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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

Open to Public Inspection

OMB No 1545-0047

A	For the	e 2009 calendar year, or tax year beginning and ending		
В	Check if applicable	Please use IRS	D Employer identifi	cation number
	Addre	ss label or C.L. CHRIST CHARITABLE TRUST		
Ē	Name chang	type	55-0	746591
	Initial return	See Number and street (or P.O. box if mail is not delivered to street address) Room/s	uite E Telephone numbe	r
	Termir	Specific 83 EDGINGTON LANE	304-	242-2300
	Amene		G Gross receipts \$	34,507.
	Applic	WHEELING, WV 26003	H(a) Is this a group re	eturn
	pendir	F Name and address of principal officer: REV MICHAEL J BRANSFIE	LD for affiliates?	Yes X No
		1300 BYRON STREET, WHEELING, WV 26003	H(b) Are all affiliates inc	cluded? Yes No
1	Tax-exe	empt status: X 501(c) (3	If "No," attach a	list (see instructions)
J	Websit	e: NONE	H(c) Group exemptio	n number
_	Form of Part I	organization: Corporation X Trust Association Other ► L Y	/ear of formation: 1995	A State of legal domicile: WV
	, 1	Briefly describe the organization's mission or most significant activities. TO HOLD	THE TRUST ASS	ETS FOR THE
Activities & Governance		PERPETUAL USE AND BENEFIT OF CENTRAL CATHOLI	C HIGH SCHOOL	, WHEELING,
Ę	2	Check this box Fig. 1 if the organization discontinued its operations or disposed of r	nore than 25% of its net as	ssets
٥	3	Number of voting members of the governing body (Part VI, line 1a)	. 3	3
ن دم	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	<u> </u>
ď	5	Total number of employees (Part V, line 2a)	5	0
÷	6	Total number of volunteers (estimate if necessary)	6	0
į	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
_		Net unrelated business taxable income from Form 990-T, line 34	7b	0.
			Prior Year	Current Year
<u>a</u>	8	Contributions and grants (Part VIII, line 1h)	77,428.	
Revenue	9	Program service revenue (Part VIII, line 2g)		
Š	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	45,898.	31,409.
-	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
		Total revenue - add lines 8 through 1 (must equal Part VIII, column (A), line 12)	123,326.	31,409.
	13	Grants and supported the Daid (Part IX, column (A), lines 1-3)	34,207.	33,615.
	14	Benefits paid to or for members (Patt IX, column (A), line 4)		
ď	15	Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,397.	5,731.
2	16a	Professional fulfithraising rees (Part (\$) column (A), line 11e)		
Fxnenses	Ь Б	Total fundraising expenses (Part IX, Ediumn (D), line 25)		
ш	17	Other expenses (Part IX) column (A), Junes 11a-11d, 11f-24f)		100.
	18	Total expenses, Add lines 13-17 (must equal Part IX, column (A), line 25)	36,604.	39,446.
	19	Revenue less expenses Subtract line 18 from line 12	86,722.	-8,037.
Net Assets or			Beginning of Current Year	End of Year
Sset	일 20	Total assets (Part X, line 16)	661,788.	642,763.
et	<u>2</u> 21	Total liabilities (Part X, line 26)	8,552.	8,552.
	ट् <u>य 22</u> Part li	Net assets or fund balances Subtract line 21 from line 20	653,236.	634,211.
⊉	art II	Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements.	and and to the heat of my knowled	an and helpful it in this corner
3		and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowle	edge	ge and belief, it is true, correct,
			1 2 /10	1,0
G Si		Signature of officer	Date // (//0
_i ``	ere		54.0	•
5		REV MICHAEL J BRANSFIELD, TRUSTEE Type or print name and title		
		- International Control	Check if Prepar	er's identifying number
Pa	id	Preparer's signature	self- employed ▶ 🗶 (see in:	structions)
Pre	eparer's	Firm's name (or HEDNITON MODITION LEVAPORD	EIN >	
. Us	e Only	yours if HERNDON, HOR JON, HERNDON & TAEGER self-employed). 83 EDGINGTON LANE	LIN	
Ď		address, and ZIP+4 WHEELING, WV 26003-1541	Phone no. > /	304) 242-2300
V	av the II	RS discuss this return with the preparer shown above? (see instructions)	17 Hone Ho.	X Yes No
	2001 02-0		instructions	Form 990 (2009)
000	,			. J J - (2003).

	990 (2009)		CHARITABLE TRUST	55-074	16591 Page 2
Pa		nt of Program Service Ac	complishments		
1		he organization's mission:			
	TO SUPPOR	RT CENTRAL CATHOL	IC HIGH SCHOOL.		
	Did the organizat	ion undertake any significant prog	ram services during the year which we	re not listed on	
2	the prior Form 99		ram services during the year which we	re not listed on	Yes X No
	•	these new services on Schedule		•	Lifes Latino
3			o. Inificant changes in how it conducts, a	ny nrogram services?	Yes X No
3		these changes on Schedule O.	initialit changes in now it conducts, at	ny program services:	1es140
4			ch of the organization's three largest pr	rogram services by expenses	
7			ection 4947(a)(1) trusts are required to		
			ue, if any, for each program service rep		
		, - ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
4a	(Code.) (Expenses \$ 3	3,615. including grants of \$	33,615.)(Revenue \$	31,409.)
	,				
	AS REQUIE	RED IN THE GOVERN	ING INSTRUMENT, ALL	DISTRIBUTIONS FRO	OM THE
	TRUST MUS	ST BE DISTRIBUTED	TO CENTRAL CATHOLIC	C HIGH SCHOOL FOR	
	EDUCATION	NAL PURPOSES AND	FOR ITS ATHLETIC PRO	OGRAM. DURING THE	YEAR
	SOME PRIN	NCIPAL WAS ALSO D	ISTRIBUTED. ACCORD	INGLY ALL REVENUE	AND
	EXPENSES	WERE FOR THE BEN	EFIT OF CENTRAL CATE	HOLIC HIGH SCHOOL	
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
	 				
	 				
					
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
					
	<u> </u>				
					······································
					
					
					- · · · - · - · - · - · ·
					
					
4d		ervices. (Describe in Schedule O.)			
	(Expenses \$	including gran		ue \$)	
40	Total program of	anica avnances 🕨 🕏	33.615.		

	s		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, VIII, IX, or X			
	as applicable	11	<u> </u>	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	<u> </u>	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			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	<u> </u>	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	 -	X
Ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,		ł	
	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	<u> </u>	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,			3.5
	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			3.5
	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,"			v
	complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	Щ.,	X

Form **990** (2009)

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X

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

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.

