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Form **990**

Department of the Treasury
Internal Revenue Service

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

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning and ending

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions

C Name of organization
CHRIST EPISCOPAL CHURCH TRUST

Doing Business As

Number and street (or P O. box if mail is not delivered to street address) Room/suite
P.O. BOX 1246

City or town, state or country, and ZIP + 4
NEW BERN, NC 28563

D Employer identification number
51-0145189

E Telephone number
252-633-2109

G Gross receipts $ 424,604.

F Name and address of principal officer: DAVID L. WARD
320 POLLOCK STREET, NEW BERN, , NC 28563

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ N/A

K Form of organization ☐ Corporation ☒ Trust ☐ Association ☐ Other ▶

L Year of formation 1975 **M** State of legal domicile NC

Part I Summary

1 Briefly describe the organization's mission or most significant activities: CHRIST EPISCOPAL CHURCH TRUST ALLOCATES FUNDS TO OTHER 501(3)(C) ORGANIZATIONS BASED ON THE

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	5
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	0
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

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		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	20,971.	
9	Program service revenue (Part VIII, line 2g)		
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<93,527.>	<81,870.>
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	33,554.	140.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<39,002.>	<81,730.>
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	30,000.	22,000.
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) ▶		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	15,627.	12,071.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	45,627.	34,071.
19	Revenue less expenses. Subtract line 18 from line 12	<84,629.>	<115,801.>

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	1,067,189.	1,352,213.
21	Total liabilities (Part X, line 26)		
22	Net assets or fund balances. Subtract line 21 from line 20	1,067,189.	1,352,213.

SCANNED JUN 15 2010

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

▶ David L. Ward, Jr. Trustee — Signature of officer — Date 4/29/10

▶ DAVID L. WARD, TRUSTEE
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ Ben W. Parrish — Date 4-22-10 — Check if self-employed ▶ ☐ — Preparer's identifying number (see instructions) 245-68-6675

Firm's name (or yours if self-employed), address, and ZIP + 4
▶ RSM MCGLADREY, INC.
3120 WELLONS BLVD.
NEW BERN, NC 28562

EIN ▶

Phone no ▶ 252-638-5154

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission: NONE

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 $ including grants of $ 22,000.) (Revenue $)
THE SOLE ACTIVITY OF THE TRUST IS THE COLLECTION AND INVESTMENT OF FUNDS AND EARNINGS, AND THE DISBURSEMENT OF EARNINGS FOR CHARITABLE, RELIGIOUS AND EDUCATIONAL PURPOSES.

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** ▶ $ 22,000.

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		X
6	Did the organization maintain any donor advised funds or any similar funds or 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, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	Is the organization's answer to any of the following questions "Yes"? *If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	X	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI.*			
	• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*			
	• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*			
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*			
	• Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*			
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? *If "Yes," complete Schedule D, Part X*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional* (Yes: , No: X)	12A		
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 United States?	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 United States? *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 a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions 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 of gross income from gaming activities 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

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States 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 of grants and other assistance to individuals in the United States 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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *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, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No", go to line 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	Is the organization 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*	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, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? *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
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O.	38	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		
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	0		
b	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 line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and 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 tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		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		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
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 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 *For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.*

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body	1a	5		
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	
9	Is there any officer, director, 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*	9			X

Section B. Policies *(This Section B requests information about policies not required by the Internal Revenue Code)*

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		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?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a		X
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*			
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 or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, 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. Disclosure

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

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: ▶

DAVID L. WARD, JR - 252-633-2109
320 POLLOCK ST NEW BERN, NC 28563

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. Report compensation for the calendar year ending with or within the organization's tax year. 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. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees. See instructions for definition of "key employee."
- 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) of 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.

[X] Check this box if the organization did not compensate any current officer, director, or trustee.

(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			
DR. CHARLES ASHFORD TRUSTEE	1.00							0.	0.	0.
DR. VICTOR BUSTARD TRUSTEE	1.00							0.	0.	0.
BEVERLY R. FAWCETT TRUSTEE	1.00							0.	0.	0.
DAVID L. WARD JR TRUSTEE	1.00							0.	0.	0.
REV. DR. PETER STUBE TRUSTEE	1.00							0.	0.	0.

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

(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 ▶								0.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 0

		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. NONE

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 0

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 contributions included in lines 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 ▶				
	3 Investment income (including dividends, interest, and other similar amounts) ▶	43,479.			43,479.
	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 380,985.				
	b Less: cost or other basis and sales expenses 506,334.				
	c Gain or (loss) <125349.>				
	d Net gain or (loss) ▶	<125,349.>	<125,349.>		
Other Revenue	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 INVESTMENT CAPTIAL GAI 900001	140.			140.
	b				
	c				
	d All other revenue				
	e **Total.** Add lines 11a-11d ▶	140.			
	12 **Total revenue.** See instructions ▶	<81,730.>	<125,349.>	0.	43,619.

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	22,000.	22,000.		
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				
b Legal				
c Accounting	1,672.		1,672.	
d Lobbying				
e Professional fundraising services See Part IV, line 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 INVESTMENT FEES	9,674.		9,674.	
b FOREIGN TAXES	551.		551.	
c PROPERTY TAXES	174.		174.	
d				
e				
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	34,071.	22,000.	12,071.	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	4,512.	1	2,665.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 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 or other basis. Complete Part VI of Schedule D — 10a: 20,100.			
	b	Less: accumulated depreciation — 10b:	20,100.	10c	20,100.
	11	Investments - publicly traded securities	1,042,577.	11	1,329,448.
	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)	1,067,189.	16	1,352,213.
Liabilities	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial 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 to unrelated third parties		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	1,694,831.	30	1,694,831.
	31	Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0.
	32	Retained earnings, endowment, accumulated income, or other funds	<627,642.>	32	<342,618.>
	33	Total net assets or fund balances	1,067,189.	33	1,352,213.
	34	Total liabilities and net assets/fund balances	1,067,189.	34	1,352,213.

