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## Form 990-PF

### Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

OMB No 1545-0052 2009

Department of the Treasury Internal Revenue Service

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

FOL	-allerius	ir year 2009, or tax year beginning	and ending				
G C	heck al		turn of a former public	charity		Final return	_
ı	the IRS	Name of foundation Troy State University Drag	na &	Name	63	loyer identification nur	
	erwise, orint	Number and street (or P O box number if mail is not delivere	d to street address)	Room/suite	1	4-807-5115	10 of the instructions)
•	type.	c/o Troy Bank & Trust	d to street address;	1.001123uite		mption application is pen	ding, check here
See	Specifi		<u> </u>		1	oreign organizations, chec	. H
instr	uctions	Troy AL	36081		2. Fc	preign organizations meet	ing the
<u>н</u> с	heck ty	pe of organization 🗶 Section 501(c)(3) exempt private	foundation		1	% test, check here and a	•
			e private foundation		1	ate foundation status was	- L I
		et value of all assets at end J Accounting method	X Cash	rual	section	on 507(b)(1)(A), check he	re 🕨 📙
		om Part II, col (c), United Specify)				foundation is in a 60-mor	
	<u>e 16)</u> krt i	\$ 369,443 (Part I, column (d) must Analysis of Revenue and Expenses (The			under	r section 507(b)(1)(B), che	T
	RFC I	total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see page 11 of the instructions) )	(a) Revenue and expenses per books	(b) Net inv		(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	t	Contributions, gifts, grants, etc , received (attach schedule)					
		Check If the foundation is <b>not</b> required to attach Sch. B					
	1	Interest on savings and temporary cash investments	8,819		8,819		
	l	Dividends and interest from securities	881	<u> </u>	881		
		Gross rents					
Ĭ		Net rental income or (loss)  Net gain or (loss) from sale of assets not on line 10 <b>Stat 1</b>	-18,789				
Revenue	ŀ	Gross sales price for all assets on line 6a 64,665	20,700				
Re	7	Capital gain net income (from Part IV, line 2) Net shift Consada ital gain			0	0	`
	9	focome modifications					
	b  ÷	Gross sales less columnatallowerides					
	11 T	Gloes profit of (loss) (attach schedule) Other from Valtach schedule) Stmt 2	273		273		
	12 `-	Total. Add lines 1 through 11	-8,816		9,973	0	
80		Compensation of officers, directors, trustees, etc	4,630		4,630	· .	
18		Other employee salaries and wages					
8		Pension plans, employee benefits				<del>-</del>	
Щ		Legal fees (attach schedule)  Accounting fees (attach schedule)  Stmt 3	450	<u> </u>	450		
<u>&gt;</u>		Other professional fees (attach schedule)	450				
Operating and Administrative Expenses		Interest					
st	l	Taxes (attach schedule) (see page 14 of the instructions)					
두		Depreciation (attach schedule) and depletion					
	20	Occupancy					
ੁ <b>ਦ</b> 20		Travel, conferences, and meetings					
2 6		Printing and publications					
B		Other expenses (att sch )		<u> </u>		<del></del>	
at		Total operating and administrative expenses.	F 000				_
20		Add lines 13 through 23	5,080		5,080		22 525
ক		Contributions, gifts, grants paid  Total expenses and disbursements. Add lines 24 and 25	22,535 27,615		5,080	0	22,535 22,535
<u>)</u> 20		Subtract line 26 from line 12	21,015		2,000	<u> </u>	22,335
		Excess of revenue over expenses and disbursements	-36,431				
<b>2010</b>		Net Investment income (if negative, enter -0-)			4,893		
	•	Adjusted net income (if negative, enter -0-)				0	

6 Total net assets or fund balances at end of year (line 4 minus line 5)-Part II, column (b), line 30

6

369,854

100000	990-PF (2009) Troy State University Drama & 63-1217154		F	age 4
_Pe	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instruction	ns)		
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1			
	Date of ruling or determination letter (attach copy of letter if necessary—see instructions)			
Ь	Domestic foundations that meet the section 4940(e) requirements in Part V, check			49
	here X and enter 1% of Part I, line 27b			
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of			
	Part I, line 12, col (b)			^
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	·		0
3	Add lines 1 and 2			49
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)  4			0 49
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-			49
6	Credits/Payments			
a	2009 estimated tax payments and 2008 overpayment credited to 2009  6a 80			
b	Exempt foreign organizations—tax withheld at source  Toward with production for extension of the file (Form 2000)			
C	Tax paid with application for extension of time to file (Form 8868)  6c			
d	Backup withholding erroneously withheld  Tatal and the and appropriate Add lane Continued Column 1			80
7	Total credits and payments Add lines 6a through 6d  7			80
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			31
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid  Enter the amount of line 10 to be Credited to 2010 estimated tax ▶ 31  Refunded ▶ 11			31
11 D×	Enter the amount of line 10 to be Credited to 2010 estimated tax ▶ 31 Refunded ▶ 11 Int VII-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	I No
ıa	participate or intervene in any political campaign?	10	res	No X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19	1a	1	- <b>-</b>
	of the instructions for definition)?	1b		x
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials	10	<del> </del>	-
	published or distributed by the foundation in connection with the activities			
С	Did the foundation file Form 1120-POL for this year?	10	Ť	x
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year	"	<del>                                     </del>	<u>*</u>
_	(1) On the foundation ▶ \$ (2) On foundation managers ▶ \$			
8	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
	on foundation managers > \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2	1	x
	If "Yes," attach a detailed description of the activities			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of		İ	
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3	1	X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4 4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
	If "Yes," attach the statement required by General Instruction T			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			
	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that			
	conflict with the state law remain in the governing instrument?	<b>A</b> 6		<u> </u>
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	X	
8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the		1	T
	instructions)   AL			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			
	4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page	1		
	27)? If "Yes," complete Part XIV	9	<u> </u>	X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			_
	names and addresses	10	<u> </u>	X
		Form 99	0-PF	(2009)

charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?

(4) Provide a grant to an organization other than a chantable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see page 22 of the instructions)  (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?  (6) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?  (7) If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance (see page 22 of the instructions)?  (8) Organizations relying on a current notice regarding disaster assistance (see page 22 of the instructions)?  (9) Organizations relying on a current notice regarding disaster assistance check here  (1) If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  (1) If "Yes," attach the statement required by Regulations section 53 4945-5(d)  (2) Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  (8) Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  (1) If "Yes" to 6b, file Form 8870  (2) At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  (8) N/A  (9) The part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  (1) Ities, and average hours are week devoted to position  (2) Compensation  (3) Contributions to employee benefit plans and deferred compensation  (4) Expense account other allowances  (5) Compensation  (6) Compensation  (6) Contributions to employee benefit plans and deferred compensation	Form	990-PF (2009) Troy State University Drama &		217154			Page <b>6</b>
(2) Influence the outcome of any specific public election (see section 4945(e))?  (2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?  (3) Provide a grant to an individual for travel, study, or other similar purposes?  (4) Provide a grant to an individual for travel, study, or other similar purposes?  (4) Provide a grant to an individual for travel, study, or other similar purposes?  (5) Provide or any purpose other than echipious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelity to children or animals?  (6) Provide for any purpose other than echipious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelity to children or animals?  (6) Provide for any purpose other than echipious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelity to children or animals?  (7) Provide for any purpose other than echipious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelity to children or animals?  (8) If any answer is "Yes" to Question 564(f), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  (9) If the answer is "Yes" to question 534(f), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  (1) Tress," attach the statement required by Regulations section 53 4945-5(d)  (8) Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  (9) Did the foundation during the year, seceive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  (1) Tress," attach the statement required by Regulations section 53 4945-5(d)  (1) Tress, and animals and different provides the foundation aparty to a prohibited tax sheller transaction?  (1) Tress, and animals and defined pr	_Pa	A VII-B Statements Regarding Activities for Which Form	4720 May Be R	l <b>equired</b> (cont	linued)		
(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?  (3) Provide a grant to an individual for travel, study, or other similar purposes?  (4) Provide a grant to an organization other than a chantable, etc., organization described in section 509(a)(1), (2), or (3), or section 494(0)(2)(2) (see page 22 of the instructions)  (5) Provide for any purpose other than religious, chartable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?  (6) Provide for any purpose other than religious, chartable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?  (6) If any answer is "Yes" to go (3)—(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance (see page 22 of the instructions)?  (6) If yes, although on a current notice regarding disaster assistance (see page 22 of the instructions)?  (7) Organizations relying on a current notice regarding disaster assistance (see page 22 of the instructions)?  (8) If "Yes," attach the statement required by Regulations section 54 4945-5(d)  (9) Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  (1) Fire, state the statement required by Regulations section 53 4945-5(d)  (8) Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  (1) Fire state the statement required by Regulations section 53 4945-5(d)  (8) If yes, diff the foundation receive any proceeds or have any net income attributable to the transaction?  (9) If yes, diff the foundation receive any proceeds or have any net income attributable to the transaction?  (1) Fire, and average and the instructions.  (1) If yes a very the provided position of five highest-paid employees (other than those included	5a	During the year did the foundation pay or incur any amount to			_		
directly or indirectly, any voter registration drive?  (3) Provide a grant to an individual for travel, study, or other similar purposes?  (4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a/th). (2), or (3), or section 4940(a/t)? (see page 22 of the instructions)  (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelity to children or animals?  (6) If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance (see page 22 of the instructions)?  Organizations relying on a current notice regarding disaster assistance (see page 22 of the instructions)?  Organizations relying on a current notice regarding disaster assistance (see page 22 of the instructions)?  Organizations relying on a current notice regarding disaster assistance (see page 22 of the instructions)?  If "Yes" is 6 (a) the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  If "Yes" is 6b, file Form 8870  7a At any time during the tax year, was the foundation a party to a prohibited tax sheller transaction?  Ves X No  Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the instructions).  (a) Name and address foundation managers and their compensation (see page 22 of the instructions).  If yes and Contractors  1 List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the instructions).  (b) Tile, and average for the instructions.  (c) Compensation of five highest-paid employees (other than those included on line 1—see page 23 of the instructions).  If none, enter "NONE."  (c) Compensation (d) Exportse account p		(1) Carry on propaganda, or otherwise attempt to influence legislation (section	4945(e))?	ı 📋 ،	res 🔀 No		
(3) Provide a grant to an individual for travel, study, or other similar purposes?		(2) Influence the outcome of any specific public election (see section 4955), or	to carry on,	_	_		
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see page 22 of the instructions)		directly or indirectly, any voter registration drive?		\			
