



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990

Department of the Treasury  
Internal Revenue Service

## Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung  
benefit trust or private foundation)

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

OMB No 1545-0047

2009

Open to Public  
Inspection

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

<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization  <b>CHARLES A. HAMILTON CHARITABLE TRUST</b>		<b>D</b> Employer identification number  <b>63-6118030</b>	
	Doing Business As			
	Number and street (or P.O. box if mail is not delivered to street address)			Room/suite
	<b>C/O REGIONS BANK 930 WILMER AVE</b>			
	City or town, state or country, and ZIP + 4			
	<b>ANNISTON, AL 36207</b>			
<b>F</b> Name and address of principal officer <b>GEORGE SMITH, JR / REGIO</b> <b>P.O. BOX 1228, ANNISTON, AL 36202</b>				
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) ► (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
<b>J</b> Website: ► <b>N/A</b>				
<b>K</b> Form of organization: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►		<b>L</b> Year of formation: <b>1989</b> <b>M</b> State of legal domicile: <b>AL</b>		

## Part I Summary

<b>Activities &amp; Governance</b>  <b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO PROVIDE FINANCIAL ASSISTANCE TO SELECTED 501(C)(3) ORGANIZATIONS.</b>  <b>2</b> Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets  <b>3</b> Number of voting members of the governing body (Part VI, line 1a) <b>3</b> <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) <b>3</b> <b>5</b> Total number of employees (Part V, line 2a) <b>0</b> <b>6</b> Total number of volunteers (estimate if necessary)  <b>7a</b> Total gross unrelated business revenue from Part VIII, column (C), line 12 <b>0.</b> <b>b</b> Net unrelated business taxable income from Form 990-T, line 34 <b>0.</b>	<b>RECEIVED</b>		<b>Prior Year</b>  <b>3</b> <b>3</b> <b>4</b> <b>3</b> <b>5</b> <b>0</b> <b>6</b> <b>0</b> <b>7a</b> <b>0.</b> <b>7b</b> <b>0.</b>
	<b>8</b> Contributions and grants (Part VIII, line 1h) <b>160,067.</b>		
	<b>9</b> Program service revenue (Part VIII, line 2g) <b>-12,930.</b>		
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 5d) <b>147,137.</b>		
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <b>184,023.</b>		
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) <b>142,704.</b>		
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) <b>10,363.</b>		
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) <b>52,404.</b>		
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <b>153,067.</b>		
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) <b>1,000.</b>		
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ► <b>-5,930.</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) <b>39,465.</b>		
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <b>4,601,669.</b>			
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 <b>4,640,134.</b>			
<b>20</b> Total assets (Part X, line 16) <b>4,600,669.</b>		<b>Beginning of Current Year</b>	<b>End of Year</b>
<b>21</b> Total liabilities (Part X, line 26) <b>1,000.</b>			
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 <b>4,600,669.</b>			<b>4,640,134.</b>

## Part II Signature Block

<b>Sign Here</b>  <b>Regions Bank as Trustee</b> <b>by, S. Collins Corpse</b> <b>Signature of officer</b>  <b>GEORGE SMITH, JR / REGIONS BANK, CO-TRUSTEES</b> <b>Type or print name and title</b>	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		
	<b>5/14/2010</b>		
	Date		
<b>Paid</b>	Preparer's signature	Date	Check if self-employed ► <input type="checkbox"/>
<b>Preparer's Use Only</b>	Firm's name (or yours if self-employed), address, and ZIP + 4	05/12/10	Preparer's identifying number (see instructions)
	<b>WARREN, AVERETT, KIMBROUGH &amp; MARINO, LLC</b> <b>415 E. 10TH STREET</b> <b>ANNISTON, AL 36207</b>	EIN ►	
			Phone no. ► <b>256-241-0560</b>

May the IRS discuss this return with the preparer shown above? (see instructions)

932001 02-04-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2009)

21

**Part III Statement of Program Service Accomplishments**

1 Briefly describe the organization's mission

**TO PROVIDE FINANCIAL SUPPORT TO SELECTED 501(C)(3) ORGANIZTIONS IN ORDER TO ACCOMPLISH SPECIFIC CHARITABLE GOALS WITHIN THE COMMUNITY OF CALHOUN COUNTY, ALABAMA AND ITS SURRONDING AREAS.**

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 \$ 92,154. including grants of \$ 92,154. ) (Revenue \$ )  
**TRUST FORMED TO PROVIDE FININCIAL ASSISTANCE TO SPECIFIC SECTION 501(C)(3) ORGANIZATION. SEE ATTACHED SCHEDULE FOR LISTING.**

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 ► \$ 92,154.

## 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)? If "Yes," complete Schedule A	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3 X	
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4 X	
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6 X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7 X	
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8 X	
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9 X	
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10 X	
11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable <ul style="list-style-type: none"> <li>• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI</li> <li>• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.</li> <li>• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII</li> <li>• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX</li> <li>• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.</li> <li>• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.</li> </ul>	11 X	
12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12 X	
12A Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A Yes X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 X	
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a 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? If "Yes," complete Schedule F, Part I	14b X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15 X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16 X	
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17 X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19 X	
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20 X	

## 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? If "Yes," complete Schedule I, Parts I and II	21	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? If "Yes," complete Schedule I, Parts I and III	22	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? If "Yes," complete Schedule J	23	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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25	24a	X
a	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	X
b	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? If "Yes," complete Schedule L, Part I	25b	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? If "Yes," complete Schedule L, Part II	26	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? If "Yes," complete Schedule L, Part III	27	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	X
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28c	X
c	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? If "Yes," complete Schedule L, Part IV	29	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	30	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	31	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	32	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	33	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? If "Yes," complete Schedule R, Part I	34	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	35	X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	36	X
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	37	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? If "Yes," complete Schedule R, Part VI	38	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.		

