 2009 - May 31, 2009

Account Number 0101574000

**WELLS  
FARGO**

# **ASSET DETAIL** *(continued)*

ASSET DESCRIPTION	QUANTITY	PRICE	MARKET VALUE AS OF 05/31/09	COST BASIS	UNREALIZED GAIN/LOSS	CURRENT YIELD	ACCRUED INCOME
<b>Equities</b> <i>(continued)</i>							
CONSUMER STAPLES							
COLGATE PALMOLIVE CO SYMBOL: CL CUSIP: 194162103	2,100.000	\$65.950	\$138,495.00	\$110,241.60	\$28,253.40	2.67%	\$0.00
CVS/CAREMARK CORPORATION SYMBOL: CVS CUSIP: 126650100	2,500.000	29.800	74,500.00	92,875.00	-18,375.00	1.02	0.00
NESTLE S.A. REGISTERED SHARES - ADR SPONSORED ADR SYMBOL: NSRGY CUSIP: 641069406	2,500.000	36.289	90,722.50	111,107.00	-20,384.50	2.14	1,941.62
PEPSICO INC SYMBOL: PEP CUSIP: 713448108	4,000.000	52.050	208,200.00	152,232.25	55,967.75	3.46	0.00
PROCTER & GAMBLE CO SYMBOL: PG CUSIP: 742718109	4,600.000	51.940	238,924.00	158,377.95	80,546.05	3.39	0.00
WAL MART STORES INC SYMBOL: WMT CUSIP: 931142103	5,600.000	49.740	278,544.00	249,459.42	29,084.58	2.19	1,526.00
<b>Total Consumer Staples</b>			<b>\$1,029,385.50</b>	<b>\$874,293.22</b>	<b>\$155,092.28</b>	<b>2.70%</b>	<b>\$3,467.62</b>

Account Statement For:  
HOUCK, FRANK M. T/U/A

Period Covered: May 1, 2009 - May 31, 2009

Account Number 0101574000

**WELLS  
FARGO**

# **ASSET DETAIL** *(continued)*

## **ASSET DESCRIPTION**

### **Equities** *(continued)*

#### **ENERGY**

BAKER HUGHES INC COM  
SYMBOL: BHI CUSIP: 057224107  
  
CHEVRON CORP  
SYMBOL: CVX CUSIP: 166764100  
  
CONOCOPHILLIPS  
SYMBOL: COP CUSIP: 20825C104  
  
EXXON MOBIL CORPORATION  
SYMBOL: XOM CUSIP: 30231G102  
  
PETROLEO BRASILEIRO S.A.- COMM - ADR  
SPONSORED ADR  
SYMBOL: PBR CUSIP: 71654V408  
  
SCHLUMBERGER LTD  
SYMBOL: SLB CUSIP: 806857108  
  
VALERO ENERGY CORP  
SYMBOL: VLO CUSIP: 91913Y100

QUANTITY	PRICE	MARKET VALUE AS OF 05/31/09	COST BASIS	UNREALIZED GAIN/LOSS	CURRENT YIELD	ACCRUED INCOME
2,290.000	\$39.060	\$89,447.40	\$157,214.50	-\$67,767.10	1.54%	\$0.00
4,700.000	66.670	313,349.00	152,030.00	161,319.00	3.90	3,055.00
5,000.000	45.840	229,200.00	172,511.00	56,689.00	4.10	2,350.00
4,000.000	69.350	277,400.00	65,473.57	211,926.43	2.42	1,680.00
5,000.000	44.030	220,150.00	173,006.00	47,144.00	0.07	0.00
2,000.000	57.230	114,460.00	108,791.30	5,668.70	1.47	0.00
4,000.000	22.370	89,480.00	77,347.00	12,133.00	2.68	600.00
<b>Total Energy</b>		<b>\$1,333,486.40</b>	<b>\$906,373.37</b>	<b>\$427,113.03</b>	<b>2.55%</b>	<b>\$7,685.00</b>