section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see page 22 of the instructions)  (3) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelity to children or animals?  b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance (see page 22 of the instructions)?  Organizations relying on a current notice regarding disaster assistance (see page 22 of the instructions)?  Organizations relying on a current notice regarding disaster assistance (see page 22 of the instructions)?  Organizations relying on a current notice regarding disaster assistance (see page 22 of the instructions)?  Organizations relying on a current notice regarding disaster assistance (see page 22 of the instructions)?  If "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  N/A   Yes   No   No   No   No   No   No   No   N		(3) Provide a grant to an individual for travel, study, or other similar purposes?			res 🛣 No		
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?  b (fl any answer is "Yes" to \$3(1)-(5), did any of the transactions fall to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance (see page 22 of the instructions)?  Organizations relying on a current notice regarding disaster assistance check here  organizations relying on a current notice regarding disaster assistance check here  organizations relying on a current notice regarding disaster assistance check here  organizations relying on a current notice regarding disaster assistance check here  organizations relying on a current notice regarding disaster assistance (see page 22 of the instructions)?  N/A		(4) Provide a grant to an organization other than a charitable, etc., organization	n described in	_			
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?  b If any answer is "Yes" to \$3(1)-5(), did any of the transactions fall to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance (see page 22 of the instructions)?  Organizations relying on a current notice regarding disaster assistance check here  If the answer is "Yes" to question \$3(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  If "Yes," attach the statement required by Regulations section 53 4945-5(d)  Bod the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Dot the foundation, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  The state of the foundation of the foundation aparty to a prohibited tax sheller transaction?  At any time during the tax year, was the foundation aparty to a prohibited tax sheller transaction?  If "Yes," to 6b, file Form 8870  At any time during the tax year, was the foundation aparty to a prohibited tax sheller transaction?  If yes, did the foundation About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the instructions).  (a) Name and address  (b) Tile, and average hours prived deviced by position (find paid, enter prohibits prived) plans and defensed compression.  (c) Compensation of five highest-paid employees (other than those included on line 1—see page 23 of the instructions).  (d) Conhibitions to employee benefit plans and defensed control of the advances control of the position persect of the expense account of the advances.		section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see page 22 of the ins	tructions)		res 🕱 No		
purposes, or for the prevention of cruelty to children or animals?  b If any answer is "Yes" to Sa(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance (see page 22 of the instructions)?  Organizations relying on a current notice regarding disaster assistance check here  c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  If "Yes," attach the statement required by Regulations section 53 4945-5(d)  6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If "Yes" to 65, file Form 8870  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the instructions).  (a) Name and address  (b) Title, and average hours previous (fir not paid, enter devoted to position (fir not paid, enter devoted to position (fir not paid, enter devoted to position (fir not paid, enter devoted devot			•				
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance (see page 22 of the instructions)?  Organizations relying on a current notice regarding disaster assistance (see page 22 of the instructions)?  If "Yes," attach the statement required by Regulations section 53 4945-5(d)  But the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  If "Yes," attach the statement required by Regulations section 53 4945-5(d)  Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  If "Yes," to 6b, file Form 8870  At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the instructions).  (a) Name and address  (b) Title, and average deviced to position of five highest-paid employees (other than those included on line 1—see page 23 of the instructions).  Troy Bank & Trust Company Troy Trustee  (a) Name and address  (b) Title, and average deviced to position of five highest-paid employees (other than those included on line 1—see page 23 of the instructions).  (b) Title, and average deviced to position of five highest-paid employees (other than those included on line 1—see page 23 of the instructions).  (c) Compensation of five highest-paid employees (other than those included on line 1—see page 23 of the instructions).  (d) Contributions to employee benefit pattern and defined to employee benefit pattern and defined compensation of employee benefit pattern and defined compensation.					res 🕱 No		
Regulations section 53 4945 or in a current notice regarding disaster assistance (see page 22 of the instructions)?  Organizations relying on a current notice regarding disaster assistance check here  of the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  If "Yes," attach the statement required by Regulations section 53 4945-5(d)  But the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  If "Yes," to 6b, file Form 8870  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  If "Yes," to 6b, file Form 8870  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?  Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the instructions).  (a) Name and address  (b) Tile, and average foundation (find paid, either proper benefit plans and determed only the properties of the instructions).  Troy Bank & Trust Company  Troy  Trustee  (a) Name and address (other than those included on line 1—see page 23 of the instructions).  (b) Tile, and average hours per week devoted to position  (c) Compensation  (d) Confinitions to employee benefit plans and determed only the properties of the properties benefit plans and determed only the properties of the properties benefit plans and determed only the properties of the properties benefit plans and determed only the properties of the properties benefit plans and determed only the properties of the properties benefit plans and determed only the properties of the properties benefit plans and determed only the properties of the properties of the properties of the pr	h		ler the excentions d				
