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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)

OMB No 1545-0047

2009

Open to Public Inspection

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

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

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

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

C Name of organization
SARA ELIZABETH CLAMPETT CHARITABLE TRUST
 Doing Business As
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
10600 GOLF LINK DR.
 City or town, state or country, and ZIP + 4
RALEIGH, NC 27617

D Employer identification number
56-6467527

E Telephone number
614-371-3079

G Gross receipts \$ **474091.**

H(a) Is this a group return for affiliates? ☐ Yes ☒ No
H(b) Are all affiliates included? ☐ Yes ☐ No
 If "No," attach a list (see instructions)
H(c) Group exemption number

F Name and address of principal officer **ROBERT D. CLAMPETT, JR.**
SAME AS C ABOVE

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

J Website: **N/A**

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

L Year of formation: **1995** **M State of legal domicile:** **MD**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities	TO SUPPORT THE PUBLIC CHARITIES LISTED ON FORM 990 SCHEDULE A, PART IV AND THEIR PURPOSES.		
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets			
	3 Number of voting members of the governing body (Part VI, line 1a)	3	3	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	1	
	5 Total number of employees (Part V, line 2a)	5	0	
	6 Total number of volunteers (estimate if necessary)	6	0	
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.	
	7b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
	Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
		9 Program service revenue (Part VIII, line 2g)		
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)			-24384.	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)			-24384.	
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		50000.	25500.	
14 Benefits paid to or for members (Part IX, column (A), line 4)				
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)				
16a Professional fundraising fees (Part IX, column (A), line 11a)				
16b Total fundraising expenses (Part IX, column (D), line 25)				
Expenses	17 Other expenses (Part IX, column (A), lines 11a-13, 11f-11g, 11i-11j, 11k-11l, 11m-11n, 11o-11p, 11q-11r, 11s-11t, 11u-11v, 11w-11x, 11y-11z, 12a-12b, 12c-12d, 12e-12f, 12g-12h, 12i-12j, 12k-12l, 12m-12n, 12o-12p, 12q-12r, 12s-12t, 12u-12v, 12w-12x, 12y-12z, 13a-13b, 13c-13d, 13e-13f, 13g-13h, 13i-13j, 13k-13l, 13m-13n, 13o-13p, 13q-13r, 13s-13t, 13u-13v, 13w-13x, 13y-13z, 14a-14b, 14c-14d, 14e-14f, 14g-14h, 14i-14j, 14k-14l, 14m-14n, 14o-14p, 14q-14r, 14s-14t, 14u-14v, 14w-14x, 14y-14z, 15a-15b, 15c-15d, 15e-15f, 15g-15h, 15i-15j, 15k-15l, 15m-15n, 15o-15p, 15q-15r, 15s-15t, 15u-15v, 15w-15x, 15y-15z, 16a-16b, 16c-16d, 16e-16f, 16g-16h, 16i-16j, 16k-16l, 16m-16n, 16o-16p, 16q-16r, 16s-16t, 16u-16v, 16w-16x, 16y-16z, 17a-17b, 17c-17d, 17e-17f, 17g-17h, 17i-17j, 17k-17l, 17m-17n, 17o-17p, 17q-17r, 17s-17t, 17u-17v, 17w-17x, 17y-17z, 18a-18b, 18c-18d, 18e-18f, 18g-18h, 18i-18j, 18k-18l, 18m-18n, 18o-18p, 18q-18r, 18s-18t, 18u-18v, 18w-18x, 18y-18z, 19a-19b, 19c-19d, 19e-19f, 19g-19h, 19i-19j, 19k-19l, 19m-19n, 19o-19p, 19q-19r, 19s-19t, 19u-19v, 19w-19x, 19y-19z, 20a-20b, 20c-20d, 20e-20f, 20g-20h, 20i-20j, 20k-20l, 20m-20n, 