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990-EZ

Department of the Treasury

Internal Revenue Service

Short Form 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)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150

Open to Public Inspection

2	For the 20	009 <u>calend</u>	ar year, or tax year beginning , 2009, and	ending	_		
	Check if applic	Please use IRS	C Name of organization		D E	mployer identificati	on number
.₩X	change	label or					
	Name char	^{nge} print or	HOLDEEN TEN FUNDS (54-120)			<u>4-6018154 </u>	
差	Initial retur		Number and street (or P.O. box, if mail is not delivered to street address) Room	/suite	E Te	elephone number	
35	Terminatio	See Specific	1525 W W.T. HARRIS BLVD. D1114-044	· .	(!	<u>540) 563-77</u>	44
BURERA	Amended return	Instruc-	City or town, state or country, and ZIP + 4		F G	roup Exemption	
	Application pending	n tions.	CHARLOTTE, NC 28288-1161		N	umber · · · ▶	
	Section	on 501(c)(3)	organizations and 4947(a)(1) nonexempt charitable trusts must attach	3 Accountir	ng me	thod: X Cash	Accrual
			a completed Schedule A (Form 990 or 990-EZ).	Other (sp	ecify)	>	
				- Check ▶	Х	if the organizatio	n is not
1	Website:	•		required t	to atta	ch Schedule B (Fo	orm 990,
J	Tax-exemp	t status (che	ck only one) - X 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527	990-EZ, c	or 990-	·PF).	
	Check >	<u> </u>	panization is not a section 509(a)(3) supporting organization and its gross receipts	s are normal	liv not	more than \$25.0	00. A
		•	90 return is not required, but if the organization chooses to file a return, be sure to		•		
_			oline 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990				28,552.
			xpenses, and Changes in Net Assets or Fund Balances	-		tions for Part	
			gifts, grants, and similar amounts received		1	Sciono ioi i ait	•••,
			the revenue including government fees and contracts		2		
			ues and assessments		3		
⊋					4		23,393.
2	• III	ivestinent ind	STMT	5,159.	-	=	23,333.
- ⊲⁴			,	3,133.			
2			and basic and caree expenses		5c		5,159.
	CG		rom sale of assets other than inventory (Subtract line 5b from line 5a)		90 90		<u> </u>
2 §	6 sr		activities (complete applicable parts of Schedule G) If any amount is from gaming, check here	-	7"		
Revenue	aG		(not including \$ of contributions		26 ³)		
ے د			ne 1) 6a	 			
			penses other than fundraising expenses		_		
	1		(loss) from special events and activities (Subtract line 6b from line 6a)		6c	 	
ζ			inventory, less returns and allowances				
) S)			oods sold				
0	C G	iross profit or	(loss) from sales of inventory (Subtract line 7b from line 7a)		7c		
	8 0	ther revenue	(describe >) 🎦	8		
			e. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		9	_ .	<u>28,552</u> .
			nilar amounts paid (attach schedule)		10		<u>52,295</u> .
	11 B	enefits paid t	o or for members		11		
Ses	12 5	alaries, other	compensation, and employee benefits	🖺	12		<u>3,578</u> .
Š	13 P	rofessional fe	es and other payments to independent contractors		13		
Expens	. 14 0	ccupancy, re	int, utilities, and maintenance . 👼 MAY .1.4.2010	L	14		
ű	15 P	rinting, public	cations, postage, and shipping	🗀	15		
	16 0	ther expense	s (describe STMT	3_)	16		<u>712</u> .
_			es. Add lines 10 through 16 . L	· · · · · · · · · · · · · · · · · · ·	17		<u>56,585</u> .
S	18 E	xcess or (defi	cit) for the year (Subtract line 17 from line 9)	L	18		<u>-28,033</u> .
Net Assets	19 N	let assets or f	fund balances at beginning of year (from line 27, column (A)) (must agree with	_			
As	e	nd-of-year fig	ure reported on prior year's return)	[19	1,	<u>090,809</u> .
<u>e</u>	20 0	ther changes	in net assets or fund balances (attach explanation)	.4L	20		<u>556</u> .
_	21 N		rund balances at end of year. Combine lines 18 through 20		21	1,	063,332.
Pa	art II 📗 📙	Balance S	heets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form	990 instead	d of Fo	orm 990-EZ.	
			(See the instructions for Part II.) (A) Beginning			(B) End of y	rear
22	Cash, sa	avings, and ir	nvestments STMT 5 1,0	90,809.	22	1,	063,332.
23				NONE	23		NONE
24	Other a	ssets (describ	De ▶ STMT 6	NONE	24		NONE
25				90,809.	25	1,	063,332.
26		i abilities (de	escribe		26		
<u>27</u>	Net as			90,809.	27		063,332.
JSA			and Paperwork Reduction Act Notice, see the separate instructions.			Form 99	0-EZ (2009)

