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Return of Private Foundation
or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation
or may be able to use a copy of this return to satisfy state rep

OMB No. 1545-0052 2008

		venue Ser					be able to use						ing requirements.		
_	_		year 2008,	or ta			1			, 2008,	- 1				9/30.2009
<u>G</u>	Che	ck all th	nat apply:	<u> </u>	Initial retu	ırn	Final ret	urn	A	mended r	eturn	4	Address change		Name change
			Name of fou	ndatı	on							- 1	A Employer identific	ation nu	ımber
Ļ	Jse th	e IRS													
	lab						CABLE TR					_	43-	<u>6365(</u>)83
•		wise,	Number and	stree	et (or P.O. box	number if	mail is not deli	vered to str	eet add	dress)	Room/su	te	B Telephone number (see)	page 10 of t	he instructions)
	pri														
	or ty	ype. pecific	P.O. BO	X 3	87								(31	4) 4:	18-2643
		tions.	City or town	, state	e, and ZIP co	ode							C If exemption applicat pending, check here	ion is	
••													D 1. Foreign organizati		t here
			ST. LOU	IS.	MO 631	66							2. Foreign organizati		
H	Che	ck type	of organiza				(c)(3) exemi	ot private	four	ndation			85% test, check he computation	ere and att	tach
Ĺ	\neg		947(a)(1) no					-		te foundati	on		•		
Ť			value of all				unting met						E If private foundation under section 507(b)		
•			m Part II, co				ther (specif		000						
		• \$	-		761.		, column (d)		on ca	ash basis.)			F If the foundation is in under section 507(b)		
P			sis of Reve			:			1				diddi section 507(b)		Disbursements
	لبكست	total c	of amounts in	colun	nns (b), (c), a	and (d)	(a) neve		-	(b) Net inve		(6	c) Adjusted net	fo	r charitable
		may n	ot necessarily	/ equ	al the amour	nts in	expens			incom	e		income		purposes
٦			n (a) (see pag				 		+			_		(cas	h basis only)
	1		ions, gifts, grants,	, etc., re found	eceived (attach s ation is not re	schedule) . quired to			+				····		
	2	Check			ation is not re B				+						
- }	3		on savings and		•			20 20	+						
	4	Divider	nds and intere	est fro	om securities	·		20,399	9	2	0,399.				
	5a	Gross r	ents												
	b	Net rent	tal income or (lo	oss) _			ļ		<u> </u>						
<u>o</u>			or (loss) from					10,138	B. J.						
Revenue	ь		ales price for all in line 6a		111	<u>,881.</u>			<u> </u>	ş ^ç					
ě	7	Capital	gain net inco	me (f	from Part IV,	line 2) .					<u> </u>				<u></u>
≖	8	Net sho	ort-term capita	al gai	n 				<u> </u>					.,,	
	9		modification			₹FC:	EIVED		1	,					
	10 a		ales less returns wances • • •					4.3							
	b	Less Co	st of goods sol	a . [ις)		***	8				× .			
	С	Gross	profit or (loss)	(atta	ch schedule	LFR I	2 2010	191							<
	11		ncome (attacl					8							
	12	Total.	Add lines 1 th	roual	h 1/1		A 0 0 1 = 0	10,26	1.	2	0,399.				
	13	Comper	nsation of office	rs, dir	ectore, trusto	YUL		4,86	6.		4,866.				
	14		employee sala				1				NONE		NONE		
es	15		n plans, empl		•		-				NONE		NONE		
penses			ees (attach so												
	ľ		nting fees (att		~~	13 ACT -1		500	0]		NONE		NONE		500
and Administrative Ex			professional fo				 		1				1,011		
Ĭ.	17	•							\top				<u></u>		
Ta			t attach schedule					278	<u>a </u>		93.				
nist	18				-		 		1						
Ē	19	-	ation (attach			•		· · ·	+				-		
¥	20	•	ency				 	-	\dashv		NIONIE		NONE		· · · · · · · · · · · · · · · · · · ·
덜	21		conferences,				<u> </u>		-		NONE		NONE		
	22		g and publica						+		NONE		NONE	ļ	
ij	23		expenses (atta		•				+						······································
rai	24		perating and			-									
Operating			nes 13 throug					5,64			<u>4.959.</u>		NONE		500
J	25	Contrib	outions, gifts,	grant	ts paid			28,25							28,250
_	26	Total exp	penses and disbu	rseme	nts Add lines	24 and 25		33,89	4 .		<u>4,959.</u>		NONE		28,750
	27	Subtra	ct line 26 fro	m line	12:				_						ļ
	а	Excess o	of revenue over e	xpense	s and disburse	ments	-	23,63	3.						
	Ь	Net in	vestment inc	ome ((if negative,	enter -0-)				1	5,440.				
	c	Adjust	ed net incom	ne (if i	negative, en	ter -0-)									

For Privacy Act and Paperwork Reduction Act Notice, see page 30 of the instructions. JSA 8E1410 1 000

43-6365083 Form 990-PF (2008) Attached schedules and amounts in the End of year Beginning of year Part II Balance Sheets description column should be for end-of-year (a) Book Value (b) Book Value (c) Fair Market Value 4,755 4,755. 50.908 27,477 Savings and temporary cash investments 27,477. 2 Accounts receivable 3 Less: allowance for doubtful accounts Pledges receivable Less allowance for doubtful accounts ▶ Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see page 15 of the instructions) Other notes and loans receivable (attach schedule) Less allowance for doubtful accounts ▶ ____NONE Inventories for sale or use Assets 10 a Investments - U S. and state government obligations (attack school) 198,711. 122,695 <u>126,621</u>. 354,908. b Investments - corporate stock (attach schedule) . STMT .4. . 337,490. 342,810. 129,085 75,650 131,098 c Investments - corporate bonds (attach schedule). STMT 6 11 Investments - land, buildings, and equipment: basis Less accumulated depreciation (attach schedule) 12 Investments - other (attach schedule) Land, buildings, and equipment basis
Less accumulated depreciation (attach schedule) Other assets (describe 15 Total assets (to be completed by all filers - see the 16 662,759. 638,920 632,761. 17 18 Grants payable 19 20 Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable (attach schedule) Other liabilities (describe 22 23 Total liabilities (add lines 17 through 22) Foundations that follow SFAS 117, check here ▶ and complete lines 24 through 26 and lines 30 and 31. Balances 24 25 26 Fund Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. ▶ X 662.759. 638,920 ත් 27 Capital stock, trust principal, or current funds Assets 28 Paid-in or capital surplus, or land, bldg., and equipment fund 29 Retained earnings, accumulated income, endowment, or other funds . . . Total net assets or fund balances (see page 17 of the 30 662,759. 638,920 instructions) Total liabilities and net assets/fund balances (see page 17 638,920 662,759.

