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Form **990-EZ** 

2009

OMB No. 1545-1150

Department of the Treasury Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsonng 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

Open to Public Inspection

Α	For the	2009 calend	dar year,	r tax year beginning , and ending			
В	Check if	applicable	Please	C Name of organization		D Er	nployer identification number
200	Address	change	use IRS	BESSIE STEWART TRUST			
	Name ch	hange	label or print or	F/B/O FIRST UNITED METHODIST CHUI	RCH	5	<u>5-6075855</u>
	Initial ref	turn	type.	Number and street (or P O box, if mail is not delivered to street address)	Room/suite		elephone number
Ц	Termina	ition	See Specific	PO BOX 1508		3	<u>04-424-8643</u>
	Amende	ed return	Instruc-	City or town, state or country, and ZIP + 4 PARKERSBURG WV 26101		F G	roup Exemption
		ion pending			umber ► N/A		
	<ul><li>Sec</li></ul>	tion 501(c)(3		tions and 4947(a)(1) nonexempt charitable trusts must attach	G Accountin	g method	X Cash Accrual
_				pleted Schedule A (Form 990 or 990-EZ).	Other (specify)	<u>▶</u>	
1	Websit	-		2.4.	H Check required to	ا اید∐ی attach S	the organization is <b>not</b> ichedule B (Form 990,
<u>1</u>		empt status (cl			527 990-EZ, o	r 990-PF)	4 005.000 4
K	Check	• []		inization is not a section 509(a)(3) supporting organization and its g			more than \$25,000. A
_				rn is not required, but if the organization chooses to file a return, be			170 052
<u> </u>				determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 99			\$ 178,853
_ <u>_</u>	art i			enses, and Changes in Net Assets or Fund Balanc	es (See the Instri	uctions	s for Part I.)
	1		•	, and similar amounts received		1	<del>- </del>
	2	•		ue including government fees and contracts	•	2	<del></del>
	3	•		assessments	• •	3	
	4	Investment				1 1	1,343
	5a			le of assets other than inventory . 5a	171,5		
	b			is and sales expenses 5b	219,6		40 101
	C				SEE STMT 1	50	
Revenue	6	•		es (complete applicable parts of Schedule G). If any amount is from gaming, ch	heck here		SEE STMT 2
ě	a	Gross rever	nue (not i	cluding \$ of contributions			
æ	1	reported on	line 1)	6a			
	Ь	Less direct	expense	other than fundraising expenses 6b			
	С	Net income	or (loss)	om special events and activities (Subtract line 6b from line 6a)		60	
	7a	Gross sales	of inven	ry, less returns and allowances . 7a			
Z010	b	Less cost o	•		·		
<b>%</b>	С	Gross profit	or (loss)	om sales of inventory (Subtract line 7b from line 7a)		70	<u>;                                    </u>
2	8	Other reven	iue (desc	pe ▶		) 8	<del>- 1</del>
	9	Total reven	ue. Add	es 1, 2, 3, 4, 5c, 6c, 7c, and 8	<u> </u>	<b>▶</b> 9	
_	10	Grants and	sımılar aı	ounts paid (attach schedule) STMT 3		10	12,360
MED JUN	11	Benefits par	id to or fo	members RECEIVE	n ].	11	<u> </u>
Q,	12	Salaries, oth	her comp	nsation, and employee benefits	<u> </u>	12	
땓쭕	13	Professiona	ıl fees an	other payments to independent contractors		13	
<u>#</u>	14	Occupancy,	, rent, util	es, and maintenance	ודו ט	14	
	15	• • •		postage, and shipping	· 」劉	15	
<u>ي</u>	16	Other exper	nses (des	nbe ► SEE STATEMENT 4	[ ]	) 16	
Y) —	17	Total exper	nses. Ad	ines 10 through 16	1	<u>▶ 17</u>	
	18	Excess or (	deficit) fo	he year (Subtract line 17 from line 9)		18	-55,991
Net Assets	19	Net assets	or fund b	ances at beginning of year (from line 27, column (A)) (must agree wi	ith		
Ass		end-of-year	figure re	orted on prior year's return)		19	
et.	20	Other chang	ges in ne	issets or fund balances (attach explanation) SEE S!	TATEMENT 5	20	
z	21	Net assets	or fund b	ances at end of year. Combine lines 18 through 20	<u> </u>	<b>▶</b> 21	262,630
F	art II	Balan	ce She	ts. If Total assets on line 25, column (B) are \$1,250,000 or more, fil	le Form 990 instead of	Form 9	90-EZ
				(See the instructions for Part II )	(A) Beginning of year		(B) End of year
22	Cash,	savings, and	ınvestme	s	318,1	33 22	262,630
		and buildings		· [		23	3
		assets (descr	ibe 🕨	)[		24	
	Total a	•			318,1	33 25	262,630
		iabilities (des	scnbe 🕨	)[		0 26	
				(line 27 of column (B) must agree with line 21)	318,1	33 27	262,630
				eduction Act Notice, see the senarate instructions			Form 990-EZ (2009)