Form 990 (2009)

## 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	1a	0
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
1c	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	2a	0
2b	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?	3a	X
3b	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)?	4a	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?	5a	X
5b	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
5c	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?	6a	X
6b	b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7a	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?	7a	X
7b	b If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
7d	d If "Yes," indicate the number of Forms 8282 filed during the year		
7e	e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
7f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
7g	g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
7h	h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8	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?		
9a	9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966?		
9b	b Did the organization make a distribution to a donor, donor advisor, or related person?		
10	10 Section 501(c)(7) organizations. Enter:		
10a	a Initiation fees and capital contributions included on Part VIII, line 12	10a	
10b	b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11a	11 Section 501(c)(12) organizations. Enter:	11a	
11b	a Gross income from members or shareholders	11b	
11b	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
12b	b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

**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	3	
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?	2	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?	3	X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5	X
6	Does the organization have members or stockholders?	6	X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	X
b	Each committee with authority to act on behalf of the governing body?	8b	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	9	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?	10a	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?	10b	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a	X
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12b	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12c	
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	X
13	Does the organization have a written whistleblower policy?	14	X
14	Does the organization have a written document retention and destruction policy?	15a	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?	15b	X
a	The organization's CEO, Executive Director, or top management official		
b	Other officers or key employees of the organization		
If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
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?	16b	

### Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed ►	<u>NONE</u>
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.	
	<input type="checkbox"/> Own website	<input type="checkbox"/> Another's website
	<input checked="" type="checkbox"/> 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: ►	
	<u>REGIONS BANK-S. COLLINS COMPERE - 205-326-7224</u>	
	<u>930 WILMER AVE, ANNISTON, AL 36207</u>	

## **Part VII | Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation per -0- in columns (D), (E), and (F) if no compensation was paid.

Enter **-0-** in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

**List persons in the following order: individual trustees or directors; institutional trustees; officers, key employees; highest compensated employees, and former such persons.**

Check this box if the organization did not compensate any current officer, director, or trustee.

Check this box if the

Check this box if the organization did not compensate any current officer, director, or trustee.

**Part VII** **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

**Total**

1

0

0

0.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ►

0

3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
--	-----	----

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.

4 X

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person.

5 | Page

## **Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. **NONE**

NONE

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 0

0

## 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					
3 Investment income (including dividends, interest, and other similar amounts)		► 80,142.	80,142.		
4 Income from investment of tax-exempt bond proceeds		►			
5 Royalties		►			
6 a Gross Rents	(i) Real 17,295.	(ii) Personal			
b Less: rental expenses	23,768.				
c Rental income or (loss)	-6,473.				
d Net rental income or (loss)		►	-6,473.		-6,473.
7 a Gross amount from sales of assets other than inventory	(i) Securities 337,329.	(ii) Other 212,500.			
b Less: cost or other basis and sales expenses	350,122.	89,353.			
c Gain or (loss)	-12,793.	123,147.			
d Net gain or (loss)		►	110,354.	110,354.	
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.		►	184,023.	190,496.	0. -6,473.

## 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	92,154.	92,154.		
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	28,579.	28,579.		
c Accounting	2,420.	2,420.		
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
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>TRUSTEE FEES</b>	19,967.	19,967.		
b <b>BOND AMORTIZATION EXPEN</b>	1,392.	1,392.		
c <b>MISCELLANEOUS</b>	46.	46.		
d _____				
e _____				
f All other expenses _____				
25 Total functional expenses. Add lines 1 through 24f	144,558.	92,154.	52,404.	0.
26 Joint costs. Check here ► <input type="checkbox"/> 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	231,597.	2	333,211.
	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	200,000.
	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	105,466.		
	b Less: accumulated depreciation	37,693.	10c	67,773.
	11 Investments - publicly traded securities	4,210,779.	11	4,039,150.
	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)	4,601,669.	16	4,640,134.
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	1,000.	25	0.
	26 Total liabilities. Add lines 17 through 25	1,000.	26	0.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ► <input type="checkbox"/> 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 ► <input checked="" type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds	4,503,734.	30	4,503,734.
	31 Paid-in or capital surplus, or land, building, or equipment fund	29,010.	31	29,010.
	32 Retained earnings, endowment, accumulated income, or other funds	67,925.	32	107,390.
	33 Total net assets or fund balances	4,600,669.	33	4,640,134.
	34 Total liabilities and net assets/fund balances	4,601,669.	34	4,640,134.

## Part XI Financial Statements and Reporting

	Yes	No
1 Accounting method used to prepare the Form 990 <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> 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?	2a	<input checked="" type="checkbox"/>
b Were the organization's financial statements audited by an independent accountant?	2b	<input checked="" type="checkbox"/>
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	2c	
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. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> 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?	3a	<input checked="" type="checkbox"/>
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	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

**CHARLES A. HAMILTON CHARITABLE TRUST**

Employer identification number

**63-6118030**

**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		
SEE SCHEDULE I	11A		X		X	X	92,154.
<b>Total</b>							<b>92,154.</b>

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)						
<b>6 Public support.</b> 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)						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12 Gross receipts from related activities, etc. (see instructions)</b>					12	
<b>13 First five years.</b> 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 <b>stop here</b>						► <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	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
<b>16a 33 1/3% support test - 2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization	► <input type="checkbox"/>	
<b>b 33 1/3% support test - 2008.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization	► <input type="checkbox"/>	
<b>17a 10% -facts-and-circumstances test - 2009.</b> 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 <b>stop here</b> . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	► <input type="checkbox"/>	
<b>b 10% -facts-and-circumstances test - 2008.</b> 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 <b>stop here</b> . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	► <input type="checkbox"/>	
<b>18 Private foundation.</b> 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.)**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						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (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.)						
<b>13 Total support</b> (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	%
<b>19a 33 1/3% support tests - 2009.</b> 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 ► <input type="checkbox"/>		
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 ► <input type="checkbox"/>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

**Schedule D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11, or 12.  
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

**CHARLES A. HAMILTON CHARITABLE TRUST**

Employer identification number  
**63-6118030**

**Part I** **Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Part II** **Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Tax Year
2a	
2b	
2c	
2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ► \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

**Part III** **Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X ► \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_

b Assets included in Form 990, Part X ► \$ \_\_\_\_\_

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a  Public exhibition      d  Loan or exchange programs  
 b  Scholarly research      e  Other \_\_\_\_\_  
 c  Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ► \_\_\_\_\_ %

b Permanent endowment ► \_\_\_\_\_ %

c Term endowment ► \_\_\_\_\_ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds

**Part VI Investments - Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	37,200.			37,200.
b Buildings	65,666.		35,784.	29,882.
c Leasehold improvements				
d Equipment				
e Other	2,600.		1,909.	691.
<b>Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)</b>				67,773.