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)

2 Enter amount from Part I, line 27a

3 Other increases not included in line 2 (itemize) ▶

4 Add lines 1, 2, and 3

5 Decreases not included in line 2 (itemize) ▶

5 SEE STATEMENT 7

6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 6

638,920.

JSA 8E1420 1.000

Form 990-PF (2008)	s and Losses for Tay on Inve	estment Income			Page
			(b) How acquired	(c) Date	(d) Date sold
		shs. MLC Co.)	P-Purchase D-Donation	(mo., day, yr.)	(mo., day, yr.)
SEE PART IV DETA	AIL			(h) Gains (Col. (h) gair col. (k), but not less the Losses (from col. bitribution ratio (col (b) divided by col. (col (b) divided by col. (col (b) divided by col. (col. (b) divided by col. (col. (co	
	····		 		
					
(e) Gross sales price	(f) Depreciation allowed	(g) Cost or other basis			
	(or allowable)	plus expense of sale		(e) plus (r) min	us (g)
)					
omplete only for assets sho	owing gain in column (h) and owne	d by the foundation on 12/31/69	(1)	Gains (Col. (h) g	ain minus
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	col.		
1			Ī		
)					
· · · · · · · · · · · · · · · · · · ·					
	, IE	and the second s	 		
Capital gain net income or			2		-10 139
Net short-term capital gain				(h) Gain or (los: (e) plus (f) minus (h) Gains (Col. (h) gain col. (k), but not less the Losses (from col. making any entries. (d) Distribution ration (col. (b) divided by color (col. (co	-10,130.
• =					
=	(a) List and describe the kind(s) of property sold (e.g., real estate, 200 shs. MLC Co.) T IV DETAIL (f) Depreciation allowed (or alloweble) (i) Gans (Col. (b) gain must col. (b) lower col. (b), if any col. (b) but not less than -O-1. Losses (from col. (b)) (col. (b) but not less than -O-1. Losses (from col. (b)) (col. (b) but not less than -O-1. Losses (from col. (b)) (col. (b) but not less than -O-1. Losses (from col. (b)) (col. (b) but not less than -O-1. Losses (from col. (b)) (col. (b) but not less than -O-1. Losses (from col. (b)) (col. (b) but not less than -O-1. Losses (from col. (b)) (col. (b) but not less than -O-1. Losses (from col. (b)) (col. (b) but not less than -O-1. Losses (from col. (b)) (col. (b) but not less than -O-1. Losses (from col. (b)) (col. (b) but not less than -O-1. Losses (from col. (b)) (col. (b) but not less than -O-1. Losses (from col. (b)) (col. (b) but not less than -O-1. Losses (from col. (b)) (col. (b) but not less than -O-1. Losses (from col. (b)) (col. (b) but not less than -O-1. Losses (from col. (b)) (col. (b) but not less than				
Capital Gains and Losses for Tax on Investment Income Capital Gains and Losses for Tax on Investment Income Capital Gains and Losses for Tax on Investment Income Capital Gains and Losses for Tax on Investment Income Capital Gains Capital Gain					
			ase perio	od? [Yes X No
			fore mak	ing any entries.	
• •	(b)	(c)			atio
Calendar year (or tax year beginning in)	Adjusted qualifying distributions			(col (b) divided by	y col. (c))
			<u> </u>		
			<u> </u>		
			 		
2003	300.	073,334.	 	0.00	014233141
Total of line 1, column (d)		2	0.20	053119833
			-	0,20	<u> </u>
			3	0.04	010623967
Enter the net value of nor	acharitahlaysa accate for 2008 fro	m Part Y line 5			522,420
Lines the het value of flor					
Multiply line 4 by line 3			5		20,952
Enter 1% of net investme	nt income (1% of Part I, line 27b)		6		154
Add lines 5 and 6			7		21,106
Enter qualifying distributi			8		28,750
If line 8 is equal to or o	greater than line 7, check the box	x in Part VI, line 1b, and comple		part using a 19	
the Part VI instructions or		·			
PSA 3E1430 1.000				Form	990-PF (2008

				• •																For	rm 9	0-PF	(2008)	
nan	es an	d address	ses <u> </u>		<u> </u>		<u></u>				· • • •			<u> </u>							10		X	
Did	any	persons	pecome	substantial	contributors	during	the	tax	year?	If	"Yes,"	attach	а	schedul	9 II	istin	g t	hei	r	1				

8a Enter the states to which the foundation reports or with which it is registered (see page 19 of the

b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General

10

Х

X

Form 9	990-PF (2008) 43-6365083			Page 5
	t VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
• •	meaning of section 512(b)(3)? If "Yes," attach schedule (see page 20 of the instructions)	11		Х
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before			
	August 17, 2008?	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	<u> </u>	<u> </u>
	Website address ► N/A			
14	The books are in care of ▶ US_BANK_NA Telephone no. ▶(314)4	<u> 18-2643</u>	- -	
	Located at ▶ PO BOX 387, ST LOUIS, MO ZIP+4 ▶ 63	166		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		▶	· 🔲
	and enter the amount of tax-exempt interest received or accrued during the year	· 15	_	
Pari	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required			,
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly):		ļ	
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X	No O	1	
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a		ı	
	disqualified person?	40	1	
	(3) Turnish goods, services, or facilities to for accept them from a disqualified personn	No		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? X Yes I	No	l	
	(5) Transfer any income or assets to a disqualified person (or make any of either available for		İ	
	the benefit or use of a disqualified person)?	اد ا	:	
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if	6		
	the foundation agreed to make a grant to or to employ the official for a period after	***	" 	
	termination of government service, if terminating within 90 days.)	No	4	
Ь	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)?	<u>1b</u>	+	X
	Organizations relying on a current notice regarding disaster assistance check here		1	
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that	-	+	X
	were not corrected before the first day of the tax year beginning in 2008?	1c		┼^
2				
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
а	, , , , , , , , , , , , , , , , , , , ,			
		40		
	If "Yes," list the years			
D	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)	2b	1	X
	to all years listed, answer "No" and attach statement - see page 20 of the instructions.)	20	+	1
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
20	Did the foundation hold more than a 2% direct or indirect interest in any business			
38	enterprise at any time during the year?	No		
	If "Yes," did it have excess business holdings in 2008 as a result of (1) any purchase by the foundation or	-		
D	disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the			
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse			
	of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the			
	foundation had excess business holdings in 2008.)	3b		Γ
4a			1	Х
4a b				
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2008?	4b		X