Form **990-EZ** (2009)

Form 990-EZ (2009) BESS	SIE STEWART TRUST	5	<u>5-6075855</u>			Page 2
Part III Statement of	of Program Service Accomplishments	(See the instruct	ions for Part II	Ī.)	Ex	penses
What is the organization's prima	ry exempt purpose?				(Required	for section
	GRAM & WORK OF THE CHURCH				501(c)(3) a	and 501(c)(4)
	carrying out the organization's exempt purposes. In				_	ons and section
	provided, the number of persons benefited, or other	relevant information for	or		1	trusts; optional
each program title			<u> </u>		for others.	<u> </u>
	AL SUPPORT TO THE CHURCH TO OPERATE AN	•	ūs .			
CHURCH AND RELIGIOU	JS PROGRAMS THAT ARE OFFERED TO THE CO	NGREGATION.				
(Grants \$ 12	2,360) If this amount includes foreign grants, o	chack hare		М	28a	12,360
29	. 7 3 0 0 7 II this amount includes loreign grants, c	SHECK HEIE			200	
			•			
		•	• •			
(Grants \$	) If this amount includes foreign grants, o	check here	<u> </u>		29a	
30						
			_	~~		
(Grants \$	) If this amount includes foreign grants, o	check here	<u> </u>		30a	
31 Other program services (atta				$\dot{\Box}$	24-	
(Grants \$	) If this amount includes foreign grants, o	cneck nere	<u>P</u>		31a 32	12,360
	enses (add lines 28a through 31a) s, Directors, Trustees, and Key Employees. List e	each one even if not co	omnensated (See	the in		
1 MILIT LIST OF OTHERS	, birectors, Trustees, and Itey Employees. List o	(b) Title and average	(c) Compensation	(d)	Contributions to	(e) Expense
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0)		oyee benefit plans & erred compensation	account and other allowances
UNITED BANK	PARKERSBURG	TRUST OFFICE	*			
PO BOX 1508	WV 26101			<u> </u>	0	0
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Page 3

Pa	other Information (Note the statement requirements in the instructions for Part V.)			
,,_,,			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed			
•	description of each activity	33		X
34	Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of			
	the changes	34		<u>X</u>
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported			
	on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section		İ	
	6033(e) notice, reporting, and proxy tax requirements?	35a		X
_ b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		<u> </u>
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			<b>.</b>
<b>07</b> -	during the year? If "Yes," complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instr	275	1	х
b 202	Did the organization file Form 1120-POL for this year?	37b		
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	38a		х
	any such loans made in a prior year and still outstanding at the end of the period covered by this return?  If "Yes," complete Schedule L, Part II and enter the total amount involved	Joa		
ь 39	If "Yes," complete Schedule L, Part II and enter the total amount involved  Section 501(c)(7) organizations Enter			
a	Initiation fees and capital contributions included on line 9			
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:	1		
	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		X
C	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on			
	organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958 •			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c			
	reimbursed by the organization			
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter	<u> </u>		
	transaction? If "Yes," complete Form 8886-T	40e_	L	X
41	List the states with which a copy of this return is filed <b>WV</b>	_42	<u> </u>	643
42a		-42	4-0	ڊيهن
	PO BOX 1508  Located at ▶ PARKERSBURG, WV ZIP+4 ▶ 263	01		
	·	. V -		•
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		Yes	No
	account)?	42b		X
	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.			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S?	42c		X
	If "Yes," enter the name of the foreign country			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here			
	and enter the amount of tax-exempt interest received or accrued during the tax year			
		<del></del>	Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44	<u> </u>	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	45	L	X
	F	om 99	ıv- <b>⊏</b> ∠	(2009)

