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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2009**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
 ▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
 ▶ The organization may have to use a copy of this return to satisfy state reporting requirements

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

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	C Name of organization		D Employer identification number
		TUA COLONIAL DAMES C/O REGIONS BANK		63-6053721
		1255000125		E Telephone number
		Number and street (or P.O. box, if mail is not delivered to street address) Room/suite P O BOX 2886 City or town, state or country, and ZIP + 4 MOBILE, AL 36652-2886		(251) 690-1416
				F Group Exemption Number . . . ▶

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

G Accounting method ☒ Cash ☐ Accrual
 Other (specify) ▶

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

I Website. ▶ N/A

J Tax-exempt status (check only one) - ☒ 501(c) (3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

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

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ . . . ▶ \$ 130,453.

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

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	4,670.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	17,931.
	5 a	Gross amount from sale of assets other than inventory	5a	107,852.
	b	Less cost or other basis and sales expenses	5b	144,232.
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	-36,380.
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming check here . . . ▶ <input type="checkbox"/>		
	a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
b	Less direct expenses other than fundraising expenses	6b		
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		
7 a	Gross sales of inventory, less returns and allowances	7a		
b	Less cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe ▶ _____)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	-13,779.	
Expenses	10	Grants and similar amounts paid (attach schedule)	10	16,943.
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	928.
	13	Professional fees and other payments to independent contractors	13	500.
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe ▶ _____)	16	70.
	17	Total expenses. Add lines 10 through 16	17	18,441.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-32,220.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	589,011.
	20	Other changes in net assets or fund balances (attach explanation)	20	1.
	21	Net assets or fund balances at end of year Combine lines 18 through 20	21	556,792.

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

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	589,011.	556,792.
23 Land and buildings		
24 Other assets (describe ▶ _____)		
25 Total assets	589,011.	556,792.
26 Total liabilities (describe ▶ _____)		
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	589,011.	556,792.

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

Form 990-EZ (2009)

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ENVELOPE
POSTMARK DATE MAY 18 2010

SCANNED JUL 08 2010

Part V Other Information (Note the statement requirements in the instructions for Part V.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a _____		
b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b _____		
39 Section 501(c)(7) organizations. Enter		
a Initiation fees and capital contributions included on line 9 39a _____		
b Gross receipts, included on line 9, for public use of club facilities 39b _____		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____; section 4912 ▶ _____, section 4955 ▶ _____		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41 List the states with which a copy of this return is filed. ▶ _____		
42a The organization's books are in care of ▶ STMT 10 Telephone no. ▶ _____ Located at ▶ STMT 10 ZIP + 4 ▶ _____		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	Yes	No
If "Yes," enter the name of the foreign country: ▶ _____		X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?		X
If "Yes," enter the name of the foreign country: ▶ _____		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 _____		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

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

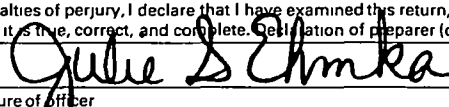
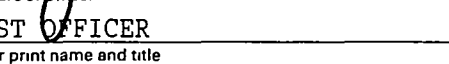
46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		X
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		X
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		X
b	If "Yes," was the related organization a section 527 organization?	49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
f Total number of other employees paid over \$100,000 ► NONE				

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		
d Total number of other independent contractors receiving over \$100,000 ► NONE		

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.		
	 Signature of officer		Date 05/13/2010
Paid Preparer's Use Only	Preparer's signature  Type or print name and title TRUST OFFICER		Preparer's identifying number (See instructions) Date Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4		EIN Phone no.
	May the IRS discuss this return with the preparer shown above? See instructions <input type="checkbox"/> Yes <input type="checkbox"/> No		

Form 990-EZ (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

TUA COLONIAL DAMES C/O REGIONS BANK

Employer identification number

63-6053721

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)		
11g(ii)		
11g(iii)		

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	
N/A									
Total									

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.")	5,375	7,781	3,600	3,210	4,670	24,636
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	5,375	7,781	3,600	3,210	4,670	24,636
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						24,636

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	5,375	7,781	3,600	3,210	4,670	24,636
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	30,010	51,634	52,915	-9,173	-18,447	106,939
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						131,575
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	18.72 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	15.59 %
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		<input type="checkbox"/>
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		<input type="checkbox"/>
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		<input checked="" type="checkbox"/>
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		<input type="checkbox"/>
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		<input type="checkbox"/>

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

N/A

Section A. Public Support

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

Section B. Total Support

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions.**EXPLANATION FOR FORM 990, SCHEDULE A, PART 2, LINE 17a****EXPLANATION FOR FORM 990-EZ, SCH A, PART 2, LINE 17A:****THE ORGANIZATION IS A TRUST ESTABLISHED TO FUND AND ACCEPT****CONTRIBUTIONS FROM DONORS IN ORDER TO SUPPORT THE COLONIAL****DAMES OF AMERICA IN ALABAMA IN THEIR WORK TO BENEFIT THE PUBLIC****IN THE UPKEEP, PERPETUAL CARE, PRESERVATION, RESTORATION AND****FURNISHING OF FORT CONDE-CHARLOTTE HOUSE IN MOBILE, ALABAMA.**

TUA COLONIAL DAMES C/O REGIONS BANK

63-6053721

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

DESCRIPTION

DIVIDEND INCOME
INTEREST INCOME

17,885.
46.