Par	VII-B Statements Regarding Activities for	Which Form 47	20 May Be Requi	red (continued)	
5a	During the year did the foundation pay or incur any amour	nt to			
	(1) Carry on propaganda, or otherwise attempt to influence	e legislation (section	4945(e))?	Yes X No	, [
	(2) Influence the outcome of any specific public election (see section 4955), o	r to carry on,		
	directly or indirectly, any voter registration drive?			Yes X No	•
	(3) Provide a grant to an individual for travel, study, or oth				,
	(4) Provide a grant to an organization other than a charita	ble, etc., organizatıor	described in		
	section 509(a)(1), (2), or (3), or section 4940(d)(2)? (se	ee page 22 of the ins	tructions)	Yes X No	,
	(5) Provide for any purpose other than religious, charitable	e, scientific, literary, o	or		
	educational purposes, or for the prevention of cruelty t	o children or animals	۶	Yes X No	,
ь	If any answer is "Yes" to 5a(1)-(5), did any of the transaction			ribed in	
-	Regulations section 53.4945 or in a current notice regardi				5b
	Organizations relying on a current notice regarding disaste	-		. 🖂	
c	If the answer is "Yes" to question 5a(4), does the foundation				
Ū	because it maintained expenditure responsibility for the gr	•		Yes No	
	If "Yes," attach the statement required by Regulations secti				
c -	• • • •				
оa	Did the foundation, during the year, receive any funds, dire		· · ·	Yes X No	
	on a personal benefit contract?			. — —	6b X
	If you answered "Yes" to 6b, also file Form 8870	y of manectly, on a p	ersonal benefit contrac		· · · (8) · · · 4
7.	At any time during the tax year, was the foundation a part	v to a prohibited tax	chaltar transaction?	Yes X No	
	If yes, did the foundation receive any proceeds or have any	•	-	• 🗀 · · · · 🗀 · ·	
	t VIII Information About Officers, Directors,				
_	and Contractors				
1_	List all officers, directors, trustees, foundation mar	(b) Title, and average	(c) Compensation (see p	(d) Contributions to	
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation	(e) Expense account, other allowances
		devoted to position		and deserved compensation	
SEF	STATEMENT 9		4,866.	-0-	-0-
				-	
2	Compensation of five highest-paid employees (oth	er than those incl	uded on line 1 - see	page 23 of the inst	ructions).
	If none, enter "NONE."		,		
1.) Name and address of each employee paid more than \$50,000	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit	(e) Expense account,
10	, realite and address of each employee paid more than \$50,000	hours per week devoted to position	(c) compensation	plans and deferred compensation	other allowances
NON	IE		NONE	NONE	NONE
	· · · · · · · · · · · · · · · · · · ·				
					_
Tota	I number of other employees paid over \$50,000 .				NONE
	a number of other employees palu ovel 350.000				· · · · · · · · · INOINT

and Contractors (continued) 3 Five highest-paid independent contractors for professional services (see page 23 of the instructions). If none, enter (a) Name and address of each person paid more than \$50,000 (b) Type of service (c) NONE Total number of others receiving over \$50,000 for professional services		
Form 990-PF (2008)		Page 7
Part VIII Information About Officers, Directors, Trustees, Foun	dation Managers, Highly Paid Emplo	
3 Five highest-paid independent contractors for professional services (s	see page 23 of the instructions). If none.	enter "NONE."
		(c) Compensation
		NONE
NONE		NOME
Total number of others receiving over \$50,000 for professional services		▶ NONE
Part 1XGA Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevan	t statistical information such as the number	_
		Expenses
1 NONE		
INONE		
		. ,,,,,
2		
3		
4		
Part IV-B Summary of Program-Related Investments (see page 5	23 of the instructions)	
		Amount
and Contractors (continued) Tition Contractors Continued Company Contractors Contractor		
Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficianes served, conferences convened, research papers produced, etc. 1 NONE 2		
All other program-related investments. See page 24 of the instructions.		

Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, Part X see page 24 of the instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., 530,376. 1b NONE Fair market value of all other assets (see page 24 of the instructions) 1c NONE Total (add lines 1a, b, and c) 530,376. Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) _______1e Acquisition indebtedness applicable to line 1 assets 2 NONE Subtract line 2 from line 1d 3 <u>5</u>30,376. Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see page 25 7,956. Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 5 522,420. Minimum investment return. Enter 5% of line 5 26,121. Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here > and do not complete this part.) 26,121 Tax on investment income for 2008 from Part VI, line 5 Income tax for 2008. (This does not include the tax from Part VI.) ____ 2b 2c 154. Distributable amount before adjustments. Subtract line 2c from line 1 25,967. 3 Recoveries of amounts treated as qualifying distributions NONE 25,967. Deduction from distributable amount (see page 25 of the instructions) NONE 6 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, 25,967. Part XII Qualifying Distributions (see page 25 of the instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 1a 28,750. Program-related investments - total from Part IX-B b Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., NONE Amounts set aside for specific charitable projects that satisfy the: Suitability test (prior IRS approval required) NONE Cash distribution test (attach the required schedule) NONE Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 4 28,750. Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see page 26 of the instructions) 154. Adjusted qualifying distributions. Subtract line 5 from line 4 28,596. Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Par	t XIII Undistributed Income (see page	26 of the instructio	ns)		<u></u>
		(a)	(b)	(c)	(d)
1	Distributable amount for 2008 from Part XI,	Corpus	Years prior to 2007	2007	2008
-	line 7				25,967.
2	Undistributed income, if any, as of the end of 2007				
	Enter amount for 2007 only			21,852.	
	Total for prior years 20_06_,20,20		NONE		
3	Excess distributions carryover, if any, to 2008.				
a	From 2003 NONE				
ь	From 2004 NONE				
c	From 2005 NONE				
d	From 2006 NONE		4		
e	From 2007 NONE				
f	Total of lines 3a through e	NONE	1		
4	Qualifying distributions for 2008 from Part XII,				
	line 4: ▶ \$				
а	Applied to 2007, but not more than line 2a	*	(21,852.	
ь	Applied to undistributed income of prior years (Election				
	required-see page 26 of the instructions)	» * \$	NONE		
c	Treated as distributions out of corpus (Election		,		
	required - see page 26 of the instructions)	NONE	* 2,		*
d	Applied to 2008 distributable amount			·	6,898.
е	Remaining amount distributed out of corpus	NONE			
5	Excess distributions carryover applied to 2008	NONE	*	* *	NONE
	(If an amount appears in column (d), the same amount must be shown in column (a).)				
6	Enter the net total of each column as	· 4: 4			′ 🛊
	indicated below:				
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	NONE	y salik lilik	# · · · · · · · · · · · · · · · · · · ·	<u> </u>
b	Prior years' undistributed income. Subtract			2 %	
	line 4b from line 2b		NONE		»
C	Enter the amount of prior years' undistributed income for which a notice of deficiency has been	**		** *** ***	·
	issued, or on which the section 4942(a) tax has		27027	ا * * * * * * * * * * * * * * * * * * *	
	been previously assessed	<i>y</i>	NONE	6 +3 161	##F .
d	Subtract line 6c from line 6b. Taxable		NONE		
e	amount - see page 27 of the instructions		NONE		······································
_	4a from line 2a. Taxable amount - see page				
	27 of the instructions	*	* ·	,	
f	Undistributed income for 2008. Subtract lines				
	4d and 5 from line 1. This amount must be distributed in 2009.			, ,	19,069.
7	Amounts treated as distributions out of corpus	<u> </u>			
	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (see page 27 of the instructions)	NONE	ì		
8	Excess distributions carryover from 2003 not				
	applied on line 5 or line 7 (see page 27 of the instructions)	NONE			
9	Excess distributions carryover to 2009.				
-	Subtract lines 7 and 8 from line 6a	NONE			
10	Analysis of line 9.				
	Excess from 2004 NONE				
ь	NONTO				
c	Excess from 2006 NONE				
d	Excess from 2007 NONE				
	Excess from 2008 NONE				

2	Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:
	Check here ► X if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see page 28 of the instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.
а	The name, address, and telephone number of the person to whom applications should be addressed:
b	The form in which applications should be submitted and information and materials they should include:
С	Any submission deadlines:

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

JSA 8E1490 1.000

factors:

Forn	990-P <u>F</u> (2008)				Page 11
Pa	t XV Supplementary Information (co	ntinued)			
3_	Grants and Contributions Paid During	the Year or Appro	ved for Fu	iture Payment	
	Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a	Paid during the year	or substantial contributor			
a	Paid during the year SEE STATEMENT 18				
_					
_	Total	· · · · · · · · · · · · · · · · · · ·			28,250.
b	Approved for future payment				
	Total			▶ 3b	

er gross amounts unless otherwise indicated. Comparison of the					
			Teur d'au	. 540 540 . 544	(e)
	(a)	(b)	(c)	(d)	Related or exempt function income (See page 28 of
•					the instructions./
d	ļ				
e					
f		<u> </u>	-		
			 		
			+		
			14	20,399.	
5 Net rental income or (loss) from real estate:		,	*		
a Debt-financed property					
					<u> </u>
${\bf 6}~$ Net rental income or (loss) from personal property $~$.					
7 Other investment income			10	10 120	
8 Gain or (loss) from sales of assets other than inventor			18	-10,138.	
•					
•					
- · · · · · · · · · · · · · · · · · · ·			1		
					
•					
		<u></u>			
12 Subtotal. Add columns (b), (d), and (e)	, ,,	,	300	10,261.	
Part XVI-B Relationship of Activities Line No. Explain below how each active the accomplishment of the first second seco	to the Ac	complishment of E	ed in columi	n (e) of Part XVI-A cont	
				- · · · · ·	
		NOT APPLICAB	LE		
					
	_				
	<u> </u>	_			
					
			<u>-</u>		<u> </u>

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

1		=		age in any of the followir					n section		Yes	No
а	Transfe	ers from the reporting fou	indation to a nor	charitable exempt organiza	ation of							
	(1) Ca	sh	. .							1a(1)		X
	(2) Otl	her assets	. .							1a(2)		X
Ь	Other t	transactions								I		
	(1) Sa	les of assets to a noncha	rıtable exempt o	rganization						1b(1)		<u>X</u>
	(2) Pu	rchases of assets from a	noncharitable ex	empt organization						1b(2)		<u>X</u>
	(3) Re	ntal of facilities, equipme	ent, or other asse	ts						1b(3)		_X_
	(4) Re	imbursement arrangeme	nts							1b(4)		_X_
	(5) Lo	ans or loan guarantees								1b(5)		<u>X</u>
	(6) Pe	rformance of services or	membership or f	undraising solicitations .			<i>.</i>			1b(6)		<u>X</u>
		•	-	her assets, or paid employe								<u>X</u>
d	If the	answer to any of the ab	ove is "Yes," cor	mplete the following sched	lule. Column	(b) sho	uld always sl	how the fa	air market v	/alue o	f the (goods,
		•		g foundation. If the found			han fair mai	ket value	in any tran	saction	ors	harıng
	arrang	ement, show in column (d) the value of th	e goods, other assets, or s	ervices receive	ed.						
a) I	ine no.	(b) Amount involved	(c) Name of r	noncharitable exempt organiza	tion (d	I) Descrip	tion of transfer	rs, transactio	ons, and shar	ing arra	ngeme	nts
			-									
												