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Statements Regarding Other IRS Filings and Tax Compliance Part V 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 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming X (gambling) winnings to prize winners? 10 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 0 filed for the calendar year ending with or within the year covered by this return 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? X За b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a X financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **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. X 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Х b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b 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 Х any contributions that were not tax deductible? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 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 Х provided to the payor? 7a 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 X to file Form 8282? 7c d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e X Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? **7**f For all contributions of qualified intellectual property, did the organization file Form 8899 as required? **7**g h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 7h 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 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9a Did the organization make a distribution to a donor, donor advisor, or related person? 9b Section 501(c)(7) organizations. Enter-10a a Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11a 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

Form 990 (2009)

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

11A Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b X 12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 12c Does the organization have a written whistleblower policy? 13 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? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons. CEO, Executive Director, or top management official 15a X 15b Other officers or key employees of the organization 15f 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 17b 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? 17c If the states with which a copy of this Form 990 is required to be filed NONE 18cetton C. Disclosure 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available. On the public conspection. Indicate how you make these available. Check all that apply. 19 Describe in Schedule O whether (and i	Sec	tion A. Governing Body and Management					
b Enter the number of voting members that are independent D day officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? D de 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? D die the organization have management changes to its organizational documents since the pinor Form 990 was filed? D die the organization have members or stockholders? Does the organization have members or stockholders? Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? A variety decisions of the governing body subject to approval by members, stockholders, or other persons? D d the organization contemporaneously document the meetings held or written actions underfatiend during the year by the following. The poverning body? B and committee with authority to act on behalf of the governing body? B acts committee with authority to act on behalf of the governing body? B acts committee with authority to act on behalf of the governing body? B acts committee with authority to act on behalf of the governing body? B acts committee with authority to act on behalf of the governing body? B acts committee with authority to act on behalf of the governing body? B acts committee with authority to act on behalf of the governing body? B acts committee with authority to act on behalf of the governing body? B acts committee with authority to act on behalf of the governing body? B acts committee with authority to act on behalf of the governing body? B acts committee with authority to act on behalf of the governing body? B acts committee with authority to act on behalf of the governing body? B acts committee with authority to act on behalf of the governing body to the file of the following pensions and procedures			1	ı		Yes	No_
2 Did any officer, director, futuates, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee. 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? 5 Did the organization necessary segrificant changes to the organization documents since the prior Form 990 was filled? 4	1a	Enter the number of voting members of the governing body	1a	<u> </u>	<u>3</u>		
officer, director, fustee, or key employee? Job dit he 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? Did the organization make any significant changes to its organizational documents since the prior Form 950 was filled? Lot the organization have members or stockholders? Did the organization have members or stockholders, or other persons who may elect one or more members of the governing body? Did the organization have members or stockholders, or other persons who may elect one or more members of the governing body? Did the organization have members or stockholders, or other persons who may elect one or more members of the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following. The governing body? Each committee with authority to act on behalf of the governing body? Each committee with authority to act on behalf of the governing body? Each committee with authority to act on behalf of the governing body? Dis there any officer, director, fustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's making address? If Yes, provide the names and addresses in Schedule O Section B, Policies (This Section B, Policies), provide the names and addresses in Schedule O Des the organization have local chapters, pranches, or affiliates? 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? Has the organization have a written organization to review this Form 950. If Yes, does the organization have written operations are consistent with those of the organization? Does the organization regularly and consistently monitor and enforce compliance with the policy? If Yes, describe a p	Ь	· · · · · · · · · · · · · · · · · · ·		<u> </u>	<u>1</u>		
3 but the organization delegate control over management durises customarily performed by or under the direct supervision of officers, directors or fursitees, or key employees to a management company or other person? 5 but the organization make any significant changes to its organizational documents since the prior Form 990 was filed? 5 but the organization have members or stockholders? 6 boes the organization have members or stockholders, or other persons who may elect one or more members of the governing body? 7 but the organization have members, stockholders, or other persons who may elect one or more members of the governing body subject to approval by members, stockholders, or other persons? 8 but the organization contemporaneously document the meetings held or written actions undertaken during the year by the following. 8 but there any officer, director, fursites, or key employee listed in Part VII, Section A, who cannot be reached at the organization resulting with the following. 8 but there any officer, director, fursites, or key employee listed in Part VII, Section A, who cannot be reached at the organization is making address? If Yes, if provide the names and addresses in Schedule C. 8 but there are officer, director, fursites, or key employee listed in Part VII, Section A, who cannot be reached at the organization is making address? If Yes, if yes the names and addresses in Schedule C. 9 but the organization have local chapters, branches, or affiliates? 10 but the organization have local chapters, branches, or affiliates? 11 but a the organization have formation about policies not required by the Internal Revenue Code. 12 but the state of the programization 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? 11 but as the organization have a written policies and procedures governing the organization? 12 but the state of the process, if any, used by the organizat	2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	ip with	any other			
of officent, directors of fusiteses, or key employees to a management company or other person? 4		officer, director, trustee, or key employee?			2	X	
4 but the organization make any significant changes to its organizational documents since the prior Form 990 was filled? 5 but the organization have members or stockholders? 7 boes the organization have members or stockholders? 8 but the organization have members or stockholders. 8 but the organization have members or stockholders. 9 but the organization have members or stockholders, or other persons who may elect one or more members of the governing body subject to approval by members, stockholders, or other persons? 8 but the organization contemporaneously document the meetings held or written actions undertaken during the year by the following. 9 but the organization contemporaneously document the meetings held or written actions undertaken during the year by the following. 1 The governing body? 9 but the organization have with authority to act on behalf of the governing body? 9 but here any officer, director, trustee, or key employee listed in Part VII. Section A, who cannot be reached at the organization is making address? If Yes, "provide the names and addresses in Schedule O be reached at the organization is making address?" If Yes, "provide the names and addresses in Schedule O 9 x 1 Section B. Pollicies (This Section B requests information about policies not required by the Internal Revenue Code.) 1 West No. 10 but the organization have written policies and procedures governing bedy before filling the form? 11 Has the organization have written policies and procedures governing bedy before filling the form? 11 A section B. Pollicies of the section of the organization? 10 but the organization have a written organization to revew this form 990 to all members of its governing body before filling the form? 11 A section B. Pollicies of the section of the organization organization to rever with Form 990 to all members of the group organization formation organization to rever whith section organization formation organization the very discount organization required to be fore filling the for	3	Did the organization delegate control over management duties customarily performed by or under the	e dire	ct supervision			
5 Dot the organization become aware during the year of a material diversion of the organization's assets? 5 Does the organization have members or stockholders, or other persons who may elect one or more members of the governing body? 7 Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 8 Dot the organization contemporaneously document the meetings held or written actions undertaken during the year by the following. 8 The governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's making address? If If Yes, I provide the names and addresses in Schedule O 10 Does the organization have located in Part VII, Section A, who cannot be reached at the organization's making address? If If Yes, I provide the names and addresses in Schedule O 10 Does the organization have located chapters, branches, or affiliates? 10 If Yes, 'does the organization have written policies and procedures governing body before filing the form? 11 As the organization have a written conflict of interest policy? If Yoo,' go to line 13 12 Does the organization have a written conflict of interest policy? If Yoo,' go to line 13 13 Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in process for determining compensation of the following persons include a review and approval by independent persons, comparability that any during the organization in well for the process, if any, used by the organization of the deliberation and decision? 1 The organization revel with which is done. 1 Does the organization have a written document retention and destruction policy? 1 Dies the organization have a written document retention and destruction policy? 2 Does the organization in well. If the process in Schedule O (Se		of officers, directors or trustees, or key employees to a management company or other person?			3_	L	
6	4	Did the organization make any significant changes to its organizational documents since the prior Fo	orm 99	00 was filed?	4		
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b X 8 Dot the organization contemporaneously document the meetings held or written actions undertaken during the year by the following. a The governing body? b Each committee with authority to act on behalf of the governing body? b Each committee with authority to act on behalf of the governing body? b Each committee with authority to act on behalf of the governing body? b Each committee with authority to act on behalf of the governing body? b Each committee with authority to act on behalf of the governing body? b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's making address? If Yes, "provide the names and addressess in Schedule O. **Section B. Policies (The Section B requests information about ploides not required by the Internal Revenue Code.)* 10a Does the organization have written opticies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization. 11b Ass the organization have written conflict form 1990 to all members of its governing body before filing the form? 11c Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Does the organization have a written conflict of interest ploicy? If No. or time 12 12 2 X 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12c Obes the organization have a written whistleblower policy? 13d Does the organization have a written whistleblower policy? 15d Does the organization have a writte	5	Did the organization become aware during the year of a material diversion of the organization's asse	ts?	•	5	ļ	
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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? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed NONE 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 X 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. WILLIAM J. YAEGER, JR 304-242-2300	16a	• • • • • • • • • • • • • • • • • • • •	ment	with a		'	٠,
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exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed NONE 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 X 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. WILLIAM J. YAEGER, JR 304-242-2300	b						
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17 List the states with which a copy of this Form 990 is required to be filed ► NONE 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. ► WILLIAM J. YAEGER, JR 304-242-2300	800				16b	L	
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 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 State the name, physical address, and telephone number of the person who possesses the books and records of the organization. WILLIAM J. YAEGER, JR 304-242-2300							
public inspection. Indicate how you make these available. Check all that apply. Own website Another's website Upon request 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 State the name, physical address, and telephone number of the person who possesses the books and records of the organization. WILLIAM J. YAEGER, JR 304-242-2300			T /E 01	(a)(2\a anis) assalis	lo fo-		
Own website Another's website X Upon request 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 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: WILLIAM J. YAEGER, JR 304-242-2300	18		1 (501	(c)(3)s only) availab	e tor		
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 State the name, physical address, and telephone number of the person who possesses the books and records of the organization. ► WILLIAM J. YAEGER, JR 304-242-2300							
statements available to the public State the name, physical address, and telephone number of the person who possesses the books and records of the organization. WILLIAM J. YAEGER, JR 304-242-2300	40	• • •		 			
State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►	19		OUTIO	t of interest policy,	ano tina	incial	
WILLIAM J. YAEGER, JR 304-242-2300	20	·	nd re	orde of the organi	ation: b		
	2 U		iiu rec	Joids of the organiz	auun 🍃		
A S POUGTING TAND, WHEELING, WV 20005		83 EDGINGTON LANE, WHEELING, WV 26003		·····			