Part III Statement of Program Service Accomplishm		ions for Part III.)			penses
What is the organization's primary exempt purpose?CHURCH_SU	IPPORT			(Required: 501(c)(3)	for section and 501(c)(4)
Describe what was achieved in carrying out the organization's ex					ons and section trusts, optional
describe the services provided, the number of persons benefited, and	other relevant information	for each program titl	e.	for others.	
28 STMT 7					
			_		
(Grants \$) If this amount includ	es foreign grants, check he	re >	28a		
29					
(Grants \$) If this amount includ	es foreign grants, check he	re	29a		
30					
(Grants \$) If this amount includ	es foreign grants, check he	re >	30a		
31 Other program services (attach schedule)		· · · · · · · · · · · · · · · · · · ·			
(Grants \$) If this amount includ	es foreign grants, check he	re >	31a		
32 Total program service expenses (add lines 28a through 31a)			▶ 32		
Part IV List of Officers, Directors, Trustees, and Key Emp	loyees. List each one even	if not compensated. (See the ins	structions	for Part IV.)
	(b) Title and average hours per week	(c) Compensation (if not paid,	(d) Contri		(e) Expense account and
(a) Name and address	devoted to position	enter -0)	deferred co	nefit plans & mpensation	other allowances
SEE STATEMENT 8					
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Part	Other information (Note the statement requirements in the instructions for Part V.)			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed			
	description of each activity	33		_X_
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of			
	the changes	34	111	X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but			
	not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section			
	6033(e) notice, reporting, and proxy tax requirements?	35a		X_
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		<u>.</u>
36	Did the organization undergo a liquidation, dissolution, termination, or significant dosposition of net assets			
	during the year? If "Yes," complete applicable parts of Schedule N	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a		200	
b	Did the organization file Form 1120-POL for this year?	37b		<u>X</u>
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ▶; section 4912 ▶; section 4955 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit	2 8		2 - 2
	transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified			
	person in a prior year, and that the transaction has not been reported on any of the organization's prior			
	Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on			
	organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c			
_	reimbursed by the organization			e ar
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	400		v
44	transaction? If "Yes," complete Form 8886-T	40e		<u> X</u>
41 42a		2 77	11	
44.0	The organization's books are in care of ►WACHOVIA BANK Located at ► 213 S JEFFERSON ST 15TH FLOOR, ROANOKE, VA ZIP + 4 ► 24011-1	3 705	.3.3	
ь	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		Yes	No
	account)?	42b		X
	If "Yes," enter the name of the foreign county: ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreing Bank			
	and Financial Accounts.			<i>a</i> .,
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		Х
	If "Yes," enter the name of the foreign country:▶			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		▶	
	and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43			
		(Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of	¥	188	* %
	Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If	* *	73	3.33
	"Yes," Form 990 must be completed instead of Form 990-EZ	45	نــــا	X
	F	orm 99	0-EZ	(2009)