												
											_	
_												
					l							
2a	Is the	foundation directly or	indirectly affilia	ted with, or related to, or	one or more	tax-exe	mpt organiz	ations des	cribed in			
	section	n 501(c) of the Code (oth	er than section !	501(c)(3)) or in section 527	?					Y	es 🔼	No N
b	If "Yes	," complete the following		ř		-						
		(a) Name of organization	n	(b) Type of organ	ization		- (0	c) Description	n of relation	ship		
						_						
	Under	penalties of perjury, I declar	are that I have ex	amined this return, including of preparer (other than taxpay	accompanying	schedul	es and statem	ents, and t	o the best o	of my k or has a	nowled	lge and wiedge.
	Dener,	1 1 1 1 1 1 1 1 1 1	7	or property (other than taxpe)					топ рторого		.,	
		John F. L	oore			$\frac{12}{14}$	1/2009	TRUSTE	EE			
e e	8	gnature of officer or trustee	U.S. 1	BANK NA	Dat	te		Title				
He					Date		Check if		Preparer's			
Sign Here	,ø <u>></u>	Preparer's					self-employe	:d ▶[]	(See Signat instructions		oge 3l	, 0, 1118
Š	or id	signature			<u> </u>							
	Paid Preparer's Use Only	Firm's name (or yours if						EIN ►				
	7.0	self-employed), address	—									
		and ZIP code					}	Phone no	_			
							,			orm 9 9	0-PF	(2008)

JSA

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

CA	<u>PITAL GAI</u>	<u>NS AND LO</u>	SSES FOR	<u>R TAX ON I</u>	NVEST	밁	ENT INCOM	E
Kind of Pr			Descr	·		- 6 O	Date acquired	Date sold
Gross sale price less expenses of sale	Depreciation allowed/ allowable	Cost or other basis	FMV as of 12/31/69	Adj. basis as of 12/31/69	Excess of FMV over adj basis		Gain or (loss)	
		TOTAL LONG-	TERM CAPITA	L GAIN DIV	DENDS		800.	
		300. MERRIL			7%		08/04/2003	02/12/2009
3,025.00		7,675.00	il. bleckii	. 1 1 0			-4,650.00	
		75000. F H :)% 3/15		06/04/2007	03/15/2009
75,000.00		76,016.00					-1,016.00	
		300. BAC CA PROPERTY TY)		08/04/2003	03/30/2009
3,245.00		7,632.00					-4,387.00	
		25000. CRED PROPERTY TY			0% 6/01		06/14/2004	06/01/2009
25,000.00		24,803.00					197.00	
		1. AIG 2008 PROPERTY TY			Ŋ		11/11/1911	06/24/2009
50.00							50.00	
		200. MCGRAW PROPERTY TY					07/20/2000	09/28/2009
4,760.00		5,893.00					-1,133.00	
momar da tar/t	000)						10 120	
TOTAL GAIN(L	088)			• • • • • • • • • •	• • • • • • • •		-10,138. ========	
						İ		
						l		

FORM 990PF, PART I - ACCOUNTING FEES

	II			
DESCRIPTION	REVENUE AND EXPENSES PER BOOKS	NET INVESTMENT INCOME	ADJUSTED NET INCOME	CHARITABLE PURPOSES
TAX PREPARATION FEE (NON-ALLOC	500.			500.
TOTALS	500.	NONE	NONE	

08764510

TAXES	
1	II
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	ii
H	H
24	Ш
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Д	ij
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F-	!!
PF	11
Ö	ä
6	ii.
Ŏ.	ii
	ii
Σ	II
24	Ш
Ō	11
ļΤι	II

NET INVESTMENT INCOME	1 1 1 1 1	93.
REVENUE AND EXPENSES PER BOOKS	1 1 1 1 1 1	185.
		TOTALS
DESCRIPTION	1 1 1 1 1 1 1 1 1	FEDERAL EXCISE TAXES FOREIGN TAXES PAID

N

STATEMENT

FORM 990PF, PART II - U.S. AND STATE OBLIGATIONS

ENDING FMV 	37,789. 35,941. 25,836. 27,055.	126,621.
ENDING BOOK VALUE	35,869. 35,000. 25,524. 26,302.	122,695.
DESCRIPTION	FHLB DEB 4.875% 11/18/11 FNMA MTN 4.625% 6/01/10 FHLMC DEB 5.750% 3/15/09 FHLMC MTN 3.250% 2/25/11 FHLB DEB 4.50% 11/15/12	TOTALS

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STATEMENT

STOCK	
CORPORATE	
1	
H	# III III
PART	
990PF,	
FORM	

ENDING ENDING BOOK VALUE FMV	6,711. 2,624. 2,449. 4,754. 4,271. 8,391. 7,380. 1,609. 4,428. 6,861. 1,577. 8,376.	705. 963. 910. 263. 256. 120. 300. 6,08	7,393. 5,998. 5,998. 5,185. 5,185. 3,190. 4,373. 3,986. 1,718.
DESCRIPTION	BAC CAPITAL TR II 7% PFD MERRILL LYNCH CAP TR PFD 7% ALCOA INC GENERAL ELEC CO ILLINOIS TOOL WKS INC 3M CO APACHE CORP EXXON MOBIL CORP LOWE'S COS INC		GOLDMAN SACHS GROUP INC WELLS FARGO & CO DUKE ENERGY CORP EXELON CORP FPL GROUP INC AT&T INC VERIZONS COMMUNICATIONS MOTOROLA INC

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JOY SPIVA CRAGIN CHARITABLE TRUST FORM 990PF, PART II - CORPORATE STOCK

43-6365083

DESCRIPTION	ENDING BOOK VALUE	ENDING FMV
FIRST AMER REAL ESTATE SECS FD	7,00	6,037.
PRICE MID CAP VAL		ω,
ROWE PRICE SMALL CAP V.	1,42	0,67
FE INDEX	5,05	6,60
ALTRIA GROUP INC	, 54	ر ک
CISCO SYS INC	, 27	35
INTEL CORP	, 77	,91
NIKE INC	, 59	,47
ORACLE CORPORATION	, 48	1,
BECTON DICKINSON & CO	, 73	, 97
ECOLAB INC	,37	, 62
EMERSON ELEC CO	, 55	9
GENERAL MILLS INC	, 77	,43
HEWLETT PACKARD CO	, 17	۲,
JP MORGAN CHASE & CO	, 14	, 76
OCCIDENTAL PETROLEUM CORP	, 70	, 84
SCHLUMBERGER LTD	, 14	5,960.
	1 1 1 1 1 1 1 1 1	
TOTALS	354,908.	342,810.