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation. Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other _____		

**Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ►**

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13

Total (Col (b) must equal Form 990, Part X, col (B) line 13.) ►

**Part IX** **Other Assets.** See Form 990, Part X, line 15

**Total. (Column (b) must equal Form 990, Part X, col (B) line 15 )**

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Amount	
	Federal income taxes		

**Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)**

**2. FIN 48 Footnote** In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1 Total revenue (Form 990, Part VIII, column (A), line 12)	1
2 Total expenses (Form 990, Part IX, column (A), line 25)	2
3 Excess or (deficit) for the year Subtract line 2 from line 1	3
4 Net unrealized gains (losses) on investments	4
5 Donated services and use of facilities	5
6 Investment expenses	6
7 Prior period adjustments	7
8 Other (Describe in Part XIV.)	8
9 Total adjustments (net). Add lines 4 through 8	9
10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1 Total revenue, gains, and other support per audited financial statements	1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a Net unrealized gains on investments	2a
b Donated services and use of facilities	2b
c Recoveries of prior year grants	2c
d Other (Describe in Part XIV.)	2d
e Add lines 2a through 2d	2e
3 Subtract line 2e from line 1	3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b	4a
b Other (Describe in Part XIV.)	4b
c Add lines 4a and 4b	4c
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1 Total expenses and losses per audited financial statements	1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a Donated services and use of facilities	2a
b Prior year adjustments	2b
c Other losses	2c
d Other (Describe in Part XIV.)	2d
e Add lines 2a through 2d	2e
3 Subtract line 2e from line 1	3
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b	4a
b Other (Describe in Part XIV.)	4b
c Add lines 4a and 4b	4c
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b; Part V, line 4, Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

---



---



---



---



---



---



---



---



---



---



---



---

**SCHEDULE I**  
(Form 990)

OMB No 1545-0047

**2009**

Open to Public  
Inspection

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

**CHARLES A. HAMILTON CHARITABLE TRUST**

**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?

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  
**(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

FIRST UNITED METHODIST CHURCH P.O. BOX 1789 ANNISTON, AL 36202	63-0338088	501(C)(3)	10,296.	0.			
YMCA OF ANNISTON P.O. BOX 1649 ANNISTON, AL 36202	63-0332253	501(C)(3)	25,742.	0.			
BOYS AND GIRLS CLUB OF CALHOUN COUNTY - P.O. BOX 2347 - ANNISTON, AL 36202	63-0516163	501(C)(3)	25,742.	0.			
GIRL SCOUTS OF NORTH CENTRAL ALABAMA - 105 HEATHERBROOKE PARK DRIVE - BIRMINGHAM, AL 35242	63-0288834	501(C)(3)	15,445.	0.			
UNITED WAY OF EAST CENTRAL ALABAMA P.O. BOX 1122 ANNISTON, AL 36202	63-0350957	501(C)(3)	2,059.	0.			
BLUE RIDGE ASSEMBLY, INC. 84 BLUE RIDGE CIRCLE BLACK MOUNTAIN NC 28711	56-0532130	501(C)(3)	3,604.	0.			
<b>2</b> Enter total number of section 501(c)(3) and government organizations							► <b>9.</b>
<b>3</b> Enter total number of other organizations							► <b>0.</b>

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.  
► Schedule I (Form 990) 2009

**Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22

**Grants and Other Assistance to Individuals in the United States. C**  
Use Part IV and Schedule 1-1 (Form 990) if additional space is needed

**Part IV** **Supplemental Information** Complete this part to provide the information required in Part I line 2 and any other additional information

CHARLES A. HAMILTON CHARITABLE TRUST

**SCHEDULE O**

(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization

**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  
InspectionCHARLES A. HAMILTON CHARITABLE TRUSTEmployer identification number  
63-6118030

FORM 990, PART VI, SECTION B, LINE 11: THE ORGANIZATIONS TRUSTEES REVIEW  
THE RETURN PRIOR TO SIGNING AND MAILING.

FORM 990, PART VI, SECTION C, LINE 19: THE GOVERNING DOUCMENTS ARE  
AVAILABLE AT THE TRUSTEE BUSINESS OFFICE AND ARE AVAILABLE FOR PUBLIC  
INSPECTION MONDAY THROUGH FRIDAY FROM 9:00 A.M. TO 4:00 P.M.



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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?
--	-------------------------	---	-------------------------------------	---	---------------------------------	--	---	---	---

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related

**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity
- b Gift, grant, or capital contribution to other organization(s)
- c Gift, grant, or capital contribution from other organization(s)
- d Loans or loan guarantees to or for other organization(s)
- e Loans or loan guarantees by other organization(s)
- f Sale of assets to other organization(s)
- g Purchase of assets from other organization(s)
- h Exchange of assets
- i Lease of facilities, equipment, or other assets to other organization(s)
- j Lease of facilities, equipment, or other assets from other organization(s)
- k Performance of services or membership or fundraising solicitations for other organization(s)
- l Performance of services or membership or fundraising solicitations by other organization(s)
- m Sharing of facilities, equipment, mailing lists, or other assets
- n Sharing of paid employees
- o Reimbursement paid to other organization for expenses
- p Reimbursement paid by other organization for expenses
- q Other transfer of cash or property to other organization(s)
- r Other transfer of cash or property from other organization(s)

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of other organization(s)	(b) Transaction type (a/r)	(c) Amount involved
(1) N/A		0.
(2)		
(3)		
(4)		
(5)		
(6)		

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue)

H705 1655000153  
01/01/2009  
12/31/2009

REGIONS BANK, TRUST DEPARTMENT  
STATEMENT OF CAPITAL GAINS AND LOSSES  
HAMILTON CHARITABLE BOND  
TRUST YEAR ENDING 12/31/2009