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.

Check this box if the organization did not compensate an				it off	ficer	, dire	ecto	r, or trustee		
(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average			Pos				Reportable	Reportable	Estimated
	hours	(C	heck	eck all th		app	ly)	compensation	compensation	amount of
	per week	ecto						from the	from related organizations	other compensation
	WOOK	e d	Institutional trustee Officer			ated		organization	(W-2/1099-MISC)	from the
		Individual trustee or director			2	npen		`(W-2/1099-MISC)	,	organization
		duat	臂		Key employee	sst co				and related
		휼	ast tage	Officer	Ke	Highest compensated employee	F E			organizations
REV MICHAEL J BRANSFIELD			-		 	 	 			
TRUSTEE	0.10	x	}		ŀ			0.	0.	0.
REV FREDERICK P ANNIE	0.110		<u> </u>				-			
TRUSTEE	0.10	x						0.	0.	0.
WILLIAM J. YAEGER, JR.									7.3	
TRUSTEE								0.	0.	0.
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		ļ	<u> </u>	ļ	_	<u> </u>	<u> </u>			
		-	-	-	-	+-	<u> </u>			

	990 (2009) C.L. CHR									<u> 55-07</u>	<u> 46</u>	<u>591</u>	P	age 8
Par	t VII Section A. Officers, Directors, Tru	stees, Key Er	mple	yee	s, a	<u>nd l</u>	ligh	est		ees (continued)				
	` (A) Name and trtle	(B) Average hours per	<u> </u>		Pos		app	ly)	(D) Reportable compensation from	(E) Reportable compensation from related	- 1	an	(F) stimate nount other	-
		week	Individual trustes or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS	,	com fr org and	pensa om th anizat d relat anizati	e :ion :ed
			_				_							
			-											
-											-			
		1	ļ									· - ··		
	Total								0.		0.			0.
2	Total number of individuals (including but no compensation from the organization	not limited to th	nose	liste	ed al	bove	e) wt	no re	·),000 in reportable		-		0
3	Did the organization list any former officer,	director or tru	stee	, ke	y em	nplo	yee,	or h	nighest compensated er	nployee on			Yes	No
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su	um of reportab	le co							the organization		3_		X
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a	accrue compe	nsat	ion 1						ices rendered to		4		X
Sec	the organization? If "Yes," complete Sched tion B. Independent Contractors	ule J for such	pers	on_					-11-11-1		•	5		
1	Complete this table for your five highest cothe organization. NONE	mpensated in	depe	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of com	pens	ation f	rom	
	(A) Name and business	address		-				_	(B) Description of s	services	С	ompe		n
						· · -		\dashv				-		
														_
														