BONDS
CORPORATE
1
H
PART
990PF,
FORM

DESCRIPTION	ENDING BOOK VALUE	ENDING FMV
CRED SOIS 4:/0% 6/01/09 GENL ELEC 5% 12/1/10	25,312.	25,841.
WAL MART 4.125% 2/15/11	25,535.	26,051.
HONEYWELL INTL 4.250% 3/1/13	25,883.	26,465.
NIKE INC MTN 4.70% 10/1/13	26,328.	25,844.
CONOCOPHILLIPS 4.750% 2/1/14	26,027.	26,897.
TOTALS	129,085.	131,098.
	1) 11 11 11 11 11 11 11 11 11 11 11	

FORM 990PF,	PART III -	OTHER DECREASE	S IN NET WORTH	OR FUND BALANCES
=========	=========	=============		=======================================

DESCRIPTION AMOUNT

COST ADJ 206.

TOTAL 206.

STATE(S) WHERE THE FOUNDATION IS REGISTERED MO

JOY SPIVA CRAGIN CHARITABLE TRUST

43-6365083

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

OFFICER NAME:

US BANK NA

ADDRESS:

PO BOX 387

ST LOUIS, MO 63166

TITLE:

TRUSTEE

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 0

COMPENSATION

4,866.

TOTAL COMPENSATION:

4,866.

JOY SPIVA CRAGIN CHARITABLE TRUST 43-6365083 FORM 990PF, PART XV, LINE 3 - CONTRIBUTIONS, GIFTS, GRANTS PAID _____ RECIPIENT NAME: OSAGE PRAIRIE YMCA ADDRESS: 500 W HIGHLAND NEVADA, MO 64772 **RELATIONSHIP:** NONE PURPOSE OF GRANT: EXEMPT PURPOSE FOUNDATION STATUS OF RECIPIENT: PUBLIC AMOUNT OF GRANT PAID 2,000. RECIPIENT NAME: NEVEDA HIGH SCHOOL SCHOLARSHIP FUND ADDRESS: 800 W HICKORY ST NEVADA, MO 64772 RELATIONSHIP: NONE PURPOSE OF GRANT: EXEMPT PURPOSE FOUNDATION STATUS OF RECIPIENT: PUBLIC AMOUNT OF GRANT PAID 250. RECIPIENT NAME: ST LAURENCE EPISCOPAL CHURCH ADDRESS: 26812 BARKLEY RD CONIFER, CO 80433 **RELATIONSHIP:** NONE PURPOSE OF GRANT: EXEMPT PURPOSE FOUNDATION STATUS OF RECIPIENT: PUBLIC AMOUNT OF GRANT PAID 2,000. JOY SPIVA CRAGIN CHARITABLE TRUST 43-6365083 FORM 990PF, PART XV, LINE 3 - CONTRIBUTIONS, GIFTS, GRANTS PAID ______ RECIPIENT NAME: ST PHILIPS EPISCOPAL CHURCH ADDRESS: 706 BYERS AVE JOPLIN, MO 64801 **RELATIONSHIP:** NONE PURPOSE OF GRANT: EXEMPT PURPOSE FOUNDATION STATUS OF RECIPIENT: PUBLIC AMOUNT OF GRANT PAID 1,000. RECIPIENT NAME: TRINITY LUTHERAN CHURCH OF NEVADA ADDRESS: 1630 NORTH ASH STREET NEVADA, MO 64772 **RELATIONSHIP:** NONE PURPOSE OF GRANT: EXEMPT PURPOSE FOUNDATION STATUS OF RECIPIENT: PUBLIC AMOUNT OF GRANT PAID 1,000. RECIPIENT NAME: OZARK CENTER TURNAROUND RA ADDRESS: 3006 MCCLELLAND BLVD JOPLIN, MO 64804 RELATIONSHIP: NONE PURPOSE OF GRANT: EXEMPT PURPOSE FOUNDATION STATUS OF RECIPIENT: PUBLIC AMOUNT OF GRANT PAID 250. JOY SPIVA CRAGIN CHARITABLE TRUST 43-6365083 FORM 990PF, PART XV, LINE 3 - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: VERNON COUNTY CANCER RELIEF FUND ADDRESS: 1901 S SPRING NEVADA, MO 64772 RELATIONSHIP: NONE PURPOSE OF GRANT: EXEMPT PURPOSE FOUNDATION STATUS OF RECIPIENT: PUBLIC AMOUNT OF GRANT PAID 1,000. RECIPIENT NAME: YOUNG LIFE ADDRESS: PO BOX 814 JOPLIN, MO 64802 RELATIONSHIP: NONE PURPOSE OF GRANT: EXEMPT PURPOSE FOUNDATION STATUS OF RECIPIENT: PUBLIC AMOUNT OF GRANT PAID 500. RECIPIENT NAME: MOUNTAIN RESOURCE CENTER ADDRESS: PO BOX 425 CONIFER, CO 80433 RELATIONSHIP: NONE PURPOSE OF GRANT: EXEMPT PURPOSE FOUNDATION STATUS OF RECIPIENT: PUBLIC AMOUNT OF GRANT PAID 750. JOY SPIVA CRAGIN CHARITABLE TRUST 43-6365083 FORM 990PF, PART XV, LINE 3 - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: CHILDRENS HAVEN OF SOUTHWEST MISSOURI ADDRESS: 701 PICHER AVE JOPLIN, MO 64801 RELATIONSHIP: NONE PURPOSE OF GRANT: EXEMPT PURPOSE FOUNDATION STATUS OF RECIPIENT: PUBLIC AMOUNT OF GRANT PAID 1,000. RECIPIENT NAME: SW MISSOURI AUDOBON CENTER ADDRESS: 210 W RIVIERA DR STE A JOPLIN, MO 64804 RELATIONSHIP: NONE PURPOSE OF GRANT: EXEMPT PURPOSE FOUNDATION STATUS OF RECIPIENT: PUBLIC AMOUNT OF GRANT PAID 1,000. RECIPIENT NAME: MISSOURI SOUTHERN FOUNDATION ADDRESS: 3950 NEWMAN RD JOPLIN, MO 64801-1512 **RELATIONSHIP:** NONE PURPOSE OF GRANT: EXEMPT PURPOSE FOUNDATION STATUS OF RECIPIENT: PUBLIC AMOUNT OF GRANT PAID 4,000. JOY SPIVA CRAGIN CHARITABLE TRUST 43-6365083 FORM 990PF, PART XV, LINE 3 - CONTRIBUTIONS, GIFTS, GRANTS PAID _____ RECIPIENT NAME: LAFAYETTE HOUSE ADDRESS: PO BOX 1765 JOPLIN, MO 64802 RELATIONSHIP: NONE PURPOSE OF GRANT: EXEMPT PURPOSE FOUNDATION STATUS OF RECIPIENT: PUBLIC 2,500. AMOUNT OF GRANT PAID RECIPIENT NAME: CROSSLINES CHURCHES OF JOPLIN ADDRESS: 131 S HIGH JOPLIN, MO 64801 RELATIONSHIP: NONE PURPOSE OF GRANT: EXEMPT PURPOSE FOUNDATION STATUS OF RECIPIENT: PUBLIC AMOUNT OF GRANT PAID 1,000. RECIPIENT NAME: PRO MUSICA ADDRESS: 211 S MAIN ST STE 318 JOPLIN, MO 64801 **RELATIONSHIP:** NONE PURPOSE OF GRANT: EXEMPT PURPOSE FOUNDATION STATUS OF RECIPIENT: PUBLIC 500. AMOUNT OF GRANT PAID

