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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

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

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions	C Name of organization TUA ERNEST E BURBAGE JR		D Employer identification number 52-6038424
		Number and street (or P O box, if mail is not delivered to street address) Room/suite P O BOX 1802		E Telephone number (410) 605-1773
		City or town, state or country, and ZIP + 4 PROVIDENCE, RI 02901-1802		F Group Exemption Number . . . ▶

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method Cash Accrual
Other (specify) ▶

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

Website: ▶

Tax-exempt status (check only one) - 501(c) () ◀ (insert no) 4947(a)(1) or 527

Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ . . . ▶ \$ 27,702.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

		Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	1		10	Grants and similar amounts paid (attach schedule)	10	30,885.
2	Program service revenue including government fees and contracts	2		11	Benefits paid to or for members	11	
3	Membership dues and assessments	3		12	Salaries, other compensation, and employee benefits	12	8,622.
4	Investment income	4	27,702.	13	Professional fees and other payments to independent contractors	13	800.
5	a Gross amount from sale of assets other than inventory	5a		14	Occupancy, rent, utilities, and maintenance	14	
	b Less cost or other basis and sales expenses	5b		15	Printing, publications, postage, and shipping	15	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c		16	Other expenses (describe ▶)	16	291.
6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here			17	Total expenses. Add lines 10 through 16	17	40,598.
	a Gross revenue (not including \$ reported on line 1) of contributions	6a		18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-12,896.
	b Less direct expenses other than fundraising expenses	6b		19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	1,110,662.
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		20	Other changes in net assets or fund balances (attach explanation)	20	221.
7	a Gross sales of inventory, less returns and allowances	7a		21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	1,097,987.
	b Less: cost of goods sold	7b					
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c					
8	Other revenue (describe ▶)	8					
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	27,702.				

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	1,110,662.	1,097,987.
23	Land and buildings		
24	Other assets (describe ▶)		
25	Total assets	1,110,662.	1,097,987.
26	Total liabilities (describe ▶)		
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	1,110,662.	1,097,987.

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2009)

3 NE

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Part V 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		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		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.		
a	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?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N.		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a		
b	Did the organization file Form 1120-POL for this year?		X
38a	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?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 39a		
b	Gross receipts, included on line 9, for public use of club facilities 39b		
40a	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 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			
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	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
40e			
41	List the states with which a copy of this return is filed. ▶ _____		
42a	The organization's books are in care of ▶ PRIVATE BANK TAX SERVICES Telephone no. ▶ (401) 278-6858 Located at ▶ P O BOX 1802, PROVIDENCE, RI ZIP + 4 ▶ 02901-1802		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	Yes	No
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 Foreign Bank and Financial Accounts.		
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?		X
42c			
	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 ▶ <input checked="" type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45			



Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

- 46 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

46		
47		
48		X
49a		
49b		
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- b If "Yes," was the related organization a section 527 organization?
- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key 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) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

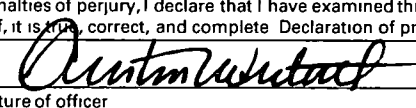
f Total number of other employees paid over \$100,000 ► NONE

- 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$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
NONE		

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 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  04/15/2010
 Signature of officer Date

► SVP Tax
 Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (See instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4	EIN	Phone no	

May the IRS discuss this return with the preparer shown above? See instructions ► Yes No



SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2009

Open to Public Inspection

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.

Name of the organization TUA ERNEST E BURBAGE JR	Employer identification number 52-6038424
--	---

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 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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(ii) A family member of a person described in (i) above?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
SEE STATEMENT 9									
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.) N/A

Section A. Public Support

Table with 7 columns: (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (f) Total. Rows include: 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; 10 Other income; 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.)

N/A

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 ►



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

Area with horizontal dashed lines for supplemental information.



TUA ERNEST E BURBAGE JR

52-6038424

FORM 990EZ, PART I - INVESTMENT INCOME
=====

DESCRIPTION

DIVIDEND INCOME

27,702.

TOTAL

27,702.
=====



TUA ERNEST E BURBAGE JR 52-6038424
FORM 990EZ, PART I - GRANTS AND SIMILAR AMOUNTS PAID OVER \$5,000

=====

RECIPIENT NAME:

JOHNS HOPKINS UNIVERSITY

ADDRESS:

ATTN: OFFICE OF THE TREASURER
BALTIMORE, MD 21218

RELATIONSHIP:

NONE

AMOUNT OF GRANT PAID 30,885.

TOTAL GRANTS PAID OVER \$5,000: 30,885.