Form 9	990-EZ (2009) BESSIE STEWART TRUST		<u>-6075855</u>		Page 4
Par	Section 501(c)(3) organizations and section 4947(a	)(1) nonexempt	charitable tru	sts only. All se	
	501(c)(3) organizations and section 4947(a)(1) none	xempt charitabl	e trusts must a	answer questio	ns 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 oppor	sition to		Yes No
	candidates for public office? If "Yes," complete Schedule C, Part I				46 X
	Did the organization engage in lobbying activities? If "Yes," complete Schedule	C, Part II	• • • • •		47 X
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)?	If "Yes," complete S	chedule E		48 X
49a	Did the organization make any transfers to an exempt non-charitable related or	rganization?	•	• •	49a X
b	If "Yes," was the related organization a section 527 organization?			•	49b
	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	e is none, enter "N	one."	
	(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					
	<del></del>				
f	Total number of other employees paid over \$100,000	<b>&gt;</b>		_	
	Complete this table for the organization's five highest compensated independe		ach received more	e than	
	\$100,000 of compensation from the organization. If there is none, enter "None	•			
	(a) Name and address of each independent contractor and many than \$100,000		Type of service	(a) (	ompensation
	(a) Name and address of each independent contractor paid more than \$100,000	(6)	Type of service	(6)	ompensation
NON	E				
		<del></del>			
	•				
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		1			
			<del></del>		
	Total number of other independent contractors each receiving over \$100,000	<b>&gt;</b>			
•		-			
	Under penalties of perjury, I declare that I have examined this return, including a	accompanying schedules	s and statements, and	I to the best of my know	vledge
	and belief, it is true, correct, and complete Declaration of preparer (other than o	fficer) is based on all inf	ormation of which pre	parer has any knowled	ge
Sign	Linteal Chank la Unavola	Moell	14130	1201U _	
Here		T ANKUR	Date	<del></del>	<del></del>
	AMANDA BALL, UNITED BANK	TRU	ST OFFICE	<u> </u>	
	Type or print name and title	<del>,</del>	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
	Preparer's Preparer's	Date	Check if self-	Preparer's Iden	tifying Number (See instr
Paid	signature	04/2	7/10 employed	▶□   P0074	7551
Prep	arer's Firm's name (or yours H&R BLOCK TAX & BUSIN	NESS SERVI			2-1552029
Use	Only   if self-employed) 501 AVERY ST, STE 900	0		Phone	<del> </del>
	address, and ZIP + 4 PARKERSBURG, WV 2610	)1		no ▶ 304	<u>-422-6660</u>
May t	he IRS discuss this return with the preparer shown above? See instructions	·		<u> </u>	Yes No
				F	om <b>990-EZ</b> (2009