JOY SPIVA CRAGIN CHARITABLE TRUST 43-6365083 FORM 990PF, PART XV, LINE 3 - CONTRIBUTIONS, GIFTS, GRANTS PAID _____ RECIPIENT NAME: THOMAS JEFFERSON INDEPENDENT DAY SCHOOL ADDRESS: 3401 E NEWMAN RD JOPLIN, MO 64801 RELATIONSHIP: NONE PURPOSE OF GRANT: EXEMPT PURPOSE FOUNDATION STATUS OF RECIPIENT: PUBLIC AMOUNT OF GRANT PAID 1,000. RECIPIENT NAME: COMMUNITY HEALTH CLINIC OF JOPLIN ADDRESS: 701 S JOPLIN AVENUE JOPLIN, MO 64801 RELATIONSHIP: NONE PURPOSE OF GRANT: EXEMPT PURPOSE FOUNDATION STATUS OF RECIPIENT: PUBLIC AMOUNT OF GRANT PAID 1,000. RECIPIENT NAME: CHILDRENS CENTER OF SW MISSOURI ADDRESS: 921 EAST 34TH STREET SUITE A JOPLIN, MO 64804 RELATIONSHIP: NONE PURPOSE OF GRANT: EXEMPT PURPOSE FOUNDATION STATUS OF RECIPIENT: PUBLIC AMOUNT OF GRANT PAID 1,000.

JOY SPIVA CRAGIN CHARITABLE TRUST 43-6365083 FORM 990PF, PART XV, LINE 3 - CONTRIBUTIONS, GIFTS, GRANTS PAID ______ RECIPIENT NAME: SALVATION ARMY OF JOPLIN ADDRESS: 320 EAST 8TH ST PO BOX 1362 JOPLIN, MO 64802-1362 RELATIONSHIP: NONE PURPOSE OF GRANT: EXEMPT PURPOSE FOUNDATION STATUS OF RECIPIENT: PUBLIC AMOUNT OF GRANT PAID 500. RECIPIENT NAME: CEREBRAL PALSY OF TRI COUNTY ADDRESS: 1401 W AUSTIN WEBB CITY, MO 64870 RELATIONSHIP: NONE PURPOSE OF GRANT: EXEMPT PURPOSE FOUNDATION STATUS OF RECIPIENT: PUBLIC AMOUNT OF GRANT PAID 500. RECIPIENT NAME: BOYS AND GIRLS CLUBS OF JOPLIN MO ADDRESS: PO BOX 819 JOPLIN, MO 64802-0819 **RELATIONSHIP:** NONE PURPOSE OF GRANT: EXEMPT PURPOSE FOUNDATION STATUS OF RECIPIENT: PUBLIC AMOUNT OF GRANT PAID 500.

JOY SPIVA CRAGIN CHARITABLE TRUST 43-6365083 FORM 990PF, PART XV, LINE 3 - CONTRIBUTIONS, GIFTS, GRANTS PAID _____ RECIPIENT NAME: AMERICAN RED CROSS SOUTHWEST MISSOURI CHAPTER ADDRESS: 410 JACKSON JOPLIN, MO 64801 **RELATIONSHIP:** NONE PURPOSE OF GRANT: EXEMPT PURPOSE FOUNDATION STATUS OF RECIPIENT: PUBLIC AMOUNT OF GRANT PAID 1,000. RECIPIENT NAME: GEORGE A SPIVA CENTER FOR THE ARTS ADDRESS: 222 WEST 3RD JOPLIN, MO 64801 **RELATIONSHIP:** NONE PURPOSE OF GRANT: EXEMPT PURPOSE FOUNDATION STATUS OF RECIPIENT: PUBLIC AMOUNT OF GRANT PAID 3,000. RECIPIENT NAME: THE FREEMAN FOUNDATION ATTN MIKE LEONE ADDRESS: 1102 W 32ND STREET JOPLIN, MO 64804-3503 **RELATIONSHIP:** NONE PURPOSE OF GRANT: EXEMPT PURPOSE FOUNDATION STATUS OF RECIPIENT: PUBLIC AMOUNT OF GRANT PAID 500. JOY SPIVA CRAGIN CHARITABLE TRUST 43-6365083 FORM 990PF, PART XV, LINE 3 - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: CENTAUR RISING ADDRESS: 12889 S PARKER AVENUE PINE, CO 80470 RELATIONSHIP: NONE PURPOSE OF GRANT: EXEMPT PURPOSE FOUNDATION STATUS OF RECIPIENT: PUBLIC AMOUNT OF GRANT PAID 500. TOTAL GRANTS PAID: 28,250.