20o-20p, 20q-20r, 20s-20t, 20u-20v, 20w-20x, 20y-20z, 21a-21b, 21c-21d, 21e-21f, 21g-21h, 21i-21j, 21k-21l, 21m-21n, 21o-21p, 21q-21r, 21s-21t, 21u-21v, 21w-21x, 21y-21z, 22a-22b, 22c-22d, 22e-22f, 22g-22h, 22i-22j, 22k-22l, 22m-22n, 22o-22p, 22q-22r, 22s-22t, 22u-22v, 22w-22x, 22y-22z, 23a-23b, 23c-23d, 23e-23f, 23g-23h, 23i-23j, 23k-23l, 23m-23n, 23o-23p, 23q-23r, 23s-23t, 23u-23v, 23w-23x, 23y-23z, 24a-24b, 24c-24d, 24e-24f, 24g-24h, 24i-24j, 24k-24l, 24m-24n, 24o-24p, 24q-24r, 24s-24t, 24u-24v, 24w-24x, 24y-24z, 25a-25b, 25c-25d, 25e-25f, 25g-25h, 25i-25j, 25k-25l, 25m-25n, 25o-25p, 25q-25r, 25s-25t, 25u-25v, 25w-25x, 25y-25z, 26a-26b, 26c-26d, 26e-26f, 26g-26h, 26i-26j, 26k-26l, 26m-26n, 26o-26p, 26q-26r, 26s-26t, 26u-26v, 26w-26x, 26y-26z, 27a-27b, 27c-27d, 27e-27f, 27g-27h, 27i-27j, 27k-27l, 27m-27n, 27o-27p, 27q-27r, 27s-27t, 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36i-36j, 36k-36l, 36m-36n, 36o-36p, 36q-36r, 36s-36t, 36u-36v, 36w-36x, 36y-36z, 37a-37b, 37c-37d, 37e-37f, 37g-37h, 37i-37j, 37k-37l, 37m-37n, 37o-37p, 37q-37r, 37s-37t, 37u-37v, 37w-37x, 37y-37z, 38a-38b, 38c-38d, 38e-38f, 38g-38h, 38i-38j, 38k-38l, 38m-38n, 38o-38p, 38q-38r, 38s-38t, 38u-38v, 38w-38x, 38y-38z, 39a-39b, 39c-39d, 39e-39f, 39g-39h, 39i-39j, 39k-39l, 39m-39n, 39o-39p, 39q-39r, 39s-39t, 39u-39v, 39w-39x, 39y-39z, 40a-40b, 40c-40d, 40e-40f, 40g-40h, 40i-40j, 40k-40l, 40m-40n, 40o-40p, 40q-40r, 40s-40t, 40u-40v, 40w-40x, 40y-40z, 41a-41b, 41c-41d, 41e-41f, 41g-41h, 41i-41j, 41k-41l, 41m-41n, 41o-41p, 41q-41r, 41s-41t, 41u-41v, 41w-41x, 41y-41z, 42a-42b, 42c-42d, 42e-42f, 42g-42h, 42i-42j, 42k-42l, 42m-42n, 42o-42p, 42q-42r, 42s-42t, 42u-42v, 42w-42x, 42y-42z, 43a-43b, 43c-43d, 43e-43f, 43g-43h, 43i-43j, 43k-43l, 43m-43n, 43o-43p, 43q-43r, 43s-43t, 43u-43v, 43w-43x, 43y-43z, 44a-44b, 44c-44d, 44e-44f, 44g-44h, 44i-44j, 44k-44l, 44m-44n, 44o-44p, 44q-44r, 44s-44t, 44u-44v, 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61y-61z, 62a-62b, 62c-62d, 62e-62f, 62g-62h, 62i-62j, 62k-62l, 62m-62n, 62o-62p, 62q-62r, 62s-62t, 62u-62v, 62w-62x, 62y-62z, 63a-63b, 63c-63d, 63e-63f, 63g-63h, 63i-63j, 63k-63l, 63m-63n, 63o-63p, 63q-63r, 63s-63t, 63u-63v, 63w-63x, 63y-63z, 64a-64b, 64c-64d, 64e-64f, 64g-64h, 64i-64j, 64k-64l, 64m-64n, 64o-64p, 64q-64r, 64s-64t, 64u-64v, 64w-64x, 64y-64z, 65a-65b, 65c-65d, 65e-65f, 65g-65h, 65i-65j, 65k-65l, 65m-65n, 65o-65p, 65q-65r, 65s-65t, 65u-65v, 65w-65x, 65y-65z, 66a-66b, 66c-66d, 66e-66f, 66g-66h, 66i-66j, 66k-66l, 66m-66n, 66o-66p, 66q-66r, 66s-66t, 66u-66v, 66w-66x, 66y-66z, 67a-67b, 67c-67d, 67e-67f, 67g-67h, 67i-67j, 67k-67l, 67m-67n, 67o-67p, 67q-67r, 67s-67t, 67u-67v, 67w-67x, 67y-67z, 68a-68b, 68c-68d, 68e-68f, 68g-68h, 68i-68j, 68k-68l, 68m-68n, 68o-68p, 68q-68r, 68s-68t, 68u-68v, 68w-68x, 68y-68z, 69a-69b, 69c-69d, 69e-69f, 69g-69h, 69i-69j, 69k-69l, 69m-69n, 69o-69p, 69q-69r, 69s-69t, 69u-69v, 69w-69x, 69y-69z, 70a-70b, 70c-70d, 70e-70f, 70g-70h, 70i-70j, 70k-70l, 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96c-96d, 96e-96f, 96g-96h, 96i-96j, 96k-96l, 96m-96n, 96o-96p, 96q-96r, 96s-96t, 96u-96v, 96w-96x, 96y-96z, 97a-97b, 97c-97d, 97e-97f, 97g-97h, 97i-97j, 97k-97l, 97m-97n, 97o-97p, 97q-97r, 97s-97t, 97u-97v, 97w-97x, 97y-97z, 98a-98b, 98c-98d, 98e-98f, 98g-98h, 98i-98j, 98k-98l, 98m-98n, 98o-98p, 98q-98r, 98s-98t, 98u-98v, 98w-98x, 98y-98z, 99a-99b, 99c-99d, 99e-99f, 99g-99h, 99i-99j, 99k-99l, 99m-99n, 99o-99p, 99q-99r, 99s-99t, 99u-99v, 99w-99x, 99y-99			

