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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** Check if applicable

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

Please use IRS label or print or type

See Specific Instructions

**C** Name of organization**CROWLEY-CARTER FOUNDATION**

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

**P.O. BOX 7246**

Room/suite

City or town, state or country, and ZIP + 4

**DALLAS, TX 75209****F** Name and address of principal officer **CHRISTINA CARTER URSCHEL****P.O. BOX 7246, DALLAS, TX 75209****D** Employer identification number**75-2262612****E** Telephone number**(214) 890-6730****G** Gross receipts \$**7,185,683.****H(a)** Is this a group return

for affiliates?

☐ Yes☒ No**H(b)** Are all affiliates included?☐ Yes☐ No

If "No," attach a list (see instructions)

**H(c)** Group exemption number ▶**I** Tax-exempt status ☒ 501(c) ( 3 ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ **N/A****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: **1988****M** State of legal domicile: **TX****Part I Summary**

Activities & Governance		Revenue		Expenses		Net Assets or Fund Balances	
1	Briefly describe the organization's mission or most significant activities: <b>THE ORGANIZATION IS OPERATED EXCLUSIVELY FOR THE BENEFIT OF CHARITABLE &amp; EDUC. ORGANIZATIONS.</b>						
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets						
3	Number of voting members of the governing body (Part VI, line 1a)	3		5			
4	Number of independent voting members of the governing body (Part VI, line 1b)	4		5			
5	Total number of employees (Part V, line 2a)	5		0			
6	Total number of volunteers (estimate if necessary)	6		0			
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a		0.			
7b	Net unrelated business taxable income from Form 990-T, line 34	7b		0.			
8	Contributions and grants (Part VIII, line 1h)		Prior Year 52,750.		Current Year 250.		
9	Program service revenue (Part VIII, line 2g)						
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-207,457.		-374,170.		
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		17,228.				
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		-137,479.		-373,920.		
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		498,709.		363,500.		
14	Benefits paid to or for members (Part IX, column (A), line 4)						
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)						
16a	Professional fundraising fees (Part IX, column (A), line 11e)						
16b	Total fundraising expenses (Part IX, column (D), line 25) ▶						
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		163,669.		112,749.		
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		662,378.		476,249.		
19	Revenue less expenses. Subtract line 18 from line 12		-799,857.		-850,169.		
20	Total assets (Part X, line 16)		Beginning of Current Year 18,990,883.		End of Year 22,022,758.		
21	Total liabilities (Part X, line 26)		458,090.		345,484.		
22	Net assets or fund balances. Subtract line 21 from line 20		18,532,793.		21,677,274.		

**Part II Signature Block**

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.

Sign  
Here

Signature of officer: *Christina Carter Urschel*

Date: *5/16/10*

**CHRISTINA CARTER URSCHEL, PRESIDENT**

Type or print name and title

Paid  
Preparer's  
Use OnlyPreparer's  
signatureFirm's name (or  
yours if  
self-employed),  
address, and  
ZIP + 4

**JUDD, THOMAS, SMITH & CO., P.C.**  
**12222 MERIT DR., SUITE 1900**  
**DALLAS, TEXAS 75251**

Date

*5-13-10*Check if  
self-employed ☐Preparer's identifying number  
(see instructions)

EIN ▶

Phone no. ▶ **972-661-5872**

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

☒ Yes☐ No

IP

**Part III Statement of Program Service Accomplishments****1** Briefly describe the organization's mission:

**FINANCIAL SUPPORT OF ORGANIZATIONS THAT POSITIVELY AFFECT THE SPIRITUAL, PHYSICAL AND EMOTIONAL WELL-BEING OF MEN, WOMEN AND CHILDREN.**

**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.**SEE SCHEDULE O FOR CONTINUATION(S)**

**4a** (Code: ) (Expenses \$ **87,500.** including grants of \$ **87,500.**) (Revenue \$ )  
**SUPPORTED ORGANIZATION: BAYLOR HEALTH CARE SYSTEM FOUNDATION**

