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Form 990

Return of Organization Exempt From Income Tax

Under 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.

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For the 2008 calendar year, or tax year beginning Jul 1 , 2008, and ending Jun 30 , 2009

B Check if applicable:
- [X] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Termination
- [ ] Amended return
- [ ] Application pending

Please use IRS label or print or type. See specific instructions.

C Name of organization: ENDOWEMENT FUND OF HOPKINSVILLE-CHRIST COUNTY PUBLIC LIBRARY (AKA TANDY T

Number and street (or P O. box if mail is not delivered to street addr): PO Box 32760 | Room/suite:

City, town or country: Louisville | State: KY | ZIP code + 4: 40232-2760

D Employer Identification Number: 74-6300013

E Telephone number: (502) 588-8133

G Gross receipts $ 1,902,036.

F Name and address of principal officer: HILLIARD LYONS TR 500 WEST JEFFERSON LOUISVILLE KY 40202

H(a) Is this a group return for affiliates? [ ] Yes [X] No

H(b) Are all affiliates included? [ ] Yes [ ] No
If 'No,' attach a list. (see instructions)

I Tax-exempt status: [X] 501(c) (3) ◄ (insert no.) [ ] 4947(a)(1) or [ ] 527

J Website: ► N/A

H(c) Group exemption number ►

K Type of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ►

L Year of Formation: 2008

M State of legal domicile: KY

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: ADVANCE OF EDUCATION; ENCOURAGE UTILIZATION OF LIBRARY FACILITIES, PURCHASE BOOKS AND OTHER MATERIALS. (PAID TO HOPKINSVILLE-CH COUNTY PUBLIC LIBRARY, A GOVERNMENTAL ENTITY

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	0
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	0
5	Total number of employees (Part V, line 2a)	5	
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	

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)		
9	Program service revenue (Part VIII, line 2g)		
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	197,622.	-57,771.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
12	Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	197,622.	-57,771.

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	137,143.	125,450.
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses (Part IX, column (D), line 25) ► 0.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	15,990.	23,053.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	153,133.	148,503.
19	Revenue less expenses. Subtract line 18 from line 12	44,489.	-206,274.

Net Assets or Fund Balances

		Beginning of Year	End of Year
20	Total assets (Part X, line 16)	2,862,291.	2,631,221.
21	Total liabilities (Part X, line 26)		
22	Net assets or fund balances. Subtract line 21 from line 20	2,862,291.	2,631,221.

SCANNED JAN 04 2010

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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

► Diane M. Shelton, V.P. | 10/19/09
Signature of officer | Date

► Diane M. Shelton, Vice President
Type or print name and title.

Paid Preparer's Use Only

Preparer's signature ► Kevin Dobke, CPA	Date: 10/13/09	Check if self-employed ► [ ]	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ► M & I Trust Co. N.A. 11270 West Park Place, Suite 400 Milwaukee WI 53224		EIN ►	
		Phone no. ► (414) 815-3500	

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [ ] No

19

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

ADVANCE OF EDUCATION;
ENCOURAGE UTILIZATION OF LIBRARY FACILITIES, PURCHASE BOOKS AND OTHER MATERIALS. (PAID TO HOPKINSVILLE-CH COUNTY PUBLIC LIBRARY, A GOVERNMENTAL ENTITY

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 $ 148,503. including grants of $ 125,450.) (Revenue $ -57,771.)

ADVANCE OF EDUCATION; ENCOURAGE UTILIZATION OF LIBRARY FACILITY PURCHASE BOOKS AND OTHER MATERIALS.

4b (Code: _____) (Expenses $_____ including grants of $_____) (Revenue $_____)

4c (Code. _____) (Expenses $_____ including grants of $_____) (Revenue $_____)

4d Other program services. (Describe in Schedule O.)

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

4e Total program service expenses ► $ 148,503. *(Must equal Part IX, Line 25, column (B).)*

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If 'Yes,' complete Schedule A*	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	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*	3		X
4	**Section 501(c)(3) organizations** Did the organization engage in lobbying activities? *If 'Yes,' complete Schedule C, Part II*	4		X
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If 'Yes,' complete Schedule C, Part III*	5		
6	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*	6		X
7	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*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If 'Yes,' complete Schedule D, Part III*	8		X
9	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*	9		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? *If 'Yes,' complete Schedule D, Part V*	10		X
11	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*	11		X
12	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*	12		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If 'Yes,' complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		X
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*	14b		X
15	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*	15		X
16	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*	16		X
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If 'Yes,' complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total on Part VIII, lines 1c and 8a? *If 'Yes,' complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 on Part VIII, line 9a? *If 'Yes,' complete Schedule G, Part III*	19		X
20	Did the organization operate one or more hospitals? *If 'Yes,' complete Schedule H*	20		X
21	Did the organization report more than $5,000 on Part IX, column (A), line 1? *If 'Yes,' complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 on Part IX, column (A), line 2? *If 'Yes,' complete Schedule I, Parts I and III*	22		X
23	Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 5? *If 'Yes,' complete Schedule J*	23		X
24a	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, and that was issued after December 31, 2002? *If 'Yes,' answer questions 24b-24d and complete Schedule K If 'No,' go to question 25*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If 'Yes,' complete Schedule L, Part I*	25a		X
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*	25b		X
26	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*	26		X
27	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*	27		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee·			
	a 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)? *If 'Yes,' complete Schedule L, Part IV*	28a		X
	b Have a family member who had a direct or indirect business relationship with the organization? *If 'Yes,' complete Schedule L, Part IV*	28b		X
	c 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? *If 'Yes,' complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If 'Yes,' complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If 'Yes,' complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If 'Yes,' complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If 'Yes,' complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If 'Yes,' complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1*	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If 'Yes,' complete Schedule R, Part V, line 2*	35		X
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If 'Yes,' complete Schedule R, Part V, line 2*	36		X
37	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? *If 'Yes,' complete Schedule R, Part VI*	37		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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			
1a	Enter the number of voting members of the governing body	1a 0		
b	Enter the number of voting members that are independent	1b 0		
2	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?	2		X
3	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?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a		X
b	Each committee with authority to act on behalf of the governing body?	8b		X
9a	Does the organization have local chapters, branches, or affiliates?	9a		X
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?	9b		
10	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	10		X
11	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*	11		X