PAGE 44  
RUN 02/09/2010  
04 54:51 PM

TAX PREPARER 6006  
TRUST ADMINISTRATOR 904  
INVESTMENT OFFICER 80

LEGEND: F - FEDERAL S - STATE I - INHERITED  
E - EXEMPT FROM STATE U - ACQ COST UNKNOWN

PROPERTY DESCRIPTION	SHARES	DATE	SALES PRICE	COST BASIS	GAIN/LOSS	TERM
3000.0000 ALABAMA POWER CO SERIES.	07-D DTD 12/12/ -	010392EY0	MINOR = 45			
SOLD	3000.0000	07/07/2009	3205.05			
ACQ	3000.0000	10/07/2008	3205.05	3024.41	180.64	ST
2000 0000 CREDIT SUISSE FB USA	4.875% 08/15/2010 -	22541LBH5	MINOR = 45			
SOLD		02/27/2009	2001.38			
ACQ	2000.0000	10/07/2008	2001.38	1982.16	19.22	ST
4000.0000 CREDIT SUISSE FB USA	4.875% 08/15/2010 -	22541LBH5	MINOR = 45			
SOLD		07/07/2009	4135.56			
ACQ	3000.0000	10/07/2008	3101.67	2973.24	128.43	ST
1000.0000	05/07/2009	1033.89	1020.72		13.17	ST
3000.0000 DEERE JOHN CAPITAL CORP SERIES: MTN DTD 12/17/07 4.95%	12/17/2012 -	24422EQM4	MINOR = 45			
SOLD		05/27/2009	3096.87			
ACQ	3000.0000	10/07/2008	3096.87	2968.11	128.76	ST
4000.0000 WALT DISNEY CO DTD 12/22/08 4.5%	12/15/2 -	254687AW6	MINOR = 45			
SOLD		08/12/2009	4206.00			
ACQ	1000.0000	12/18/2008	1051.50	1009.11	42.39	ST
1000.0000	12/18/2008	1051.50	1010.14		41.36	ST
1000.0000	12/18/2008	1051.50	990.26		61.24	ST
1000.0000	05/07/2009	1051.50	1047.57		3.93	ST
4000 0000 DOMINION RES INC VA NEW SERIES: C 5 15%	-	25746UAW9	MINOR = 45			
SOLD		07/01/2009	4082.80			
ACQ	3000.0000	10/07/2008	3062.10	2778.21	283.89	ST
1000.0000	05/15/2009	1020.70	992.09		28.61	ST
275 8200 FEDERAL HOME LOAN MTG CORP POOL #G13298 DTD 09/01/08 5%	10/01/2023 -	3128MB3F2	MINOR = 35			
SOLD		01/15/2009	275.82			
ACQ	275.8200	10/07/2008	275.82	276.29	-0.47	ST
453.9800 FEDERAL HOME LOAN MTG CORP POOL #G13298 DTD 09/01/08 5%	10/01/2023 -	3128MB3F2	MINOR = 35			
SOLD		02/17/2009	453.98			
ACQ	453.9800	10/07/2008	453.98	454.76	-0.78	ST
739 9900 FEDERAL HOME LOAN MTG CORP POOL #G13298 DTD 09/01/08 5%	10/01/2023 -	3128MB3F2	MINOR = 35			
SOLD		03/16/2009	739.99			
ACQ	739.9900	10/07/2008	739.99	741.26	-1.27	ST
824 5800 FEDERAL HOME LOAN MTG CORP POOL #G13298 DTD 09/01/08 5%	10/01/2023 -	3128MB3F2	MINOR = 35			
SOLD		04/15/2009	824.58			
ACQ	824.5800	10/07/2008	824.58	825.99	-1.41	ST
868 1000 FEDERAL HOME LOAN MTG CORP POOL #G13298 DTD 09/01/08 5%	10/01/2023 -	3128MB3F2	MINOR = 35			
SOLD		05/15/2009	868.10			
ACQ	868.1000	10/07/2008	868.10	869.59	-1.49	ST
802 3100 FEDERAL HOME LOAN MTG CORP POOL #G13298 DTD 09/01/08 5%	10/01/2023 -	3128MB3F2	MINOR = 35			
SOLD		06/15/2009	802.31			
ACQ	802.3100	10/07/2008	802.31	803.68	-1.37	ST
929 6100 FEDERAL HOME LOAN MTG CORP POOL #G13298 DTD 09/01/08 5%	10/01/2023 -	3128MB3F2	MINOR = 35			
SOLD		07/15/2009	929.61			
ACQ	929.6100	10/07/2008	929.61	931.20	-1.59	ST
779.1300 FEDERAL HOME LOAN MTG CORP POOL #G13298 DTD 09/01/08 5%	10/01/2023 -	3128MB3F2	MINOR = 35			
SOLD		08/17/2009	779.13			
ACQ	779.1300	10/07/2008	779.13	780.46	-1.33	ST
544 0500 FEDERAL HOME LOAN MTG CORP POOL #G13298 DTD 09/01/08 5%	10/01/2023 -	3128MB3F2	MINOR = 35			
SOLD		09/15/2009	544.05			
ACQ	544.0500	10/07/2008	544.05	544.98	-0.93	ST
509 0900 FEDERAL HOME LOAN MTG CORP POOL #G13298 DTD 09/01/08 5%	10/01/2023 -	3128MB3F2	MINOR = 35			
SOLD		10/15/2009	509.09			
ACQ	509.0900	10/07/2008	509.09	509.96	-0.87	LT15
791 6000 FEDERAL HOME LOAN MTG CORP POOL #G13298 DTD 09/01/08 5%	10/01/2023 -	3128MB3F2	MINOR = 35			
SOLD		11/16/2009	791.60			
ACQ	791.6000	10/07/2008	791.60	792.96	-1.36	LT15
533 4000 FEDERAL HOME LOAN MTG CORP POOL #G13298 DTD 09/01/08 5%	10/01/2023 -	3128MB3F2	MINOR = 35			
SOLD		12/15/2009	533.40			
ACQ	533.4000	10/07/2008	533.40	534.31	-0.91	LT15
206.7700 FEDERAL HOME LOAN MTG CORP POOL #G08174 DTD 01/01/07 6%	01/01/2037 -	3128MJFQ8	MINOR = 35			
SOLD		01/15/2009	206.77			
ACQ	206.7700	10/07/2008	206.77	210.49	-3.72	ST
443.6000 FEDERAL HOME LOAN MTG CORP POOL #G08174 DTD 01/01/07 6%	01/01/2037 -	3128MJFQ8	MINOR = 35			
SOLD		02/17/2009	443.60			
ACQ	443.6000	10/07/2008	443.60	451.57	-7.97	ST
453.8900 FEDERAL HOME LOAN MTG CORP POOL #G08174 DTD 01/01/07 6%	01/01/2037 -	3128MJFQ8	MINOR = 35			
SOLD		03/16/2009	453.89			
ACQ	453.8900	10/07/2008	453.89	462.05	-8.16	ST
365.7000 FEDERAL HOME LOAN MTG CORP POOL #G08174 DTD 01/01/07 6%	01/01/2037 -	3128MJFQ8	MINOR = 35			
SOLD		04/15/2009	365.70			
ACQ	365.7000	10/07/2008	365.70	372.27	-6.57	ST
336.8800 FEDERAL HOME LOAN MTG CORP POOL #G08174 DTD 01/01/07 6%	01/01/2037 -	3128MJFQ8	MINOR = 35			
SOLD		05/15/2009	336.88			
ACQ	336.8800	10/07/2008	336.88	342.93	-6.05	ST
388.2000 FEDERAL HOME LOAN MTG CORP POOL #G08174 DTD 01/01/07 6%	01/01/2037 -	3128MJFQ8	MINOR = 35			
SOLD		06/15/2009	388.20			
ACQ	388.2000	10/07/2008	388.20	395.18	-6.98	ST
326.6100 FEDERAL HOME LOAN MTG CORP POOL #G08174 DTD 01/01/07 6%	01/01/2037 -	3128MJFQ8	MINOR = 35			
SOLD		07/15/2009	326.61			
ACQ	326.6100	10/07/2008	326.61	332.48	-5.87	ST
253.9100 FEDERAL HOME LOAN MTG CORP POOL #G08174 DTD 01/01/07 6%	01/01/2037 -	3128MJFQ8	MINOR = 35			
SOLD		08/17/2009	253.91			
ACQ	253.9100	10/07/2008	253.91	258.47	-4.56	ST