=====



TUA ERNEST E BURBAGE JR

52-6038424

FORM 990EZ, PART I - OTHER EXPENSES

=====

FOREIGN TAXES ON QUALIFIED FOREIGN DIVIDENDS	258.
FOREIGN TAXES ON NONQUALIFIED FOREIGN DIVIDENDS	33.

TOTAL	291.
	=====



TUA ERNEST E BURBAGE JR

52-6038424

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

=====

INCOME ADJUSTMENT	-----	222.
TOTAL		----- 222. =====



TUA ERNEST E BURBAGE JR

52-6038424

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

=====

ROUNDING	-----	1.
TOTAL		-----
		1.
		=====



TUA ERNEST E BURBAGE JR

52-6038424

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

=====

DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
-----	-----	-----
SAVINGS	42,156.	29,481.
INVESTMENTS - SECURITIES	1,068,506.	1,068,506.
TOTALS	1,110,662.	1,097,987.
	=====	=====

TUA ERNEST E BURBAGE JR

52-6038424

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

DESCRIPTION	GRANTS AND ALLOCATIONS	EXPENSES
-----	-----	-----

JOHNS HOPKINS UNIVERSITY

30,885.

30,885.

BANK OF AMERICA

5,604.

TOTAL

30,885.

36,489.



TUA ERNEST E BURBAGE JR

52-6038424

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

=====

OFFICER NAME:

BANK OF AMERICA

ADDRESS:

P.O. BOX 6767

PROVIDENCE, RI 02901

TITLE:

TRUSTEE

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 40

COMPENSATION 8,622.

TOTAL COMPENSATION: 8,622.

=====



TUA ERNEST E BURBAGE JR

52-6038424

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

NAME OF SUPPORTED ORGANIZATION:

JOHNS HOPKINS UNIVERSITY

EIN: 52-0591656

TYPE OF ORGANIZATION FROM PART I: 11

IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: YES

DID YOU NOTIFY THE ORGANIZATION OF YOUR SUPPORT?: YES

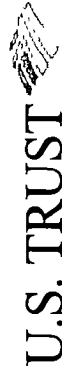
IS THE ORGANIZATION ORGANIZED IN THE U.S.?: YES

AMOUNT OF SUPPORT: 30,885.

TOTAL SUPPORT:

30,885.
=====

Settlement Date



Bank of America Private Wealth Management

Account Summary

Oct 01, 2009 through Dec. 31, 2009

Account: 45-11-111-7406531 TUA ERNEST E BURBAGE JR

Market Value \$999,521.42

Account Activity		YTD Since 07/01/09	
Description	Current Period	YTD	Fiscal YTD
Beginning Market Value	\$975,070.40	\$884,646.07	\$0.00
Income	9,224.55	15,137.28	0.00
Bank Fees	-2,291.87	-4,549.38	\$0.00
Change in Market Value	17,518.34	104,287.45	
Ending Market Value	\$999,521.42	\$999,521.42	
Change in Account Value	24,451.02	114,875.35	

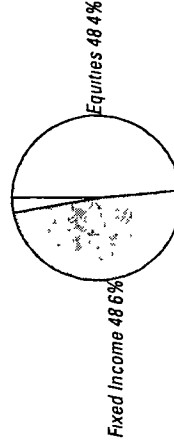
Realized Gain/Loss Summary		
Description	Current Period	Fiscal YTD
Short-term	\$0.00	\$0.00
Long-term	0.00	0.00
Net Total	\$0.00	\$0.00

Income Summary		
Description	Current Period	YTD Since 07/01/09
Dividends - Taxable	\$9,215.73	\$15,120.34
Interest - Taxable	8.82	16.94
Total Income	\$9,224.55	\$15,137.28

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Description	Market Value	Tax Cost	Estimated Annual Income	Current Yield
Cash/Currency	\$29,484.72	\$29,481.13	\$44.22	0.2%
Equities	484,460.19	587,176.02	5,585.37	1.2
Fixed Income	485,576.51	481,330.07	20,515.96	4.2
Total Assets	\$999,521.42	\$1,097,987.22	\$26,145.55	2.6%
Total	\$999,521.42	\$1,097,987.22	\$26,145.55	

Cash/Currency 3.0%



Market Value includes accrued income unless otherwise noted

The amounts shown throughout this statement should not be used in the preparation of tax documents. Detail specifying taxable nature of income will be provided with year-end tax documentation. Please consult your tax advisor.