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? *If 'No,' go to line 13*	12a		X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? *If 'Yes,' describe in Schedule O how this is done*	12c		
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14		X
15	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			
a	The organization's CEO, Executive Director, or top management official?	15a		X
b	Other officers of key employees of the organization?	15b		X
	Describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
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?	16b		

Section C. Disclosures

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

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

► Hilliard Lyons Trust Company LLC PO BOX 32760 Louisville KY 40232 (502) 588-9133

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

1a Complete this table for all persons required to be listed Use Schedule J-2 if additional space is needed

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) or more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

☐ Check this box if the organization did not compensate any officer, director, trustee, or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099 MISC)	(E) Reportable compensation from related organizations (W-2/1099 MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
BRANCH BANKING AND TRUST CO TRUSTEE	1.00		X					23,053.	0.	0.

Part VII | Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(cont.)*

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099 MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Total ►								23,053.	0.	0.

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ►

		Yes	No
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		X
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		X
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		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

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ►

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				
	b Membership dues 1b				
	c Fundraising events 1c				
	d Related organizations 1d				
	e Government grants (contributions) 1e				
	f All other contributions, gifts, grants, and similar amounts not included above 1f				
	g Noncash contribns included in lns 1a-1f $				
	h **Total.** Add lines 1a-1f ►				
PROGRAM SERVICE REVENUE	Business Code				
	2a				
	b				
	c				
	d				
	e				
	f All other program service revenue				
	g **Total.** Add lines 2a-2f ►				
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts) ►	126,353.	126,353.	0.	0.
	4 Income from investment of tax-exempt bond proceeds ►				
	5 Royalties ►				
	(i) Real / (ii) Personal				
	6a Gross Rents				
	b Less rental expenses				
	c Rental income or (loss)				
	d Net rental income or (loss) ►				
	(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory: 1,775,683.				
	b Less cost or other basis and sales expenses: 1,959,807.				
	c Gain or (loss): -184,124.				
	d Net gain or (loss) ►	-184,124.	-184,124.	0.	0.
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 a				
	b Less direct expenses b				
	c Net income or (loss) from fundraising events ►				
	9a Gross income from gaming activities See Part IV, line 19 a				
	b Less. direct expenses b				
	c Net income or (loss) from gaming activities ►				
	10a Gross sales of inventory, less returns and allowances a				
	b Less cost of goods sold b				
	c Net income or (loss) from sales of inventory ►				
	Miscellaneous Revenue / Business Code				
	11a				
	b				
	c				
	d All other revenue				
	e **Total.** Add lines 11a-11d ►				
	12 **Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ►	-57,771.	-57,771.	0.	0.

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).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	125,450.	125,450.		
2 Grants and other assistance to individuals in the U S See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees)				
a Management	23,053.	0.	23,053.	0.
b Legal				
c Accounting				
d Lobbying				
e Prof fundraising svcs See Part IV, ln 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 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)				
a				
b				
c				
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	148,503.	125,450.	23,053.	0.
26 **Joint Costs.** Check here ► ☐ 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
ASSETS	1	Cash – non-interest-bearing	23.	1	
	2	Savings and temporary cash investments	121,384.	2	102,009.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties Complete Part II of Schedule L		5	
	6	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		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost basis 10a			
	b	Less accumulated depreciation Complete Part VI of Schedule D 10b		10c	
	11	Investments – publicly-traded securities	2,740,884.	11	2,529,212.
	12	Investments – other securities See Part IV, line 11		12	
	13	Investments – program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	**Total assets** Add lines 1 through 15 (must equal line 34)	2,862,291.	16	2,631,221.
LIABILITIES	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow account liability Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable		24	
	25	Other liabilities Complete Part X of Schedule D		25	
	26	**Total liabilities.** Add lines 17 through 25	0.	26	0.
NET ASSETS OR FUND BALANCES		**Organizations that follow SFAS 117, check here ► ☐ and complete lines 27 through 29 and lines 33 and 34.**			
	27	Unrestricted net assets		27	
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117, check here ► ☒ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds	2,862,291.	30	2,631,221.
	31	Paid-in or capital surplus, or land, building, and equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	**Total net assets or fund balances.**	2,862,291.	33	2,631,221.
	34	Total liabilities and net assets/fund balances	2,862,291.	34	2,631,221.

Part XI Financial Statements and Reporting

			Yes	No
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?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b		X
c	If 'Yes' to 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?	2c		
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?	3a		X
b	If 'Yes,' did the organization undergo the required audit or audits?	3b		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To 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.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization	Employer identification number
ENDOWEMENT FUND OF HOPKINSVILLE-CHRIST COUNTY PUBLIC LIBRARY (AKA TANDY TRUST)	74-6300013

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 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 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 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?