✓

1655000153  
1/2009  
12/31/2009REGIONS BANK, TRUST DEPARTMENT  
STATEMENT OF CAPITAL GAINS AND LOSSES  
HAMILTON CHARITABLE BONDPAGE 45  
RUN 02/09/2010  
04:54:51 PM

TRUST YEAR ENDING 12/31/2009

TAX PREPARER: 6006  
TRUST ADMINISTRATOR: 904  
INVESTMENT OFFICER: 80LEGEND: F - FEDERAL S - STATE I - INHERITED  
E - EXEMPT FROM STATE U - ACQ COST UNKNOWN

PROPERTY DESCRIPTION	SHARES	DATE	SALES PRICE	COST BASIS	GAIN/LOSS	TERM
139.8100 FEDERAL HOME LOAN MTG CORP POOL #G08174 DTD 01/01/07 6% 01/01/2037 - 3128MJFQ8 - MINOR = 35						
SOLD 09/15/2009 139.81						
ACQ 139.8100 10/07/2008 139.81				142.32	-2.51	ST
127.8400 FEDERAL HOME LOAN MTG CORP POOL #G08174 DTD 01/01/07 6% 01/01/2037 - 3128MJFQ8 - MINOR = 35						
SOLD 10/15/2009 127.84						
ACQ 127.8400 10/07/2008 127.84				130.14	-2.30	LT15
159.1700 FEDERAL HOME LOAN MTG CORP POOL #G08174 DTD 01/01/07 6% 01/01/2037 - 3128MJFQ8 - MINOR = 35						
SOLD 11/16/2009 159.17						
ACQ 159.1700 10/07/2008 159.17				162.03	-2.86	LT15
127.0900 FEDERAL HOME LOAN MTG CORP POOL #G08174 DTD 01/01/07 6% 01/01/2037 - 3128MJFQ8 - MINOR = 35						
SOLD 12/15/2009 127.09						
ACQ 127.0900 10/07/2008 127.09				129.37	-2.28	LT15
167.2400 FEDERAL NATIONAL MORTGAGE ASSN POOL #888129 DTD 01/01/07 5.5% 02/01/2037 - 31410FVW2 - MINOR = 35						
SOLD 01/26/2009 167.24						
ACQ 167.2400 10/07/2008 167.24				168.68	-1.44	ST
373.9400 FEDERAL NATIONAL MORTGAGE ASSN POOL #888129 DTD 01/01/07 5.5% 02/01/2037 - 31410FVW2 - MINOR = 35						
SOLD 02/25/2009 373.94						
ACQ 373.9400 10/07/2008 373.94				377.15	-3.21	ST
530.7700 FEDERAL NATIONAL MORTGAGE ASSN POOL #888129 DTD 01/01/07 5.5% 02/01/2037 - 31410FVW2 - MINOR = 35						
SOLD 03/25/2009 530.77						
ACQ 530.7700 10/07/2008 530.77				535.33	-4.56	ST
445.0500 FEDERAL NATIONAL MORTGAGE ASSN POOL #888129 DTD 01/01/07 5.5% 02/01/2037 - 31410FVW2 - MINOR = 35						
SOLD 04/27/2009 445.05						
ACQ 445.0500 10/07/2008 445.05				448.87	-3.82	ST
442.6000 FEDERAL NATIONAL MORTGAGE ASSN POOL #888129 DTD 01/01/07 5.5% 02/01/2037 - 31410FVW2 - MINOR = 35						
SOLD 05/26/2009 442.60						
ACQ 442.6000 10/07/2008 442.60				446.40	-3.80	ST
430.6700 FEDERAL NATIONAL MORTGAGE ASSN POOL #888129 DTD 01/01/07 5.5% 02/01/2037 - 31410FVW2 - MINOR = 35						
SOLD 06/25/2009 430.67						
ACQ 430.6700 10/07/2008 430.67				434.37	-3.70	ST
447.7900 FEDERAL NATIONAL MORTGAGE ASSN POOL #888129 DTD 01/01/07 5.5% 02/01/2037 - 31410FVW2 - MINOR = 35						
SOLD 07/27/2009 447.79						
ACQ 447.7900 10/07/2008 447.79				451.64	-3.85	ST
340.0400 FEDERAL NATIONAL MORTGAGE ASSN POOL #888129 DTD 01/01/07 5.5% 02/01/2037 - 31410FVW2 - MINOR = 35						
SOLD 08/25/2009 340.04						
ACQ 340.0400 10/07/2008 340.04				342.96	-2.92	ST
273.3000 FEDERAL NATIONAL MORTGAGE ASSN POOL #888129 DTD 01/01/07 5.5% 02/01/2037 - 31410FVW2 - MINOR = 35						
SOLD 09/25/2009 273.30						
ACQ 273.3000 10/07/2008 273.30				275.65	-2.35	ST