Account Statement For:  
HOUCK, FRANK M. T/U/A

Period Covered: May 1, 2009 - May 31, 2009

Account Number 0101574000

**WELLS  
FARGO**

**ASSET DETAIL** *(continued)*

**ASSET DESCRIPTION**

**Equities** *(continued)*

**FINANCIALS**

AFLAC INC  
SYMBOL: AFL CUSIP: 001055102  
BERKSHIRE HATHAWAY INC DEL CL B  
SYMBOL: BRK.B CUSIP: 084670207  
GOLDMAN SACHS GROUP INC  
SYMBOL: GS CUSIP: 38141G104  
ISHARES DJ US FINANCIAL SECT  
INDEX FUND  
SYMBOL: IYF CUSIP: 464287788  
JPMORGAN CHASE & CO  
SYMBOL: JPM CUSIP: 46625H100  
TRAVELERS COMPANIES, INC  
SYMBOL: TRV CUSIP: 89417E109

**Total Financials**

	QUANTITY	PRICE	MARKET VALUE AS OF 05/31/09	COST BASIS	UNREALIZED GAIN/LOSS	CURRENT YIELD	ACCRUED INCOME
	2,500.000	\$35.500	\$88,750.00	\$55,600.00	\$33,150.00	3.15%	\$700.00
	175.000	2,972.000	520,100.00	385,424.88	134,675.12	0.00	0.00
	400.000	144.570	57,828.00	79,288.00	- 21,460.00	0.97	140.00
	2,000.000	43.600	87,200.00	89,062.40	- 1,862.40	2.92	0.00
	3,000.000	36.900	110,700.00	109,051.20	1,648.80	0.54	0.00
	6,700.000	40.660	272,422.00	258,628.60	13,793.40	2.95	0.00
			<b>\$1,137,000.00</b>	<b>\$977,055.08</b>	<b>\$159,944.92</b>	<b>1.28%</b>	<b>\$840.00</b>

Account Statement For:  
HOUCK, FRANK M. T/U/A

Period Covered: May 1, 2009 - May 31, 2009

Account Number 0101574000

**WELLS  
FARGO**

## ASSET DETAIL (continued)

### ASSET DESCRIPTION

#### Equities (continued)

##### HEALTH CARE

ABBOTT LABS  
SYMBOL: ABT CUSIP: 002824100

GENZYME CORP  
SYMBOL: GENZ CUSIP: 372917104

GILEAD SCIENCES INC  
SYMBOL: GILD CUSIP: 375558103

JOHNSON & JOHNSON  
SYMBOL: JNJ CUSIP: 478160104

PFIZER INC  
SYMBOL: PFE CUSIP: 717081103

TEVA PHARMACEUTICAL INDUSTRIES - ADR  
SPONSORED ADR

SYMBOL: TEVA CUSIP: 881624209

THERMO FISHER SCIENTIFIC INC  
SYMBOL: TMO CUSIP: 883556102

UNITEDHEALTH GROUP INC  
SYMBOL: UNH CUSIP: 91324P102

##### Total Health Care

##### INDUSTRIALS

COOPER INDS LTD  
CL A

SYMBOL: CBE CUSIP: G24182100

GENERAL ELECTRIC CO  
SYMBOL: GE CUSIP: 369604103

UNITED TECHNOLOGIES CORP  
SYMBOL: UTX CUSIP: 913017109

##### Total Industrials

ASSET DESCRIPTION	QUANTITY	PRICE	MARKET VALUE AS OF 05/31/09	COST BASIS	UNREALIZED GAIN/LOSS	CURRENT YIELD	ACCRUED INCOME
HEALTH CARE							
ABBOTT LABS	2,000,000	\$45.060	\$90,120.00	\$119,720.00	-\$29,600.00	3.55%	\$0.00
SYMBOL: ABT CUSIP: 002824100							
GENZYME CORP	2,000,000	59.140	118,280.00	146,398.00	-28,118.00	0.00	0.00
SYMBOL: GENZ CUSIP: 372917104							
GILEAD SCIENCES INC	2,000,000	43.100	86,200.00	84,238.00	1,962.00	0.00	0.00
SYMBOL: GILD CUSIP: 375558103							
JOHNSON & JOHNSON	6,500,000	55.160	358,540.00	307,413.75	51,126.25	3.55	3,185.00
SYMBOL: JNJ CUSIP: 478160104							
PFIZER INC	10,000,000	15.190	151,900.00	287,943.28	-136,043.28	4.21	1,600.00
SYMBOL: PFE CUSIP: 717081103							
TEVA PHARMACEUTICAL INDUSTRIES - ADR	2,408,000	46.360	111,634.88	109,247.31	2,387.57	0.93	289.59
SPONSORED ADR							
SYMBOL: TEVA CUSIP: 881624209							
THERMO FISHER SCIENTIFIC INC	4,200,000	38.910	163,422.00	249,284.40	-85,862.40	0.00	0.00
SYMBOL: TMO CUSIP: 883556102							
UNITEDHEALTH GROUP INC	2,000,000	26.600	53,200.00	70,088.20	-16,888.20	0.11	0.00
SYMBOL: UNH CUSIP: 91324P102							
<b>Total Health Care</b>			<b>\$1,133,296.88</b>	<b>\$1,374,332.94</b>	<b>-\$241,036.06</b>	<b>2.07%</b>	<b>\$5,074.59</b>
INDUSTRIALS							
COOPER INDS LTD	7,990,000	\$32.820	\$262,231.80	\$339,360.07	-\$77,128.27	3.05%	\$1,997.50
CL A							
SYMBOL: CBE CUSIP: G24182100							
GENERAL ELECTRIC CO	7,500,000	13.480	101,100.00	73,062.50	28,037.50	2.97	0.00
SYMBOL: GE CUSIP: 369604103							
UNITED TECHNOLOGIES CORP	5,000,000	52.610	263,050.00	163,120.00	99,930.00	2.93	1,925.00
SYMBOL: UTX CUSIP: 913017109							
<b>Total Industrials</b>			<b>\$626,381.80</b>	<b>\$575,542.57</b>	<b>\$50,839.23</b>	<b>2.98%</b>	<b>\$3,922.50</b>