candidates for public office? If "Yes," complete Schedule C, Part I	10n 49b	ons 46	t answer question	e trusts mus	empt charitable	(a)(1) nonex	tions and section 494 ables for lines 50 and	501(c)(3) organiza	IL VI
Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	res No								
18 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	Х	46				dule C, Part I	? If "Yes," complete Sch	didates for public office	cano
b lid the organization make any transfers to an exempt non-charitable related organization? b lf "Yes," was the related organization a section 527 organization? Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None than \$100,000 of compensation from the organization. If there is none, enter "None than \$100,000 of compensation from the organization. If there is none, enter "None than \$100,000 of compensation from the organization. If there is none, enter "None than \$100,000 of compensation from the organization. If there is none, enter "None." f Total number of other employees paid over \$100,000	Х	<u> </u>							
b If "Yes," was the related organization a section 527 organization?	Х								
Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None than \$100,000 of compensation from the organization." If there is none, enter in the past of my knowled to position of the past of my knowled of the past	X	—							
employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None (a) Name and address of each employee paid more than \$100,000 (b) Type of service (c) Compensation (d) Compens									
(a) Name and address of each smployee paid more than \$100,000 devoted to position deferred compensation of other all NONE f Total number of other employees paid over \$100,000▶ NONE 51 Complete this table for the organization's five highest compensated independent contractors who each received m \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation from the organization of the paid more than \$100,000▶ NONE (b) Type of service (c) Compensation from the organization is determined by the paid of th				rganization. If	ation from the o	0 of compens			
f Total number of other employees paid over \$100,000	xpense unt and llowances	acc	employee benefit plans &) Compensation	r week	hours pe			(a)
f Total number of other employees paid over \$100,000									NE
f Total number of other employees paid over \$100,000 ▶ NONE 51 Complete this table for the organization's five highest compensated independent contractors who each received m \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compension of the contractor paid more than \$100,000 (b) Type of service (c) Compension of the contractor paid more than \$100,000 (b) Type of service (c) Compension of the contractor paid more than \$100,000 (b) Type of service (c) Compension of the contractor of the contractor paid more than \$100,000 (b) Type of service (c) Compension of the contractor of the co									
f Total number of other employees paid over \$100,000									
f Total number of other employees paid over \$100,000									
Complete this table for the organization's five highest compensated independent contractors who each received m \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation from the organization of prepared to the paid of									
MONE d Total number of other independent contractors receiving over \$100,000 ▶ NONE Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowled 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 Trustee					e, enter "None."	f there is none	n from the organization.	0,000 of compensatio	\$100
d Total number of other independent contractors receiving over \$100,000 ► NONE Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowled 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. Signature of officer Date Trustee				(5) 1/25					
d Total number of other independent contractors receiving over \$100,000 NONE Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowled 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 Signature of officer 04/28/2010 Date Trustee								 	
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowled 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 Trustee									
Sign Here 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 04/28/2010				. > NONE	00,000	eiving over \$1	pendent contractors rec	I number of other inde	d Tota
Here Signature of officer Date Trustee			which preparer has an	all information of					ın
								_	
In a local to the second secon			Ta	Tobarda d	D-4-		title		
Paid Preparer's signature Preparer's Date Check if self-employed Preparer's identifying number (See in self-employed Preparer's identifying number (See in self-employed) Preparer's identifying number (See in self-employed)	instructions	umber (Se		self- employed ▶	uate		· · · · · · · · · · · · · · · · · · ·	signature	
Use Only yours if self-employed),								yours if self-employed),	·
address, and ZIP + 4 Phone no	NI-	□v.	ne no 🕨] Pho	ruotions	novo? Son inch	th the property shows a		v the IDS
May the IRS discuss this return with the preparer shown above? See instructions	-EZ (200			· · · · · · · · ·	ucuons	DOVEL SEE INST	ui ilie preparer snown a	alacuas tins tetum W	y ule ins

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions. Inspection

Name of the organization

HOLDEEN TEN FINDS (54-120)