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

PROMOTE THE GOSPEL OF JESUS CHRIST AND CONDUCT EVANGELICAL OUTREACH BY SUPPORTING THE 501 (C)(3) PUBLIC CHARITIES LISTED IN OUR ORGANIZING DOCUMENTS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 33130. including grants of \$ 25500.) (Revenue \$)
 PROMOTE THE GOSPEL OF JESUS CHRIST AND CONDUCT EVANGELICAL OUTREACH.

4b (Code.) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses \$ 33130.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		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? <i>If "Yes," complete Schedule C, Part III</i>		
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? <i>If "Yes," complete Schedule D, Part I</i>		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? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>		X
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>		
• 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? <i>If "Yes," complete Schedule D, Part VII</i>		
• 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? <i>If "Yes," complete Schedule D, Part VIII</i>		
• 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? <i>If "Yes," complete Schedule D, Part IX</i>		
• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		
• 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? <i>If "Yes," complete Schedule D, Part X</i>		
12 Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>		X
12A Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>		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? <i>If "Yes," complete Schedule F, Part II</i>		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? <i>If "Yes," complete Schedule F, Part III</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X

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Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
28a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	X	

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Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns. Enter -0- if not applicable.	0	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	0	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 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
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country. See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year.		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12.		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders.		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body	3	
1b Enter the number of voting members that are independent	1	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?		X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
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		X
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done		
13 Does the organization have a written whistleblower policy?		X
14 Does the organization have a written document retention and destruction policy?		X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official		X
b Other officers or key employees of the organization		X
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

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

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 **THE ORGANIZATION - 614-371-3079**
10600 GOLF LINK DR., RALEIGH, NC 27617

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f					
Program Service Revenue			Business Code				
	2 a						
	b						
	c						
	d						
	e						
	f	All other program service revenue					
g	Total. Add lines 2a-2f						
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		14822.	14822.		
	4	Income from investment of tax-exempt bond proceeds		663.	663.		
	5	Royalties					
	6 a	Gross Rents	(i) Real (ii) Personal				
		b	Less: rental expenses				
		c	Rental income or (loss)				
		d	Net rental income or (loss)				
	7 a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
		b	Less: cost or other basis and sales expenses				
		c	Gain or (loss)				
		d	Net gain or (loss)		-39869.	-39869.	
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
		b	Less: direct expenses	b			
		c	Net income or (loss) from fundraising events				
	9 a	Gross income from gaming activities. See Part IV, line 19	a				
		b	Less: direct expenses	b			
		c	Net income or (loss) from gaming activities				
	10 a	Gross sales of inventory, less returns and allowances	a				
		b	Less: cost of goods sold	b			
		c	Net income or (loss) from sales of inventory				
Miscellaneous Revenue		Business Code					
11 a							
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d					
12	Total revenue. See instructions.		-24384.	-24384.	0.	0.	

Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	25500.	25500.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	13782.	7630.	6152.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	5808.		5808.	
g Other				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a _____				
b _____				
c _____				
d _____				
e _____				
f All other expenses _____				
25 Total functional expenses. Add lines 1 through 24f	45090.	33130.	11960.	0.
26 Joint costs. Check here ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L.		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment. cost or other basis. Complete Part VI of Schedule D.	10a		
	b Less: accumulated depreciation	10b	10c	
	11 Investments - publicly traded securities	458032.	11	617809.
	12 Investments - other securities. See Part IV, line 11.		12	
	13 Investments - program-related. See Part IV, line 11.		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11.		15	
16 Total assets. Add lines 1 through 15 (must equal line 34).	458032.	16	617809.	
Liabilities	17 Accounts payable and accrued expenses		17	
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L.		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D.		25	
	26 Total liabilities. Add lines 17 through 25.	0.	26	0.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☐ and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets		27	
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here ☒ and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds	0.	30	0.
	31 Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0.
	32 Retained earnings, endowment, accumulated income, or other funds	458032.	32	617809.
	33 Total net assets or fund balances	458032.	33	617809.
34 Total liabilities and net assets/fund balances	458032.	34	617809.	

Form 990 (2009)

Part XI Financial Statements and Reporting

- 1 Accounting method used to prepare the Form 990 ☒ Cash ☐ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
- b Were the organization's financial statements audited by an independent accountant?
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Yes No

2a X

2b X

2c

3a X

3b

Form 990 (2009)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

SARA ELIZABETH CLAMPETT CHARITABLE TRUST

Employer identification number

56-6467527

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 ☐ A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See section 509(a)(4).

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

a ☒ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

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

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

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

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		X
11g(ii)		X
11g(iii)		X

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
CHILDREN'S FLIGHT OF HO	56-1762824	501(C)(3)	X			X	X		25500.
YOUNG LIFE INTERNATIONAL	84-0325934	501(C)(3)	X			X	X		0.
FELLOWSHIP OF CHRISTIAN	44-0610626	501(C)(3)	X			X	X		0.
SEARCH MINISTRIES	75-1627393	501(C)(3)	X			X	X		0.
CAMPUS CRUSADE FOR	95-6006173	501(C)(3)	X			X	X		0.
Total									25500.

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ ☐						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ ☐		
b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ ☐		
17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐		
b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐		

Schedule A (Form 990 or 990-EZ) 2009

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ ☐						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15		%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16		%

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶ ☐

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

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

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

SARA ELIZABETH CLAMPETT CHARITABLE TRUST

Employer identification number
56-6467527

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☐ Yes ☒ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S FLIGHT OF HOPE 130 EDINBURGH SOUTH, SUITE 203 CARY, NC 27511	56-1762824	501 (C)(3)	25500.	0.			
SEARCH MINISTRIES, INC. 5038 DORSEY HALL DR. ELLICOTT CITY, MD 21042	75-1627393	501 (C)(3)	0.	0.			
YOUNG LIFE P.O. BOX 520 COLORADO SPRINGS, CO 80901	84-0325934	501 (C)(3)	0.	0.			
FELLOWSHIP OF CHRISTIAN ATHLETES 8701 LEEDS ROAD KANSAS CITY, MO 641291680	44-0610626	501 (C)(3)	0.	0.			
CAMPUS CRUSADE FOR CHRIST P.O. BOX 628222 ORLANDO, FL 328628222	95-6006173	501 (C)(3)	0.	0.			

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

3 Enter total number of other organizations

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

Schedule I (Form 990) 2009

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

SARA ELIZABETH CLAMPETT CHARITABLE TRUST

Employer identification number

56-6467527

FORM 990, PART VI, SECTION B, LINE 11: A DRAFT PDF COPY OF THE 990 IS
EMAILED TO THE TRUSTEES PRIOR TO THE FILING OF THE 990 FOR REVIEW AND
COMMENTS.

FORM 990, PART VI, SECTION C, LINE 19: AS A PART OF ALL PUBLIC
COMMUNICATION AND GRANTING OF FUNDS TO OTHER 501 (C)(3) CHARITIES, LANGUAGE
IS INCLUDED THAT ALL DOCUMENTS ARE AVAILABLE FOR INSPECTION UPON REQUEST.