## SCHEDULE A (Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

BESSIE STEWART TRUST

F/B/O FIRST UNITED METHODIST CHURCH

Employer identification number 55-6075855

P	art l	Reas	on for Pul	blic Charity	/ Status (All organizations	must c	omplete	e this r	art.) S	ee ins	structio	ns.	_	
					se it is (For lines 1 through 11, ch			- u.u.o p	<u>,</u>	<u></u>	<del></del>			
1			•		sociation of churches described in	•		A)(i).						
2					(A)(ii). (Attach Schedule E.)			71-7-						
3					ice organization described in sect	ion 170/b	)/1)/A)/iii	Δ.						
4	-	•	•	•	ed in conjunction with a hospital de	-		•	\/ <b>\</b> \/iii\	Enter t	he hosnii	tal's name		
		city, and state	-	ization operate	sa in conjunction with a nospital at	Joenbea II	1 300001	110(5)(	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Linci	no nospi	uai o riairio,		
5		•		for the benefit	of a college or university owned of	or operator	 d by a gov	(emmen	tal unit d	 Ioscribo				•
J		•				ii operatet	J by a gov	/CITITICIT	iai uiii u	ICSCIIDC	u III			
6	$\Box$	=		Complete Par	crr) governmental unit described in <b>se</b>	otion 170	/b\/4\/ <i>b</i> \/							
6	$\vdash$	•	, ,	•				•	m the e	onoral n	ublio			
7	<u></u>	_		•	substantial part of its support from	n a goven	illielitai u	iiii oi iio	iii uie ge	enerai p	ublic			
۰			-		Complete Part II.)									
8	<u> </u>	-			170(b)(1)(A)(vi). (Complete Part II	•			h.a.a.ba	faaa ar	d aroos			
9	Ш	•		•	(1) more than 33 1/3 % of its supp						-			
		•			mpt functions—subject to certain	•								
			-		and unrelated business taxable inc			o i i tax) i	rom bus	inesses	•			
40	$\Box$		_		30, 1975 See section 509(a)(2).		-	V-1/41						
10	v	•	•	•	exclusively to test for public safet	-								
11	X	-	-		exclusively for the benefit of, to p						ation			
					ted organizations described in se						CHON			
		<u>—</u>		<u></u>	the type of supporting organizatio		•				<b>.</b>			
	X	a Type		Type II	c Type III–Functions	-				e III–Ot	ner			
е	A	-			ganization is not controlled directly						action			
		·		•	s and other than one or more publ	iciy suppo	rieu orga	mzauons	describ	eu III Se	SCHOLL			
		509(a)(1) or s	•		amusation from the IDS that it is a	Tunal T	imall or	Tuno III.	ou na a <del>d</del> u	50				
f		•			ermination from the IRS that it is a	ı rype ı, ı	ype II, or	i ype iii	supporu	ng				
		organization,			-4		<b>f</b> Al	•		•	•		•	ш
g		_		as the organiza	ation accepted any gift or contribu	uon irom a	any or the							
		following per											\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
			•	•	controls, either alone or together w	ntn person	is describ	ea in (ii)					Yes	No
		• •	•		of the supported organization?	•	•					11g(i)		X
		• •		-	ibed in (i) above?	•						11g(ii	1	X
		• •		•	described in (i) or (ii) above?							11g(ii	<u>))                                   </u>	X
<u>h</u>					the supported organization(s).	T		1						
(i)		e of supported	(i	i) EIN	(iii) Type of organization (described on lines 1–9	1 ' '	organization isted in your		ou notify	(vi) organizat	Is the		nount of port	
	org	anization			above or IRC section		document?	col (i)	of your	(i) organi	zed in the	34	port	
					(see instructions))	ļ	т		port?	1	S?			
_			D \C			Yes	No	Yes	No	Yes	No			
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T - 4.	. 1		I		I	I	1	1	2	1	. 1			300

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2009

Page	

Part III Support Schedule for Organizations Described in Section 509(a)(2)