Account Statement For:  
HOUCK, FRANK M. T/U/A

Period Covered: May 1, 2009 - May 31, 2009

Account Number 0101574000

**WELLS  
FARGO**

## ASSET DETAIL (continued)

ASSET DESCRIPTION	QUANTITY	PRICE	MARKET VALUE AS OF 05/31/09	COST BASIS	UNREALIZED GAIN/LOSS	CURRENT YIELD	ACCURED INCOME
<b>Equities (continued)</b>							
INFORMATION TECHNOLOGY							
APPLE INC	1,866,000	\$135.810	\$253,421.46	\$251,486.12	\$1,935.34	0.00%	\$0.00
SYMBOL: AAPL CUSIP: 037833100							
CITRIX SYS INC COM	3,000,000	31.410	94,230.00	126,149.40	- 31,919.40	0.00	0.00
SYMBOL: CTXS CUSIP: 177376100							
FISERV INC	3,045,000	42.360	128,986.20	108,809.61	20,176.59	0.00	0.00
SYMBOL: FISV CUSIP: 337738108							
HEWLETT PACKARD CO	10,400,000	34.350	357,240.00	272,073.36	85,166.64	0.93	0.00
SYMBOL: HPQ CUSIP: 428236103							
INTERNATIONAL BUSINESS MACHS CORP COM	2,700,000	106.280	286,956.00	238,263.40	48,692.60	2.07	1,485.00
SYMBOL: IBM CUSIP: 459200101							
MICROSOFT CORP	9,900,000	20.890	206,811.00	213,127.05	- 6,316.05	2.49	1,287.00
SYMBOL: MSFT CUSIP: 594918104							
VISA INC-CLASS A SHRS	1,230,000	67.710	83,283.30	66,957.90	16,325.40	0.62	129.15
SYMBOL: V CUSIP: 92826C839							
WESTERN UNION CO/THE	5,000,000	17.630	88,150.00	97,531.34	- 9,381.34	0.23	0.00
SYMBOL: WU CUSIP: 959802109							
<b>Total Information Technology</b>			<b>\$1,499,077.96</b>	<b>\$1,374,398.18</b>	<b>\$124,679.78</b>	<b>1.01%</b>	<b>\$2,901.15</b>
TELECOMMUNICATION SERVICES							
VODAFONE GROUP PLC NEW	9,245,000	\$18.820	\$173,990.90	\$270,218.05	- \$96,227.15	6.06%	\$0.00
SYMBOL: VOD CUSIP: 92857W209							
<b>Total Telecommunication Services</b>			<b>\$173,990.90</b>	<b>\$270,218.05</b>	<b>- \$96,227.15</b>	<b>6.06%</b>	<b>\$0.00</b>
UTILITIES							
FPL GROUP INC	2,000,000	\$56.530	\$113,060.00	\$102,860.00	\$10,200.00	3.34%	\$0.00
SYMBOL: FPL CUSIP: 302571104							
UGI CORP NEW COM	7,600,000	24.110	183,236.00	163,225.26	20,010.74	3.32	0.00
SYMBOL: UGI CUSIP: 902681105							
<b>Total Utilities</b>			<b>\$296,296.00</b>	<b>\$266,085.26</b>	<b>\$30,210.74</b>	<b>3.33%</b>	<b>\$0.00</b>