		Yes	No
(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?	11g (i)	
(ii)	a family member of a person described in (i) above?	11g (ii)	
(iii)	a 35% controlled entity of a person described in (i) or (ii) above?	11g (iii)	

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? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of Support
Total									

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
1 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')						
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge						
4 **Total.** Add lines 1-3						
5 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)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
9 Net income form unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss form the sale of capital assets (Explain in Part IV)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) 12

13 **First five years.** 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 stop here ► ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) 14 %

15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f 15 %

16a **33-1/3 support test – 2008.** If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

b **33-1/3 support test – 2007.** 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 **stop here.** The organization qualifies as a publicly supported organization ► ☐

17a **10%-facts-and-circumstances test – 2008.** 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 **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test The organization qualifies as a publicly supported organization ► ☐

b **10%-facts-and-circumstances test – 2007.** 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 **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test The organization qualifies as a publicly supported organization ► ☐

18 **Private foundation.** If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► ☐

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 yr beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1-5						
7a Amounts included on lines 1, 2, 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support.** (add lns 9, 10c, 11, and 12)						

14 **First five years.** 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 stop here ► ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2008** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2007** Schedule A, Part IV-A, line 27h	18	%

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 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 ► ☐

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

► Complete if the organization answered 'Yes,' on Form 990, Part IV, lines 21 or 22.
► Attach to Form 990.

OMB No 1545 0047

2008

Open to Public Inspection

Name of the organization

ENDOWEMENT FUND OF HOPKINSVILLE-CHRIST COUNTY PUBLIC LIBRARY (AKA TANDY TRUST)

Employer identification number

74-6300013

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ► [ ]

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Hopkinsville Christian Co 1101 Bethel Street Hopkinsville KY 42240	61-0669235		120,912.				Library operat

2 Enter total number of section 501(c)(3) and government organizations ►

3 Enter total number of other organizations ►

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Pt I Line 2 N/A

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

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

ENDOWEMENT FUND OF HOPKINSVILLE-CHRIST COUNTY PUBLIC LIBRARY (AKA TANDY TRUST)

Employer identification number

74-6300013

Pt VI-A, Line 8 THE ORGANIZATION IS A TRUST THAT DISTRIBUTES IT'S NET INCOME TO SPECIFIC SUPPORTED ORGANIZATION NO MEETINGS ARE HELD

Pt VI-B, Line 12c THE TRUSTEE HAS A WRITTEN CONFLICT OF INTEREST AND WHISTLEBLOWER POLICIES THAT APPLY TO ALL OF IT'S EMPLOYEES THIS

Pt VI-B, Line 15 THE ORGANIZATION HAS NO OFFICERS OR EMPLOYEES, THE ONLY COMPENSATION IS THE TRUSTEE'S FEE. THE SUPPORTED ORGANIZATI

Pt VI-C, Line 19 FORM 990 IS AVAILABLE UPON REQUEST TO THE TELEPHONE # LISTED IN THIS SECTION (A COPY CHARGE MAY APPLY) AND IT IS THE

Name of the organization: ENDOWEMENT FUND OF HOPKINSVILLE-CHRIST COUNTY PUBLIC LIBRARY (AKA TANDY TRUST)

Employer identification number: 74-6300013

TRAN RHLL INVESTMENT REVIEW - HOLDINGS LIST 08:49 11/10/09
BANK NA ACCOUNT NO: HOPKINSVILLE-CHRISTIAN LIBRARY END
FROZEN DATE: 06/30/2009 TYPE: SECU DESC:
SHOW STALE/MISSING PRICE:

INCOME :	0.00		UNITS	CARRYING VALUE	
PRINCIPAL :	0.00		ACCRUAL	TAX COST	
	MARKET PRICE	PRICE DATE	EST. ANN. INCOME	MARKET VALUE	
_ 035229CP6	98.471000	06/30/2009	50,000.000	50,024.00	
ANHEUSER BUSCH COS INC NT			1,008.68	50,024.00	
4.375% DTD 10/16/2002 DUE 01/15/2013			2,187.50	49,235.50	
_ 060505AG9	102.657000	06/30/2009	50,000.000	57,272.00	
BANK OF AMERICA CORPORATION SUB NT			1,706.11	57,272.00	
7.40% DTD 01/23/2001 DUE 01/15/2011			3,700.00	51,328.50	
_ 3134A4VG6	108.078500	06/30/2009	50,000.000	51,113.80	
FEDERAL HOME LN MTG CORP			290.27	51,113.80	
4.75% DTD 10/21/2005 DUE 11/17/2015			2,375.00	54,039.25	
_ 3128X2TM7	108.609500	06/30/2009	150,000.000	155,918.40	
FEDERAL HOME LN MTG CORP MTN			3,145.83	155,918.40	
5.00% DTD 01/30/2004 DUE 01/30/2014			7,500.00	162,914.25	

** PRESS ENTER FOR NEXT SCREEN; SELECT AN ITEM USING "I" OR "M" **
PRESS CLEAR FOR INVESTMT REVIEW MENU; ENTER RHLP TO PRINT TRAN ==> 001

TRAN RHLL INVESTMENT REVIEW - HOLDINGS LIST 08:49 11/10/09
BANK NA ACCOUNT NO: HOPKINSVILLE-CHRISTIAN LIBRARY END
FROZEN DATE: 06/30/2009 TYPE: SECU DESC:
SHOW STALE/MISSING PRICE:

INCOME :	0.00		UNITS	CARRYING VALUE
PRINCIPAL :	0.00		ACCRUAL	TAX COST
	MARKET PRICE	PRICE DATE	EST. ANN. INCOME	MARKET VALUE
_ 313401TW1	110.007000	06/30/2009	61.340	1.00
FEDERAL HOME LN MTG CORP PARTN CTF			0.92	1.00
GROUP #170164 9.000% DTD 05/01/1986			5.52	67.48
_ 3133XQ5C2	101.594000	06/30/2009	100,000.000	98,994.80
FEDERAL HOME LOAN BKS CONS BDS			402.43	98,994.80
2.375% DTD 03/03/2008 DUE 04/30/2010			2,375.00	101,594.00
_ 3133X7FK5	110.500000	06/30/2009	200,000.000	213,567.10
FEDERAL HOME LOAN BKS CONS BDS			379.16	213,567.10
5.25% DTD 05/27/2004 DUE 06/18/2014			10,500.00	221,000.00
_ 31359MQV8	107.594000	06/30/2009	100,000.000	102,921.60
FEDERAL NATL MTG ASSN			1,715.27	102,921.60
4.75% DTD 02/18/2003 DUE 02/21/2013			4,750.00	107,594.00

** PRESS ENTER FOR NEXT SCREEN; SELECT AN ITEM USING "I" OR "M" **
PRESS CLEAR FOR INVESTMT REVIEW MENU; ENTER RHLP TO PRINT TRAN ==> 002

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TRAN RHLL          INVESTMENT REVIEW - HOLDINGS LIST              08:49 11/10/09
BANK NA ACCOUNT NO:              HOPKINSVILLE-CHRISTIAN LIBRARY END
FROZEN DATE: 06/30/2009 TYPE:    SECU DESC:
SHOW STALE/MISSING PRICE:
  INCOME     :              0.00                      UNITS     CARRYING VALUE
  PRINCIPAL  :              0.00                    ACCRUAL           TAX COST
             MARKET PRICE  PRICE DATE    EST. ANN. INCOME        MARKET VALUE
_ 31359MTP8     101.335000  06/30/2009          100,000.000          100,510.10
  FEDERAL NATL MTG ASSN                           2,548.26          100,510.10
  5.125% DTD 11/06/2003 DUE 01/02/2014            5,125.00          101,835.00

_ 31359M7X5     108.766000  06/30/2009           50,000.000           51,537.40
  FEDERAL NATL MTG ASSN                             347.22           51,537.40
  5.00% DTD 04/16/2007 DUE 05/11/2017             2,500.00           54,383.00

_ 912828BH2     108.148500  06/30/2009          100,000.000          105,121.43
  US TREASURY NOTE                                1,596.68          105,121.43
  4.25% DTD 08/15/2003 DUE 08/15/2013             4,250.00          108,148.50

_ 912828DC1     107.719000  06/30/2009          100,000.000          106,137.12
  US TREASURY NOTE                                  542.79          106,137.12
  4.25% DTD 11/15/2004 DUE 11/15/2014             4,250.00          107,719.00
** PRESS ENTER FOR NEXT SCREEN; SELECT AN ITEM USING "I" OR "M" **
PRESS CLEAR FOR INVESTMT REVIEW MENU; ENTER RHLP TO PRINT       TRAN ==> 003
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TRAN RHLL INVESTMENT REVIEW - HOLDINGS LIST 08:49 11/10/09
BANK NA ACCOUNT NO: HOPKINSVILLE-CHRISTIAN LIBRARY END
FROZEN DATE: 06/30/2009 TYPE: SECU DESC:
SHOW STALE/MISSING PRICE:

INCOME :		0.00		UNITS	CARRYING VALUE
PRINCIPAL :		0.00		ACCRUAL	TAX COST
	MARKET PRICE	PRICE DATE	EST. ANN. INCOME		MARKET VALUE
_ 929903AJ1	97.857000	06/30/2009		50,000.000	52,140.00
WACHOVIA CORP NEW SUB NT				1,093.75	52,140.00
5.25% DTD 07/22/2004 DUE 08/01/2014				2,625.00	48,928.50
_ 002824100	47.040000	06/30/2009		60.000	3,540.00
ABBOTT LABORATORIES COM				0.00	3,540.00
				96.00	2,822.40
_ 00206R102	24.840000	06/30/2009		255.000	5,948.06
AT&T INC COM				0.00	5,948.06
				418.20	6,334.20
_ 053015103	35.440000	06/30/2009		225.000	7,879.05
AUTOMATIC DATA PROCESSING INC COM				0.00	7,879.05
				297.00	7,974.00

** PRESS ENTER FOR NEXT SCREEN; SELECT AN ITEM USING "I" OR "M" **
PRESS CLEAR FOR INVESTMT REVIEW MENU; ENTER RHLP TO PRINT TRAN ==> 004

TRAN RHLL INVESTMENT REVIEW - HOLDINGS LIST 08:49 11/10/09
BANK NA ACCOUNT NO: HOPKINSVILLE-CHRISTIAN LIBRARY END
FROZEN DATE: 06/30/2009 TYPE: SECU DESC:
SHOW STALE/MISSING PRICE:

INCOME :	0.00		UNITS	CARRYING VALUE	
PRINCIPAL :	0.00		ACCRUAL	TAX COST	
	MARKET PRICE	PRICE DATE	EST. ANN. INCOME	MARKET VALUE	
_ 084670207	2,895.730000	06/30/2009	2.000	5,518.00	
BERKSHIRE HATHAWAY INC DEL CL B			0.00	5,518.00	
			0.00	5,791.46	
_ 166764100	66.250000	06/30/2009	150.000	9,413.40	
CHEVRON CORP NEW COM			0.00	9,413.40	
			408.00	9,937.50	
_ 17275R102	18.650000	06/30/2009	350.000	7,123.75	
CISCO SYS INC COM			0.00	7,123.75	
			0.00	6,527.50	
_ 189054109	55.830000	06/30/2009	45.000	2,538.00	
CLOROX CO COM			0.00	2,538.00	
			90.00	2,512.35	