2	Total number of independent contractors (i \$100,000 in compensation from the organic		ot li	mıte	d to		se li:	stec	d above) who received n	nore than				
-												Form	990 (2009)

	1 990 rt VII	(2009) C.L. II Statement of Rever		CHARITABLI	E TRUST	r	55-0746	591 Page 9
ra	, .	II Statement of Reven	nue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts	1 a	Federated campaigns	1a					_
E E	b	Membership dues	. 1b					
an, c	С	Fundraising events	1c					
a git	d	Related organizations	1d					
S.E	е	• •						
er jei	f	All other contributions, gifts, gran	nts, and					
흕		similar amounts not included abo	<u> </u>					
Contributions, gifts, grants and other similar amounts	9	Noncash contributions included in lines	s 1a-1f \$					
0 6	h	Total. Add lines 1a-1f		D				
_				Business Code				
Š	2 a					<u> </u>		
E 8	b							
E Š	c d							
Program Service Revenue	u	<u></u>						
F	f	All other program service reve	enue					
		Total. Add lines 2a-2f	5,145					
\neg	3	Investment income (including	dividends, inter					····
	•	other similar amounts)	·	· •	14,309.			14,309.
	4	Income from investment of ta	x-exempt bond	oroceeds ►	•			
	5	Royalties		▶ [
			(i) Real	(ii) Personal			"	
	6 a	Gross Rents						
	b	Less: rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)		>				.
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	20,198	·				
	b	Less: cost or other basis						
		and sales expenses	3,098.	1				
		Gain or (loss)	17,100.		4= 400			45 400
		Net gain or (loss)		<u> </u>	17,100.			<u>17,100.</u>
e	8 a	Gross income from fundraisin	-					
ē		including \$						
æ		contributions reported on line	_					
Other Revenue		Part IV, line 18	a					
ŏ		Less, direct expenses	d drawna avente					
		 Net income or (loss) from fund Gross income from gaming ad 	=					
	<i>5</i> a	Part IV, line 19	. a					
	h	Less: direct expenses	. b					
		Net income or (loss) from gan	•	•				
		Gross sales of inventory, less	_					
		and allowances						
	ь	Less: cost of goods sold	b					
		Net income or (loss) from sale						
		Miscellaneous Revenu		Business Code				
	11 a				·- · · · · · · · · · · · · · · · · · ·			· - ·
	ь							
	c					<u> </u>		
								 ,
				🟲	31,409.	0.		21 400
	12	Total revenue. See instructions.		▶	51.409.	ا ہ () ا	0.	31,409.

Form **990** (2009)

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must comp				nd (D).
	not include amounts reported on lines 6b, 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	33,615.	33,615.		
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	5,731.		5,731.	
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 salanes 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)				
	Management				
b	Legal				
c	Accounting .				
4	Lobbying			-	
-	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		<u>-</u>		
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
10	Conferences, conventions, and meetings				
19	Interest			· · · · · -	
20	Payments to affiliates		·		
21	· · · · · · · · · · · · · · · · · · ·	· · ·			
22 23	Depreciation, depletion, and amortization insurance				<u> </u>
23 24	Other expenses, Itemize expenses not covered				<u> </u>
24	above. (Expenses grouped together and labeled				
	miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
_	FEE - JANNEY	100.		100.	<u> </u>
		100.	·	100.	
b					
C					<u> </u>
d					
e	All other exponen				
f os	All other expenses	39,446.	22 615	E 021	0
25	Total functional expenses. Add lines 1 through 24f	33,440.	33,615.	5,831.	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		İ		
	educational campaign and fundraising solicitation				

Balance Sheet Part X (A) Beginning of year (B) End of year Cash - non-interest-bearing 1 Savings and temporary cash investments 2 2 Pledges and grants receivable, net 3 3 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key 5 employees, and highest compensated employees. Complete Part II 5 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 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment, cost or other basis Complete Part VI of Schedule D 10a b Less accumulated depreciation 10b 10c 661,788. 642,763. 11 Investments - publicly traded securities 11 Investments - other securities See Part IV, line 11 12 12 Investments - program-related See Part IV, line 11 13 13 Intangible assets 14 14 Other assets. See Part IV, line 11 15 15 661,788. 642.763. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 17 Accounts payable and accrued expenses 17 8,552. 8,552. 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D Liabilities Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities Complete Part X of Schedule D 25 25 Total liabilities. Add lines 17 through 25 8,552 8,552. 26 Organizations that follow SFAS 117, check here lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 Unrestricted net assets 27 28 Temporarily restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here

X and complete lines 30 through 34. 366,352. 366,352. Capital stock or trust principal, or current funds 30 0. 0. 31 Paid-in or capital surplus, or land, building, or equipment fund 31 286,884. 267,859. 32 Retained earnings, endowment, accumulated income, or other funds 653,236. 33 Total net assets or fund balances 33 634,211. 661,788. 642,763. Total liabilities and net assets/fund balances

Form **990** (2009)

om	1990 (2009)	ロシカエ	Pag	ge 1∠
Pa	rt 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 pnor year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	_2a		Х
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,	1		
	review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
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	ĺ		
За	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 guidite, explain why in Schodule O and describe any stone taken to undergo such audite	25	1	

Form **990** (2009)

932012 02-04-10

SCHEDULE A

(Form 990 or 990-EZ)