**MISSION: TO SERVE, CARE FOR, AND IMPROVE THE HEALTH AND LIVES OF THE PEOPLE IN OUR COMMUNITIES.**

**PROGRAM OBJECTIVE: CURRENT AND LONG-TERM OBJECTIVE IS TO PROVIDE PHILANTHROPIC SUPPORT FOR ESSENTIAL NEEDS OF THE BAYLOR HEALTH CARE SYSTEM.**

**PROGRAM ACCOMPLISHMENTS: BAYLOR HEALTH CARE SYSTEM FOUNDATION RAISES AND MANAGES CHARITABLE FUNDS TO FURTHER BAYLOR HEALTH CARE'S SYSTEM'S MISSION OF SERVING ALL PEOPLE WITH EXEMPLARY HEALTH CARE, MEDICAL**

**4b** (Code: ) (Expenses \$ **50,000.** including grants of \$ **50,000.**) (Revenue \$ )  
**SUPPORTED ORGANIZATION: TEXAS SCOTTISH RITE HOSPITAL FOR CRIPPLED CHILDREN**

**MISSION: HEALTHCARE FOR CHILDREN WITH ORTHOPEDIC AND LEARNING DISABILITY PROBLEMS.**

**PROGRAM OBJECTIVE: CURRENT AND LONG-TERM OBJECTIVE IS TO SERVE CHILDREN WHO ARE TEXAS RESIDENTS AND PROVIDE SERVICES AT NO COST TO ITS PATIENTS.**

**PROGRAM ACCOMPLISHMENTS: CARE AND RESEARCH OF TSRHC PATIENTS WITH HPE AND CHILDHOOD MOTOR DISORDERS.**

**4c** (Code: ) (Expenses \$ **45,000.** including grants of \$ **45,000.**) (Revenue \$ )  
**SUPPORTED ORGANIZATION: WEST DALLAS COMMUNITY SCHOOL**

**MISSION: TO PROVIDE STUDENTS WITH A CHALLENGING EDUCATIONAL EXPERIENCE DESIGNED TO HELP THEM KNOW, LOVE, AND PRACTICE THAT WHICH IS TRUE, GOOD, AND EXCELLENT AND TO PREPARE THEM TO LIVE PURPOSEFULLY AND INTELLIGENTLY IN THE SERVICE OF GOD AND MAN.**

**PROGRAM OBJECTIVE: CURRENT AND LONG-TERM OBJECTIVE IS TO SERVE FAMILIES OF WEST DALLAS, AN AREA OF EXTREME POVERTY. THE SCHOOL OFFERS A COLLEGE PREPARATORY CHRISTIAN EDUCATION FOR CHILDREN IN PRE-KINDERGARTEN THROUGH EIGHTH GRADE.**

**4d** Other program services. (Describe in Schedule O)(Expenses \$ **181,000.** including grants of \$ **181,000.**) (Revenue \$ )**4e Total program service expenses** ▶ \$ **363,500.**

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<b>X</b>	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors?		<b>X</b>
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		<b>X</b>
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		<b>X</b>
<b>5</b> <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		<b>X</b>
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		<b>X</b>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		<b>X</b>
<b>9</b> Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		<b>X</b>
<b>10</b> Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		<b>X</b>
<b>11</b> Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	<b>X</b>	
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>		
• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		
• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		
• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		
• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		
• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? <i>If "Yes," complete Schedule D, Part X</i>		
<b>12</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>		<b>X</b>
<b>12A</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	<b>X</b>	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		<b>X</b>
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>		<b>X</b>
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		<b>X</b>
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		<b>X</b>
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		<b>X</b>
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		<b>X</b>
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		<b>X</b>
<b>20</b> Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		<b>X</b>

**Part IV Checklist of Required Schedules** (continued)

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

**Note.** All Form 990 filers are required to complete Schedule O.

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1	
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		X
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	0	
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)		
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
<b>4a</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)?		X
<b>b</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		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>5c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966?		
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	10a	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter		
<b>a</b>	Gross income from members or shareholders	11a	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>b</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
<b>1a</b> Enter the number of voting members of the governing body	5	
<b>1b</b> Enter the number of voting members that are independent	5	
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
<b>4</b> Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
<b>5</b> Did the organization become aware during the year of a material diversion of the organization's assets?		X
<b>6</b> Does the organization have members or stockholders?		X
<b>7a</b> Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
<b>7b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body?	X	
<b>b</b> Each committee with authority to act on behalf of the governing body?	X	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