Organizations relying on a current notice regarding disaster assistance check here  c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  If "Yes," attach the statement required by Regulations section 53 4945-5(d)  6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  If "Yes" to 6b, file Form 8870  7a At any time during the year, was the foundation a party to a prohibited tax shelter transaction?  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the instructions).  (a) Name and address  (b) Tile, and average (c) Compensation (d) Continutors to employee benefit plass and deferred compensation of five highest-paid employees (other than those included on line 1—see page 23 of the instructions).  If not paid, enter (finot paid, enter plass and deferred compensation of five highest-paid employees (other than those included on line 1—see page 23 of the instructions).  (a) Name and address of each employee paid more than \$50,000  (b) Tile, and average hours per week devoted to position (e) Compensation	_	*****	•		N/A	56	Ì
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  If "Yes," attach the statement required by Regulations section 53 4945-5(d)  6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If "Yes" to 6b, file Form 8870  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?  Pert VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the instructions).  (a) Name and address  (b) Tile, and average hours per week devided to position  (c) Compensation (fl Contributions to employee benefit plans and deferred compensation of five highest-paid employees (other than those included on line 1—see page 23 of the instructions).  If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000  (b) Tile, and average hours per week devoted to position  (c) Compensation (d) Contributions to employee benefit plans and deferred compensation other allowances of the instructions of employee benefit plans and deferred plans and deferred compensation other allowances of each employee paid more than \$50,000  (a) Name and address of each employee paid more than \$50,000  (b) Tile, and average hours per week devoted to position  (c) Compensation (d) Contributions to employee benefit plans and deferred plans and deferred compensation other allowances.			_	e mandenona,	▶ □	30	
because it maintained expenditure responsibility for the grani?  If "Yes," attach the statement required by Regulations section 53 4945-5(d)  Bid the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  If "Yes" to 6b, file Form 8870  A lany time during the year, was the foundation a party to a prohibited tax shelter transaction?  If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the instructions).  (a) Name and address  (b) Tile, and average hours per week devoted to position (if not paid, enter process are deterned compensation).  Trustee  100 U.S. 231 South  AL 36081  2 Compensation of five highest-paid employees (other than those included on line 1—see page 23 of the instructions).  If none, enter "NONE."  (c) Compensation (c) Compensation (d) Contributions to employee benefit paid and deferred compensation (de) Contributions to employee benefit paid and deferred compensation (de) Contributions to employee benefit paid and deferred compensation (de) Contributions to employee benefit paid and deferred compensation (de) Contributions to employee benefit paid and deferred compensation (de) Contributions to employee benefit paid and deferred compensation (de) Contributions to employee benefit paid and deferred compensation (de) Contributions to employee benefit paid and deferred compensation (de) Compensation (de) Contributions to employee benefit paid and deferred compensation (de) Contributions to employee benefit paid and deferred compensation (de) Contributions to employee benefit paid and deferred compensation (de) Contributions to employee benefit paid and deferred compensation (de) Contributions to employee benefit paid and deferred compensation (de) Contributions to e	_						
If "Yes," attach the statement required by Regulations section 53 4945-5(d)  Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  If "Yes" to 6b, file Form 8870  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the instructions).  (a) Name and address  (b) Title, and average hours per week devoted to position (if not paid, enter plans and deferred orthogonal deferred orthogonal deferred orthogonal trustees).  Troy Bank 6 Trust Company Troy Trustee (c) Compensation (file paid, enter plans and deferred orthogonal deferred orthogonal deferred orthogonal trustees).  Troy Bank 6 Trust Company Troy Trustee (b) Title, and average hours per week devoted to position of five highest-paid employees (other than those included on line 1—see page 23 of the instructions).  (a) Name and address of each employee paid more than \$50,000  (b) Title, and average hours per week devoted to position of five highest-paid employees (other than those included on line 1—see page 23 of the instructions).  (c) Compensation (d) Contributions to employee benefit plans and deferred orthogonal other allowances or employee benefit plans and deferred orthogonal other allowances orthogonal orthogonal other allowances orthogonal orthogona	C		rom the tax	M / M	. 🗆		
Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?    Yes   No		· · · · · · · · · · · · · · · · · · ·		N/A 📋	res U No		
on a personal benefit contract?    Yes X No   6b X							
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If "Yes" to 6b, file Form 8870  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  N/A  7b  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the instructions).  (a) Name and address  (b) Title, and average hours per wesk devoted to position  (a) Name and address  Troy  Trustee  3.00  4,630  C) Compensation  (b) Title, and average hours per wesk devoted to position  Trustee  3.00  4,630  C) Compensation  (c) Compensation  (d) Contributions to enable allowances  (e) Expense account other allowances  (b) Title, and average hours per wesk devoted to position  (fill not paid, enter devoted to position  (b) Title, and average hours per wesk devoted to position  (c) Compensation  (d) Contributions to employee paid more than \$50,000  (b) Title, and average hours per wesk devoted to position  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation  (e) Expense account other allowances  (e) Expense account devoted to position  (e) Expense account devoted to position  (e) Expense account devoted to position  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation  (e) Expense account devoted to position  (for Compensation of five highest-paid deferred compensation	6a	Did the foundation, during the year, receive any funds, directly or indirectly, to p	pay premiums				
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At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?    Yes   No	b	Did the foundation, during the year, pay premiums, directly or indirectly, on a per-	ersonal benefit conti	ract?		6b	X