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990: [X] Cash [ ] Accrual [ ] Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
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 line 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: [ ] Separate basis [ ] Consolidated basis [ ] Both consolidated and separate basis			
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? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization	Employer identification number
CHRIST EPISCOPAL CHURCH TRUST	51-0145189

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: (For lines 1 through 11, check only one box.)

1 [X] A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 [ ] A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 [ ] A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

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).**

11 [ ] An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a [ ] Type I b [ ] Type II c [ ] Type III - Functionally integrated d [ ] Type III - Other

e [ ] By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box [ ]

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		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 supported organization(s).

(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) 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						
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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
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						

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 2009 (line 6, column (f) divided by line 11, column (f)) . . . 14 %

15 Public support percentage from 2008 Schedule A, Part II, line 14 . . . 15 %

16a **33 1/3% support test - 2009.** If the organization did not check the box on line 13, and 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 - 2008.** 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 - 2009.** 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 - 2008.** 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 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 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
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 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from 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 in line 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 lines 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 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2009** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2008** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2009.** 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 - 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Schedule D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
CHRIST EPISCOPAL CHURCH TRUST

Employer identification number
51-0145189

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
- ☐ Preservation of land for public use (e.g., recreation or pleasure)
- ☐ Protection of natural habitat
- ☐ Preservation of open space
- ☐ Preservation of an historically important land area
- ☐ Preservation of a certified historic structure

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

		Held at the End of the Tax Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV..

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ▶ _____ %
b Permanent endowment ▶ _____ %
c Term endowment ▶ _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations 3a(i)		
(ii) related organizations 3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	20,100.			20,100.
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				20,100.

Schedule D (Form 990) 2009

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Total. (Col (b) must equal Form 990, Part X, col (B) line 13) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
Federal income taxes	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25.)* ▶	

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	<81,730.>
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	34,071.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	<115,801.>
4	Net unrealized gains (losses) on investments	4	400,825.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	400,825.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	285,024.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV.)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12)*			5	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV.)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b Also complete this part to provide any additional information.

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
CHRIST EPISCOPAL CHURCH TRUST

Employer identification number
51-0145189

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? ☐ 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" to 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
RELIGIOUS COMMUNTIY SERVIES P. O. BOX 704 NEW BERN, NC 28563			3,000.	0.			
MERCI CLINIC 1315 TATUM DRIVE NEW BERN, NC 28560			5,500.	0.			
COASTAL WOMENS'S SHELTER 1333 SOUTH GELENBURINE ROAD NEW BERN, NC 28560			1,000.	0.			
CAMP TRINITY P. O. BOX 380 SALTER PATH, NC 28575			2,500.	0.			
CHRIST EPISCOPAL CHURCH, PRISON MINISTRY - P. O. BOX 1246 - NEW BERN, NC 28563			3,000.	0.			
BIG BROTHERS BIG SISTERS P. O. BOX 544 NEW BERN, NC 28563			500.	0.			

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" to Form 990, Part IV, line 22. Use Part IV and 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.

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

OMB No 1545-0047
2009
Open to Public Inspection

Name of the organization
CHRIST EPISCOPAL CHURCH TRUST

Employer identification number
51-0145189

Part I **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II)

(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
NEW BERN PRSERVATION FOUNDATION INC. - 510 POLLOCK ST. - NEW BERN, NC 28562			750.	0.			
INTERFAITH CONNECTION 3111 COUNTRY CLUB RD. NEW BERN, NC 28560			500.	0.			
CRAVEN COUNTY SENIOR SERVICES P. O. BOX 12039 NEW BERN, NC 28561			1,500.	0.			
PROMISE PLACE P. O. BOX 1285 NEW BERN, NC 28563			750.	0.			
HAITI FUND, INC. P. O. BOX 1075 NEW BERN, NC 28563			1,500.	0.			
CATHOLIC CHARITIES, SENIOR PHARMACY PROGRAM - P. O. BOX 826 - NEW BERN , NC 28563			500.	0.			
NC CES FOUNDATION, CROP MASTER GARDEN PROGRAM - 300 INDUSTRIAL DRIVE - NEW BERN, NC 28562			1,000.	0.			

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

CHRIST EPISCOPAL CHURCH TRUST

Employer identification number

51-0145189

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

GENUINE NEED AND PURPOSE OF THE QUALIFIED CHARITABLE, RELIGIOUS, OR EDUCATIONAL RECIPLIENTS.

FORM 990, PART VI, SECTION B, LINE 11: THE BOARD OF DIRECTORS RECEIVE AND REVIEW ALL FINANCIAL INFORMATION AS PROVIDED FOR EACH QUARTERLY MEETING.

FORM 990, PART VI, SECTION C, LINE 19: ALL POLICY DOUCMENTS ARE MAINTAINED IN THE OFFICE OF CHRIST EPISCOPAL CHURCH. A REPORT REGARDING THE ACTIVITIES OF THE TRUST IS PRESENTED TO THE CONGREGATION OF THE CHURCH AT THE ANNUAL MEETING OF THE CONGREGATION HELD IN NOVEMBER OF EACH YEAR.