252.9200 FEDERAL NATIONAL MORTGAGE ASSN POOL #888129 DTD 01/01/07 5.5% 02/01/2037 - 31410FVW2 - MINOR = 35						
SOLD 10/26/2009 252.92						
ACQ 252.9200 10/07/2008 252.92				255.09	-2.17	LT15
298.4000 FEDERAL NATIONAL MORTGAGE ASSN POOL #888129 DTD 01/01/07 5.5% 02/01/2037 - 31410FVW2 - MINOR = 35						
SOLD 11/25/2009 298.40						
ACQ 298.4000 10/07/2008 298.40				300.96	-2.56	LT15
12288.7900 FEDERAL NATIONAL MORTGAGE ASSN POOL #888129 DTD 01/01/07 5.5% 02/01/2037 - 31410FVW2 - MINOR = 35						
SOLD 12/14/2009 13047.93						
ACQ 12288.7900 10/07/2008 13047.93				12394.41	653.52	LT15
252.0000 FEDERAL NATIONAL MORTGAGE ASSN POOL #888129 DTD 01/01/07 5.5% 02/01/2037 - 31410FVW2 - MINOR = 35						
SOLD 12/28/2009 252.00						
ACQ 252.0000 10/07/2008 252.00				254.17	-2.17	LT15
386.3300 FEDERAL NATIONAL MORTGAGE ASSN POOL #976965 DTD 03/01/08 6% 02/01/2038 - 31414UZ68 - MINOR = 35						
SOLD 01/26/2009 386.33						
ACQ 386.3300 10/07/2008 386.33				393.27	-6.94	ST
1068.4900 FEDERAL NATIONAL MORTGAGE ASSN POOL #976965 DTD 03/01/08 6% 02/01/2038 - 31414UZ68 - MINOR = 35						
SOLD 02/25/2009 1068.49						
ACQ 1068.4900 10/07/2008 1068.49				1087.69	-19.20	ST
1127.0800 FEDERAL NATIONAL MORTGAGE ASSN POOL #976965 DTD 03/01/08 6% 02/01/2038 - 31414UZ68 - MINOR = 35						
SOLD 03/25/2009 1127.08						
ACQ 1127.0800 10/07/2008 1127.08				1147.33	-20.25	ST
1330.4300 FEDERAL NATIONAL MORTGAGE ASSN POOL #976965 DTD 03/01/08 6% 02/01/2038 - 31414UZ68 - MINOR = 35						
SOLD 04/27/2009 1330.43						
ACQ 1330.4300 10/07/2008 1330.43				1354.34	-23.91	ST
1258.3700 FEDERAL NATIONAL MORTGAGE ASSN POOL #976965 DTD 03/01/08 6% 02/01/2038 - 31414UZ68 - MINOR = 35						
SOLD 05/26/2009 1258.37						
ACQ 1258.3700 10/07/2008 1258.37				1280.98	-22.61	ST
1169.0600 FEDERAL NATIONAL MORTGAGE ASSN POOL #976965 DTD 03/01/08 6% 02/01/2038 - 31414UZ68 - MINOR = 35						
SOLD 06/25/2009 1169.06						
ACQ 1169.0600 10/07/2008 1169.06				1190.07	-21.01	ST
662.0200 FEDERAL NATIONAL MORTGAGE ASSN POOL #976965 DTD 03/01/08 6% 02/01/2038 - 31414UZ68 - MINOR = 35						
SOLD 07/27/2009 662.02						
ACQ 662.0200 10/07/2008 662.02				673.92	-11.90	ST
983.0500 FEDERAL NATIONAL MORTGAGE ASSN POOL #976965 DTD 03/01/08 6% 02/01/2038 - 31414UZ68 - MINOR = 35						
SOLD 08/25/2009 983.05						
ACQ 983.0500 10/07/2008 983.05				1000.71	-17.66	ST
666.8600 FEDERAL NATIONAL MORTGAGE ASSN POOL #976965 DTD 03/01/08 6% 02/01/2038 - 31414UZ68 - MINOR = 35						
SOLD 09/25/2009 666.86						
ACQ 666.8600 10/07/2008 666.86				678.84	-11.98	ST
588.0100 FEDERAL NATIONAL MORTGAGE ASSN POOL #976965 DTD 03/01/08 6% 02/01/2038 - 31414UZ68 - MINOR = 35						
SOLD 10/26/2009 588.01						
ACQ 588.0100 10/07/2008 588.01				598.58	-10.57	LT15
714.1900 FEDERAL NATIONAL MORTGAGE ASSN POOL #976965 DTD 03/01/08 6% 02/01/2038 - 31414UZ68 - MINOR = 35						
SOLD 11/25/2009 714.19						
ACQ 714.1900 10/07/2008 714.19				727.02	-12.83	LT15