TOTAL

17,931.
=====

STATEMENT 1

TUA COLONIAL DAMES C/O REGIONS BANK

63-6053721

FORM 990EZ, PART I - GRANTS AND SIMILAR AMOUNTS PAID OVER \$5,000

=====

RECIPIENT NAME:

NATL SOCIETY OF COLONIAL DAMES

CONDE-CHARLOTTE MUSEUM HO

ADDRESS:

104 THEATRE STREET

MOBILE, AL 36602

RELATIONSHIP:

NONE

AMOUNT OF GRANT PAID 16,943.

TOTAL GRANTS PAID OVER \$5,000:

16,943.

=====

STATEMENT 2

TUA COLONIAL DAMES C/O REGIONS BANK

63-6053721

FORM 990EZ, PART I - OTHER EXPENSES

=====

FOREIGN TAXES ON QUALIFIED FOREIGN DIVIDENDS	56.
FOREIGN TAXES ON NONQUALIFIED FOREIGN DIVIDENDS	14.

TOTAL	70.
	=====

STATEMENT 3

TUA COLONIAL DAMES C/O REGIONS BANK

63-6053721

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

ROUNDING ADJUSTMENT

1.

TOTAL

1.
=====

STATEMENT 4

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

=====

DESCRIPTION -----	BEGINNING OF YEAR -----	END OF YEAR -----
SAVINGS	18,032.	20,527.
INVESTMENTS - SECURITIES	570,979.	536,265.
	-----	-----
TOTALS	589,011.	556,792.
	=====	=====

FORM 990EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE
=====

SUPPORT OF NATIONAL SOCIETY OF COLONIAL DAMES BY PROVIDING FOR UPKEEP,
PERPETUAL CARE, PRESERVATION, RESTORATION AND FURNISHING OF FORT
CONDE-CHARLOTTE HOUSE IN MOBILE, ALABAMA

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

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

SUPPORT PAID TO THE NATIONAL SOCIETY OF COLONIAL DAMES FOR T UPKEEP, PERPETUAL CARE, PRESERVATION, RESTORATION AND FURNISHING OF FORT CONDE-CHARLOTTE HOUSE IN MOBILE, ALABAMA	16,943.
--	---------

TOTAL	----- 16,943. =====
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FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

=====

OFFICER NAME:

REGIONS BANK

ADDRESS:

11 NORTH WATER STREET

MOBILE, AL 36602

TITLE:

CORPORATE TRUSTEE

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

COMPENSATION 928.

OFFICER NAME:

MRS. ROBERT M. GALLOWAY

ADDRESS:

255 SOUTH MCGREGOR AVE

MOBILE, AL 36608

TITLE:

CHAIRMAN, GOVERNING COMMITTEE

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

OFFICER NAME:

MRS. HOWARD BURTON CLARK

ADDRESS:

1 TAYLOR PLACE

MOBILE, AL 36608

TITLE:

COMMITTEE MEMBER

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

OFFICER NAME:

MRS. RUTLEDGE ETHERTON

ADDRESS:

104 FRAZER COURT

MOBILE, AL 36607

TITLE:

COMMITTEE MEMBER

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

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

OFFICER NAME:

MRS. WILLIAM LAYFIELD

ADDRESS:

3767 RHONDA DRIVE

MOBILE, AL 36608

TITLE:

COMMITTEE MEMBER

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

OFFICER NAME:

MRS. WILLIAM J. GAMBLE

ADDRESS:

329 MABRY STREET

SELMA, AL 36701

TITLE:

STATE PRESIDENT, COLONIAL DAMES OF AMERICA

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

TOTAL COMPENSATION:

928.