2009 Tax Information Statement

Account Number: 610180002
Recipient's Tax ID number: 51-0145189
Payer's Federal ID number: 56-0223230

☐ Corrected ☐ 2nd TIN notice

Payer's Name and Address
FIRST CITIZENS BANK
C/O TRUST DEPT PO BOX 29522
RALEIGH, NC 27626

Recipient's Name and Address
CHRIST EPISCOPAL CHURCH, TRUST
PO BOX 867
NEW BERN, NC 28563-0867

2009 Form 1099-B: Proceeds from Broker and Barter Exchange Transactions

OMB No. 1545-0715

Reported to the IRS are Gross Proceeds less commissions and option premiums.

Number of shares (Box 5)	CUSIP (Box 1b)	Description (Box 7)	Date Acquired	Date of Sale (Box 1a)	Stocks Bonds, etc. (Box 2)	Cost or other Basis	Net Gain or Loss	Federal Income Tax Withheld (Box 4)
Short Term Sales Reported on 1099-B								
15.0000	001055102	AFLAC INC.	02/03/2009	02/13/2009	309.44	337.55	-28.11	0.00
52.0000	001055102	AFLAC INC	02/03/2009	12/03/2009	2,380 69	1,170 17	1,210 52	0.00
48.0000	00846U101	AGILENT TECHNOLOGIES INC COM	08/05/2008	06/02/2009	913 50	1,730.79	-817.29	0.00
21.0000	021441100	ALTERA CORP COM	10/02/2008	02/13/2009	335.36	406 48	-71.12	0 00
8.0000	031162100	AMGEN INC COMMON	09/03/2008	02/13/2009	465.51	497 92	-32.41	0.00
4.0000	037411105	APACHE CORP COM	07/02/2008	02/13/2009	291.79	565 08	-273 29	0.00
22 0000	037411105	APACHE CORP COM	07/02/2008	03/03/2009	1,168.42	3,107.94	-1,939 52	0 00
19 0000	039483102	ARCHER DANIELS MIDLAND CO. COMMON	02/03/2009	02/13/2009	540 16	526 13	14.03	0.00
121.0000	052769106	AUTODESK INC (DEL) COM	11/04/2008	01/06/2009	2,515 65	2,818.07	-302 42	0.00
52 0000	06738E204	BARCLAYS PLC ADR	11/04/2008	02/13/2009	298.47	636.45	-337.98	0 00
167.0000	06738E204	BARCLAYS PLC ADR	11/04/2008	06/02/2009	3,025 41	2,043.98	981 43	0 00
176.0000	06738E204	BARCLAYS PLC ADR	VARIOUS	08/04/2009	3,901 45	1,863 46	2,037.99	0.00
67 0000	086516101	BEST BUY INC COM	03/03/2009	11/03/2009	2,581.81	1,873 93	707 88	0 00
16.0000	09062X103	BIOGEN IDEC INC	03/05/2008	02/13/2009	829.43	959.28	-129.85	0.00
29 0000	09062X103	BIOGEN IDEC INC	03/05/2008	03/03/2009	1,288 86	1,738 69	-449 83	0 00

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

2009 Tax Information Statement

Account Number: 610180002
Recipient's Tax ID number: 51-0145189
Payer's Federal ID number: 56-0223230

☐ Corrected ☐ 2nd TIN notice

Payer's Name and Address
FIRST CITIZENS BANK
C/O TRUST DEPT PO BOX 29522
RALEIGH, NC 27626

Recipient's Name and Address
CHRIST EPISCOPAL CHURCH, TRUST
PO BOX 867
NEW BERN, NC 28563-0867

Number of shares (Box 5)	CUSIP (Box 1b)	Description (Box 7)	Date Acquired	Date of Sale (Box 1a)	Stocks Bonds, etc. (Box 2)	Cost or other Basis	Net Gain or Loss	Federal Income Tax Withheld (Box 4)
208.0000	093671105	BLOCK H & R INC COM	05/04/2009	09/02/2009	3,467.67	3,161.83	305.84	0.00
26.0000	111320107	BROADCOM CORP COM	08/05/2008	02/13/2009	460.19	634.45	-174.26	0.00
58.0000	111320107	BROADCOM CORP COM	08/05/2008	03/03/2009	914.01	1,415.31	-501.30	0.00
102.0000	111320107	BROADCOM CORP COM	08/05/2008	07/02/2009	2,563.16	2,488.99	74.17	0.00
41.0000	G16962105	BUNGE LIMITED	08/04/2009	11/03/2009	2,324.59	2,939.95	-615.36	0.00
106.0000	125509109	CIGNA CORPORATION COMMON	VARIOUS	07/02/2009	2,507.01	2,001.88	505.13	0.00
130.0000	125509109	CIGNA CORPORATION COMMON	VARIOUS	12/03/2009	4,209.15	1,937.96	2,271.19	0.00
4.0000	126132109	CNOOC LTD SPONSORED ADR	12/03/2008	02/13/2009	374.83	314.61	60.22	0.00
56.0000	237194105	DARDEN RESTAURANTS INC COM	04/03/2009	07/02/2009	1,856.76	2,031.55	-174.79	0.00
46.0000	24702R101	DELL INC	08/05/2008	02/13/2009	416.75	1,164.78	-748.03	0.00
9.0000	D18190898	DEUTSCHE BANK AG	11/04/2008	02/13/2009	259.01	419.25	-160.24	0.00
28.0000	D18190898	DEUTSCHE BANK AG	11/04/2008	10/05/2009	2,061.89	1,304.33	757.56	0.00
25.0000	251566105	DEUTSCHE TELEKOM AG SPONSORED ADR	02/03/2009	02/13/2009	307.49	328.32	-20.83	0.00
17.0000	260543103	DOW CHEMICAL COMPANY COMMON	04/02/2008	02/13/2009	164.72	647.02	-482.30	0.00
103.0000	260543103	DOW CHEMICAL COMPANY COMMON	04/02/2008	04/01/2009	902.27	3,920.17	-3,017.90	0.00
101.0000	23331A109	DR HORTON INC.	05/04/2009	09/02/2009	1,224.58	1,354.58	-130.00	0.00
10.0000	26874Q100	ENSCO INTL INC COM	04/02/2008	02/13/2009	269.79	633.11	-363.32	0.00
56.0000	26874Q100	ENSCO INTL INC COM	04/02/2008	04/01/2009	1,486.23	3,545.40	-2,059.17	0.00