	(Complete only if you che	ecked the box	on line 9 of Pa	irt I.)		<u>-</u>	
	tion A. Public Support	<u> </u>	T	1		1	·
Cal	endar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	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						1
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year					<del> </del>	<u> </u>
С	Add lines 7a and 7b				<u> </u>	<u>,  </u>	
8	Public support (Subtract line 7c from line 6)		<u> </u>				
	tion B. Total Support		1	· · · · · · · · · · · · · · · · · · ·		1	
Cal	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6				<del>-</del>	<del> </del>	
10a	Gross income from interest, dividends, payments received on secunties loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b					ļ	
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)	L	L	1	<u> </u>		
14	First five years. If the Form 990 is for the		second, third, four	rth, or fifth tax year	as a section 501(c	;)(3)	
	organization, check this box and stop here		<u> </u>				
	tion C. Computation of Public Su			- (0)		15	%
15	Public support percentage for 2009 (line 8,			¹('))	•	16	
16 Soc	Public support percentage from 2008 Sche tion D. Computation of Investme			<del></del>			
	Investment income percentage for 2009 (li			column (fl)		17	%
17 10	Investment income percentage for 2009 (iii Investment income percentage from 2008				• • •	18	<del></del>
18	33 1/3 % support tests—2009. If the orga			14. and line 15 is r	more than 33 1/3 %		
19a	17 is not more than 33 1/3 %, check this be						▶ [
ь	33 1/3 % support tests—2008. If the orga		-				
	line 18 is not more than 33 1/3 %, check the						▶ [
20							<b>▶</b>

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## PKB1STEWF BESSIE STEWART TRUST

55-6075855 FYE: 12/31/2009

Federal Statements

Statement 1 - Form 990-EZ, Part I, Line 5c - Sale of Assets Other than Inventory - Securities

		Gain / Loss	\$ -71	-444	-8,002	-6,030	-5,083	-43	068-	2,235	1,956	387	197	-393	262	317	1,089	1,296	383
		Depreciation	φ.																
		Cost & Expense	164	1,359	15,455	10,303	7,727	197	5,816	6,523	3,211	839	562	2,154	824	790	4,707	3,923	4,707
ies		Sale Price	\$ 66	915	7,453	4,273	2,644	154	4,926	8,758	5,167	1,226	759	1,761	1,086	1,107	5,796	5,219	2,090
Securities		Date Sold	\$ 60/52/7	2/25/09	2/25/09	2/25/09	2/25/09	8/20/03	8/20/03	8/20/03	8/20/03	8/20/03	8/20/03	8/20/03	8/20/03	8/20/03	8/20/03	8/20/03	9/28/09
		Date Acquired	8/28/08	8/28/08	8/28/08	8/28/08	8/28/08	8/28/08	8/28/08	2/25/09	2/25/09	2/25/09	2/25/09	8/28/08	2/25/09	2/25/09	2/25/09	2/25/09	2/25/09
	Description	Whom Sold	CAUF SML #757	DMD HLL LNG SHT FND 11	CLMB VL&REST FUND	$\supset$	PIMCO COMM KL KET #45	# E:		AMKCN FNDS GKWIH FND	HKUNG LVNK EMKG MKIS	M&NWOF. #114	ć		XUN DOS			MM FNDS CNVKTBL INC	VIELD #119
		How Received	7.499 SHARES FED KAUF PURCHASE	558 SHARES D PURCHASE	.756 SHARES PURCHASE	SHARES JRCHASE		AKES FE CHASE	454 SHAKES PURCHASE	SHAKES	SHAKES	13 SHARES JRCHASE		SHAKES CHASE	PURCHASE	39 SHARES PURCHASE	637 SHAKES PURCHASE	SHAKES	407.180 SHAKES VII PURCHASE

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# PKB1STEWF BESSIE STEWART TRUST

## IRUSI Federal

55-6075855 FYE: 12/31/2009

Federal Statements

Statement 1 - Form 990-EZ, Part I, Line 5c - Sale of Assets Other than Inventory - Securities (continued)