	Yes	No
<b>10a</b> Does the organization have local chapters, branches, or affiliates?		X
<b>b</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?		
<b>11</b> Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>11A</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b> Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
<b>13</b> Does the organization have a written whistleblower policy?	X	
<b>14</b> Does the organization have a written document retention and destruction policy?	X	
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official		X
<b>b</b> Other officers or key employees of the organization		X
If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions.)		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</b> If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed: **NONE**

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
☐ Own website    ☐ Another's website    ☒ Upon request

**19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **CHRISTINA CARTER URSCHER - (214) 890-6730**  
**P.O. BOX 7246, DALLAS, TX 75209**

<b>Part VII</b>	<b>Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors</b>
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## **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. 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

[illegible]



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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
<b>1b Total</b>								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**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		<b>X</b>
<b>4</b> 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		<b>X</b>
<b>5</b> 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		<b>X</b>

**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**

(A) Name and business address	(B) Description of services	(C) Compensation
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization		<b>0</b>

**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
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	250.				
	<b>g</b> Noncash contributions included in lines 1a-1f \$						
	<b>h Total.</b> Add lines 1a-1f			250.			
<b>Program Service Revenue</b>			<b>Business Code</b>				
	<b>2 a</b>						
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
<b>g Total.</b> Add lines 2a-2f							
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			421,728.			421,728.
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
		(i) Real	(ii) Personal				
	<b>6 a</b> Gross Rents						
	<b>b</b> Less rental expenses						
	<b>c</b> Rental income or (loss)						
	<b>d</b> Net rental income or (loss)						
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		6763705.					
	<b>b</b> Less cost or other basis and sales expenses						
	<b>c</b> Gain or (loss)						
		7559603.					
	<b>d</b> Net gain or (loss)			-795,898.			-795,898.
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	<b>a</b>					
	<b>b</b> Less direct expenses	<b>b</b>					
	<b>c</b> Net income or (loss) from fundraising events						
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>					
	<b>b</b> Less direct expenses	<b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities						
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>						
<b>b</b> Less: cost of goods sold	<b>b</b>						
<b>c</b> Net income or (loss) from sales of inventory							
<b>Miscellaneous Revenue</b>			<b>Business Code</b>				
<b>11 a</b>							
<b>b</b>							
<b>c</b>							
<b>d</b> All other revenue							
<b>e Total.</b> Add lines 11a-11d							
<b>12 Total revenue.</b> See instructions.				-373,920.	0.	0.	-374,170.