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2009 Tax Information Statement

Account Number: 610180002
Recipient's Tax ID number: 51-0145189
Payer's Federal ID number: 56-0223230
☐ Corrected ☐ 2nd TIN notice

Recipient's Name and Address
CHRIST EPISCOPAL CHURCH, TRUST
PO BOX 867
NEW BERN, NC 28563-0867

Payer's Name and Address
FIRST CITIZENS BANK
C/O TRUST DEPT PO BOX 29522
RALEIGH, NC 27626

Number of shares (Box 5)	CUSIP (Box 1b)	Description (Box 7)	Date Acquired	Date of Sale (Box 1a)	Stocks Bonds, etc. (Box 2)	Cost or other Basis	Net Gain or Loss	Federal Income Tax Withheld (Box 4)
124.0000	31620R105	FIDELITY NATL TITLE GROUP INC CLASS A	05/04/2009	07/02/2009	1,641 64	2,068 01	-426.37	0 00
9.0000	343412102	FLUOR CORP NEW COM	11/04/2008	02/13/2009	382.58	369 60	12.98	0 00
74.0000	36467W109	GAMESTOP CORP NEW CL A	05/04/2009	09/02/2009	1,736.39	2,211.48	-475.09	0.00
5.0000	38141G104	GOLDMAN SACHS GROUP INC COM	08/05/2008	02/13/2009	481.44	884.41	-402.97	0.00
29.0000	38141G104	GOLDMAN SACHS GROUP INC COM	08/05/2008	03/03/2009	2,448 22	5,129 57	-2,681.35	0 00
41.0000	382550101	GOODYEAR TIRE & RUBBER CORP COMMON	06/04/2008	02/13/2009	274.69	1,012.73	-738 04	0 00
15 0000	42809H107	HESS CORP	09/03/2008	01/06/2009	865.84	1,411.45	-545.61	0 00
11.0000	404280406	HSBC HLDGS PLC ADR SPON NEW	02/03/2009	02/13/2009	417 99	421.04	-3.05	0.00
20 0000	404280406	HSBC HLDGS PLC ADR SPON NEW	02/03/2009	08/04/2009	1,083 36	765.52	317.84	0 00
29.4810	404280992	HSBC HLDGS PLC RTS EXP 03/31/09	03/23/2009	04/22/2009	421 30	0 00	421.30	0 00
12.0000	53217V109	LIFE TECHNOLOGIES CORPORATION	04/02/2008	02/13/2009	367.07	914 30	-547.23	0.00
82.0000	53217V109	LIFE TECHNOLOGIES CORPORATION	VARIOUS	04/01/2009	2,625 63	4,258.23	-1,632 60	0.00
53.0000	532716107	LIMITED INC COM	07/02/2008	02/13/2009	434.06	904.57	-470.51	0 00
158.0000	55616P104	MACYS INC	02/05/2008	02/03/2009	1,396.17	4,085 33	-2,689.16	0.00
8.0000	56418H100	MANPOWER INC WIS COMMON	05/02/2008	02/13/2009	261 51	548.80	-287.29	0.00
49.0000	56418H100	MANPOWER INC WIS COMMON	05/02/2008	05/01/2009	2,072.03	3,361 42	-1,289.39	0 00
14.0000	565849106	MARATHON OIL CORP COM	07/02/2008	02/13/2009	377.29	753.00	-375.71	0.00
87.0000	565849106	MARATHON OIL CORP COM	07/02/2008	07/01/2009	2,664 56	4,679.33	-2,014 77	0 00

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2009 Tax Information Statement

Account Number: *610180002*
Recipient's Tax ID number: 51-0145189
Payer's Federal ID number: 56-0223230

☐ Corrected ☐ 2nd TIN notice

Payer's Name and Address
FIRST CITIZENS BANK
C/O TRUST DEPT PO BOX 29522
RALEIGH, NC 27626

Recipient's Name and Address
CHRIST EPISCOPAL CHURCH, TRUST
PO BOX 867
NEW BERN, NC 28563-0867