b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?  N/A 7b Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the instructions).  (b) Title, and average hours per week devoted to position of five highest-paid employees (other than those included on line 1—see page 23 of the instructions).  (c) Compensation of five highest-paid employees (other than those included on line 1—see page 23 of the instructions).  (d) Contributions to employee benefit plans and deferred compensation of five highest-paid employees (other than those included on line 1—see page 23 of the instructions).  (a) Name and address of each employee paid more than \$50,000  (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation of the instructions).  (e) Expense account other allowances of each employee benefit plans and deferred compensation (d) Contributions to employee benefit plans and deferred compensation of the allowances of each employee paid more than \$50,000 (e) Expense account other allowances of the allowances of each employee benefit plans and deferred compensation of the allowances of each employee benefit plans and deferred compensation of the allowances of each employee benefit plans and deferred compensation of the allowances of each employee benefit plans and deferred compensation of the allowances of each employee benefit plans and deferred plans and deferred compensation of the allowances of each employee benefit plans and deferred plans and deferre		If "Yes" to 6b, file Form 8870		_	_		
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the instructions).  (a) Name and address  (a) Name and address  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation  (e) Expense account other allowances  (e) Expense account other allowances  100 U.S. 231 South  AL 36081  2 Compensation of five highest-paid employees (other than those included on line 1—see page 23 of the instructions).  If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation  (d) Contributions to employee benefit plans and deferred compensation  (d) Contributions to employee benefit plans and deferred compensation  (e) Expense account other allowances	7a	At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	\	res 🔀 No		
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1 List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the instructions).  (b) Title, and average hours per week devoted to position  (c) Compensation (ld) Contributions to employee benefit plans and deferred compensation  (e) Expense account other allowances  Troy Bank 6 Trust Company  Troy  Trustee  100 U.S. 231 South  AL 36081  2 Compensation of five highest-paid employees (other than those included on line 1—see page 23 of the instructions).  If none, enter "NONE."  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee account other allowances  (e) Expense account other allowances  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation  (e) Expense account other allowances  (e) Expense account other allowances  (f) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation  (e) Expense account other allowances	Pa	rt VIII Information About Officers, Directors, Trustees, Fo	oundation Man	agers, Highly	<b>Paid Employ</b>	ees,	
1 List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the instructions).  (b) Title, and average hours per week devoted to position  (c) Compensation (ld) Contributions to employee benefit plans and deferred compensation  (e) Expense account other allowances  Troy Bank 6 Trust Company  Troy  Trustee  100 U.S. 231 South  AL 36081  2 Compensation of five highest-paid employees (other than those included on line 1—see page 23 of the instructions).  If none, enter "NONE."  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee account other allowances  (e) Expense account other allowances  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation  (e) Expense account other allowances  (e) Expense account other allowances  (f) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation  (e) Expense account other allowances		and Contractors					
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Troy Bank & Trust Company Troy 100 U.S. 231 South AL 36081 3.00 4,630 0  2 Compensation of five highest-pald employees (other than those included on line 1—see page 23 of the instructions).  If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation other allowances		1-7				othe	rallowances
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2 Compensation of five highest-pald employees (other than those included on line 1—see page 23 of the instructions).  If none, enter "NONE."  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation  (e) Expense account other allowances				4 630	١,	J	
(a) Name and address of each employee paid more than \$50,000  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation other allowances		U.S. 231 South AL 36061	3.00	4,630	<u> </u>	<del>" </del>	0
(a) Name and address of each employee paid more than \$50,000  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation other allowances							
(a) Name and address of each employee paid more than \$50,000  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation other allowances		·	+		<b></b>	+	
(a) Name and address of each employee paid more than \$50,000  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation other allowances							
(a) Name and address of each employee paid more than \$50,000  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation other allowances			-			-	
(a) Name and address of each employee paid more than \$50,000  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation other allowances							
(a) Name and address of each employee paid more than \$50,000  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation other allowances		···		<u> </u>			
(a) Name and address of each employee paid more than \$50,000  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation other allowances	2		n line 1—see page	23 of the instruc	tions).		
(a) Name and address of each employee paid more than \$50,000  (b) Title, and average hours per week devoted to position  (c) Compensation employee benefit plans and deferred compensation other allowances		If none, enter "NONE."	<u> </u>	·		,	
(a) Name and address of each employee paid more than \$50,000 hours per week devoted to position (a) Compensation the remployee benefit plans and deferred compensation other allowances			(b) Title, and average			(-, ) -	
devotes to position compensation		(a) Name and address of each employee paid more than \$50,000	hours per week	(c) Compensation			
NONE			devoted to position			1	
	NO	NE					
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			1				
			<del>                                     </del>	<del></del>			
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		<del></del>	+		_	<del> </del>	-
		• •					
			+	ļ	ļ	1	
Total number of other employees paid over \$50 000			<u> </u>	l	l	1	