Realized Gains and Losses
From 01/01/2009 to 12/31/2009

Sara Elizabeth Clampett Trust - Charitable Remainder Acct #: 77915959

Realized Gains and Losses

<u>Date Acquired</u>	<u>Date Sold</u>	<u>Quantity</u>	<u>Description</u>	<u>Cost</u>	<u>Net Proceeds</u>	<u>Short Ter Gains</u>	<u>Total Long Gains</u>	<u>Total Gains</u>
01/17/2008	02/04/2009	3,914.989	Alpha Hedged Strategies	49,798.66	35,000.00		-14,798.66	-14,798.66
	02/04/2009	751.315	Diamond Hill Long Short	13,171.58	9,980.00	-125.80	-3,065.78	-3,191.58
06/10/2008	02/04/2009	4,016.478	Pimco All Asset Fund	50,334.35	38,980.00	-11,354.35		-11,354.35
01/17/2008	02/23/2009	289.687	Alpha Hedged Strategies	3,684.82	2,500.00		-1,184.82	-1,184.82
	02/23/2009	4,008.543	Diamond Hill Long Short	70,060.70	47,882.09	-49.54	-22,129.07	-22,178.61
10/10/2008	02/23/2009	97.010	Harbor International	3,882.34	3,050.00	-832.34		-832.34
11/24/2008	02/23/2009	44.000	Ishares Russell 1000 Val	1,998.61	1,706.98	-291.63		-291.63
			Par 0.00					
11/24/2008	02/23/2009	200.000	Ishares Russell 1000 Val	9,084.60	7,759.03	-1,325.57		-1,325.57
			Par 0.00					
12/04/2008	02/23/2009	100.000	Ishares Tr Russell	3,509.13	3,333.97	-175.16		-175.16
			Par 0.00					
12/04/2008	02/23/2009	100.000	Ishares Tr Russell	3,509.12	3,333.99	-175.13		-175.13
			Par 0.00					
12/04/2008	02/23/2009	6.000	Ishares Tr Russell	210.55	200.02	-10.53		-10.53
			Par 0.00					
12/04/2008	02/23/2009	200.000	Ishares Tr Russell	8,986.79	7,441.02	-1,545.77		-1,545.77
			Par 0.00					

Realized Gains and Losses
From 01/01/2009 to 12/31/2009

Sara Elizabeth Clampett Trust - Charitable Remainder Acct # 77915959

Realized Gains and Losses

<u>Date Acquired</u>	<u>Date Sold</u>	<u>Quantity</u>	<u>Description</u>	<u>Cost</u>	<u>Net Proceeds</u>	<u>Short Ter Gains</u>	<u>Total Long Gains</u>	<u>Total Gains</u>
12/04/2008	02/23/2009	100.000	Ishares Tr Russell	4,493.39	3,720.49	-772.90		-772.90
			Par 0.00					
12/04/2008	02/23/2009	5.000	Ishares Tr Russell	224.67	186.01	-38.66		-38.66
			Par 0.00					
11/21/2008	02/23/2009	100.000	Ishares Tr Russell 2000 Index	3,798.55	4,000.05	201.50		201.50
			Par 0.00					
11/21/2008	02/23/2009	21.000	Ishares Tr Russell 2000 Index	797.69	840.00	42.31		42.31
			Par 0.00					
11/21/2008	02/23/2009	200.000	Ishares Tr Russell 2000 Index	7,597.09	8,000.09	403.00		403.00
			Par 0.00					
11/21/2008	02/23/2009	100.000	Ishares Tr Russell 2000 Index	3,798.55	4,000.04	201.49		201.49
			Par 0.00					
11/21/2008	02/23/2009	100.000	Ishares Tr Russell 2000 Index	3,798.54	4,000.04	201.50		201.50
			Par 0.00					
12/01/2008	02/23/2009	200.000	Ishares Tr Russell 2000 Index	8,940.50	8,000.17	-940.33		-940.33
			Par 0.00					
	02/23/2009	100.000	Ishares Tr Russell 2000 Index	4,248.59	4,000.04	-248.55		-248.55
			Par 0.00					
06/10/2008	02/23/2009	270.501	Pimco All Asset Fund	3,389.91	2,520.00	-869.91		-869.91
07/19/2007	02/23/2009	318.497	PIMCO Total Return Fund	3,240.04	3,200.00		-40.04	-40.04