Number of shares *(Box 5)*	CUSIP *(Box 1b)*	Description *(Box 7)*	Date Acquired	Date of Sale *(Box 1a)*	Stocks Bonds, etc. *(Box 2)*	Cost or other Basis	Net Gain or Loss	Federal Income Tax Withheld *(Box 4)*
53 0000	571837103	MARSHALL & ILSLEY CORP NEW COM	11/04/2008	02/13/2009	219.94	1,000 30	-780.36	0.00
347.0000	571837103	MARSHALL & ILSLEY CORP NEW COM	VARIOUS	06/02/2009	2,178 34	5,091.77	-2,913 43	0.00
2.0000	57636Q104	MASTERCARD INC	09/03/2008	02/13/2009	333.79	459 26	-125.47	0 00
13.0000	57636Q104	MASTERCARD INC	09/03/2008	09/02/2009	2,612 24	2,985.16	-372.92	0 00
9.0000	58155Q103	MCKESSON HBOC INC COM	02/03/2009	02/13/2009	410.75	405.48	5.27	0.00
700 0000	595635103	MIDCAP SPDR TR UNIT SER 1	VARIOUS	04/24/2009	69,886 20	65,748.55	4,137.65	0 00
9.0000	607409109	MOBILE TELESYSTEMS SPON ADR	01/06/2009	02/13/2009	231.11	291.73	-60.62	0 00
71.0000	607409109	MOBILE TELESYSTEMS SPON ADR	01/06/2009	08/04/2009	3,150.75	2,301 44	849.31	0.00
50.0000	608190104	MOHAWK INDS INC COM	09/02/2009	12/03/2009	2,094.61	2,421 09	-326.48	0.00
14.0000	617446448	MORGAN STANLY DN WTTR DISCVR COM NEW	05/02/2008	02/13/2009	314.43	699 76	-385 33	0.00
84 0000	617446448	MORGAN STANLY DN WTTR DISCVR COM NEW	05/02/2008	05/01/2009	2,170.82	4,198 56	-2,027.74	0.00
101.0000	G6359F103	NABORS INDUSTRIES LTD SHS	05/02/2008	03/03/2009	870 46	3,883.16	-3,012 70	0 00
133.0000	631103108	NASDAQ OMX GROUP INC	09/03/2008	02/03/2009	2,865.16	4,388.47	-1,523.31	0.00
20 0000	629377508	NRG ENERGY INC	01/06/2009	02/13/2009	442 59	488.28	-45 69	0 00
43 0000	67066G104	NVIDIA CORP COM	12/03/2008	02/13/2009	353.02	321.04	31 98	0.00
277 0000	67066G104	NVIDIA CORP COM	12/03/2008	03/03/2009	2,109.18	2,068 11	41 07	0.00
7.0000	674599105	OCCIDENTAL PETE CORP COM	05/02/2008	02/13/2009	394.72	582 51	-187 79	0.00

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2009 Tax Information Statement

Account Number: 610180002
Recipient's Tax ID number: 51-0145189
Payer's Federal ID number: 56-0223230

☐ Corrected ☐ 2nd TIN notice

Payer's Name and Address
FIRST CITIZENS BANK
C/O TRUST DEPT PO BOX 29522
RALEIGH, NC 27626

Recipient's Name and Address
CHRIST EPISCOPAL CHURCH, TRUST
PO BOX 867
NEW BERN, NC 28563-0867

Number of shares (Box 5)	CUSIP (Box 1b)	Description (Box 7)	Date Acquired	Date of Sale (Box 1a)	Stocks Bonds, etc. (Box 2)	Cost or other Basis	Net Gain or Loss	Federal Income Tax Withheld (Box 4)
72.0000	674599105	OCCIDENTAL PETE CORP COM	VARIOUS	05/01/2009	4,193.08	5,122.02	-928.94	0.00
68.0000	701094104	PARKER HANNIFIN CORP COM	02/05/2008	02/03/2009	2,653 77	4,511.47	-1,857 70	0 00
74.0000	713409100	PEPSI BOTTLING GROUP INC COM	07/02/2009	08/04/2009	2,686 91	2,529 03	157.88	0 00
8.0000	731572103	POLO RALPH LAUREN CORP CL A	11/04/2008	02/13/2009	303.43	390.79	-87.36	0.00
27 0000	742718109	PROCTER & GAMBLE COMMON	10/02/2008	02/13/2009	1,376.18	1,929.85	-553 67	0.00
90.0000	742718109	PROCTER & GAMBLE COMMON	VARIOUS	04/01/2009	4,334.37	6,369.26	-2,034.89	0.00
28 0000	78390X101	SAIC INC	01/06/2009	02/13/2009	556.63	553.63	3 00	0 00
35.0000	812350106	SEARS HLDGS CORP	VARIOUS	05/04/2009	2,172.53	1,592 38	580 15	0 00
34.0000	812350106	SEARS HLDGS CORP	03/03/2009	09/02/2009	2,075.91	1,242 65	833.26	0.00
407.6090	783925795	SEI INSTITUTIONALLY MANAGED MID-CAP	04/24/2009	12/29/2009	6,000 00	4,426.63	1,573.37	0.00
31 0000	844741108	SOUTHWEST AIRLINES COMMON	10/02/2008	02/13/2009	223 81	421 92	-198 11	0 00
193.0000	844741108	SOUTHWEST AIRLINES COMMON	10/02/2008	04/03/2009	1,301.06	2,626 81	-1,325.75	0.00
1.0000	78462F103	SPDR TR UNIT SER 1	12/03/2008	01/06/2009	93 41	86.16	7.25	0.00
25.0000	78462F103	SPDR TR UNIT SER 1	12/03/2008	02/13/2009	2,081.73	2,154.00	-72 27	0 00
10 0000	78462F103	SPDR TR UNIT SER 1	12/03/2008	06/02/2009	948.54	861.60	86.94	0.00
7.0000	78462F103	SPDR TR UNIT SER 1	12/03/2008	07/02/2009	630 46	603 12	27.34	0.00
487 0000	852061100	SPRINT, CORP - COMMON	10/02/2008	10/01/2009	1,838 23	2,959 89	-1,121.66	0.00
12.0000	86764P109	SUNOCO INC COM	02/03/2009	02/13/2009	448 43	539 52	-91.09	0.00
81.0000	86764P109	SUNOCO INC COM	VARIOUS	09/02/2009	2,058 55	2,962.56	-904.01	0 00

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2009 Tax Information Statement