Form 990-PF		63-1217154	Page <b>7</b>
Part VIII	Information About Officers, Directors, Trustees, Foundation and Contractors (continued)	tion Managers, Highly Paid Em	ployees,
3 Five hig	hest-paid independent contractors for professional services (see page 23	of the instructions). If none, enter "NOI	NE."
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE			_ <del> </del>
Total number	of others receiving over \$50,000 for professional services		<u> </u>
		<del></del>	
Part IX-A	Summary of Direct Charitable Activities		
List the found	ation's four largest direct charitable activities during the tax year. Include relevant statistical in	nformation such as the number of	Expenses
	and other beneficianes served, conferences convened, research papers produced, etc		Lapenses
1 N/A			
			:
2			
3		<del></del>	
· ·			
4			
Part IX-B	Summary of Program-Related Investments (see page 2	4 of the instructions)	
	wo largest program-related investments made by the foundation during the tax year on lines	1 and 2	Amount
1 N/A			
2			
All other progr	ram-related investments. See page 24 of the instructions		
3	· -		

Total. Add lines 1 through 3

b Program-related investments—total from Part IX-B

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes

Amounts set aside for specific charitable projects that satisfy the

Suitability test (prior IRS approval required)

Cash distribution test (attach the required schedule)

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

Qualifying distributions that qualify under section 4940(e) for the reduced rate of tax on net investment income
Enter 1% of Part I, line 27b (see page 26 of the instructions)

Adjusted qualifying distributions. Subtract line 5 from line 4

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation

qualifies for the section 4940(e) reduction of tax in those years

Undistributed income for 2008 Subtract line
 4a from line 2a Taxable amount—see page
 27 of the instructions

f Undistributed income for 2009 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2010

7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see page 27 of the instructions)