✓

1655000153  
03/2009  
03/2009REGIONS BANK, TRUST DEPARTMENT  
STATEMENT OF CAPITAL GAINS AND LOSSES  
HAMILTON CHARITABLE BONDPAGE 46  
RUN 02/09/2010  
04:54.51 PM

TRUST YEAR ENDING 12/31/2009

TAX PREPARER 6006  
TRUST ADMINISTRATOR 904  
INVESTMENT OFFICER 80LEGEND F - FEDERAL S - STATE I - INHERITED  
E - EXEMPT FROM STATE U - ACQ COST UNKNOWN

PROPERTY DESCRIPTION	SHARES	DATE	SALES PRICE	COST BASIS	GAIN/LOSS	TERM
570 2700 FEDERAL NATIONAL MORTGAGE ASSN POOL #976965 DTD 03/01/08 6% 02/01/2038 -		31414UZ68	- MINOR = 35			
SOLD 12/28/2009	570.27					
ACQ 570.2700 10/07/2008	570.27	580.52	-10.25	LT15		
56 1300 FEDERAL NATIONAL MORTGAGE ASSN POOL #985717 DTD 06/01/08 5% 06/01/2023 -		31415QASS	- MINOR = 35			
SOLD 01/26/2009	56.13					
ACQ 56.1300 10/07/2008	56.13	56.24	-0.11	ST		
121 5200 FEDERAL NATIONAL MORTGAGE ASSN POOL #985717 DTD 06/01/08 5% 06/01/2023 -		31415QASS	- MINOR = 35			
SOLD 02/25/2009	121.52					
ACQ 121.5200 10/07/2008	121.52	121.75	-0.23	ST		
171 4200 FEDERAL NATIONAL MORTGAGE ASSN POOL #985717 DTD 06/01/08 5% 06/01/2023 -		31415QASS	- MINOR = 35			
SOLD 03/25/2009	171.42					
ACQ 171 4200 10/07/2008	171.42	171.74	-0.32	ST		
255.0300 FEDERAL NATIONAL MORTGAGE ASSN POOL #985717 DTD 06/01/08 5% 06/01/2023 -		31415QASS	- MINOR = 35			
SOLD 04/27/2009	255.03					
ACQ 255.0300 10/07/2008	255.03	255.51	-0.48	ST		
195.1700 FEDERAL NATIONAL MORTGAGE ASSN POOL #985717 DTD 06/01/08 5% 06/01/2023 -		31415QASS	- MINOR = 35			
SOLD 05/26/2009	195.17					
ACQ 195.1700 10/07/2008	195.17	195.54	-0.37	ST		
297.1300 FEDERAL NATIONAL MORTGAGE ASSN POOL #985717 DTD 06/01/08 5% 06/01/2023 -		31415QASS	- MINOR = 35			
SOLD 06/25/2009	297.13					
ACQ 297.1300 10/07/2008	297.13	297.69	-0.56	ST		
257.6500 FEDERAL NATIONAL MORTGAGE ASSN POOL #985717 DTD 06/01/08 5% 06/01/2023 -		31415QASS	- MINOR = 35			
SOLD 07/27/2009	257.65					
ACQ 257.6500 10/07/2008	257.65	258.13	-0.48	ST		
175.9600 FEDERAL NATIONAL MORTGAGE ASSN POOL #985717 DTD 06/01/08 5% 06/01/2023 -		31415QASS	- MINOR = 35			
SOLD 08/25/2009	175.96					
ACQ 175.9600 10/07/2008	175.96	176.29	-0.33	ST		
206.8500 FEDERAL NATIONAL MORTGAGE ASSN POOL #985717 DTD 06/01/08 5% 06/01/2023 -		31415QASS	- MINOR = 35			
SOLD 09/25/2009	206.85					
ACQ 206.8500 10/07/2008	206.85	207.24	-0.39	ST		
118 7000 FEDERAL NATIONAL MORTGAGE ASSN POOL #985717 DTD 06/01/08 5% 06/01/2023 -		31415QASS	- MINOR = 35			
SOLD 10/26/2009	118.70					
ACQ 118 7000 10/07/2008	118.70	118.92	-0.22	LT15		
169 4700 FEDERAL NATIONAL MORTGAGE ASSN POOL #985717 DTD 06/01/08 5% 06/01/2023 -		31415QASS	- MINOR = 35			
SOLD 11/25/2009	169.47					
ACQ 169.4700 10/07/2008	169.47	169.79	-0.32	LT15		
298 7700 FEDERAL NATIONAL MORTGAGE ASSN POOL #985717 DTD 06/01/08 5% 06/01/2023 -		31415QASS	- MINOR = 35			
SOLD 12/28/2009	298.77					
ACQ 298.7700 10/07/2008	298.77	299.33	-0.56	LT15		
3000.0000 HEWLETT-PACKARD CO DTD 03/03/08 4.5% 03/ - 428236AQ6 - MINOR = 45						
SOLD 09/11/2009	3191.01					
ACQ 3000.0000 10/07/2008	3191.01	2884.20	306.81	ST		
1000 0000 INGERSOLL-RAND GL HLD CO DTD 08/15/08 6. - 45687AAA0 - MINOR = 45						
SOLD 01/28/2009	943.95					
ACQ 1000.0000 10/07/2008	943.95	946.39	-2.44	ST		
2000 0000 INGERSOLL-RAND GL HLD CO DTD 08/15/08 6. - 45687AAA0 - MINOR = 45						
SOLD 01/28/2009	1896.58					
ACQ 2000.0000 10/07/2008	1896.58	1892.78	3.80	ST		
6000.0000 MERRILL LYNCH & CO SENIOR NOTE - 590188JP4 - MINOR = 45						
SOLD 01/21/2009	5998.80					
ACQ 6000.0000 10/07/2008	5998.80	5820.00	178.80	ST		
3000 0000 PROCTER & GAMBLE CO MAKE WHOLE 4.6% 01/1 - 742718DLO - MINOR = 45						
SOLD 09/11/2009	3231.00					
ACQ 2000.0000 12/16/2008	2154.00	1999.56	154.44	ST		
1000 0000 1000.0000 12/16/2008	1077.00	1019.40	57.60	ST		
3000 0000 TARGET CORP CALLABLE 5.375% 05/01/2017 - 87612EAP1 - MINOR = 45						
SOLD 07/23/2009	3079.32					
ACQ 3000.0000 10/07/2008	3079.32	2787.66	291.66	ST		
1000.0000 TIME WARNER CABLE 6.75% 07/01/2018 - 88732JAL2 - MINOR = 45						
SOLD 12/14/2009	1111.44					
ACQ 1000.0000 08/11/2009	1111.44	1095.88	15.56	ST		
3000.0000 UNITED STATES TREASURY NOTE 5.00% DTD 2/15/01 DUE 2/15/2011 - 9128276T4 - MINOR = 30						
SOLD 01/21/2009	3270.35					
ACQ 3000.0000 10/07/2008	3270.35	3211.08	59.27	ST		
11000 0000 UNITED STATES TREASURY N/B 4.25% 11/15/2 - 912828BR0 - MINOR = 30						
SOLD 01/21/2009	12525.39					
ACQ 11000.0000 10/07/2008	12525.39	11901.11	624.28	ST		
5000 0000 UNITED STATES TREASURY N/B 4.25% 11/15/2 - 912828BR0 - MINOR = 30						
SOLD 11/09/2009	5463.28					
ACQ 5000.0000 10/07/2008	5463.28	5351.83	111.45	LT15		
12000.0000 UNITED STATES TREASURY 3.5% 02/15/2010 - 912828DL1 - MINOR = 30						
SOLD 05/07/2009	12270.94					
ACQ 12000.0000 04/15/2009	12270.94	12278.88	-7.94	ST		
4000 0000 UNITED STATES TREASURY 3.5% 02/15/2010 - 912828DL1 - MINOR = 30						
SOLD 06/10/2009	4082.19					
ACQ 1000.0000 10/07/2008	1020.55	1013.92	6.63	ST		
3000 0000 3000.0000 04/15/2009	3061.64	3061.38	0.26	ST		
20000.0000 UNITED STATES TREASURY 3.5% 02/15/2010 - 912828DL1 - MINOR = 30						
SOLD 12/11/2009	20116.40					
ACQ 13000.0000 10/07/2008	13075.66	13133.06	-57.40	LT15		
7000 0000 7000.0000 10/06/2009	7040.74	7000.00	40.74	ST		
7000.0000 UNITED STATES TREASURY 4.875% 05/15/20 - 912828FEB5 - MINOR = 30						
SOLD 05/07/2009	7006.01					
ACQ 7000 0000 11/06/2008	7006.01	7000.00	6.01	ST		