Realized Gains and Losses
From 01/01/2009 to 12/31/2009

Sara Elizabeth Clampett Trust - Charitable Remainder Acct #: 77915959

Realized Gains and Losses

<u>Date Acquired</u>	<u>Date Sold</u>	<u>Quantity</u>	<u>Description</u>	<u>Cost</u>	<u>Net Proceeds</u>	<u>Short Ter Gains</u>	<u>Total Long Gains</u>	<u>Total Gains</u>
10/23/2008	02/23/2009	1,175.000	Tfs Market Neutral Fund	15,409.04	14,822.83	-586.21		-586.21
02/04/2009	07/14/2009	2,730.769	Absolute Strategies Fund	23,848.97	26,331.92	2,482.95		2,482.95
01/17/2008	07/14/2009	2,406.445	Alpha Hedged Strategies	30,609.98	23,198.13		-7,411.85	-7,411.85
11/25/2008	07/14/2009	213.000	Ishares Tr Msci Eafe Fd	8,606.67	9,557.06	950.39		950.39
			Par 0.00					
06/10/2008	07/14/2009	2,249.768	Pimco All Asset Fund	28,194.00	24,255.00		-3,939.00	-3,939.00
10/23/2008	07/14/2009	1,626.320	Tfs Market Neutral Fund	21,327.69	23,138.79	1,811.10		1,811.10
02/23/2009	07/14/2009	90.754	Vaughan Nelson Small Cap	1,333.18	1,608.16	274.98		274.98
07/14/2009	09/02/2009	139.567	Aston Tamro Small Cap Fd	1,867.41	2,000.00	132.59		132.59
07/14/2009	09/02/2009	108.873	Eaton Vance Tax Mgd Emergi	3,551.78	3,900.00	348.22		348.22
07/14/2009	09/02/2009	62.906	Harbor International	2,621.93	3,000.00	378.07		378.07
07/14/2009	09/02/2009	82.237	Harding Loevner Emerging	2,697.38	3,000.00	302.62		302.62
07/14/2009	09/02/2009	477.897	Laudus Intl Discovery Fd	3,512.54	4,000.00	487.46		487.46
07/19/2007	09/02/2009	462.535	PIMCO Total Return Fund	4,705.32	4,980.00		274.68	274.68
07/14/2009	09/02/2009	334.728	Royce Micro Cap Fund	3,586.80	3,980.00	393.20		393.20
02/23/2009	09/02/2009	101.626	Vaughan Nelson Small Cap	1,492.89	2,000.00	507.11		507.11

Realized Gains and Losses
From 01/01/2009 to 12/31/2009

Sara Elizabeth Clampett Trust - Charitable Remainder Acct #: 77915959

Realized Gains and Losses

<u>Date Acquired</u>	<u>Date Sold</u>	<u>Quantity</u>	<u>Description</u>	<u>Cost</u>	<u>Net Proceeds</u>	<u>Short Ter Gains</u>	<u>Total Long Gains</u>	<u>Total Gains</u>
07/14/2009	10/28/2009	134.680	Aston Tamro Small Cap Fd	1,802.02	2,000.00	197.98		197.98
07/14/2009	10/28/2009	39.047	Harbor International	1,627.48	2,000.00	372.52		372.52
	10/28/2009	75.758	Harding Loevner Emerging	2,359.90	3,000.00	319.80	320.30	640.10
07/14/2009	10/28/2009	115.000	Ishares Tr Russell	5,687.47	6,682.95	995.48		995.48
			Par 0.00					
07/14/2009	10/28/2009	101.885	Mfs Value Fund Cl A	1,781.97	2,000.00	218.03		218.03
07/14/2009	10/28/2009	238.284	Royce Micro Cap Fund	2,553.35	2,980.00	426.65		426.65
02/04/2009	11/09/2009	285.987	Absolute Strategies Fund	2,497.65	2,980.00	482.35		482.35
01/17/2008	11/09/2009	283.286	Alpha Hedged Strategies	3,603.40	3,000.00		-603.40	-603.40
	11/09/2009	628.433	Brandywine Blue Fund (BLUE	11,550.00	13,208.51	1,658.51		1,658.51
	11/09/2009	71.361	Eaton Vance Tax Mgd Emergi	2,073.77	2,920.00	2.09	844.14	846.23
	11/09/2009	627.918	Harding Loevner Emerging	17,192.72	26,410.23	2,236.61	6,980.90	9,217.51
07/14/2009	11/09/2009	147.929	Henderson Intl Oppty Fd	2,553.25	3,000.00	446.75		446.75
11/25/2008	11/09/2009	130.000	Ishares Tr Msci Eafe Fd	5,252.90	7,324.29	2,071.39		2,071.39
			Par 0.00					
07/14/2009	11/09/2009	37.000	Ishares Tr Russell	1,829.88	2,206.55	376.67		376.67
			Par 0.00					