8 Excess distributions carryover from 2004 not applied on line 5 or line 7 (see page 27 of the instructions)

9 Excess distributions carryover to 2010.
Subtract lines 7 and 8 from line 6a

10	Analysis	of line 9

a Excess	from	2005
----------	------	------

b Excess from 2006

c Excess from 2007

d Excess from 2008

Excess from 2009

26

526	L
	Г

526

_	•	^^	(2000)
Earm	u	<b>19</b> 11	 /2000

Pa	rt XIV Private Operating For	undations (see pa	age 27 of the inst	ructions and Part	VII-A, question 9)	
1a	If the foundation has received a ruling or	determination letter th	nat it is a private operat	ting		
	foundation, and the ruling is effective for	2009, enter the date of	of the ruling	•		
b	Check box to indicate whether the found	ation is a private opera	ating foundation descri	bed in section 49	942(j)(3) or 4942	?(J)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		
	income from Part I or the minimum	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(e) Total
	investment return from Part X for		· · · · · · · · · · · · · · · · · · ·	, ,		
	each year listed	i				
ь	85% of line 2a					<del></del> <del></del> -
	1		<del></del>			
С	Qualifying distributions from Part XII,	i				
	line 4 for each year listed	<del></del>				
d	Amounts included in line 2c not used directly	i				
	for active conduct of exempt activities					<del> </del>
8	Qualifying distributions made directly	i				
	for active conduct of exempt activities	1				
	Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the	i				<del></del>
	alternative test relied upon	i				
а	"Assets" alternative test—enter	i				
	(1) Value of all assets				ł	
	(2) Value of assets qualifying under	•				
	section 4942(j)(3)(B)(i)	ı				
ь	"Endowment" alternative test—enter 2/3					
U		1				
	of minimum investment return shown in					
	Part X, line 6 for each year listed	<del> </del>				
С	"Support" alternative test—enter					
	(1) Total support other than gross					
	investment income (interest,					
	dividends, rents, payments on					
	securities loans (section 512(a)(5)), or royalties)					
	• • •	· · · · · · · · · · · · · · · · · · ·			<u> </u>	
	(2) Support from general public and 5 or more exempt					
	organizations as provided in					
	section 4942(j)(3)(B)(iii)					
	(3) Largest amount of support from					
	an exempt organization					
	(4) Gross investment income	<del></del>	-		<u> </u>	
Ps	rt XV Supplementary Inform	nation (Complete	this part only if	the foundation h	ad \$5 000 or more	in assets at
• •	any time during the ye				40,000 01 111010	iii docotto di
1	Information Regarding Foundation Mai		or the metraetic			
•	List any managers of the foundation who	-	e than 2% of the total	contributions received	by the foundation	
а	· · ·				•	
	before the close of any tax year (but only <b>None</b>	ii they have contribute	ed more than \$5,000).	(See Section 507(d)(2)	))	
<del>.</del>		- 400/		, , ,		
b	List any managers of the foundation who		•		e portion of the	
	ownership of a partnership or other entity	) of which the foundat	tion has a 10% or great	ter interest.		
	None					
2	Information Regarding Contribution, G					
	Check here ► 🗷 if the foundation only	makes contributions	to preselected charitat	ole organizations and o	loes not accept	
	unsolicited requests for funds. If the foun	dation makes gifts, gr	ants, etc (see page 28	3 of the instructions) to	individuals or	
	organizations under other conditions, cor	nplete items 2a, b, c,	and d			
а	The name, address, and telephone numb	per of the person to wh	nom applications shoul	d be addressed.		
	N/A	·				
b	The form in which applications should be	submitted and inform	ation and materials the	ey should include		
	N/A					·
C	Any submission deadlines					
	N/A	ough on his server 11	inal aspec should be #	nido luma t t t		
đ	Any restrictions or limitations on awards, <b>N/A</b>	such as by geographi	icai areas, charitable fi	eias, kinas ot institutio	ns, or other factors	
			<del></del>		<del>-</del>	Form 990-PF (2009

63-1217154

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· Form 990-PF (2009) Troy State University Drama &

Recipient  Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or	
Name and address (home or business)			contribution	Amount
	or substantial contributor	recipient		<u> </u>
a Paid during the year Troy University University Avenue Troy AL 36080	None	Charity	Scholarship	22,535
Total			<b>▶</b> 3a	22,535
b Approved for future payment N/A				
			ļ	
Tatal			<b>▶</b> 3b	
Total  DAA	<u></u>		<u> </u>	Form <b>990-PF</b> (2009

DAA

PHILY YIN		Ctivities				
Enter gross am	ounts unless otherwise indicated	Unrelated b	usiness income	Excluded by	section 512, 513, or 514	(e)
4. Days		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See page 28 of
1 Program se			<del></del>	<del>                                     </del>		the instructions)
в b				+		
				+		
					_	
f						
g Fees a	nd contracts from government agencies					
	p dues and assessments					
3 Interest on	savings and temporary cash investments			14	8,819	
4 Dividends a	ind interest from securities			14	881	
5 Net rental ii	ncome or (loss) from real estate					
	nanced property	_				
	ot-financed property		<del></del>			<del></del>
	ncome or (loss) from personal property					
7 Other inves			· · · · · · · · · · · · · · · · · · ·			10 700
	s) from sales of assets other than inventory					-18,789
	or (loss) from special events			+		
•	t or (loss) from sales of inventory	<del>                                     </del>		+ +		
11 Other rever	Refund	-		14	273	
	Not und		<del></del>	+		
		-		<del>  </del>		
e						
	dd columns (b), (d), and (e)	_		0	9,973	-18,789
	line 12, columns (b), (d), and (e)	<u> </u>			13	-8,816
Line No. ▼	Explain below how each activity for which incor accomplishment of the foundation's exempt pu instructions)					
N/A	instructions y					
			<del></del>			
						Form <b>990-PF</b> (2009