Account Number: 610180002
Recipient's Tax ID number: 51-0145189
Payer's Federal ID number: 56-0223230

☐ Corrected ☐ 2nd TIN notice

Payer's Name and Address
FIRST CITIZENS BANK
C/O TRUST DEPT PO BOX 29522
RALEIGH, NC 27626

Recipient's Name and Address
CHRIST EPISCOPAL CHURCH, TRUST
PO BOX 867
NEW BERN, NC 28563-0867

Number of shares (Box 5)	CUSIP (Box 1b)	Description (Box 7)	Date Acquired	Date of Sale (Box 1a)	Stocks Bonds, etc. (Box 2)	Cost or other Basis	Net Gain or Loss	Federal Income Tax Withheld (Box 4)
26.0000	867914103	SUNTRUST BANKS	10/02/2008	02/13/2009	230.87	1,363.10	-1,132.23	0.00
172.0000	867914103	SUNTRUST BANKS	VARIOUS	10/01/2009	3,706 83	5,407 63	-1,700.80	0.00
24.0000	887317303	TIME WARNER INC	05/04/2009	07/02/2009	584.30	578.09	6.21	0 00
.0000	H8912P106	TYCO ELECTRONICS LTD.	07/02/2009	12/23/2009	32.16	32.16	0.00	0.00
88 0000	91913Y100	VALERO ENERGY CORP	03/03/2009	07/02/2009	1,457 15	1,557 68	-100 53	0.00
17.0000	92343E102	VERISIGN INC	11/04/2008	02/13/2009	334.38	367.18	-32.80	0.00
111.0000	92343E102	VERISIGN INC	11/04/2008	09/02/2009	2,289.85	2,397.49	-107 64	0.00
8.0000	94973V107	WELLPOINT INC	01/06/2009	02/13/2009	345.67	351.33	-5.66	0 00
50 0000	94973V107	WELLPOINT INC	01/06/2009	10/05/2009	2,311.06	2,195 83	115.23	0 00
27 0000	958102105	WESTERN DIGITAL CORP COM	05/02/2008	02/13/2009	451.16	786 00	-334.84	0 00
61 0000	983024100	WYETH COM	06/04/2008	02/03/2009	2,656.74	2,673.34	-16.60	0 00
9.0000	983024100	WYETH COM	06/04/2008	02/13/2009	392.75	394.43	-1 68	0.00
61 0000	983024100	WYETH COM	06/04/2008	04/03/2009	2,595 79	2,673.34	-77 55	0.00
26 0000	983919101	XILINX INC COM	05/15/2008	02/13/2009	475.27	693 11	-217.84	0.00
Total Short Term Sales Reported on 1099-B					**211,046.94**	**244,986.87**	**-33,939.93**	**0.00**
Long Term 15% Sales Reported on 1099-B								
6.0000	88579Y101	3M CO COM	01/03/2007	02/13/2009	297.17	471 03	-173.86	0.00
50 0000	88579Y101	3M CO COM	01/03/2007	06/02/2009	2,997.41	3,925.28	-927 87	0 00
24.0000	G1150G111	ACCENTURE LTD SHS CL A	11/06/2007	02/13/2009	754 79	869 31	-114.52	0.00

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2009 Tax Information Statement

Account Number: 610180002
Recipient's Tax ID number: 51-0145189
Payer's Federal ID number: 56-0223230

☐ Corrected ☐ 2nd TIN notice

Recipient's Name and Address
CHRIST EPISCOPAL CHURCH, TRUST
PO BOX 867
NEW BERN, NC 28563-0867

Payer's Name and Address
FIRST CITIZENS BANK
C/O TRUST DEPT PO BOX 29522
RALEIGH, NC 27626

Number of shares (Box 5)	CUSIP (Box 1b)	Description (Box 7)	Date Acquired	Date of Sale (Box 1a)	Stocks Bonds, etc. (Box 2)	Cost or other Basis	Net Gain or Loss	Federal Income Tax Withheld (Box 4)
39.0000	G1150G111	ACCENTURE LTD SHS CL A	11/06/2007	05/04/2009	1,178.51	1,412.63	-234.12	0.00
38.0000	G1151C101	ACCENTURE PLC	11/06/2007	11/03/2009	1,439.68	1,376.41	63.27	0.00
12.0000	00817Y108	AETNA, INC COM	07/25/2007	02/13/2009	388.07	608.67	-220.60	0.00
72.0000	00817Y108	AETNA, INC COM	07/25/2007	07/02/2009	1,747.54	3,652.03	-1,904.49	0.00
11.0000	001084102	AGCO CORP	12/04/2007	02/13/2009	234.40	727.48	-493.08	0.00
67.0000	001084102	AGCO CORP	12/04/2007	03/03/2009	1,036.71	4,431.02	-3,394.31	0.00
18.0000	00846U101	AGILENT TECHNOLOGIES INC COM	01/04/2008	02/13/2009	336.95	634.14	-297.19	0.00
65.0000	00846U101	AGILENT TECHNOLOGIES INC COM	VARIOUS	06/02/2009	1,237.04	2,247.14	-1,010.10	0.00
65.0000	020002101	ALLSTATE CORP COM	VARIOUS	01/06/2009	2,052.12	4,225.59	-2,173.47	0.00
19.0000	020002101	ALLSTATE CORP COM	10/27/2006	02/13/2009	410.77	1,173.44	-762.67	0.00
126.0000	020002101	ALLSTATE CORP COM	VARIOUS	06/02/2009	3,341.21	7,694.00	-4,352.79	0.00
33.0000	025537101	AMERICAN ELEC PWR INC COM	12/20/2006	01/06/2009	1,085.17	1,414.38	-329.21	0.00
16.0000	025537101	AMERICAN ELEC PWR INC COM	VARIOUS	02/13/2009	507.67	661.84	-154.17	0.00
99.0000	025537101	AMERICAN ELEC PWR INC COM	10/27/2006	05/04/2009	2,626.07	4,060.98	-1,434.91	0.00
13.0000	03073E105	AMERISOURCEBERGEN CORP COMMON	10/27/2006	02/13/2009	488.79	587.74	-98.95	0.00
9.0000	053332102	AUTOZONE INC COM	01/04/2008	02/13/2009	1,241.09	1,000.44	240.65	0.00
12.0000	053332102	AUTOZONE INC COM	01/04/2008	03/03/2009	1,857.57	1,333.93	523.64	0.00
23.0000	053332102	AUTOZONE INC COM	01/04/2008	12/03/2009	3,487.01	2,556.69	930.32	0.00
42.0000	060505104	BANK OF AMERICA CORP COM	10/27/2006	02/13/2009	234.35	2,259.18	-2,024.83	0.00