Employer identification number 14-6018154

	rt I	Reason fo				tus (/	All organ	nization	s m	ust comp	lete this	s part.) Se	e instru	ctions.		*	_
		nization is no								<u>_</u>							
1		A church, co	onvention	of chu	rches,	or ass	ociation	of churc	hes	described	in secti	on 170(b)	(1)(A)(i).				
2		A school de	scribed in	n sectio	n 170	(b)(1)(A)(ii). (A	ttach So	hed	ule E.)							
3		A hospital o	г а сооре	erative l	nospita	l servi	ice organ	ization	desc	ribed in se	ection 1	70(b)(1)(A)	(iii).				
4		A medical	-				_							170(b)(1)(A)(iii). Er	nter ti	he
		hospital's na	me, city,	and sta	ate:			-									
5		An organiza	tion ope	rated fo	or the	benefi	t of a co	ollege o	r un	iversity ov	vned or	operated	by a gov	ernmental	unit desc	ribed	in
	_	section 170															
6		A federal, st	ate, or lo	cal gov	ernmer	nt or g	jovernme	ental un	it de	scribed in	section	170(b)(1)(A)(v).				
7		An organiza	tion that	norma	lly rece	eives a	a substa	ntial par	t of	its suppo	rt from a	governm	ental unit	or from th	ne genera	l pub	lic
		described in	section	170(b)	(1)(A)(v	/i). (C	omplete	Part II.)									
8		A communit	y trust d	escribe	d in sec	ction	170(b)(1)(A)(vi).	(Co	mplete Pa	rt II.)						
9		An organiza	tion that	norma	lly rece	eives:	(1) more	than 3	3 1/3	% of its s	upport fi	om contril	butions, r	nembershij	p fees, ar	nd gro	SS
		receipts fro	m activit	ies rela	ted to	its ex	cempt fu	nctions	- su	bject to d	ertain e	ceptions,	and (2)	no more th	nan 331/3	3% of	its
		support fro	m gross	invest	ment i	ncome	e and u	nrelated	bu	siness tax	able inc	ome (less	section	511 tax)	from bus	siness	es
		acquired by	the orga	nization	after .	June 3	30, 1975	. See se	ctio	n 509(a)(2	2). (Com	plete Part	III.)				
10		An organiza	tion orga	nized a	nd ope	rated	exclusive	ely to te	st fo	r public sa	fety. See	section 5	609(a)(4).				
11	X	An organiza	ation org	anized	and o	perate	ed exclu	sively fo	or th	e benefit	of, to	perform th	e functio	ons of, or	to carry	out t	he
		purposes of	one or	more p	ublicly	supp	orted or	ganizatio	ons (described	in section	on 509(a)(1) or sec	tion 509(a)(2). See	section	'n
		509(a)(3). C	Check the	box th	at desc	ribes											
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•	E X	By checking	•		-		-					-	-	•		•	
		persons oth				anager	s and ot	her tha	n on	e or more	publicly	supporte	d organiz	ations des	scribed in	section	วท
	_	509(a)(1) oi				_											
1	f	If the organ											Type II, c	or Type III	supportin	^{ig} _	_
		organization	ı, check t	his box												. ∟	╛
9	9	Since Augus		06, has	the or	ganiza	ation acc	epted a	ny gi	ft or contr	ibution 1	rom any o	f the				
		following pe													г.	I s	_
		(i) A perso									-						lo
															11g(i)		<u>K</u>
		(ii) A famil													11g(ii)		<u>X</u>
		(iii) A 35%													11g(iii)	2	<u> </u>
	<u>h</u>	Provide the	·		r						1 () 5:		1				
(1)	Name orga	of supported anization	(ii) E	=IN			rganızatio: n lınes 1-9			rganization sted in you		you notify anization in		Is the tion in col.	(vii) Amo supp		
					abov	e or IR	C section			document?	col.	(i) of your	(i) organ	zed in the			
					(see	nstru	ıctions))	Ye		No	Yes	ipport?	Yes	.S.?			
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			rea come	2000 C 200	1.		γ F 900	1 << 4%	****				New 16 6	4 XX 400°76			