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PRIVATE CLIENT SERVICES



Account Statement For:  
HOUCK, FRANK M. T/U/A

Period Covered: May 1, 2009 - May 31, 2009

Account Number 0101574000

**WELLS  
FARGO**

## ASSET DETAIL (continued)

ASSET DESCRIPTION	QUANTITY	PRICE	MARKET VALUE AS OF 05/31/09	COST BASIS	UNREALIZED GAIN/LOSS	CURRENT YIELD	ACCURED INCOME
<b>Equities (continued)</b>							
MUTUAL FUNDS							
ISHARES MSCI EAFE SYMBOL: EFA CUSIP: 464287465	8,600.000	\$47.450	\$408,070.00	\$557,346.80	-\$149,276.80	2.28%	\$0.00
ISHARES TR MSCI EMERGING MARKETS INDEX FUND SYMBOL: EEM CUSIP: 464287234	8,400.000	33.240	279,216.00	329,698.40	- 50,482.40	2.05	0.00
OPPENHEIMER DEVELOPING MARKET FUND CLASS A SYMBOL: ODMAX CUSIP: 683974109	5,856.003	21.960	128,597.83	225,000.00	- 96,402.17	2.54	0.00
<b>Total Mutual Funds</b>			<b>\$815,883.83</b>	<b>\$1,112,045.20</b>	<b>-\$296,161.37</b>	<b>2.24%</b>	<b>\$0.00</b>
<b>Total Equities</b>			<b>\$8,915,218.11</b>	<b>\$8,583,910.43</b>	<b>\$331,307.68</b>	<b>2.15%</b>	<b>\$25,929.55</b>

ASSET DESCRIPTION	QUANTITY	PRICE	MARKET VALUE AS OF 05/31/09	COST BASIS	UNREALIZED GAIN/LOSS	CURRENT YIELD	ACCURED INCOME
<b>Alternative Investments</b>							
OTHER							
HUSSMAN STRATEGIC GROWTH FUND #601 SYMBOL: HSGFX CUSIP: 448108100	5,198.749	\$12.930	\$67,219.82	\$66,440.01	\$779.81	0.19%	\$0.00
IPATH DOW JONES-AIG COMMODITY INDEX TOTAL RETURN ETN SYMBOL: DJP CUSIP: 06738C778	2,620.000	37.920	99,350.40	97,754.56	1,595.84	0.00	0.00
THE ENDOWMENT TEI FUND LP	11,016.188	13.864	152,726.23	200,000.00	- 47,273.77	0.00	0.00
<b>Total Other</b>			<b>\$319,296.45</b>	<b>\$364,194.57</b>	<b>-\$44,898.12</b>	<b>0.04%</b>	<b>\$0.00</b>
<b>Total Alternative Investments</b>			<b>\$319,296.45</b>	<b>\$364,194.57</b>	<b>-\$44,898.12</b>	<b>0.04%</b>	<b>\$0.00</b>

Account Statement For:  
HOUCK, FRANK M. T/U/A

Period Covered: May 1, 2009 - May 31, 2009

Account Number 0101574000

**WELLS  
FARGO**

**ASSET DETAIL** *(continued)*

**ASSET DESCRIPTION**

**Real Estate & Specialty Assets**

**REAL ESTATE FUNDS**

ISHARES TR DOW JONES U S REAL ESTATE  
INDEX FD  
SYMBOL: IYR CUSIP: 464287739

**Total Real Estate Funds**

QUANTITY	PRICE	MARKET VALUE AS OF 05/31/09	COST BASIS	UNREALIZED GAIN/LOSS	CURRENT YIELD	ACCRUED INCOME
1,200.000	\$33.750	\$40,500.00	\$72,551.38	- \$32,051.38	6.78%	\$0.00
		<b>\$40,500.00</b>	<b>\$72,551.38</b>	<b>- \$32,051.38</b>	<b>6.79%</b>	<b>\$0.00</b>

**ASSET DESCRIPTION**

**Real Estate & Specialty Assets**

**REAL PROPERTY**

VACANT LAND W/WELL (TRACT "H")  
EL PASO COUNTY CO 80901  
Land: Non-Income Producing  
TAX PARCEL # 63332-09-027  
ASSET MANAGER: BRAD NELSON  
PHONE#: 303-863-5184  
Valued as of 04/30/09