**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
<b>1</b> Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	363,500.	363,500.		
<b>2</b> Grants and other assistance to individuals in the U.S. See Part IV, line 22				
<b>3</b> Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees				
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages				
<b>8</b> Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
<b>9</b> Other employee benefits				
<b>10</b> Payroll taxes				
<b>11</b> Fees for services (non-employees).				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting	17,949.		17,949.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	49,387.		49,387.	
<b>g</b> Other				
<b>12</b> Advertising and promotion				
<b>13</b> Office expenses	1,675.		1,675.	
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	12,588.		12,588.	
<b>17</b> Travel				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings				
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	356.		356.	
<b>23</b> Insurance				
<b>24</b> 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.)				
<b>a</b> <u>CONTRACT LABOR</u>	23,168.		23,168.	
<b>b</b> <u>FOREIGN TAXES WITHHELD</u>	4,463.		4,463.	
<b>c</b> <u>AUTO - PARKING, MILEAGE</u>	2,287.		2,287.	
<b>d</b> <u>POSTAGE</u>	730.		730.	
<b>e</b> <u>TAXES - PROPERTY</u>	79.		79.	
<b>f</b> All other expenses	67.		67.	
<b>25</b> Total functional expenses. Add lines 1 through 24f	476,249.	363,500.	112,749.	0.
<b>26</b> 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
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing	17,171.	<b>1</b>	13,952.
	<b>2</b> Savings and temporary cash investments	700,002.	<b>2</b>	822,593.
	<b>3</b> Pledges and grants receivable, net		<b>3</b>	
	<b>4</b> Accounts receivable, net		<b>4</b>	
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		<b>5</b>	
	<b>6</b> 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		<b>6</b>	
	<b>7</b> Notes and loans receivable, net		<b>7</b>	
	<b>8</b> Inventories for sale or use		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	5,763.		
	<b>10b</b> Less: accumulated depreciation	5,228.	<b>10c</b>	535.
	<b>11</b> Investments - publicly traded securities	18,190,295.	<b>11</b>	21,142,080.
	<b>12</b> Investments - other securities. See Part IV, line 11		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11		<b>13</b>	
	<b>14</b> Intangible assets		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11	82,524.	<b>15</b>	43,588.
	<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	18,990,883.	<b>16</b>	22,022,758.
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	4,381.	<b>17</b>	4,484.
	<b>18</b> Grants payable	453,709.	<b>18</b>	341,000.
	<b>19</b> Deferred revenue		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties		<b>24</b>	
	<b>25</b> Other liabilities. Complete Part X of Schedule D		<b>25</b>	
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25	458,090.	<b>26</b>	345,484.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	18,532,793.	<b>27</b>	21,677,274.
	<b>28</b> Temporarily restricted net assets		<b>28</b>	
	<b>29</b> Permanently restricted net assets		<b>29</b>	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
	<b>33</b> Total net assets or fund balances	18,532,793.	<b>33</b>	21,677,274.
	<b>34</b> Total liabilities and net assets/fund balances	18,990,883.	<b>34</b>	22,022,758.

**Part XI Financial Statements and Reporting**

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

	Yes	No
<b>2a</b>	X	
<b>2b</b>		X
<b>2c</b>	X	
<b>3a</b>		X
<b>3b</b>		

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

**CROWLEY-CARTER FOUNDATION**

Employer identification number

**75-2262612**

**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?
- h Provide the following information about the supported organization(s).

	Yes	No
11g(i)		<input checked="" type="checkbox"/>
11g(ii)		<input checked="" type="checkbox"/>
11g(iii)		<input checked="" type="checkbox"/>

(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	
BAYLOR HEALTH CARE	75-1606705	3	<input checked="" type="checkbox"/>						87,500.
BUCKNER CHILDREN AND SALVATION ARMY	75-2571395	7	<input checked="" type="checkbox"/>						1,000.
TEXAS SCOTTISH RIT CAMP JOHN MARC	75-0800678	7	<input checked="" type="checkbox"/>						15,000.
	75-0818178	3	<input checked="" type="checkbox"/>						50,000.
	20-2349855	7	<input checked="" type="checkbox"/>						20,000.
<b>Total</b>									<b>363,500.</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

SEE PART IV FOR LINE 11 CONTINUATION

**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
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> 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
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> 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</b> Gross receipts from related activities, etc. (see instructions)					<b>12</b>	
<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**

<b>14</b> Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	%
<b>15</b> Public support percentage from 2008 Schedule A, Part II, line 14	<b>15</b>	%
<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"/>		

Schedule A (Form 990 or 990-EZ) 2009

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

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> 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
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> 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.)						
<b>14 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**

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

**Section D. Computation of Investment Income Percentage**

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

**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

**Continuation Total**

**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**

**CROWLEY-CARTER FOUNDATION**

**Employer identification number**

**75-2262612**

**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
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	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  
 b ☐ Scholarly research  
 c ☐ Preservation for future generations

- d ☐ Loan or exchange programs  
 e ☐ Other \_\_\_\_\_

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	

- c Beginning balance  
 d Additions during the year  
 e Distributions during the year  
 f Ending balance

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

- (i) unrelated organizations  
 (ii) related organizations

	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				
b Buildings				
c Leasehold improvements				
d Equipment		3,076.	2,721.	355.
e Other		2,687.	2,507.	180.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				535.