3/36 6002007 001002 3/20

0060863 02-005 407 T E

Settlement Date



Bank of America Private Wealth Management

Portfolio Detail

Account: 45-11-111-7406531 TUA ERNEST E BURBAGE JR

Oct 01, 2009 through Dec 31, 2009

Units	Description	Market Value(1)/ Market Price	Accrued Income	Average Unit Cost	Tax Cost/ Unit Cost	Unrealized Gain/Loss	Estimated Annual Income	Cur Yld/ YTM
22,226.910	BANK OF AMERICA MONEY MARKET SAVINGS ACCOUNT (Income Investment)	\$22,226.91 1,000	\$2.63	\$22,226.91 1,000	\$0.00	\$0.00	\$33.34	0.2%
7,254.220	BANK OF AMERICA MONEY MARKET SAVINGS ACCOUNT	7,254.22 1,000	0.96	7,254.22 1,000	0.00	0.00	10.88	0.2
Total Cash/Currency		\$29,481.13	\$3.59	\$29,481.13	\$0.00	\$0.00	\$44.22	0.1%

U.S. TRUST

1,414.696	COLUMBIA CONVERTIBLE SECURITIES FUND CLASS Z SHARES Ticker: NCIA X	\$18,263.73 12,910	\$0.00	\$20,576.63 14,545	-\$2,312.90	\$516.36	2.8%
4,065.824	COLUMBIA INTERNATIONAL VALUE FUND CLASS Z SHARES Ticker: EMIE X	57,694.04 14,190	0.00	78,712.95 19,360	-21,018.91	959.53	1.7
13,063.392	COLUMBIA LARGE CAP VALUE FUND CLASS Z SHARES Ticker: NVLU X	133,507.87 10,220	0.00	154,336.37 11,814	-20,828.50	1,606.80	1.2
10,464.187	COLUMBIA MARSICO GROWTH FUND CLASS Z SHARES Ticker: NGIP X	180,925.79 17,290	0.00	210,524.74 20,119	-29,598.95	1,255.70	0.7
1,709.787	COLUMBIA MID CAP GROWTH FUND CLASS Z SHARES Ticker: CLSP X	35,067.73 20,510	0.00	43,117.35 25,218	-8,049.62	15.39	0.0
1,233.050	COLUMBIA MID CAP VALUE FUND CLASS Z SHARES Ticker: NAMA X	13,662.19 11,080	0.00	16,595.97 13,459	-2,933.78	123.31	0.9
2,354.694	COLUMBIA MULTI-ADVISOR INTL EQUITY FUND CLASS Z SHARES Ticker: NIEQ X	26,819.96 11,390	0.00	37,697.60 16,010	-10,877.64	1,078.45	4.0

(1) Market Value in the Portfolio Detail section does not include Accrued Income

Settlement Date

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Bank of America Private Wealth Management

Portfolio Detail

Oct. 01, 2009 through Dec. 31, 2009

Account: 45-11-111-7406531 TUA ERNEST E BURBAGE JR

Units	Description	Market Value(1)/ Market Price	Accrued Income	Average Unit Cost	Tax Cost/ Unit Cost	Unrealized Gain/Loss	Estimated Annual Income	Cur Yld/ YTM
Equities (cont'd)								
1,452.207	COLUMBIA SMALL CAP GROWTH FUND II CLASS Z SHARES Ticker: PSCP X	13,766.92 9.480	0.00	20,079.80 13.827		-6,312.88	0.00	0.0
432.389	COLUMBIA SMALL CAP VALUE FUND II CLASS Z SHARES Ticker: NSVA X	4,751.96 10.990	0.00	5,534.61 12.800		-782.65	29.83	0.6
Total Equities		\$484,460.19	\$0.00	\$587,176.02		-\$102,715.83	\$5,585.37	1.2%
Fixed Income								
22,732.271	COLUMBIA CORE BOND FUND CLASS Z SHARES	\$241,416.72 10.620	\$699.03	\$243,003.15 10.690		-\$1,586.43	\$9,433.89	3.9%
2,650.296	COLUMBIA HIGH INCOME FUND CLASS Z SHARES	20,566.30 7.760	0.00	24,388.58 9.202		-3,822.28	1,502.72	7.3
22,972.054	COLUMBIA TOTAL RETURN BOND FUND CLASS Z SHARES	222,139.76 9.670	754.70	213,938.34 9.313		8,201.42	9,579.35	4.3
Total Fixed Income		\$484,122.78	\$1,453.73	\$481,330.07		\$2,792.71	\$20,515.96	4.2%
Total Portfolio		\$998,064.10	\$1,457.32	\$1,097,987.22		-\$99,923.12	\$26,145.55	2.6%
Accrued Income		\$1,457.32						
Total		\$999,521.42						