=====

TUA COLONIAL DAMES C/O REGIONS BANK

63-6053721

FORM 990EZ, PART V, LINE 42a - BOOKS ARE IN THE CARE OF
=====

NAME: REGIONS BANK
TRUST DEPARTMENT
ADDRESS: 11 NORTH WATER STREET
MOBILE, AL 36602

TELEPHONE NUMBER: (251)690-1416

STATEMENT 10

SCHEDULE A, PART IV, SUPPLEMENTAL INFORMATION
ATTACHMENT TO FORM 990-EZ
TUA COLONIAL DAMES
TIN: 63-6053721

THE ORGANIZATION IS A TRUST ESTABLISHED TO FUND AND ACCEPT CONTRIBUTIONS FROM DONORS IN ORDER TO SUPPORT THE COLONIAL DAMES OF AMERICA IN ALABAMA IN THEIR WORK TO BENEFIT THE PUBLIC IN THE UPKEEP, PERPETUAL CARE, PRESERVATION, RESTORATION AND FURNISHING OF FORT CONDE-CHARLOTTE HOUSE IN MOBILE, ALABAMA. THE GOVERNING COMMITTEE OF THE TRUST CONSISTS OF THE CORPORATE TRUSTEE AND DIRECTORS OF THE MEMORIAL TRUST, THE MAJORITY OF WHOM ARE SELECTED BY THE PRESIDENT OF THE ALABAMA SOCIETY OF COLONIAL DAMES. THE GOVERNING COMMITTEE IS TO CONSIST OF SEVEN (7) MEMBERS. THE COMMITTEE PRESENTLY CONSISTS OF FIVE (5) MEMBERS. THE GOVERNING COMMITTEE APPROPRIATES AND DIRECTS THE DISTRIBUTIONS OF ANNUAL INCOME AVAILABLE.

△ REGIONS MORGAN KESGAN
TIDJET

REGIONS BANK

Run on 5/13/2010 10:31:43 AM

Asset Details

As of 12/31/2009

Combined Portfolios

Settlement Date Basis

Account: 1255000125

NATIONAL SOCIETY OF
COLONIAL DAMES OF AMERICA,
AL., MEMORIAL
TRUST DATED 12/3/65

Administrator: CONNIE D. MCLEAN @ 251-690-1416

Investment Officer: MORGAN ASSET MANAGEMENT

Investment Authority: Sole

Investment Objective: INCOME WITH MOD GROWTH (40E/60F)

Lot Select Method: LTCH

Sort By: CUSIP

Ticker	CUSIP/ Description	Units	Price	Tax Cost	Book Value	Market Value	Unrealized Gain/Loss	% of Portfolio	Est. Income	Yield	Pricing Date
	CASH									0.00	
ALVSX	025076779 AMERICAN CENTURY LARGE CO VALUE-IS	6,418.028000	5.060	46,331.60	46,331.60	32,475	13,856-	6.03	680	2.09	12/31/2009
AEPFX	29875E100 AMERICAN EUROPACIFIC GRTH-F2	441.190000	38.310	12,029.77	12,029.77	16,902	4,872	3.14	321	1.90	12/31/2009
MRSIX	552983470 MFS RESH INTL FD CL I	1,178.064000	14.320	17,491.39	17,491.39	16,870	622-	3.13	270	1.60	12/31/2009
PTTRX	693390700 PIMCO TOTAL RETURN INSTL FD #35	2,348.399000	10.800	24,789.05	24,789.05	25,363	574	4.71	1,428	5.63	12/31/2009
PFUIX	722005220 PIMCO FOREIGN BOND FUND-IN	2,773.032000	10.010	25,650.55	25,650.55	27,758	2,108	5.16	1,007	3.63	12/31/2009
PICYX	723622403 PIONEER BOND FUND CLASS Y FD #0703	25,542.061000	9.040	225,518.24	225,518.24	230,900	5,382	42.91	14,763	6.39	12/31/2009
PYCGX	72375Q405 PIONEER MID CAP VALUE FUND CLASS Y FD #0710	609.704000	18.820	14,019.41	14,019.41	11,475	2,545-	2.13	120	1.05	12/31/2009
ORIGX	72387T108 PIONEER SMALL CAP GROWTH FUND CLASS A FD #0044	517.525000	22.480	12,498.23	12,498.23	11,634	864-	2.16		0.00	12/31/2009
PMTYX	72387T793 PIONEER SELECT MID CAP GROWTH Y	792.599000	14.940	13,280.79	13,280.79	11,841	1,439-	2.20		0.00	12/31/2009
PORYX	72387T801	3,160.884000	11.360	35,540.43	35,540.43	35,908	367	6.67	89	0.25	12/31/2009

	PIONEER LARGE CAP GROWTH FUND CLASS Y FD #0748										
PIWYX	72387T868 PIONEER GROWTH FUND Y	2,033.891000	17.650	38,614.95	38,614.95	35,898	2,717-	6.67	230	0.64	12/31/2009
GROYX	72387W762 PIONEER GROWTH OPPORTUNITIES FD CL Y #760	495.752000	23.390	15,846.04	15,846.04	11,596	4,250-	2.16		0.00	12/31/2009
CVFYX	72387X406 PIONEER CULLEN VALUE FUND CLASS Y FD #0765	1,962.150000	16.720	35,126.52	35,126.52	32,807	2,319-	6.10	457	1.39	12/31/2009
PVFX	724010509 PIONEER VALUE FUND CLASS Y FD #0702	1,531.756000	10.590	19,527.69	19,527.69	16,221	3,306-	3.01	293	1.80	12/31/2009
	999990146 REGIONS TRUST MONEY MARKET DEPOSIT ACCOUNT	20,527.190000	1.000	20,527.19	20,527.19	20,527		3.82	6	0.03	01/01/1901
Total Portfolio				556,791.85	556,791.85	538,175	18,617-	100.00	19,663	3.65	

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