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

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

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

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

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

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

**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.

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**Realized Capital Gains/Losses**

CUSIP/Security Description Quantity	Date Acquired	Date Sold	Sale Proceeds	Original Cost Basis	Adjustments	Adjusted Cost Basis	Gain/Loss
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**SHORT TERM GAIN LOSS****038222105/APPLIED MATERIALS**

500.00	03/27/09	10/22/09	6,542.48	5,683.60	0.00	5,683.60	858.88
1000.00	12/16/08	10/22/09	13,084.96	10,454.00	0.00	10,454.00	2,630.96
2000.00	03/26/09	10/22/09	26,169.92	22,887.20	0.00	22,887.20	3,282.72
750.00	02/03/09	11/03/09	8,858.62	7,038.75	0.00	7,038.75	1,819.87
2000.00	12/16/08	11/03/09	23,622.99	20,908.00	0.00	20,908.00	2,714.99
3250.00	12/15/08	11/03/09	38,387.36	33,047.95	0.00	33,047.95	5,339.41
44.00	02/18/09	11/04/09	528.85	388.96	0.00	388.96	139.89
1750.00	02/03/09	11/04/09	21,033.75	16,423.75	0.00	16,423.75	4,610.00
<b>SECURITY TOTAL:</b>			<b>138,228.93</b>	<b>116,832.21</b>	<b>0.00</b>	<b>116,832.21</b>	<b>21,396.72</b>

**13342B105/CAMERON INTL CORP**

745.00	04/18/08	03/30/09	16,436.99	37,495.78	0.00	37,495.78	(21,058.79)
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**165167107/CHESAPEAKE ENERGY CORP**

250.00	06/18/08	03/26/09	4,753.72	16,230.25	0.00	16,230.25	(11,476.53)
1000.00	06/17/08	03/26/09	19,014.90	63,487.10	0.00	63,487.10	(44,472.20)
100.00	05/13/08	03/27/09	1,837.85	5,671.79	0.00	5,671.79	(3,833.94)
900.00	05/12/08	03/27/09	16,540.65	50,273.91	0.00	50,273.91	(33,733.26)
500.00	07/30/08	05/13/09	10,224.29	24,036.60	0.00	24,036.60	(13,812.31)
1000.00	07/29/08	05/13/09	20,448.57	46,977.00	0.00	46,977.00	(26,528.43)
250.00	11/05/08	05/14/09	5,078.72	6,055.63	0.00	6,055.63	(976.91)
250.00	11/05/08	08/14/09	5,882.25	6,055.62	0.00	6,055.62	(173.37)
1200.00	11/04/08	08/14/09	28,234.79	26,999.64	0.00	26,999.64	1,235.15
27.00	02/18/09	08/17/09	602.96	444.15	0.00	444.15	158.81
1050.00	11/04/08	08/17/09	23,448.41	23,624.68	0.00	23,624.68	(176.27)
<b>SECURITY TOTAL:</b>			<b>136,067.11</b>	<b>269,856.37</b>	<b>0.00</b>	<b>269,856.37</b>	<b>(133,789.26)</b>

**219350105/CORNING INC**

100.00	11/05/08	10/28/09	1,471.24	1,152.95	0.00	1,152.95	318.29
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**2009 Realized Capital Gains/Losses (continued)**