** PRESS ENTER FOR NEXT SCREEN; SELECT AN ITEM USING "I" OR "M" **
PRESS CLEAR FOR INVESTMT REVIEW MENU; ENTER RHLP TO PRINT TRAN ==> 005

TRAN RHLL INVESTMENT REVIEW - HOLDINGS LIST 08:49 11/10/09
BANK NA ACCOUNT NO: HOPKINSVILLE-CHRISTIAN LIBRARY END
FROZEN DATE: 06/30/2009 TYPE: SECU DESC:
SHOW STALE/MISSING PRICE:

	INCOME :	0.00		UNITS	CARRYING VALUE
	PRINCIPAL :	0.00		ACCRUAL	TAX COST
	MARKET PRICE	PRICE DATE	EST. ANN. INCOME		MARKET VALUE
_	20030N101	14.460000	06/30/2009	350.000	7,952.50
	COMCAST CORP CL A			0.00	7,952.50
				94.50	5,061.00
_	126650100	31.870000	06/30/2009	240.000	8,072.79
	CVS CAREMARK CORP COM			0.00	8,072.79
				73.20	7,648.80
_	254687106	23.330000	06/30/2009	200.000	6,703.58
	DISNEY WALT CO COM			0.00	6,703.58
				70.00	4,666.00
_	291011104	32.400000	06/30/2009	260.000	8,538.44
	EMERSON ELEC CO COM			0.00	8,538.44
				348.40	8,424.00

** PRESS ENTER FOR NEXT SCREEN; SELECT AN ITEM USING "I" OR "M" **
PRESS CLEAR FOR INVESTMT REVIEW MENU; ENTER RHLP TO PRINT TRAN ==> 006

TRAN RHLL INVESTMENT REVIEW - HOLDINGS LIST 08:49 11/10/09
BANK NA ACCOUNT NO: HOPKINSVILLE-CHRISTIAN LIBRARY END
FROZEN DATE: 06/30/2009 TYPE: SECU DESC:
SHOW STALE/MISSING PRICE:

INCOME :	0.00			UNITS	CARRYING VALUE
PRINCIPAL :	0.00			ACCRUAL	TAX COST
	MARKET PRICE	PRICE DATE	EST. ANN. INCOME		MARKET VALUE
_ 30231G102	69.910000	06/30/2009		150.000	10,406.99
EXXON MOBIL CORP COM				0.00	10,406.99
				252.00	10,486.50
_ 31421R759	7.350000	06/30/2009		939.500	11,274.00
FEDERATED MDT SMALL CAP GROWTH				0.00	11,274.00
FUND CLASS I #284				0.00	6,905.33
_ 369604103	11.720000	06/30/2009		730.000	6,820.87
GENERAL ELEC CO COM				43.00	6,820.87
				292.00	8,555.60
_ 38142B880	1.000000000	00/00/0000		96,893.130	96,893.13
GOLDMAN FINANCIAL SQ FED FUND 520				20.17	96,893.13
				48.06	96,893.13

** PRESS ENTER FOR NEXT SCREEN; SELECT AN ITEM USING "I" OR "M" **
PRESS CLEAR FOR INVESTMT REVIEW MENU; ENTER RHLP TO PRINT TRAN ==> 007

TRAN RHLL INVESTMENT REVIEW - HOLDINGS LIST 08:49 11/10/09
BANK NA ACCOUNT NO: HOPKINSVILLE-CHRISTIAN LIBRARY END
FROZEN DATE: 06/30/2009 TYPE: SECU DESC:
SHOW STALE/MISSING PRICE:

INCOME :	0.00		UNITS	CARRYING VALUE	
PRINCIPAL :	0.00		ACCRUAL	TAX COST	
	MARKET PRICE	PRICE DATE	EST. ANN. INCOME	MARKET VALUE	
_ 38142B880	1.000000000	00/00/0000	0.000	0.00	I
GOLDMAN FINANCIAL SQ FED FUND 520			3.08	0.00	
			0.00	0.00	
_ 38141W398	23.360000	06/30/2009	664.891	23,332.66	
GOLDMAN SACHS MID CAP VALUE			0.00	23,332.66	
FUND - INST			279.25	15,531.85	
_ 411511306	43.170000	06/30/2009	614.648	26,220.90	
HARBOR FD INTL FD INST			0.00	26,220.90	
			477.58	26,534.35	
_ 437076102	23.630000	06/30/2009	235.000	4,777.53	
HOME DEPOT INC COM			0.00	4,777.53	
			211.50	5,553.05	

** PRESS ENTER FOR NEXT SCREEN; SELECT AN ITEM USING "I" OR "M" **
PRESS CLEAR FOR INVESTMT REVIEW MENU; ENTER RHLP TO PRINT TRAN ==> 008

TRAN RHLL INVESTMENT REVIEW - HOLDINGS LIST 08:49 11/10/09
BANK NA ACCOUNT NO: HOPKINSVILLE-CHRISTIAN LIBRARY END
FROZEN DATE: 06/30/2009 TYPE: SECU DESC:
SHOW STALE/MISSING PRICE:

INCOME :	0.00		UNITS	CARRYING VALUE	
PRINCIPAL :	0.00		ACCRUAL	TAX COST	
	MARKET PRICE	PRICE DATE	EST. ANN. INCOME	MARKET VALUE	
_ 459200101	104.420000	06/30/2009	75.000	7,845.00	
INTERNATIONAL BUSINESS MACHS CORP			0.00	7,845.00	
COM			165.00	7,831.50	
_ 464288638	99.990000	06/30/2009	2,000.000	199,899.90	
ISHARES TR BARCLAYS INTER CR BD FD			0.00	199,899.90	
			9,648.00	199,980.00	
_ 464288588	105.230000	06/30/2009	4,500.000	455,254.65	
ISHARES TR BARCLAYS MBS BD FD			0.00	455,254.65	
			17,892.00	473,760.00	
_ 464288646	103.070000	06/30/2009	1,000.000	102,010.00	
ISHARES TR BARCLAYS 1-3 YR CR BD FD			0.00	102,010.00	
			4,042.00	103,070.00	