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NEW BERN, NC 28563-0867

Number of shares	CUSIP	Description	Date Acquired	Date of Sale	Stocks Bonds, etc.	Cost or other Basis	Net Gain or Loss	Federal Income Tax Withheld
(Box 5)	*(Box 1b)*	*(Box 7)*		*(Box 1a)*	*(Box 2)*			*(Box 4)*
22.0000	09062X103	BIOGEN IDEC INC	03/05/2008	07/02/2009	989.17	1,319.00	-329.83	0.00
52.0000	09062X103	BIOGEN IDEC INC	VARIOUS	08/04/2009	2,513.41	3,082.34	-568.93	0.00
7.0000	055622104	BP AMOCO P L C ADR SPONSORED	10/27/2006	02/13/2009	307.99	476.14	-168.15	0.00
18.0000	166764100	CHEVRONTEXACO CORP COM	VARIOUS	02/13/2009	1,251.35	1,407.86	-156.51	0.00
20.0000	191216100	COCA COLA CO COM	VARIOUS	02/13/2009	880.59	1,096.16	-215.57	0.00
124.0000	191216100	COCA COLA CO COM	VARIOUS	05/04/2009	5,312.40	5,985.18	-672.78	0.00
161.6330	197199805	COLUMBIA ACORN TR USA CL Z	VARIOUS	12/29/2009	3,800.00	4,601.16	-801.16	0.00
14.0000	200340107	COMERICA INC COM	10/27/2006	02/13/2009	221.19	820.96	-599.77	0.00
86.0000	200340107	COMERICA INC COM	10/27/2006	04/03/2009	1,658.41	5,043.04	-3,384.63	0.00
15.0000	205363104	COMPUTER SCIENCES CORP COM	12/20/2006	02/13/2009	597.74	801.15	-203.41	0.00
12.0000	20825C104	CONOCOPHILLIPS	10/27/2006	02/13/2009	553.43	736.32	-182.89	0.00
258.0000	78464A607	DJ WILSHIRE REIT ETF	VARIOUS	12/29/2009	12,956.43	22,729.00	-9,772.57	0.00
27.0000	26441C105	DUKE ENERGY HOLDING CORP	12/20/2006	02/13/2009	401.48	511.07	-109.59	0.00
12.0000	281020107	EDISON INTL COM	12/20/2006	02/13/2009	378.95	552.00	-173.05	0.00
28.0000	30231G102	EXXON MOBIL CORP COM	VARIOUS	01/06/2009	2,241.46	2,297.48	-56.02	0.00
45.0000	30231G102	EXXON MOBIL CORP COM	12/20/2006	02/13/2009	3,363.28	3,461.85	-98.57	0.00
25.0000	345838106	FOREST LABS INC COMMON	VARIOUS	02/13/2009	642.49	1,298.44	-655.95	0.00
59.0000	345838106	FOREST LABS INC COMMON	VARIOUS	11/03/2009	1,643.15	2,861.26	-1,218.11	0.00
33.0000	364760108	GAP STORES COMMON	10/02/2007	02/13/2009	381.14	616.68	-235.54	0.00