Name of the organization

Public Charity Status and Public Support

ection 200

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

Inspection
Employer identification number

			RIST CHARITA					1	5!	5-0746591
Part I	Reason	for Public Char	ity Status (All organi	zations mu	st comple	te this par	t) See ins	tructions		
The orga	anization is not a	a private foundation	because it is: (For lines	1 through	11, check	only one b	ox.)			
1	A church, co	nvention of churche	s, or association of chui	rches desc	nbed in se	ection 170	(b)(1)(A)(i).		
2	A school des	scribed in section 17	70(b)(1)(A)(ii). (Attach So	chedule E.)						
з 🗀	_		tal service organization			170(b)(1)	(A)(iii).			
4 🗔	7		operated in conjunction					(b)(1)(A)(ii	i). Enter t	he hospital's name,
	city, and stat	te [.]								
5 🗔	An organizat	on operated for the	benefit of a college or u	niversity o	wned or o	perated by	a govern	mental uni	t describe	ed in
	section 170	(b)(1)(A)(iv). (Compl	ete Part II.)							
6	A federal, sta	ate, or local governm	ent or governmental un	rt describe	d in sectio	n 170(b)(I)(A)(v).			
7	7		eives a substantial part					or from the	general p	oublic described in
	section 170((b)(1)(A)(vi). (Comple	ete Part II.)			•				
в 🗆	A community	trust described in s	section 170(b)(1)(A)(vi).	(Complete	Part II.)					
9	7		eives: (1) more than 33			rom contri	butions, n	nembershi	p fees, ar	nd gross receipts from
	activities rela	ited to its exempt fu	nctions - subject to certa	aın excepti	ons, and (2) no more	than 33	1/3% of its	support	from gross investment
	income and i	unrelated business t	axable income (less sec	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	inization a	after June 30, 1975.
	See section	509(a)(2). (Complete	e Part III.)							
10 🗔	An organizat	ion organized and o	perated exclusively to te	st for publ	ic safety S	See sectio	n 509(a)(4	4).		
11 X	An organizat	ion organized and o	perated exclusively for t	he benefit	of, to perfo	orm the fui	nctions of,	or to carr	y out the	purposes of one or
	more publicly	y supported organiza	ations described in secti	ion 509(a)(1) or section	on 509(a)(2	2) See se d	ction 509(a)(3). Che	eck the box that
			organization and compl		•					
	a └── Type i	। ь∟Х	∐ Type II	с 📖 Тур	e III - Func	tionally int	egrated		a 📖	Type III - Other
e X	By checking	this box, I certify the	at the organization is not	t controlled	directly o	r indirectly	by one o	r more disi	qualified p	persons other than
	foundation m	nanagers and other t	han one or more publicl	y supporte	ed organiza	ations desi	onbed in s	ection 509	9(a)(1) or s	section 509(a)(2).
f	If the organiz	ation received a wrr	tten determination from	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III		 -
	supporting o	rganızatıon, check tl	nis box			•				📖
g	Since Augus	t 17, 2006, has the o	organization accepted a	ny gift or c	ontribution	from any	of the foll	owing pers	sons?	
	(i) A perso	n who directly or inc	lirectly controls, either a	lone or tog	ether with	persons o	lescnbed	ın (ıi) and (iii) below,	Yes No
	_		upported organization?							11g(i) X
		•	n described in (i) above?							11g(ii) X
		•	person described in (i)							11g(iii) X
h	Provide the f	ollowing information	about the supported or	ganization	(s).					
		T	(III) Type of	1					[
	e of supported	(ii) EIN	(iii) Type of organization		organization sted in your			(vi) ls organization	on in col.	(vii) Amount of
or	ganization		(described on lines 1-9		document?			(i) organiz U.S	ed in the	support
			above or IRC section (see instructions))	Yes	No	Yes	No	Yes	No	
CENT			(see instructions))	162	NO	165	NO	res	NO	
		55-0452338	2	x		x		x		33,615.
<u> </u>	<u> </u>	<u> </u>		- A	-	_ A				33,013.
				}						
				1						
				1				<u> </u>		
Fotal		1	i	1	I	l		1	i	33 615

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

Schedule A (Form 990 or 990-EZ) 2009

	edule A (Form 990 or 990-EZ) 2009 Int II Support Schedule for	Organizations	Described in	Sections 170	O(b)(1)(A)(iv) an	d 170(b)(1)(A)(Page 2			
	(Complete only if you checke						,,,			
Sec	ction A. Public Support		·	·						
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total			
	Gifts, grants, contributions, and	10,000	127 = 00	10/200	101200	(0)=000	117.101.43			
•	membership fees received (Do not									
	include any "unusual grants.")					Ì				
2	Tax revenues levied for the organ-			1						
_	ization'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)									
	Public support. Subtract line 5 from line 4	<u> </u>				1	<u></u>			
Sec	ction B. Total Support	·								
Cale	endar 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				<u> </u>					
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.)			1						
	Total support. Add lines 7 through 10	L	<u> </u>		<u> </u>		<u> </u>			
	Gross receipts from related activities,	•	-	ما المام من المام من المام المام		12				
13	First five years. If the Form 990 is for	•	s tirst, second, thi	ra, tourtn, or tittn	tax year as a section	on 50 I (C)(3)	ightharpoonup			
Sec	organization, check this box and storection C. Computation of Publ		rcentage		 					
14	Public support percentage for 2009 (column (fl)		14	%			
15	Public support percentage from 2008		•		•	15	%			
	33 1/3% support test - 2009.If the o			n line 13. and line	14 is 33 1/3% or n	<u> </u>				
	stop here. The organization qualifies	=					▶ □			
b	33 1/3% support test - 2008. If the o		-		d line 15 is 33 1/3%	or more, check th	is box			
	and stop here. The organization qual	_								
17a	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"			-		5 **	ightharpoons			
ь	10% -facts-and-circumstances tes	_	•		_	17a, and line 15 is	10% or			
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, c	heck this box and	stop here. Explai	n in Part IV how the	•			
	organization meets the "facts-and-circ	cumstances" test.	The organization	qualifies as a pub	licly supported org	anızation	▶□			
18	Private foundation. If the organization	n did not check a	box on line 13, 16	6a, 16b, 17a, or 17	b, check this box	and see instruction	s . 🕨 🔲			
					Sch	edule A (Form 990	or 990-F7) 2009			

Schedule A (Form 990 or 990-EZ) 2009 Page 3 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 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Calendar year (or fiscal year beginning in) (a) 2005 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 carned on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 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

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

b 33 1/3% support tests - 2008. If the organization did not check a box on line 19 or line 19 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

2 Employer identification number 55-0746591 Open to Public Inspection (h) Purpose of grant or assistance X Yes 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 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 SDUCATION 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 non-cash assistance (g) Description of (f) Method of valuation (book, FMV, appraisal, Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ▶ Attach to Form 990. 33,615 (d) Amount of cash grant TRUST (c) IRC section rf applicable 501(C)(3) C.L. CHRIST CHARITABLE 55-0452338 General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization CENTRAL CATHOLIC HIGH SCHOOL or government Name of the organization WHEELING, WV 26003 14TH & EOFF STS. Department of the Treasury Internal Revenue Service SCHEDULE 1 (Form 990) Part Part II

3 Enter total number of other organizations

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

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

Schedule I (Form 990) 2009

:

Schedule I (Form 990) 2009 (f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) 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. Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance 932102 02-02-10 Part IV