**Total Real Property**

QUANTITY	PRICE	VALUE CARRIED AS OF 05/31/09	COST BASIS	UNREALIZED GAIN/LOSS	CURRENT YIELD	ACCRUED INCOME
1.000	\$2,500.000	\$2,500.00	\$8,000.00	- \$5,500.00	0.00%	\$0.00
		<b>\$2,500.00</b>	<b>\$8,000.00</b>	<b>- \$5,500.00</b>	<b>0.00%</b>	<b>\$0.00</b>
		<b>\$43,000.00</b>	<b>\$80,551.38</b>	<b>- \$37,551.38</b>	<b>6.39%</b>	<b>\$0.00</b>

**Total Real Estate & Specialty Assets**

ACCOUNT VALUE AS OF 05/31/09	COST BASIS	UNREALIZED GAIN/LOSS	ACCRUED INCOME
\$17,990,132.91	\$17,840,610.04	\$149,522.87	\$74,592.99

**TOTAL ASSETS**

Account Statement For:  
HOUCK, FRANK M. T/U/A INC.

Period Covered June 1, 2008 - May 31, 2009

Account Number 0101574001

**WELLS  
FARGO**

## ASSET DETAIL

ASSET DESCRIPTION	QUANTITY	PRICE	MARKET VALUE AS OF 05/31/09	COST BASIS	UNREALIZED GAIN/LOSS	CURRENT YIELD	ACCRUED INCOME
<b>Cash &amp; Equivalents</b>							
<b>MONEY MARKET</b>							
WELLS FARGO ADVANTAGE CASH INVESTMENT FUND INSTITUTIONAL CLASS - #451 <i>Asset held in Invested Income Portfolio</i>	900,163.290		\$900,163.29	\$900,163.29	\$0.00	0.60%	\$483.81
<b>Total Money Market</b>			\$900,163.29	\$900,163.29	\$0.00	0.60%	\$483.81
<b>Total Cash &amp; Equivalents</b>			\$900,163.29	\$900,163.29	\$0.00	0.60%	\$483.81
<b>TOTAL ASSETS</b>			\$900,163.29	\$900,163.29	\$0.00		\$483.81

## Part VIII, Line 7 (990) - Gain/Loss from Sale of Assets Other than Inventory

Totals															
Public Securities															
Non-Public Securities															
Other sales															
Index	Description	CUSIP #	Check if gain/loss is from sale of securities	Check if gain/loss is from sale of non public securities	Check if purchaser is a business	Purchaser	Date acquired	Acquisition method	Date sold	Gross sales price	Cost or other basis (Enter one field only)		Expense of sale and cost of improvements	Depreciation	Description of Basis Method
											Cost	Donated value			
1	AMERICAN EXPRESS CO	025816109	X				2/23/2001		3/24/2009	14,660	38,233				
2	AMERICAN EXPRESS CO	025816109	X				4/27/2001		3/24/2009	14,660	37,603				
3	AMERICAN EXPRESS CO	025816109	X				6/7/2001		3/24/2009	14,660	35,922				
4	AMERICAN EXPRESS CO	025816109	X				11/30/2000		3/24/2009	4,398	15,001				
5	AMERICAN EXPRESS CO	025816109	X				1/4/2001		3/24/2009	14,660	47,227				
6	AMERICAN EXPRESS CO	025816109	X				7/26/2002		3/24/2009	14,660	28,233				
7	AMERICAN INTL GROUP INC	026874107	X				9/17/1998		9/18/2008	6,210	69,938				
8	AMERICAN INTL GROUP INC	026874107	X				2/21/2003		9/18/2008	2,070	50,700				
9	BP PLC - ADR	055622104	X				1/4/2001		3/24/2009	146,528	167,589				
10	BP PLC - ADR	055622104	X				2/23/2001		3/24/2009	12,559	14,667				
11	BP PLC - ADR	055622104	X				2/27/2003		3/24/2009	20,932	19,310				
12	BANK OF AMERICA CORP	060505104	X				6/7/2001		10/13/2008	106,031	142,824				
13	COMCAST CORP-SPECIAL	20030N200	X				4/8/2005		10/13/2008	18,985	26,448				
14	COMCAST CORP-SPECIAL	20030N200	X				11/30/2004		10/13/2008	75,938	95,861				
15	CORNING INC	219350105	X				10/16/2007		11/21/2008	30,081	101,236				
16	DEERE & CO	244199105	X				10/16/2007		2/24/2009	55,435	151,363				
17	DELL INC	24702R101	X				2/15/2006		2/12/2009	72,059	255,285				
18	EXXON MOBIL CORPORATI	30231G102	X				3/5/1997		10/13/2008	32,993	12,222				
19	FED NATL MTG ASSN 4 25	31359MVE0	X				11/26/2004		5/15/2009	500,000	508,220				
20	GENENTECH INC	368710408	X				10/16/2007		7/24/2008	186,679	149,484				
21	HOUSEHOLD FIN CORP 6 8	441812FY5	X				5/4/2007		6/17/2008	500,000	508,010				
22	KONINKLIJKE PHILIPS ELE	500472303	X				11/3/2004		3/24/2009	66,834	96,309				
23	PIMCO COMMODITY REAL	722005687	X				1/18/2008		11/25/2008	100,704	200,000				
24	SAP AG - ADR	803054204	X				10/16/2007		3/24/2009	74,860	109,794				
25	TIME WARNER INC	887317303	X				2/3/2006		4/6/2009	7	14				
26	TIME WARNER CABLE INC	88732J207	X				2/3/2006		4/6/2009	5	11				
27	TRACTOR SUPPLY CO COM	892356106	X				3/8/2007		10/13/2008	37,891	52,489				
28	WATER RIGHTS SALE		X						4/30/2009	435,000	843,000				
29	LT CAP GAIN DIV		X							49,537					
30	ST CTF SHORT TERM		X							292					
31	LT CTF LONG TERM		X							-90,755					
32			X												