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

Par	(Complete only if you chec				(b)(1)(A)(iv) a	nd 170(b)(1)(/	A)(vi) N/A
Sec	tion A. Public Support					-	
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	1 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -	A constant to the constant	THE TANKS IN A STATE OF		T. S. C. W.	
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)	Barrier and the second					
6	Public support. Subtract line 5 from line 4		. 5 % 4 % 6 % X X		1422		
	tion B. Total Support	1 1 2005	(1) 0000	(-) 0007	141,0000	(-) 2000	(6) T-4-1
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4		 		<u> </u>	 	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		_				
9	Net income from unrelated business activities, whether or not the business is regularly carried on	: [
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10				Towns State		
12	Gross receipts from related activities, etc.	see instructions)				12	
13	First five years. If the Form 990 is organization, check this box and stop here	·					
Sec	tion C. Computation of Public Sup	•			<u> </u>	TI	
14	Public support percentage for 2009 (·-			14	9
15	Public support percentage from 2008						
16a	331/3% support test - 2009. If the						
	this box and stop here. The organizat	*		_			
b	331/3% support test - 2008. If the	•					
	check this box and stop here. The org						
17a	10%-facts-and-circumstances test -	-					
	or more, and if the organization n					•	=
	Part IV how the organization meets			_			supported
L	organization						
D			•				
	15 is 10% or more, and if the org Explain in Part IV how the organizat						
10	supported organization						
18	•						
	instructions					Schedule A (Form 9	

ectio	on A. Public Support	<u> </u>					
	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 G	ifts, grants, contributions, and				-		
n	nembership fees received. (Do not include						
	ny "unusual grants.")				1	ļ	
	iross receipts from admissions, merchandise					_	1
	·	}					ļ
	old or services performed, or facilities	İ					1
	urnished in any activity that is related to the						
0	rganization's tax-exempt purpose		· · · · · · · · · · · · · · · · · · ·	<u> </u>		ļ	<u> </u>
3 G	iross receipts from activities that are not an						
u	nrelated trade or business under section 513						
4 T	ax revenues levied for the organization's						
	enefit and either paid to or expended on	i					1
	s behalf			ĺ			İ
	The value of services or facilities	-				<u> </u>	1
	urnished by a governmental unit to the			1			
	organization without charge				_		<u> </u>
6 T	otal. Add lines 1 through 5			ļ		<u> </u>	<u> </u>
7a A	Amounts included on lines 1, 2, and 3			1			
re	eceived from disqualified persons			<u> </u>			<u> </u>
ЬА	Amounts included on lines 2 and 3						
	eceived from other than disqualified bersons that exceed the greater of			1			
\$	55,000 or 1% of the amount on line 13			1			
	or the year					 _	
	Add lines 7a and 7b						1
8 P	Public support (Subtract line 7c from	* *					1
	ine 6.)	3 /		L	1	<u> </u>	<u></u>
ectio	on B. Total Support						
Cale	endar year (or fiscal year beginning in) ► 🛚	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Tota
9 4	Amounts from line 6			İ			
0a (Gross income from interest, dividends,]	
	payments received on securities loans,				1		i
	ents, royalties and income from similar sources						İ
	Unrelated business taxable income (less					1	-
	· · · · · · · · · · · · · · · · · · ·						
_	section 511 taxes) from businesses						
	acquired after June 30, 1975			ļ	ļ		-
c A	Add lines 10a and 10b						
1 1	Net income from unrelated business						1
	ectivities not included in line 10b,						1
	whether or not the business is regularly						
_	carried on		-			†	† · · · · · · · · · · · · · · · · · · ·
	Other income. Do not include gain or				1		
	oss from the sale of capital assets						
-	Explain in Part IV.)			<u> </u>	 	 	ļ. —
3 1	Fotal support. (Add lines 9, 10c, 11,					1	
	and 12.)			<u> </u>	<u></u>	<u></u>	
4 F	First five years. If the Form 990 is for	the organization	's first, second	third, fourth, o	r fifth tax year	as a section 50	1(c)(3)
c	organization, check this box and stop here.			<u></u>	<u></u>	<u></u>	<u></u> .▶
_	on C. Computation of Public Sup						
	Public support percentage for 2009 (line 8,			mn (f))		15	
	Public support percentage from 2008 Sched						
] 10]	
	on D. Computation of Investment						
	nvestment income percentage for 2009 (lin		· ·	=			
8 1	nvestment income percentage from 2008 S						
	33 1/3% support tests - 2009. If the or	ganızation did n	ot check the b	ox on line 14, ar	nd line 15 is mo	ore than 331/3%,	and line
9a 3	* *	_					
	17 is not more than 33 1/3%, check th	us pox and sio					
1	17 is not more than 33 1/3%, check th				19a. and line 16	is more than 331	/3%. and
ь :	33 1/3% support tests - 2008. If the orga	anization did not	check a box or	line 14 or line 1			
ь 3 В 1		anization did not this box and st	check a box or op here. The o	line 14 or line 1	fies as a publicly	supported organ	nization 🕨