Realized Gains and Losses
From 01/01/2009 to 12/31/2009

Sara Elizabeth Clampett Trust - Charitable Remainder Acct #: 77915959

Realized Gains and Losses

<u>Date Acquired</u>	<u>Date Sold</u>	<u>Quantity</u>	<u>Description</u>	<u>Cost</u>	<u>Net Proceeds</u>	<u>Short Ter Gains</u>	<u>Total Long Gains</u>	<u>Total Gains</u>
07/14/2009	11/09/2009	327 869	Laudus Intl Discovery Fd	2,409.84	3,000.00	590.16		590.16
	11/09/2009	905 919	Mfs Value Fund Cl A	13,588.03	18,507 93	4,919.90		4,919 90
06/10/2008	11/09/2009	334.169	Pimco All Asset Fund	4,187.79	3,980.00		-207 79	-207.79
			Short Term Gains	270,476 21	275,567 21	5,091.00		
			Total Long Gains	227,999 56	183,039.17		-44,960 39	
			Total (Sales)	498,475.77	458,606 38	5,091.00	-44,960 39	-39,869.39

Capital Gain Distributions

<u>Pay Date</u>	<u>Description</u>	<u>Short Ter Gains</u>	<u>Total Long Gains</u>	<u>Total Gains</u>
12/09/2009	PIMCO Total Return Fund	586 85	163.24	750.09
12/10/2009	Absolute Strategies Fund	10.13		10.13
12/10/2009	Tfs Market Neutral Fund	213.00		213.00
	Total (Distributions)	809.98	163.24	973.22
	Total Gains	5,900.98	-44,797.15	-38,896.17

Expense Report

From 01/01/2009 to 12/31/2009

Sara Elizabeth Clampett Trust - Charitable Remainder Acct #: 77915959

Trade Date	Portfolio Account Number	Expense Type	Comment	Expense Amount
01/09/2009	77915959	Management Fee	;MGFEE:MANAGEMENT FEE	(1,443.05)
04/06/2009	77915959	Management Fee	;MGFEE:MANAGEMENT FEE	(1,359.12)
07/09/2009	77915959	Management Fee	;MGFEE:MANAGEMENT FEE	(1,487.51)
10/08/2009	77915959	Management Fee	;MGFEE:MANAGEMENT FEE	(1,518.58)
			Total: Management Fee	(5,808.26)
09/03/2009	77915959	Other Expense	;FEE FEE CHARGED TO ACCOUNT	(25.00)
09/03/2009	77915959	Other Expense	;FEEA MISCELLANEOUS FEE ADJUSTME	25.00
			Total: Other Expense	0.00
			Total Expenses	(5,808.26)

**Application for Extension of Time To File an
Exempt Organization Return**

OMB No 1545-1709

► File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed)A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ☐*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns*

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print File by the due date for filing your return. See instructions	Name of Exempt Organization	Employer identification number
	SARA ELIZABETH CLAMPETT CHARITABLE TRUST	56-6467527
	Number, street, and room or suite no. If a P O box, see instructions 10600 GOLF LINK DR.	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions RALEIGH, NC 27617	

Check type of return to be filed (file a separate application for each return)

- | | | |
|--|---|------------------------------------|
| ☒ Form 990 | ☐ Form 990-T (corporation) | ☐ Form 4720 |
| ☐ Form 990-BL | ☐ Form 990-T (sec. 401(a) or 408(a) trust) | ☐ Form 5227 |
| ☐ Form 990-EZ | ☐ Form 990-T (trust other than above) | ☐ Form 6069 |
| ☐ Form 990-PF | ☐ Form 1041-A | ☐ Form 8870 |

THE ORGANIZATION

- The books are in the care of ► **10600 GOLF LINK DR. - RALEIGH, NC 27617**

Telephone No ► **614-371-3079**

FAX No ►

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover

- 1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **AUGUST 15/16 2010**, to file the exempt organization return for the organization named above. The extension is for the organization's return for
 ► ☒ calendar year **2009** or
 ► ☐ tax year beginning _____, and ending _____

- 2 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$ N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 4-2009)