**Part X, Lines 11 and 12 (990) - Investments - Securities**

Check one box below to indicate how securities are reported:

☒ Cost☐ End of year market value (FMV)

Securities at end of year		Publicly Traded Securities?	Financial Derivatives	Closely-Held Equity Interests	Number of Shares/ Face Value	Value at Time of Donation	Beginning Balance Book Value Cost	Ending Balance Book Value Cost
1	SEE ATTACHMENT	X			0 00	0	18,046,515	17,163,696
2					0 00	0	0	0
3					0 00	0	0	0
4					0 00	0	0	0
5					0 00	0	0	0
6					0 00	0	0	0
7					0 00	0	0	0
8					0 00	0	0	0
9					0 00	0	0	0
10					0 00	0	0	0
11					0 00	0	0	0
12					0 00	0	0	0
13					0 00	0	0	0
14					0 00	0	0	0
15					0 00	0	0	0
16					0 00	0	0	0
17					0 00	0	0	0
18					0 00	0	0	0
19					0 00	0	0	0
20					0 00	0	0	0

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

## Supplemental Information to Form 990

► **Attach to Form 990.** To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

**Open to Public Inspection**

Name of the organization

HOUCK/ JOHNS HOPKINS 0101574000

Employer identification number

23-7455346

Form 990 Part VI Section B Line 12C Organization complies with the same policy and enforcement procedures as its trustee

**Form 990 Part VI Section C Line 19 No documents available to the public**

**Form 990 Part VI Section A Line 10 Sole trustee receives and reviews Form 990**

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

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

<b>Type or print</b> File by the extended due date for filing the return. See instructions.	Name of Exempt Organization		Employer identification number
	HOUCK/ JOHNS HOPKINS 0101574000		23-7455346
	Number, street, and room or suite no. If a P.O. box, see instructions		For IRS use only
	Wells Fargo Bank, N.A., Trust Tax De - P.O. Box 53456, MAC S4035-014		
	City, town or post office, state, and ZIP code. For a foreign address, see instructions		
	Phoenix	AZ	85072

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

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

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

- The books are in the care of **WELLS FARGO BANK, N.A.**  
Telephone No **800-352-3705** FAX No \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 4** I request an additional 3-month extension of time until 4/15/2010
- 5** For calendar year \_\_\_\_\_, or other tax year beginning 6/1/2008, and ending 5/31/2009
- 6** If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7** State in detail why you need the extension More time is requested to acquire all information needed to complete and file an accurate return.

<b>8 a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>8a</b>	\$
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	<b>8b</b>	\$
<b>c Balance Due.</b> Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	<b>8c</b>	\$ 0

**Signature and Verification**

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

Signature Frank M. Houck Title CPA Date 1/12/10

Form **8868** (Rev 4-2009)