Page 2

55-0746591

C.L. CHRIST CHARITABLE TRUST

Schedule I (Form 990) 2009

Part III

SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury internal Revenue Service

Transactions With Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,

or Form 990-EZ, Part V, line 38a or 40b. ▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions. OMB No 1545-0047

Open To Public Inspection

Name of the organization								E	mployer	identifi	cation n	umber
C.I	. CHRI	ST CHA	RITA	BLE TRU	ST				5-07	4659	1	
Part I Excess Benefit												
Complete if the orga	nization ansv	vered "Yes"	on Form	990, Part IV,	line 25a or	25b, or For	m 990-E	Z, Part	V, line 40)b	· · · · · ·	
1 (a) Name of dis-	qualified pers	son			(b) [Description (of transa	ction				ected?
	<u> </u>					<u>·</u>					Yes	No_
												
							···		•			
					 						-	
					•	· -						
2 Enter the amount of tax impo	osed on the c	organization	manager	s or disqualifi	ed person	s during the	year un	der				
section 4958		•										
3 Enter the amount of tax, if ar	ny, on line 2,	above, reim	bursed by	y the organiza	ation .				▶ \$		•	
Part II Loans to and/or	r From Int	erested I	Parsons									
					line OG er	Farm 000 F	7 Dadi	/ line 26	9-			
Complete if the orga (a) Name of interested	T	to or from	1	inal principal		ance due	1	in In	(f) Apr	proved	(g) W	ritten
person and purpose	the organ			mount	(a) Daid	11100 000		ult?	by bo	ard or	agree	
	То	From	1				Yes	No	Yes	No	Yes	No
	ļ <u>.</u>											
	 		ļ						ļ			
	 		-	-					<u> </u>			- · · ·
-		<u> </u>		-			-		-			
Total Part III Grants or Assis	tance Ber	nefitina Ir	ntereste	<u> </u>			1		<u> </u>		<u> </u>	
Complete if the orga		_										
(a) Name of interested		10,00 ,00		ionship betwe		ted person	and		(c) Am	ount an	d type o	f
				the or	ganization	<u>.</u>			`	assistar	ce	
· · · · · · · · · · · · · · · · · · ·						<u></u> .		ļ			***	
				 								
			-					-				
			_							-	-	
Part IV Business Trans	actions Ir	volvina l	nterest	ed Person								
Complete if the orga		_				8b. or 28c						
(a) Name of interested				np between ir		(c) Amo	unt of	(d)	Descript	ion of		ring of
\ ,				nd the organiz		transa		, , ,	transactı		organiz	
											Yes	No
HERNDON MORTON HE	RNDON	YAELEG	AL CO	OUNSEL		5	,731	.LEG	AL S	ERVI		X
					 							
			-			<u> </u>						
			_								 	<u> </u>
			-					 			 	
LHA For Privacy Act and Paper	work Reduc	tion Act No	tice, see	the		<u> </u>		Schedu	le L (For	m 990 o	r 990-F	Z) 2009

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

Instructions for Form 990 or 990-EZ.

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.

2009
Open to Public Inspection

Employer identification number Name of the organization C.L. CHRIST CHARITABLE TRUST 55-0746591 FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: WV FOR ITS EDUCATIONAL PURPOSES AND FOR THE BENEFIT OF ITS ATHLETIC DEPARTMENT. FORM 990, PART VI, SECTION A, LINE 2: WILLIAM J. YAEGER, JR., AS PARTNER IN THE LAW FIRM OF HERNDON, MORTON, HERNDON & YAEGER, ALONG WITH OTHER ATTORNEYS AND STAFF ASSOCIATED WITH THE LAW FIRM, PROVIDE LEGAL SERVICES TO THE DIOCESE OF WHEELING-CHARLESTON, WHICH IS CONTROLLED BY THE MOST REV. MICHAEL J. BRANSFIELD, BISHOP OF THE DIOCESE OF WHEELING-CHARLESTON. FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS MADE AVAILABLE TO THE TRUSTEES PRIOR TO FILING IF THERE IS A REGULAR SCHEDULED MEETING BEFORE OTHERWISE IT IS AVAILABLE AT THE NEXT MEETING. THE DUE DATE. FORM 990, PART VI, SECTION B, LINE 12C: EACH YEAR ALL TRUSTEES SIGN A NEW CONFLICT OF INTEREST STATEMENT WHICH PROMOTES DISCUSSION OF HOW THE POLICY COULD APPLY TO ANY OF THE TRUSTEES AND IN THE EVENT A CONFLICT IS DISCLOSED APPROPRIATE ACTION IS TAKEN TO PROTECT THE INTERESTS OF THE TRUST. FORM 990, PART VI, SECTION B, LINE 15: THE TRUST DOES NOT HAVE ANY EMPLOYEES. HOWEVER, THE COMPENSATION FOR LEGAL AND TAX SERVICES IS APPROVED BY ALL TRUSTEES BASED UPON THEIR KNOWLEDGE OF PREVAILING RATES IN THE AREA FOR SIMILAR PROFESSIONAL SERVICES. FORM 990, PART VI, SECTION C, LINE 19: THE GOVERNING DOCUMENTS AND ALL

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

832211
02-03-10

Schedule O (Form 990) 2009

INFORMATION REQUIRED TO BE MADE AVAILABLE TO THE PUBLIC IS AVAILABLE UPON

SCHEDULE O

(Form 990)

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 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Employer identification number Name of the organization C.L. CHRIST CHARITABLE TRUST 55-0746591 REQUEST DURING REGULAR BUSINESS HOURS AT THE OFFICE OF ONE OF THE TRUSTEES, WILLIAM J. YAEGER, JR., 83 EDGINGTON LANE, WHEELING, WV 26003. SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS: (A) NAME OF PERSON: HERNDON MORTON HERNDON YAEGER (D) DESCRIPTION OF TRANSACTION: LEGAL SERVICES

Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Name of the organization

Part

 Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 ► Attach to Form 990. Related Organizations and Unrelated Partnerships

2009 Open to Public Inspection

OMB No 1545-0047

Employer identification number 55-0746591

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) CHRIST CHARITABLE TRUST C.L.