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Number of shares (Box 5)	CUSIP (Box 1b)	Description (Box 7)	Date Acquired	Date of Sale (Box 1a)	Stocks Bonds, etc. (Box 2)	Cost or other Basis	Net Gain or Loss	Federal Income Tax Withheld (Box 4)
63.0000	364760108	GAP STORES COMMON	10/02/2007	04/03/2009	952.54	1,177 31	-224 77	0 00
31.0000	369604103	GENERAL ELEC CO	12/20/2006	02/13/2009	354 63	1,188 85	-834.22	0 00
60 0000	382550101	GOODYEAR TIRE & RUBBER CORP COMMON	06/04/2008	08/04/2009	1,091 38	1,482 04	-390.66	0 00
11.0000	384802104	GRAINGER W W INC COM	11/06/2007	02/13/2009	809.81	966.14	-156 33	0 00
16.0000	418056107	HASBRO INC COM	12/20/2006	02/13/2009	380.79	436.00	-55.21	0.00
44.0000	418056107	HASBRO INC COM	VARIOUS	04/03/2009	1,167 01	1,191.88	-24.87	0 00
87.0000	418056107	HASBRO INC COM	11/03/2006	07/02/2009	2,082.07	2,345 99	-263.92	0 00
43 0000	42809H107	HESS CORP	11/06/2007	01/06/2009	2,482.06	3,127.81	-645.75	0.00
38.0000	428236103	HEWLETT PACKARD CO COMMON	VARIOUS	02/13/2009	1,359.63	1,674.98	-315.35	0.00
32 0000	438516106	HONEYWELL INTL INC COM	VARIOUS	02/13/2009	1,058 55	1,811.47	-752.92	0.00
53.0000	438516106	HONEYWELL INTL INC COM	VARIOUS	03/03/2009	1,330 63	2,901.14	-1,570.51	0 00
138 0000	438516106	HONEYWELL INTL INC COM	VARIOUS	06/02/2009	4,830.75	5,927 26	-1,096.51	0 00
15.0000	459200101	INTERNATIONAL BUSINESS MACHS	VARIOUS	02/13/2009	1,413 14	1,490 31	-77.17	0.00
40.0000	464287804	ISHARES TR S&P SMLCAP 600	12/22/2006	12/29/2009	2,223.54	2,620.80	-397 26	0.00
139 0000	46625H100	J P MORGAN CHASE & CO COM	VARIOUS	01/06/2009	4,137.30	6,614.66	-2,477.36	0.00
4.0000	478160104	JOHNSON & JOHNSON	10/27/2006	01/06/2009	237.48	272 44	-34.96	0 00
46.0000	478160104	JOHNSON & JOHNSON	10/27/2006	02/13/2009	2,629 34	3,133.06	-503.72	0 00
14.0000	532791100	LINCARE HLDGS INC COM	02/05/2007	02/13/2009	369.45	558.08	-188 63	0 00
56.0000	539830109	LOCKHEED MARTIN CORP COMMON	08/03/2007	02/03/2009	4,476.59	5,720 40	-1,243 81	0 00

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14.0000	580135101	MCDONALDS CORP COM	VARIOUS	02/13/2009	801.35	708 19	93 16	0.00
58.0000	58405U102	MEDCO HEALTH SOLUTIONS INC	06/06/2007	02/03/2009	2,771.91	2,236.82	535 09	0.00
12.0000	58405U102	MEDCO HEALTH SOLUTIONS INC	06/06/2007	02/13/2009	562.67	462.79	99 88	0.00
35.0000	589331107	MERCK & CO INC COMMON	VARIOUS	02/13/2009	1,003 09	1,700 50	-697 41	0.00
79.0000	594918104	MICROSOFT CORP COMMON	VARIOUS	02/13/2009	1,519.16	2,499 57	-980.41	0 00
55.0000	594918104	MICROSOFT CORP COMMON	12/20/2006	09/02/2009	1,315.34	1,658.17	-342.83	0.00
69.0000	595635103	MIDCAP SPDR TR UNIT SER 1	VARIOUS	04/24/2009	6,888 78	10,974.81	-4,086 03	0.00
21.0000	60467R100	MIRANT CORP NEW	11/06/2007	02/13/2009	326.54	906 29	-579 75	0 00
27.0000	637640103	NATIONAL SEMICONDUCTOR CORP COM	06/06/2007	02/13/2009	312 92	715.27	-402 35	0.00
19.0000	666807102	NORTHROP CORP COMMON	VARIOUS	02/13/2009	892.04	1,368 95	-476 91	0 00
30.0000	666807102	NORTHROP CORP COMMON	VARIOUS	10/05/2009	1,503.75	2,018.69	-514.94	0.00
1201 4420	683974109	OPPENHEIMER DEVLPNG MKTS INC CL A	VARIOUS	08/03/2009	30,000 00	53,093 40	-23,093 40	0 00
279.7200	683974109	OPPENHEIMER DEVLPNG MKTS INC CL A	12/29/2006	12/29/2009	8,000 00	11,527.26	-3,527.26	0.00
66.0000	717081103	PFIZER INC	VARIOUS	02/13/2009	971 51	1,791.41	-819.90	0.00
52.0000	784635104	SPX CORP	09/05/2007	01/06/2009	2,396 75	4,680.57	-2,283.82	0.00
28.0000	871503108	SYMANTEC CORP	10/02/2007	02/13/2009	418.03	571.56	-153 53	0 00
229 0000	871503108	SYMANTEC CORP	10/02/2007	09/02/2009	3,426 19	4,674.53	-1,248 34	0 00
17.0000	88732J207	TIME WARNER CABLE	10/27/2006	04/06/2009	461.05	1,005 55	-544.50	0 00

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.0690	88732J207	TIME WARNER CABLE	10/27/2006	04/15/2009	1.89	4.08	-2.19	0.00
68.0000	887317303	TIME WARNER INC	10/27/2006	07/02/2009	1,655.53	3,064.25	-1,408.72	0.00
33.0000	887317105	TIME WARNER INC NEW	10/27/2006	02/13/2009	286.10	659.01	-372.91	0.00
8.0000	913017109	UNITED TECHNOLOGIES CORP COM	10/27/2006	02/13/2009	377.43	520.32	-142.89	0.00
33.0000	92343V104	VERIZON COMMUNICATIONS COM	VARIOUS	02/13/2009	984.38	1,391.99	-407.61	0.00
23.0000	949746101	WELLS FARGO & CO NEW COM	10/27/2006	02/13/2009	368.91	836.97	-468.06	0.00
36.0000	984121103	XEROX CORP COMMON	12/20/2006	02/13/2009	231.47	615.24	-383.77	0.00
Total Long Term 15% Sales Reported on 1099-B					**169,937.63**	**261,347.25**	**-91,409.62**	**0.00**

PART VIII
Statement of Revenue

Short Term	211,046.93	246,986.87	(35,939.94)
Long Term	169,937.63	261,347.25	(91,409.62)
	384,984.56	506,334.12	125,349.56

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