** PRESS ENTER FOR NEXT SCREEN; SELECT AN ITEM USING "I" OR "M" **
PRESS CLEAR FOR INVESTMT REVIEW MENU; ENTER RHLP TO PRINT TRAN ==> 009

TRAN RHLL INVESTMENT REVIEW - HOLDINGS LIST 08:49 11/10/09
BANK NA ACCOUNT NO: ..... HOPKINSVILLE-CHRISTIAN LIBRARY END
FROZEN DATE: 06/30/2009 TYPE: SECU DESC:
SHOW STALE/MISSING PRICE:

INCOME :	0.00			UNITS	CARRYING VALUE
PRINCIPAL :	0.00			ACCRUAL	TAX COST
	MARKET PRICE	PRICE DATE	EST. ANN. INCOME		MARKET VALUE
_ 464287341	30.700000	06/30/2009		300.000	8,984.97
ISHARES TR S&P GLOBAL ENERGY SECTOR				0.00	8,984.97
INDEX FD				96.60	9,210.00
_ 464288687	32.140000	06/30/2009		350.000	10,827.00
ISHARES TR S&P PRF STK INDX FN				0.00	10,827.00
				1,051.75	11,249.00
_ 478160104	56.800000	06/30/2009		255.000	9,827.15
JOHNSON & JOHNSON COM				0.00	9,827.15
				499.80	14,484.00
_ 46625H100	34.110000	06/30/2009		250.000	8,507.50
JPMORGAN CHASE & CO COM				0.00	8,507.50
				50.00	8,527.50

** PRESS ENTER FOR NEXT SCREEN; SELECT AN ITEM USING "I" OR "M" **
PRESS CLEAR FOR INVESTMT REVIEW MENU; ENTER RHLP TO PRINT TRAN ==> 010

TRAN RHLL INVESTMENT REVIEW - HOLDINGS LIST 08:49 11/10/09
BANK NA ACCOUNT NO: HOPKINSVILLE-CHRISTIAN LIBRARY END
FROZEN DATE: 06/30/2009 TYPE: SECU DESC:
SHOW STALE/MISSING PRICE:

	INCOME :	0.00		UNITS	CARRYING VALUE
	PRINCIPAL :	0.00		ACCRUAL	TAX COST
	MARKET PRICE	PRICE DATE	EST. ANN. INCOME		MARKET VALUE
_	50075N104	25.340000	06/30/2009	436.000	12,157.28
	KRAFT FOODS INC CL A			126.44	12,157.28
				505.76	11,048.24
_	577081102	16.050000	06/30/2009	350.000	5,494.65
	MATTEL INC COM			0.00	5,494.65
				262.50	5,617.50
_	589331107	27.960000	06/30/2009	115.000	4,059.50
	MERCK & CO INC COM			43.70	4,059.50
				0.00	3,215.40
_	594918104	23.770000	06/30/2009	495.000	12,778.25
	MICROSOFT CORP COM			0.00	12,778.25
				257.40	11,766.15

** PRESS ENTER FOR NEXT SCREEN; SELECT AN ITEM USING "I" OR "M" **
PRESS CLEAR FOR INVESTMT REVIEW MENU; ENTER RHLP TO PRINT TRAN ==> 011

TRAN RHLL INVESTMENT REVIEW - HOLDINGS LIST 08:49 11/10/09
BANK NA ACCOUNT NO: HOPKINSVILLE-CHRISTIAN LIBRARY END
FROZEN DATE: 06/30/2009 TYPE: SECU DESC:
SHOW STALE/MISSING PRICE:

INCOME :	0.00		UNITS	CARRYING VALUE
PRINCIPAL :	0.00		ACCRUAL	TAX COST
	MARKET PRICE	PRICE DATE	EST. ANN. INCOME	MARKET VALUE
_ 654902204	14.580000	06/30/2009	600.000	8,651.82
NOKIA CORP SPONSORED ADR			0.00	8,651.82
			235.80	8,748.00
_ 713448108	54.960000	06/30/2009	150.000	7,937.99
PEPSICO INC COM			0.00	7,937.99
			270.00	8,244.00
_ 717081103	15.000000	06/30/2009	220.000	5,302.20
PFIZER INC COM			0.00	5,302.20
			140.80	3,300.00
_ 742718109	51.100000	06/30/2009	200.000	11,613.24
PROCTER & GAMBLE CO COM			0.00	11,613.24
			352.00	10,220.00

** PRESS ENTER FOR NEXT SCREEN; SELECT AN ITEM USING "I" OR "M" **
PRESS CLEAR FOR INVESTMT REVIEW MENU; ENTER RHLP TO PRINT TRAN ==> 012

TRAN RHLL INVESTMENT REVIEW - HOLDINGS LIST 08:49 11/10/09
BANK NA ACCOUNT NO: HOPKINSVILLE-CHRISTIAN LIBRARY END
FROZEN DATE: 06/30/2009 TYPE: SECU DESC:
SHOW STALE/MISSING PRICE:

INCOME :	0.00		UNITS	CARRYING VALUE	
PRINCIPAL :	0.00		ACCRUAL	TAX COST	
	MARKET PRICE	PRICE DATE	EST. ANN. INCOME	MARKET VALUE	
_ 743315103	15.110000	06/30/2009	200.000	2,912.00	
PROGRESSIVE CORP OH COM			0.00	2,912.00	
			0.00	3,022.00	
_ 780905881	8.900000	06/30/2009	1,513.388	13,000.00	
ROYCE TOTAL RETURN FUND #267			0.00	13,000.00	
			293.59	13,469.15	
_ 806857108	54.110000	06/30/2009	85.000	6,164.39	
SCHLUMBERGER LTD COM			17.85	6,164.39	
			71.40	4,599.35	
_ 832110100	26.320000	06/26/2009	0.000	0.00	
SMITH INTL INC COM			12.60	0.00	
			0.00	0.00	

** PRESS ENTER FOR NEXT SCREEN; SELECT AN ITEM USING "I" OR "M" **
PRESS CLEAR FOR INVESTMT REVIEW MENU; ENTER RHLP TO PRINT TRAN ==> 013

TRAN RHLL INVESTMENT REVIEW - HOLDINGS LIST 08:49 11/10/09
BANK NA ACCOUNT NO: .. HOPKINSVILLE-CHRISTIAN LIBRARY END
FROZEN DATE: 06/30/2009 TYPE: SECU DESC:
SHOW STALE/MISSING PRICE:

INCOME :	0.00		UNITS	CARRYING VALUE
PRINCIPAL :	0.00		ACCRUAL	TAX COST
	MARKET PRICE	PRICE DATE	EST. ANN. INCOME	MARKET VALUE
_ 78463V107	91.180000	06/30/2009	70.000	5,832.40
SPDR GOLD TR GOLD SHS			0.00	5,832.40
			0.00	6,382.60
_ 78463X301	60.763900	06/26/2009	0.000	0.00
SPDR INDEX SHS FDS S&P EMERGING ASIA			15.48	0.00
PAC ETF			0.00	0.00
_ 78463X871	21.450000	06/26/2009	0.000	0.00
SPDR INDEX SHS FDS S&P INTL SMALL			81.94	0.00
CAP ETF			0.00	0.00
_ 855030102	20.180000	06/30/2009	140.000	3,478.99
STAPLES INC COM			11.55	3,478.99
			46.20	2,825.20

** PRESS ENTER FOR NEXT SCREEN; SELECT AN ITEM USING "I" OR "M" **
PRESS CLEAR FOR INVESTMT REVIEW MENU; ENTER RHLP TO PRINT TRAN ==> 014

TRAN RHLL INVESTMENT REVIEW - HOLDINGS LIST 08:49 11/10/09
BANK NA ACCOUNT NO: HOPKINSVILLE-CHRISTIAN LIBRARY END
FROZEN DATE: 06/30/2009 TYPE: SECU DESC:
SHOW STALE/MISSING PRICE:

INCOME :	0.00		UNITS	CARRYING VALUE
PRINCIPAL :	0.00		ACCRUAL	TAX COST
	MARKET PRICE	PRICE DATE	EST. ANN. INCOME	MARKET VALUE
_ 77956H864	22.970000	06/30/2009	827.557	22,937.00
T ROWE PRICE INTL FDS INC EMERGING			0.00	22,937.00
MKTS STK FD			504.80	19,008.98
_ 87612E106	39.470000	06/30/2009	70.000	3,604.10
TARGET CORP COM			0.00	3,604.10
			47.60	2,762.90
_ 872540109	31.460000	06/30/2009	175.000	5,355.00
TJX COS INC NEW COM			0.00	5,355.00
			84.00	5,505.50
_ H8912P106	18.590000	06/30/2009	100.000	1,851.99
TYCO ELECTRONICS LTD SWITZERLD SHS			0.00	1,851.99
			64.00	1,859.00

** PRESS ENTER FOR NEXT SCREEN; SELECT AN ITEM USING "I" OR "M" **
PRESS CLEAR FOR INVESTMT REVIEW MENU; ENTER RHLP TO PRINT TRAN ==> 015

TRAN RHLL INVESTMENT REVIEW - HOLDINGS LIST 08:49 11/10/09
BANK NA ACCOUNT NO: HOPKINSVILLE-CHRISTIAN LIBRARY END
FROZEN DATE: 06/30/2009 TYPE: SECU DESC:
SHOW STALE/MISSING PRICE:

INCOME :	0.00		UNITS	CARRYING VALUE	
PRINCIPAL :	0.00		ACCRUAL	TAX COST	
	MARKET PRICE	PRICE DATE	EST. ANN. INCOME	MARKET VALUE	
_ H89128104	25.980000	06/30/2009	300.000	7,728.00	
TYCO INTERNATIONAL LTD SHS			0.00	7,728.00	
			240.00	7,794.00	
_ 902973304	17.920000	06/30/2009	325.000	7,257.81	
US BANCORP DEL COM NEW			16.25	7,257.81	
			65.00	5,824.00	
_ 922908553	31.010000	06/30/2009	350.000	10,608.47	
VANGUARD INDEX FDS REIT ETF			0.00	10,608.47	
			583.80	10,853.50	
_ 922908751	45.750000	06/30/2009	850.000	37,220.50	
VANGUARD INDEX FDS VANGUARD			0.00	37,220.50	
SMALL-CAP ETF			17.85	38,887.50	

** PRESS ENTER FOR NEXT SCREEN; SELECT AN ITEM USING "I" OR "M" **
PRESS CLEAR FOR INVESTMT REVIEW MENU; ENTER RHLP TO PRINT TRAN ==> 016