SCHEDULE D (Form 1041)

Department of the Treasury

Capital Gains and Losses

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

OMB No. 1545-0092

2008

Internal Revenue Service **Employer identification number** Name of estate or trust JOY SPIVA CRAGIN CHARITABLE TRUST 43-6365083 Note: Form 5227 filers need to complete only Parts I and II. Short-Term Capital Gains and Losses - Assets Held One Year or Less (f) Gain or (loss) for (e) Cost or other basis (a) Description of property (Example 100 shares 7% preferred of "Z" Co.) (b) Date acquired (mo., day, yr.) (c) Date sold (see page 4 of the instructions) the entire year Subtract (e) from (d) (d) Sales price (mo., day, yr.) 1a b Enter the short-term gain or (loss), if any, from Schedule D-1, line 1b 1b Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts 3 Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2007 Capital Loss Net short-term gain or (loss). Combine lines 1a through 4 in column (f). Enter here and on line 13, column (3) on the back Long-Term Capital Gains and Losses - Assets Held More Than One Year (e) Cost or other basis (f) Gain or (loss) for (a) Description of property (Example 100 shares 7% preferred of "Z" Co.) (b) Date acquired (c) Date sold (d) Sales price (see page 4 of the instructions) the entire year Subtract (e) from (d) (mo , day, yr.) (mo., day, yr.) 6a LONG-TERM CAPITAL GAIN DIVIDENDS STMT 1 800. -10,<u>939</u>. b Enter the long-term gain or (loss), if any, from Schedule D-1, line 6b 6b Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts Capital gain distributions Gain from Form 4797, Part I 10 Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2007 Capital Loss 11 Net long-term gain or (loss). Combine lines 6a through 11 in column (f). Enter here and on line 14a,

column (3) on the back . .

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

Schedule D (Form 1041) 2008

Schedule D (Form 1041) 2008 Part III Summary of Parts I and II (1) Beneficiaries' (2) Estate's (3) Total (see page 5) or trust's Caution: Read the instructions before completing this part. Net short-term gain or (loss) 14 Net long-term gain or (loss): -10,138. b Unrecaptured section 1250 gain (see line 18 of the wrksht.) -10,138 15 Total net gain or (loss). Combine lines 13 and 14a ▶ 15 Note: If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 990-T, Part I, line 4a) If lines 14a and 15, column (2), are net gains, go to Part V, and do not complete Part IV If line 15, column (3), is a net loss, complete Part IV and the Capital Loss Carryover Worksheet, as necessary. Part IV Capital Loss Limitation Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, line 4c, if a trust), the smaller of: 3,000) a The loss on line 15, column (3) or b \$3,000 Note: If the loss on line 15, column (3), is more than \$3,000, or if Form 1041, page 1, line 22 (or Form 990-T, line 34), is a loss, complete the Capital Loss Carryover Worksheet on page 7 of the instructions to figure your capital loss carryover Part V Tax Computation Using Maximum Capital Gains Rates Form 1041 filers. Complete this part only if both lines 14a and 15 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is more than zero. Caution: Skip this part and complete the worksheet on page 8 of the instructions if: • Either line 14b, col. (2) or line 14c, col. (2) is more than zero, or • Both Form 1041, line 2b(1), and Form 4952, line 4g are more than zero. Form 990-T trusts. Complete this part only if both lines 14a and 15 are gains, or qualified dividends are included in income in Part I of Form 990-T, and Form 990-T, line 34, is more than zero. Skip this part and complete the worksheet on page 8 of the instructions if either line 14b, col. (2) or line 14c, col. (2) is more than zero. Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34) 17 17 Enter the smaller of line 14a or 15 in column (2) 18 Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2) (or enter the qualified 19 dividends included in income in Part I of Form 990-T) 20 20 If the estate or trust is filing Form 4952, enter the amount from line 4g; otherwise, enter -0- . . ▶ Subtract line 21 from line 20. If zero or less, enter -0- 22 Subtract line 22 from line 17. If zero or less, enter -0-23 Enter the smaller of the amount on line 17 or \$2,200 24 Is the amount on line 23 equal to or more than the amount on line 24? Yes. Skip lines 25 and 26; go to line 27 and check the "No" box. 25 No. Enter the amount from line 23 Are the amounts on lines 22 and 26 the same? Yes. Skip lines 27 thru 30, go to line 31. No. Enter the smaller of line 17 or line 22 27 Enter the amount from line 26 (If line 26 is blank, enter -0-) 28 28 Subtract line 28 from line 27 29 30 Figure the tax on the amount on line 23. Use the 2008 Tax Rate Schedule for Estates and Trusts (see 31 Figure the tax on the amount on line 17. Use the 2008 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions) 33 Tax on all taxable income. Enter the smaller of line 32 or line 33 here and on line 1a of

Schedule G, Form 1041 (or line 36 of Form 990-T)

Page 2 Schedule D-1 (Form 1041) 2008

Name of est	e of estate or trust as shown on Form 1041. Do not enter name and employer identification number if shown on the other side Employer identification number					
	JOY SPIVA CRAGIN CHARITABLE TRUST 43-6365083 Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year					33
Part II	Long-Term Capital Gains and		Held More Tha			
	(a) Description of property (Example 100 sh. 7% preferred of "Z" Co.)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price (see page 4 of the instructions)	(e) Cost or other basis (see page 4 of the instructions)	(f) Gain or (loss) Subtract (e) from (d)
	MERRILL LYNCH CAP TR	08/04/2003	02/12/2009	3,025.00	7,675.00	-4,650.00
	0. F H L M C DEB 0% 3/15/09	06/04/2007	03/15/2009	75,000.00	76,016.00	-1,016.00
300.	BAC CAPITAL TR II % PFD	08/04/2003	03/30/2009	3,245.00	7,632.00	-4,387.00
2500	0. CRED SUIS FB USA 0% 6/01/09	06/14/2004	06/01/2009	25,000.00	24,803.00	197.00
1. P	IG 2008 SECURITIES	11/11/1911	06/24/2009	50.00	24,003.00	50.00
200.	MCGRAW HILL COMPANIES				E 902 00	
INC		07/20/2000	09/28/2009	4,760.00	5,893.00	-1,133.00
-		:				
		,	<u> </u>			
6b Total	. Combine the amounts in column	(f). Enter here and	on Schedule D, lin	e 6b		-10,939.00 -1 (Form 1041) 2008

FEDERAL CAPITAL GAIN DIVIDENDS

LONG-TERM CAPITAL GAIN DIVIDENDS -----

15% RATE CAPITAL GAIN DIVIDENDS

TOTAL 15% RATE CAPITAL GAIN DIVIDENDS

TOTAL LONG-TERM CAPITAL GAIN DIVIDENDS

800.00

800.00

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STATEMENT 1