Schedule	A (Form 990 c	r 990-EZ) 200	9		_		_						Page 4
Part I\	Supple Part II,	emental li , line 17a	nformation or 17b; or	Complete Part III, line	this 12.	part to Provide	provide any othe	the exp er addition	olanations onal inform	required nation. Se	by Part I e instructi	l, line ons.	10;
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FORM 990EZ, PART I - INVESTMENT INCOME

DESCRIPTION	AMOUNT
DIVIDEND INCOME	23,158. 235.
INTEREST INCOME	235.
TOTAL	23,393.
	================

HOLDEEN TEN FUNDS (54-120) 14-6018154 FORM 990EZ, PART I - GRANTS AND SIMILAR AMOUNTS PAID OVER \$5,000

RECIPIENT NAME:

UNITARIAN UNIVERSALIST ASSOC.

ADDRESS:

ATTN: MR. TIMOTHY BRENNAN

BOSTON, MA 02108

RELATIONSHIP:

NONE

TOTAL GRANTS PAID OVER \$5,000:

52,295.

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FORM 990EZ, PART I - OTHER EXPENSES _____

OTHER EXPENSES 712. TOTAL 712.

FORM 990EZ, PART I - OTHER INCREASES IN FUND BALANCES

BOOK VALUE ADJUSTMENT

556.

TOTAL

556.

FORM 990EZ, PART II - CASH, SAVINGS AND INVESTMENTS ______

DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
CASH SAVINGS INVESTMENTS - SECURITIES INVESTMENTS - OTHER	NONE 87,688. NONE 1,003,121.	NONE 60,211. NONE 1,003,121.
TOTALS	1,090,809.	1,063,332.

FORM 990EZ, PART II - OTHER ASSETS

DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
OTHER NOTES AND LOANS RECEIVABLE OTHER ASSETS	NONE NONE	NONE NONE
TOTALS	NONE	NONE

20

STATEMENT

- RK6595 543P 04/28/2010 13:44:42

FORM 990EZ, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION

DONATIONS TO UNITARIAN UNIVERSALIST ASSOCIATION BOSTON, MA

TOTAL

14-6018154

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

OFFICER NAME:

WACHOVIA BANK

ADDRESS:

1525 WEST WT HARRIS BLVD D1114-044

CHARLOTTE, NC 28288-1161

TITLE:

TRUSTEE

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 40

COMPENSATION 3,578.

TOTAL COMPENSATION:

3,578.

=========

SCHEDULE A, PART I (h) - INFORMATION ABOUT SUPPORTED ORGANIZATIONS

NAME OF SUPPORTED ORGANIZATION:

UNITARIAN UNIVERSALIST AS

EIN: 04-2103733

TYPE OF ORGANIZATION FROM PART I: CHURCH

IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: YES

DID YOU NOTIFY THE ORGANIZATION OF YOUR SUPPORT?: YES

IS THE ORGANIZATION ORGANIZED IN THE U.S.?: YES

AMOUNT OF SUPPORT: 82,808.

TOTAL SUPPORT:

82,808.