TRAN RHLL INVESTMENT REVIEW - HOLDINGS LIST 08:49 11/10/09
BANK NA ACCOUNT NO: HOPKINSVILLE-CHRISTIAN LIBRARY END
FROZEN DATE: 06/30/2009 TYPE: SECU DESC:
SHOW STALE/MISSING PRICE:

INCOME :	0.00			UNITS	CARRYING VALUE
PRINCIPAL :	0.00			ACCRUAL	TAX COST
	MARKET PRICE	PRICE DATE	EST. ANN. INCOME		MARKET VALUE
_ 922908629	46.810000	06/30/2009		800.000	36,008.00
VANGUARD INDEX FDS VANGUARD MID-CAP				0.00	36,008.00
ETF				26.40	37,448.00
_ 922042858	31.820000	06/30/2009		400.000	12,115.96
VANGUARD INTL EQUITY INDEX FDS				0.00	12,115.96
VANGUARD EMERGING MKTS ETF				471.20	12,728.00
_ 921943858	28.560000	06/30/2009		2,200.000	62,193.99
VANGUARD TAX MANAGED FD EUROPE				0.00	62,193.99
PACIFIC ETF				2,052.60	62,832.00
_ 92343V104	30.730000	06/30/2009		125.000	4,323.39
VERIZON COMMUNICATIONS INC COM				0.00	4,323.39
				237.50	3,841.25

** PRESS ENTER FOR NEXT SCREEN; SELECT AN ITEM USING "I" OR "M" **
PRESS CLEAR FOR INVESTMT REVIEW MENU; ENTER RHLP TO PRINT TRAN ==> 017

TRAN RHLL INVESTMENT REVIEW - HOLDINGS LIST 08:49 11/10/09
BANK NA ACCOUNT NO: __ HOPKINSVILLE-CHRISTIAN LIBRARY END
FROZEN DATE: 06/30/2009 TYPE: SECU DESC:
SHOW $TALE/MISSING PRICE:

INCOME :	0.00			UNITS	CARRYING VALUE
PRINCIPAL :	0.00			ACCRUAL	TAX COST
	MARKET PRICE	PRICE DATE	EST. ANN. INCOME		MARKET VALUE
_ 94976Y207	23.150000	06/30/2009		400.000	10,003.60
WELLS FARGO CAPITAL IV GTD CAP SEC				0.00	10,003.60
PFD 7.00%				700.00	9,260.00
_ 983024100	45.390000	06/30/2009		175.000	6,299.65
WYETH COM				0.00	6,299.65
				210.00	7,943.25

** END OF LIST **
PRESS CLEAR FOR INVESTMT REVIEW MENU; ENTER RHLP TO PRINT TRAN ==> 018

TRAN RHLL INVESTMENT REVIEW - HOLDINGS LIST 15:40 11/09/09
BANK NA ACCOUNT NO: HOPKINSVILLE-CHRISTIAN INCOME SUB
FROZEN DATE: 06/30/2009 TYPE: SECU DESC:
SHOW STALE/MISSING PRICE:

INCOME :		0.00		UNITS	CARRYING VALUE
PRINCIPAL :		0.00		ACCRUAL	TAX COST
	MARKET PRICE	PRICE DATE	EST. ANN. INCOME		MARKET VALUE
_ 38142B880	1.000000000	00/00/0000	3,586.340		3,586.34
GOLDMAN FINANCIAL SQ FED FUND 520			0.66		3,586.34
			1.77		3,586.34
_ 38142B880	1.000000000	00/00/0000	1,529.980		1,529.98 I
GOLDMAN FINANCIAL SQ FED FUND 520			0.24		1,529.98
			0.75		1,529.98
_ 464287457	83.710000	06/30/2009	200.000		16,633.98
ISHARES TR BARCLAYS 1-3 YR TREAS BD FD			0.00		16,633.98
			369.20		16,742.00

** END OF LIST **
PRESS CLEAR FOR INVESTMT REVIEW MENU; ENTER RHLP TO PRINT TRAN ==> 002

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TRAN RHLL          INVESTMENT REVIEW - HOLDINGS LIST              15:40 11/09/09
BANK NA ACCOUNT NO:              HOPKINSVILLE-CHRISTIAN INCOME SUB
FROZEN DATE: 06/30/2009 TYPE:    SECU DESC:
SHOW.STALE/MISSING PRICE:
  INCOME     :              0.00                      UNITS     CARRYING VALUE
  PRINCIPAL  :              0.00                    ACCRUAL           TAX COST
             MARKET PRICE  PRICE DATE    EST. ANN. INCOME        MARKET VALUE
_ 9128276T4     106.672000  06/30/2009          10,000.000          10,133.98
  US TREASURY NOTE                                 187.84          10,133.98
  5.00% DTD 02/15/01 DUE 02/15/2011                500.00          10,667.20

_ 912828DX5     103.027500  06/30/2009          25,000.000          26,091.80
  US TREASURY NOTE                                  39.61          26,091.80
  3.625% DTD 06/15/2005 DUE 06/15/2010             906.25          25,756.88

_ 912828EM8     105.215000  06/30/2009          25,000.000          25,040.04
  US TREASURY NOTE                                 143.68          25,040.04
  4.500% DTD 11/15/05 DUE 11/15/2010             1,125.00          26,303.75

_ 912828FX3     101.625000  06/30/2009          20,000.000          19,946.09
  US TREASURY NOTE                                 118.13          19,946.09
  4.625% DTD 11/15/2006 DUE 11/15/2009             925.00          20,325.00
** PRESS ENTER FOR NEXT SCREEN; SELECT AN ITEM USING "I" OR "M" **
PRESS CLEAR FOR INVESTMT REVIEW MENU; ENTER RHLP TO PRINT       TRAN ==> 001
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