				Table 1			
	Description						
How Received	Whom Sold	Date Acquired	Date Sold	Sale Price	Cost & Expense	Depreciation	Gain / Loss
61.09 SHARES VIPFD PURCHASE	#119	8/20/03	\$ 60/82/6	764 \$	\$ 951	· ·	8
SHARES	FTRISHS #328	2/22/08	2/25/09	38,605	40,589		-1,984
PURCHASE	STRAT VL FND #	2/22/08	2/25/09	835	1,392		-557
/84 SHARES PURCHASE	KAUF SMLL CAP	5/10/05	2/25/09	2,917	4,445		-1,528
.346 SHARES FEL PURCHASE		2/15/07	2/25/09	2,936	980'9		-3,150
URCHASE	ים מים בים בים בים בים בים בים בים בים בים ב	2/15/07	2/25/09	5,175	7,983		-2,808
HAKES AF CHASE	abdb Sirai FND	2/22/08	2/25/09	45	L9		-22
Λ E	GIWI FND CLSS #1900	2/22/08	2/25/09	2,329	2,940		-611
c	HKBK INIKNINL END	2/15/07	2/25/09	1,539	3,115		-1,576
n (	AKT INTRNINL EQ FND	5/30/06	2/25/09	3,177	6,542		-3,365
CHASE	SSGA EMKGNG MKKI	2/15/07	2/25/09	5,742	13,584		-7,842
PURCHASE	FR CORE GRW	2/22/08	2/25/09	8,317	16,410		-8,093
.302 SHAKES AL PURCHASE		2/22/08	7/02/09	4,311	5,733		-1,422
SHAKES RCHASE	AKI NIKNINL EQUIII	5/30/06	8/20/03	771	1,128		-357
IS SHAKES HKBK PURCHASE	NIKNINL FNU	2/15/07	8/20/03	3,399	4,505		-1,106
Ω	FMCO ALL ASSI END	2/22/08	8/20/03	4,697	5,182		-485
/2.214 SHAKES KIC PURCHASE	KIC IIL KEI FND-INV	2/22/08	8/20/03	711	885		-174

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## PKB1STEWF BESSIE STEWART TRUST

## Federal Statements

55-6075855 FYE: 12/31/2009

Statement 1 - Form 990-EZ, Part I, Line 5c - Sale of Assets Other than Inventory - Securities (continued)

		-533	187	-48,252				7.1	71
	Gain / Loss			-48			Gain / Loss		
		sy-						Ś	\   \ 
	Depreciation	vԴ		\$	- Other		Depreciation	۷n	S
	Cost & Expense	4,275	24,813	219,691	Part I, Line 5c - Sale of Assets Other than Inventory - Other		Cost & Expense		0
	Sale Price	3,742 \$	25,000	171,439 \$	e of Assets Othe		Sale Price	71 \$	
	ļ	৵	0)	ဟ 	c - Sal			ζ.	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	Date Sold	8/20/09	1/09/03 12/30/09		t I, Line 5		Date Sold		
Description	Date Acquired	2/22/08	1/09/03				Date Acquired		
	Whom Sold	TWY FND CLSS Y	CD 48		Statement 2 - Form 990-EZ,	Description	Whom Sold	GAIN DIST	
	How Received	153.167 SHARES GTWY FND CLSS Y PURCHASE	23000 ONIIS OF FFCB 48 PURCHASE	TOTAL			How Received	LONG TERM CAPITAL GAIN DIST	TOTAL

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4/27/2010 6:07 PM	 	Book Value FMV	Explanation Explanation
	Amounts Paid	R A	Value
ments	rants and Similar	Noncash	Contribution
Federal Statements	Part I, Line 10 - Grants and Similar Amounts Paid to Individuals	C. Ash	Contribution 12, 360 12, 360
į	Statement 3 - Form 990-EZ,	Class of Activity	Property PROMOTE RELIGIOUS
IE STEWART	State	Date of	PROMOTE
PKB1STEWF BESSIE STEWART TRUST 55-6075855 FYE: 12/31/2009		Relationship to Organization	TOTAL

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## PKB1STEWF BESSIE STEWART TRUST 55-6075855 Federal Statements

FYE: 12/31/2009

	 Amount		
EXPENSES		\$	
FIDUCIARY	FEE	 2,118	
TOTAL		\$ 2,118	

## Statement 5 - Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets or Fund Balances

Description	Amount		
POST AND PRIOR PERIOD TRANSACTION ROUNDING	\$	486 2	
TOTAL	\$	488	