=========

RUN MAY 03 10 AT 3:29 PM

WELLS FARGO BANK, N.A. INVEST AFC/AFP INTERFACE

PAGE 63 AS OF 05/03/10

DETAIL LIST TICKLER 05/03/10 SEQUENCE 806 12/31/09 THROUGH 12/31/09

	SETTLE DATE POSITION	FOR	HOLDEEN 54-120	54-120 AS OF 12/31/09		
# disno	SECURITY NAME	UNITS / ORIG. FACE	BOOK VALUE	MARKET VALUE	FED TAX COST	STATE TAX COST
	PRINCIPAL					
997981006	DEPOSIT ACCOUNTS		60,210.55	60,210.55		
TOTAL	DEPOSIT ACCOUNTS		60,210.55	60,210.55		
464287234	CLOSED-END FUND - EQUITY 	501	17,766.01	20,791.50	17,766.01	17,766.01
464287465	ISHARES MSCI EAFE INDEX FD	1,016	78,119.22	56,164.48	78,119.22	78,119.22
464287630	ISHARES RUSSELL 2000 VALUE INDEX FD	708	46,465.75	41,092.32	46,465.75	46,465.75
464287655	ISHARES RUSSELL 2000 INDEX FD	920	65,642.32	57,444.80	65,642.32	65,642.32
595635103	MIDCAP SPDR TRUST SERIES 1	300	41,104.45	39,522.00	41,104.45	41,104.45
78462F103	SPDR S&P 500 ETF TRUST	3,134	399,975.29	349,252.96	399,975.29	399,975.29
78464A607	SPDR SPDR DOW JONES REIT ETF	292	22,314.64	14,369.32	22,314.64	22,314.64
TOTAL	CLOSED-END FUND - EQUITY	6,871	671,387.68	578,637.38	671,387.68	671,387.68
256210105	MUTUAL FUNDS - FIXED TAXABLE	6,839.473	86,000.00	88,639.57	86,000.00	00 000'98
4812C0803	JP MORGAN HIGH YIELD BOND-SEL	2,217.949	17,300.00	17,166.93	17,300.00	17,300.00
693390841	PIMCO HIGH YIELD FD INSTL CL	204 082	2,000.00	1,795.92	2,000 00	2,000.00
693390882	PIMCO FOREIGN BOND FD U.S. DOLLAR - HEDGED INST CL	6,549.652	68,000.00	65,496.52	68,000.00	00.000.89
693391559	PIMCO EMERGING MARKETS BOND FD INS CL	1,618.617	18,500.00	16,704.13	18,500.00	18,500.00

RUN MAY 03 10 AT 3:29 PM

WELLS FARGO BANK, N.A. INVEST AFC/AFP INTERFACE

ST AFC/AFP INTERFACE
DETAIL LIST

PAGE 64 AS OF 05/03/10

CUSIP #	SECURITY NAME	UNITS / ORIG. FACE	BOOK VALUE	MARKET VALUE	FED TAX COST	STATE TAX COST
922031869	VANGUARD INFLATION-PROTECTED SECURITIES FD IV CL	3,955.378	47,625.00	49,639.99	47,625.00	47,625.00
TOTAL	MUTUAL FUNDS - FIXED TAXABLE	21,385.151	239,425.00	239,443.06	239,425.00	239,425.00
	MUTUAL FUNDS - EQUITY					
131618795	CALVERT SOCIAL INVT FD EQUITY PORTFOLIO INSTL CL	401.177	15,000.00	12,986.10	15,000.00	15,000.00
411511843	HARBOR SMALL CAP VALUE FUND INS CL	434.243	7,000.00	7,095.53	7,000.00	7,000.00
TOTAL	MUTUAL FUNDS - EQUITY	835.42	22,000.00	20,081.63	22,000.00	22,000.00
	MUTUAL FUNDS - INTERNATIONAL EQUITY					
246248306	DELAWARE POOLED TRUST-THE INTERNATIONAL EQUITY PORTFOLIO	516.529	10,000.00	6,864.67	10,000.00	10,000.00
256206103	DODGE & COX INTERNATIONAL STOCK FD	1,114.945	43,456.03	35,511.00	43,456.03	43,456 03
61744J317	MORGAN STANLEY INSTITUTIONAL FUND INC - INTERNATIONAL REAL ESTATE CL I (FD #1)	574.745	16,852.36	10,230.46	16,852.36	16,852.36
TOTAL	MUTUAL FUNDS - INTERNATIONAL EQUITY	2,206.219	70,308.39	52,606.13	70,308.39	70,308.39
	PRINCIPAL CASH		00.00	00.00		
***	PRINCIPAL TOTAL	31,297.79	1,063,331.62	950,978.75	1,003,121.07	1,003,121.07
	INCOME					
	INCOME CASH		00.00	00.00		
***	INCOME TOTAL		00.00	00.00	00.00	00 0
	ASSET FILE TOTAL	31,297.79	1,063,331.62	950,978.75	1,003,121.07	1,003,121.07