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year)	ations (Complete if the organization and	swered "Yes" to Form 990, Pa	rt IV, line 34 because	e it had one or more	related tax-exempt
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
ROMAN CATHOLIC DIOCESE OF WHEELING - CHARLESTON, 1300 BYRON STREET, WHEELING, WV 26003	RELIGION	WEST VIRGINIA	501(C)(3)		N/A
CENTRAL CATHOLIC HIGH SCHOOL 14TH & EOFF STS, WHEELING, WV 26003	EDUCATION	WEST VIRGINIA	501(C)(3)	2	DIOCESE WHEELING-CHARLESTON

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Schedule R (Form 990) 2009

932181 02-04-10

55-0746591

Page 2

Schedule R (Form 990) 2009 C.L. CHRIST CHARITABLE TRUST

Part III

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

General or managing partner? Percentage ownership Yes Schedule R (Form 990) 2009 È Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) Ξ Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) Share of end-of-year assets **6** ite allocations? Yes No Disproportion-Ξ Share of total income Share of end-of-year assets 6 Type of entity (C corp, S corp, or trust) Ð Share of total income Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) চ <u>e</u> Legal domicile (state or foreign country) Ö (d)
(l) Direct controlling entity 23 Primary activity 9 Legal domicile (state or foreign country) <u>©</u> Primary activity Name, address, and EIN of related organization Name, address, and EIN of related organization 932162 02-04-10 Part IV

Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36) Part V

Note. Complete tine 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	S S	
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			_	1
a Receipt of (i) interest (ii) annurties (iii) royalties or (iv) rent from a controlled entity	•	1	×	
b Gift, grant, or capital contribution to other organization(s)		1b X		
c. Gift. grant. or capital contribution from other organization(s)		5	×	
		7	×	ı
		3	: >	1
E Coaris of todar guarantees by only organization (s)		9	4	1
6 Only of account to other communities (a)		;	>	ı
Care of assets to other organization(s)		=	4	1
g Purchase of assets from other organization(s)		19	×	1
h Exchange of assets		ŧ	×	
i Lease of facilities, equipment, or other assets to other organization(s)	•	Ţ	×	
j Lease of facilities, equipment, or other assets from other organization(s)		:	×	
k Performance of services or membership or fundraising solicitations for other organization(s)		¥	×	ı
Performance of services or membership or fundraising solicitations by other organization(s)		=	×	
		Ē	×	1
	•	ţ	×	1
		=	4	1
o Rembursement paid to other organization for expenses		10	×	1
	•	2	×	1
י יייייייייייייייייייייייייייייייייייי		2	4	1
q Other transfer of cash or property to other organization(s)		10	×	1 1
r Other transfer of cash or property from other organization(s) 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	ansaction thresholds.	 - - -	4	1
ı				1
(a) Name of other organization(s)	(b) Transaction type (a-r)	(c) Amount involved	lved	
				l
(1) ALL TRANSACTIONS WERE GRANTS TO THE SUPPORTED	В		•	اء
(2) ORGANIZATIONS LISTED IN PART II ABOVE. THE INSTRUCTIONS			0	-1
(3) FOR THE SCHEDULE R, SAY THAT IF THE ONLY TRANSACTIONS			0	1
(4) WERE GRANTS THEY SHOULD BE DISREGARDED FOR THE PURPOSES	-		0	
	_			.1
(5) OF THIS SCHEDULE.			0	
(9)				
932183 02-04-10	Schedule	Schedule R (Form 990) 2009	0) 2009	۱ ـ

Page 4

Schedule R (Form 990) 2009 C.L. CHRIST CHARITABLE TRUST

Part VI Unrelated Organizations Taxable as a Partnership (Complete of the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

	3	3	5	(6)	9	(6)	3
(B)	(a)		(5)	40		(8)	
Name, address, and EIN of entity	Filmary activity	(state or foreign	section 501(c)(3)		tionate	amount in box 20	managing
factor to			Yes No			(Form 1065)	1 - 1
			_				
					_		
							-
							_
							-
			-				

Schedule R (Form 990) 2009

C.L. CHRIST CHARITABLE TRUST FORM 990 I.D. NO. 55-0746591

Dividends & Interest

Part VIII, Line 3

Part VIII, Line 3	
<u>Dividends</u>	
3M Company	\$204 00
Allstate Ins	\$202 00
American Express Co	216 00
American International Group	
Applied Materials	96 00
AT&T	328 00
Bank Of America Corp	19 40
BHP Billiton Limited	328 00
Boeing Company	168 00
Caterpillar, Inc	168 00
Citigroup, Inc	5 00
Comcast Corp New Class A	39 77
Dodge & Cox Intl Stock Fund	238 99
Duke Realty Corp	228 00
EQT Corp	440 00
Exxon Mobil Corp	332 00
Federal Rity Invt Tr SBI	33 00
First Industrial Realty Trust	75 00
Hospitality PPTYS Tr	231.00
HRPT PPTY TR SBI	192 00
Ishs Tr Eafe Index Fund (EFA)	734 87
Ishs MSCI Pac Expt Japan Indx Fd (EPP)	578 48
Ishs INC MSCI Japan Index Fd (EWJ)	117 21
Ishs Tr MSCI Emerging Mkts Indx Fd (EEM)	377 22
Ishs Tr S&P Smallcap 600 Indx Fd (IJR)	289 47
Intel Corp	168 00
Johnson & Johnson	386 00
Mack Calı Realty Corp	199 00
Masco Corp	138 00
Paychex	248 00
Pepsico Inc	350 00
Pfizer Inc	63 04
Plum Creek Timber	168 00
Praxair	160 00
Procter & Gamble Co	344 00
Qualcomm	249 00
United Technologies	154 00
Walgreen Company	100 00
Wash Real Est Inv Tr SBI	86.50
Wells Fargo & Co	9 31
Wyeth	360 00
Xilinx	232 00
	202 00
TOTAL DIVIDENDS	\$9,056.26
Interest	
Certificates of Deposit Interest	
50M United Bk & Tr 5 05% 9-15-09	\$1,262 50
50M Greenwood Bank 5.2% 5-11-09	1,303 57
50M Croopwood Bank 5.2% 5-11-09	1,303 57

Schwab Acct. Interest
TOTAL DIVIDENDS & INTEREST

Janney Adv. Insured Sweep

FROM SECURITIES

50M Greenwood Bank 5 2% 1-25-10

TOTAL CERT OF DEPOSIT INTR

\$14,309.19

2,600 00

\$83.99

\$2.87

\$5,166.07

C.L. CHRIST CHARITABLE TRUST FORM 990 I.D. NO. 55-0746591 Capital Gains/Losses

Part VIII, Line 7		Amount	Gain
	Cost	Received	(Loss)
Sale of Stocks & Bonds			
	\$0.00		
Cash in Lieu - Bank of America	0.00	\$13.71	\$13.71
Cash in Lieu - Wells Fargo	0.00	25.23	25 23
Value - 11 shares Nortel Networks	0.00	0.59	0.59
Gain - Exchange of Stock Wyeth/Pfizer	3,098.05	20,158.04	17,059.99
	\$3,098.05	\$20,197.57	\$17,099.52