✓

TRCT H705 1655000153  
 FROM 01/01/2009  
 TO 12/31/2009

REGIONS BANK, TRUST DEPARTMENT  
 STATEMENT OF CAPITAL GAINS AND LOSSES  
 HAMILTON CHARITABLE BOND

PAGE 47  
 RUN 02/09/2010  
 04.54 51 PM

TRUST YEAR ENDING 12/31/2009

TAX PREPARER 6006  
 TRUST ADMINISTRATOR 904  
 INVESTMENT OFFICER: 80

LEGEND: F - FEDERAL S - STATE I - INHERITED  
 E - EXEMPT FROM STATE U - ACQ COST UNKNOWN

PROPERTY DESCRIPTION	SHARES	DATE	SALES PRICE	COST BASIS	GAIN/LOSS	TERM
7000.0000 UNITED STATES TREASURY DTD 10/31/07 3.62	-	-	- 912828HF0 - MINOR = 30			
SOLD	10/05/2009		7016.68			
ACQ	7000.0000	05/07/2009	7016.68	7000.00		16 68 ST
3000.0000 UNITED STATES TREASURY N/B DTD 05/15/08	-	-	- 912828HZ6 - MINOR = 30			
SOLD	10/27/2009		3107.46			
ACQ	3000.0000	01/29/2009	3107.46	3245.00		-137 54 ST
10000.0000 UNITED STATES TREASURY N/B DTD 05/15/08	-	-	- 912828HZ6 - MINOR = 30			
SOLD	11/09/2009		10393.75			
ACQ	6000.0000	10/07/2008	6236.25	6167.36		68.89 LT15
	4000 0000	06/10/2009	4157.50	3995.00		162.50 ST
			TOTALS	166963.95	163782.37	

SUMMARY OF CAPITAL GAINS/LOSSES

FEDERAL	SHORT TERM	LONG TERM 28%	LONG TERM 15%	ST WASH SALE	LT WASH SALE	1250 GAIN
SUBTOTAL FROM ABOVE	2457.35	0.00	724.23	0.00	0.00	0.00*
COMMON TRUST FUND	0.00	0.00	0.00			0.00
CAPITAL GAIN DIVIDENDS	0.00	0.00	0.00			0.00
	2457.35	0.00	724.23	0.00	0.00	0.00
	=====	=====	=====	=====	=====	=====
STATE						
SUBTOTAL FROM ABOVE	2457.35	0.00	724.23	0.00	0.00	0.00*
COMMON TRUST FUND	0.00	0.00	0.00			0.00
CAPITAL GAIN DIVIDENDS	0.00	0.00	0.00			0.00
	2457.35	0.00	724.23	0.00	0.00	0.00
	=====	=====	=====	=====	=====	=====

\* - 1250 GAIN DETAILED ON TRANS PAGES, NOT ABOVE

CAPITAL LOSS CARRYOVER

FEDERAL	0.00	0.00
ALABAMA	N/A	N/A

✓

ACCT H705 1655000046  
FROM 01/01/2009  
TO 12/31/2009REGIONS BANK, TRUST DEPARTMENT  
STATEMENT OF CAPITAL GAINS AND LOSSES  
C. A. HAMILTON CHARITABLE TRUST UWO

TRUST YEAR ENDING 12/31/2009

PAGE 46  
RUN 02/09/2010  
04 54:46 PMTAX PREPARER 6006  
TRUST ADMINISTRATOR 904  
INVESTMENT OFFICER 80LEGEND F - FEDERAL S - STATE I - INHERITED  
E - EXEMPT FROM STATE U - ACQ COST UNKNOWN

PROPERTY DESCRIPTION	SHARES	DATE	SALES PRICE	COST BASIS	GAIN/LOSS	TERM
133 0000 CITIGROUP INC COM - 172967101 - MINOR = 31000						
SOLD 04/13/2009			438 88			
ACQ 133 0000 11/24/1999			438 88	5103 54	-4664 66	LT15
50000 0000 FEDERAL HOME LOAN BANK 3 75% 08/18/2000 - 3133X8EL2 - MINOR = 30						
SOLD 08/18/2009			50000 00			
ACQ 50000.0000 08/23/2004			50000 00	49804 50	195.50	LT15
100000 0000 FEDERAL NATIONAL MORTGAGE ASSN 4 875% - 31359MK69 - MINOR = 30						
SOLD 04/15/2009			100000.00			
ACQ 100000.0000 08/25/2006			100000.00	99574.00	426 00	LT15
100 0000 GENENTECH INC COM NEW - 368710406 - MINOR = 50						
SOLD 03/24/2009			9441.95			
ACQ 100 0000 05/19/2008			9441.95	6998 64	2443 31	ST
120.0000 GENERAL ELEC CO COM - 369604103						
SOLD 04/13/2009			1442.36			
ACQ 120 0000 11/24/1999			1442 36	5518 50	-4076.14	LT15
150.0000 PFIZER INC COM - 717081103						
SOLD 04/13/2009			2006 95			
ACQ 150 0000 11/24/1999			2006 95	5431 87	-3424.92	LT15
105 0000 VULCAN MATLS CO - 929160109 - MINOR = 50						
SOLD 04/13/2009			4767.29			
ACQ 105 0000 03/28/2008			4767.29	6992 43	-2225 14	LT15
0000 SECURITIES LITIGATION SETTLEMENT PROCEEDS - LITIGATION						
SOLD 10/22/2009			102.61			
ACQ 102 61					102.61	LT15
**CHANGED** 01/12/10 MW						
215 0000 ROYAL CARIBBEAN CRUISES LTD - V7780T103 - MINOR = 50						
SOLD 04/13/2009			2165 01			
ACQ 215 0000 03/28/2008			2165 01	6917.15	-4752 14	LT15
TOTALS			170365.05	186340.63		

## SUMMARY OF CAPITAL GAINS/LOSSES

FEDERAL	SHORT TERM	LONG TERM 28%	LONG TERM 15%	ST WASH SALE	LT WASH SALE	1250 GAIN
SUBTOTAL FROM ABOVE	2443 31	0 00	-18418 89	0 00	0.00	0 00*
COMMON TRUST FUND	0 00	0 00	0 00			0 00
CAPITAL GAIN DIVIDENDS	0 00	0 00	0.00			0 00
	2443 31	0 00	-18418.89	0.00	0 00	0 00
STATE						
SUBTOTAL FROM ABOVE	2443 31	0 00	-18418 89	0.00	0 00	0.00*
COMMON TRUST FUND	0 00	0 00	0 00			0.00
CAPITAL GAIN DIVIDENDS	0 00	0 00	0.00			0 00
	2443 31	0 00	-18418 89	0 00	0 00	0.00

\* - 1250 GAIN DETAILED ON TRANS PAGES, NOT ABOVE

## CAPITAL LOSS CARRYOVER

FEDERAL	0 00	0 00
ALABAMA	N/A	N/A