Part XVII		arding Tra	versity Drama & ansfers To and Transaction	63–1217154 ons and Relationships With Nonch	aritable	Pa	ge <b>1</b> :
1 Did the org			ge in any of the following with any	other organization described	,	Yes	No
•	-		on 501(c)(3) organizations) or in se	•			
organizatıo			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
a Transfers f	rom the reporting found	ation to a no	onchantable exempt organization of	of			
(1) Cash					1a(1)		LX.
(2) Other a	assets				1a(2)		X
<b>b</b> Other trans	actions						
(1) Sales	of assets to a noncharita	able exempt	organization		1b(1)		X
(2) Purcha	ises of assets from a no	oncharitable	exempt organization		1b(2)		X
(3) Rental	of facilities, equipment,	or other ass	sets		1Ь(3)	<u> </u>	X
(4) Reimb	ursement arrangements	3			1b(4)		X
(5) Loans	or loan guarantees				1b(5)	L	X
(6) Perforr	nance of services or me	embership o	r fundraising solicitations		1b(6)	<u> </u>	X
c Sharing of	facilities, equipment, m	ailing lists, o	ther assets, or paid employees		1c	<u> </u>	X
· · · · · · · · · · · · · · · · · · ·		.,					_
described	•	Code (other	with, or related to, one or more tax than section 501(c)(3)) or in section			es 🔀	 No
, <u></u> , oc			·	<del>,</del>			
(8	Name of organization		(b) Type of organization	(c) Description of relation	ship		

	described in section 501(c) of the Code (of	her than section 501(c)(3)) or in sectio	1 5277	∐ Yes 🔼 N
b	If "Yes," complete the following schedule			
	(a) Name of organization	(b) Type of organization	(c) Description	of relationship
<u> </u>	I/A			
	Under penalties of perjury, I declare that I have exbelief, it is true, collect, and complete Declaration			parer has any knowledge
<b>9</b>	Signature of officer or trustee	Date	Title	

Date

Sign Here

Pald Preparer's Use Only

Preparer's signature

Firm's name (or yours if self-employed), address, and ZIP code

Gibson & Carden, L.L.C. PO Box 667

Troy, 36081-0667 AL

Check if self-employed ▶ 02/16/10

Preparer's identifying number (see **Signature** on page 30 of the instructions) P00755348

EIN > 63-1284979

Phone no 334-566-2690 Form **990-PF** (2009)

# Statement 1 - Form 990-PF, Part I, Line 6a - Sale of Assets

Desc	Description		How Received				
Whom Sold	Date Acquired	Date Sold	Sale Price	Cost	Expense	Depreciation	Net Gain / Loss
Fidelity	4/01/05	4/01/05 12/22/09 s	Purchase	12,118 \$		v	\$ 265
Meridian	4/01/05 12/22/09	60/22/21	Purchase	12,118			-4-
Professionally Managed		60/22/21	Purchase	12.118			-414
SEI Instl Mng Large Cap 3/	ap 3/17/04 12/10/09	12/10/09	Purchase 15,167	20,946			-5,779
SEI Instl Mng Large Cap 12/	ap 12/02/04 12/10/09	12/10/09	Purchase 954	1,416			-462
SEI Instl Mng Small Cap 3/17/04 12/10/09	ap 3/17/04 1	12/10/09	Purchase 15,629	23,238			609, 4-
SEI Instl Mng Small Ca	Cap 12/02/04 12/10/09	12/10/09	Purchase 882	1,500			-618
Total		w.	64,665 \$	83,454 \$	0	\$	\$ -18,789

## Statement 2 - Form 990-PF, Part I, Line 11 - Other Income

Description	Kev	Revenue per Books	Net I	Net Investment Income	Adjusted Net Income
IRS Refund	\$	273	တ	273	\$
Total	ογ	273	\$	273	\$

# Statement 3 - Form 990-PF, Part I, Line 16b - Accounting Fees

Charitable Purpose	S	\$
Adjusted Net	S	0
Net nvestment	450	450
N	φ	w
Total	450	450
	ဟ	w.
Description	Indirect Accounting Fees	Total

<sup>5</sup> 63-1217154

## **Federal Statements**

### Statement 4 - Form 990-PF, Part II, Line 13 - Other Investments

Description

	Beginning of Year	End of Year	Basis of Valuation	Fair Market Value
SEI Instl Mgd Small Cap Growth Fund			0	
Ş SEI Large Cap Value Fd	24,738 \$		Cost	\$
Fidelity Export & Multintl FD	22,363		Cost	
Meridian Value Fd	12,118		Cost	
	12,118		Cost	
Prof Mgd Ptlfs - The Osterwies Fd	12,118		Cost	
DFA US Vector Equity Portfolio	·	17,500	Cost	17,480
DFA US Core Equity 2 Port		•		
DFA Invt Dimensions Group Large Cap	)	10,500	Cost	10,477
DFA Invt Dimensions Group Real Esta	ıt	14,000	Cost	13,927
_		7,000	Cost	6,992
DFA Invt Dimensions Group Emrg Mkts	i	2,100	Cost	2,170
DFA Invt Dim Group Emer Mkt SmCap		2,800	Cost	2,894
DFA Invt Dim Group Intl Sml Ptfl		3,500		
DFA Invt Dim Group Intl Smcap Val		·		3,555
DFA Invt Dim Group Emerging Mkts		3,500	Cost	3,564
Dim Invt Group Intl Value Ptf		2,100	Cost	2,158
		7,000	Cost	7,096
Total \$	83,455 \$	70,000		\$ 70,313