C L. CHRIST CHARITABLE TRUST FORM 990 - I D NO 55-0746591

Part V - L	ine 11	Balances 1-1-09	Transaction Description	Portolio Transactions		Balances 12-31-09	Shares Year End
No		Dr	•	Dr	Cr	Dr	
Shares	Company						
100	3 M Company	7 183 00				7,183 00	100
200	Allstate	4,096 70				4,096 70	200
300	Amencan Express Co	13,101 74				13 101 74	300
280	Amencan International Group Inc	10,000 44	reverse split 7-2-09 now 14 shares			10,000 44	14
100	Amgen Inc	6,037 75				6,037 75	100
400	Applied Materials Inc	11 853 25				11,853 25	400
200	T&TA	5,263 00				5,263 00	200
400	Bank of America Corp	10,948 38					
			85 shrs from Merger-Mernii Lynch 1-09	7,343 88		18,292 26	485
200	BHP Billiton	5,315 00				5,315 00	200
100	Boeing	3.996 00				3,996 00	100
100	Caterpillar	3,575 85				3,575 85	100
400	Cisco Systems Inc	10 905 19				10,905 19	400
500	Crugroup Inc	13,314 00				13,314 00	500
150	Comcast (CMCSK)	3,032 00				3,032 00	150
119 103	Dodge & Cox Intil Stock Fund	2,323 12					
	Dodge & Cox Intl Stock Fund		429 031 shs purchased 7-09	12,049 95			
	•		7 643 shs purchased	238 99		14,612 06	555 77
300	Duke Realty Corp	6.523 00				6.523 00	300
800	EMC Corp Mass	18.631 35				18.631 35	800
500	EQT	3 146 78				3,146 78	500
200	Exxon Mobil Corp	5,703 66				5,703 66	200
300	First Industrial Realty	7 160 70				7,160 70	300
	Fed Rity Inv Tr SBI		50 shares purchased 8-09	2,926 45		2,926 45	50
300	Hospitality PPTYS Tr	7,330 20	,	•		7,330 20	300
400	HRPT PPTY Tr SBI	4,107 12				4,107 12	400
300	Intel Corp	5,947 75				5,947 75	300
100	Mark Calı Realty Corp	1 708 99				1,708 99	100
850 EWJ	I shrs inc MSCI Japan Index Fd	12,128 00				12,128 00	850
510 EFA	I shrs Trust MSCI Eafe Index Fd	37,688 42				37,688 42	510
520 EEM	I I shrs Tr MCSI Emerging Mkts Index	18,023 95					
			purchase 250 shares	8,990 20		27,014 15	770
405 EPP	I shrs Inc MCSI Pacific Expt Ind Fd	17,050 50				17 050 50	405
480 IJR	I shrs Tr S&P Smallcap 600 Indx Fd	32,351 40					
			purchase 110 shares	5,424 84		37,776 24	590
200	Johnson & Johnson	6,328 50				6,328 50	200
300	Masco Corp	10,660 00				10,660 00	300
100	Memil Lynch	7,343 88	1-09 merged with Bank of America		7,343 88	0 00	

	•	Balances 1-1-09	Transaction Description	Portolio Transactions		Balances 12-31-09	Shares Year End
No		Dr	·	Dr.	Cr	Dr	
Shares	Company Nortel Networks		stock received 11-9-09 11 shares	0 59		0 59	11
200	Paychex	5,861 00				5,861 00	200
200	Pepsico Inc	10,879 00				10,879 00	200
	Pfizer		394 shares (Wyeth Merger)	6 958 04		6,958 04	394
100	Plum Creek Timber	4 192 64				4,192 64	100
100	Praxeir	8 287 00				8,287 00	100
200	Procter & Gamble Co	7 456 50				7,458 50	200
300	Qualcomm	4,951 00				4,951 00	300
375	Sun Microsystems Inc	7,377 03				7,377 03	375
500	Ultra Petro	2,730 00				2,730 00	500
100	United Technologies	6,550 88				6 550 88	100
100	Wachovia	3,880 96					
			1-09 merged with Wells Fargo		3,880 96	0.00	
200	Walgreen Company	8,544 00				8,544 00	200
	Wash Real Est Inv Tr SBI		100 shares-purchase 8-09	2,609 75		2,609 75	100
	Wells Fargo		from Wachovia January 2009 merge	3,880 96		3,880 96	19
400	Wyeth	3,164 00	stock exchange - Pfizer		3,164 00	0 00	
400	Xilinx Inc	22.690 70			0,10100	22,690 70	400
400	TOTAL STOCKS	\$409,344 33		\$50,423 65	\$14,388.84	\$445,379 14	-,
	, c. m. c.	4 133,5 1 1 2 3		V	• • • • • • • • • • • • • • • • • • • •		
	M/M Acct Parker Hunter/Janney	\$127,443 59		70,571 40	53,051 63	\$0.00	
	WHIT ACE T WAS TIGHTS AND	•127,440.00		70,071 40	144,963 36	30 00	
	M/M Acct - Schwab			144,963 36	470 750 00	*** ***	
				50,170 65	172,750 08	\$22,383 93	
	Certificates of Deposit						
	25 000 Bk of America 1 05% 11-15-10		purchase 8-09	25,000 00		25,000 00	
	25.000 Carolina First 0 85% 7-29-10		purchase 7-09	25,000 00		25,000 00	
	25,000 United Bk & Tr 5 05% 9-15-09	25 000 00	matured	25,550 00	25,000 00	000	
	50,000 Discover Bk 5 2% 1-25-10	50.000 00	111010100		20,000 00	50,000 00	
	50.000 Discover Bk 5 2% 5-11-09	50,000 00	matured		50,000 00	0 00	
	25 000 Discover Bk 1 75% 11-4-11	30,000 00	purchased 10-09	25 000 00	50,000 00	25,000 00	
	25,000 BMW Bk 2 2% 5-7-12		purchased 10-09	25.000 00		25,000 00	
	25,000 NCB 1 4% 5-6-11		purchased 10-09	25 000 00		25,000 00	
			F			,	
	TOTAL NOTES & BONDS	\$125,000 00		\$125,000 00	\$75,000 00	\$175,000 00	
	TOTAL SECURITIES	\$661,787 92		\$441,129 06	\$460,153 91	\$642,763 07	