CUSIP/Security Description Quantity	Date Acquired	Date Sold	Sale Proceeds	Original Cost Basis	Adjustments	Adjusted Cost Basis	Gain/Loss
<b>SHORT TERM GAIN LOSS</b>							
254687106/DISNEY (WALT) HOLDING CO							
250 00	08/04/08	02/02/09	5,072.87	7,581.83	0.00	7,581.83	(2,508.96)
477.00	08/01/08	02/02/09	9,679.04	14,347.87	0.00	14,347.87	(4,668.83)
773 00	04/18/08	02/02/09	15,685.32	24,272.12	0.00	24,272.12	(8,586.80)
2023 00	08/01/08	02/03/09	40,713.66	60,850.63	0.00	60,850.63	(20,136.97)
<b>SECURITY TOTAL:</b>			<b>71,150.89</b>	<b>107,052.45</b>	<b>0.00</b>	<b>107,052.45</b>	<b>(35,901.56)</b>
268648102/EMC CORP							
500.00	08/27/08	07/14/09	6,415.94	7,806.85	0.00	7,806.85	(1,390.91)
2000 00	08/28/08	07/14/09	25,663.74	31,411.00	0.00	31,411.00	(5,747.26)
<b>SECURITY TOTAL:</b>			<b>32,079.68</b>	<b>39,217.85</b>	<b>0.00</b>	<b>39,217.85</b>	<b>(7,138.17)</b>
26875P101/EOG RES INC							
250.00	09/16/09	10/21/09	23,659.19	20,531.53	0.00	20,531.53	3,127.66
250 00	09/17/09	10/21/09	23,659.19	20,754.07	0.00	20,754.07	2,905.12
<b>SECURITY TOTAL:</b>			<b>47,318.38</b>	<b>41,285.60</b>	<b>0.00</b>	<b>41,285.60</b>	<b>6,032.78</b>
302571104/FPL GROUP INC							
500.00	02/03/09	09/23/09	27,052.45	25,923.05	0.00	25,923.05	1,129.40
500 00	02/04/09	09/23/09	27,052.46	26,640.45	0.00	26,640.45	412.01
50 00	12/17/08	09/25/09	2,717.42	2,374.69	0.00	2,374.69	342.73
50 00	01/21/09	09/25/09	2,717.43	2,444.38	0.00	2,444.38	273.05
200 00	12/19/08	09/25/09	10,869.70	10,218.84	0.00	10,218.84	650.86
450 00	01/20/09	09/25/09	24,456.83	22,570.02	0.00	22,570.02	1,886.81
850.00	12/18/08	09/25/09	46,196.22	42,322.01	0.00	42,322.01	3,874.21
300 00	12/17/08	09/28/09	16,476.75	14,248.11	0.00	14,248.11	2,228.64
<b>SECURITY TOTAL:</b>			<b>157,539.26</b>	<b>146,741.55</b>	<b>0.00</b>	<b>146,741.55</b>	<b>10,797.71</b>
372917104/GENZYME CORP (GENL DIV)							
500 00	06/26/08	06/15/09	27,960.98	35,901.35	0.00	35,901.35	(7,940.37)
68 00	02/18/09	06/16/09	3,591.59	4,863.36	0.00	4,863.36	(1,271.77)

## CROWLEY-CARTER FOUNDATION

TAXPAYER ID 75-2262612

2009 FORM 990 ATTACHMENT TO PART VIII LINE 7

Account No: 8G4993

2009 Income Summary Statement

Page 24 of 38

**Realized Capital Gains/Losses (continued)**

CUSIP/Security Description Quantity	Date Acquired	Date Sold	Sale Proceeds	Original Cost Basis	Adjustments	Adjusted Cost Basis	Gain/Loss
<b>SHORT TERM GAIN LOSS</b>							
372917104/GENZYME CORP (GENL DIV) (Con't)							
500 00	10/24/08	06/16/09	26,408.77	33,799.35	0.00	33,799.35	(7,390.58)
500 00	06/23/08	06/16/09	26,408.77	34,783.05	0.00	34,783.05	(8,374.28)
500.00	06/24/08	06/16/09	26,408.77	35,235.20	0.00	35,235.20	(8,826.43)
500.00	06/20/08	06/16/09	26,408.78	33,972.75	0.00	33,972.75	(7,563.97)
<b>SECURITY TOTAL:</b>			<b>137,187.66</b>	<b>178,555.06</b>	<b>0.00</b>	<b>178,555.06</b>	<b>(41,367.40)</b>
443683107/HUDSON CITY BANCORP INC							
156 00	02/18/09	08/25/09	1,999.01	1,731.60	0.00	1,731.60	267.41
408.00	03/13/09	08/25/09	5,228.18	4,257.56	0.00	4,257.56	970.62
500 00	03/16/09	08/25/09	6,407.09	5,329.50	0.00	5,329.50	1,077.59
1796.00	03/13/09	08/25/09	23,014.25	18,741.62	0.00	18,741.62	4,272.63
850.00	03/13/09	08/27/09	10,883.12	8,869.92	0.00	8,869.92	2,013.20
446 00	03/13/09	08/28/09	5,679.75	4,654.10	0.00	4,654.10	1,025.65
<b>SECURITY TOTAL:</b>			<b>53,211.40</b>	<b>43,584.30</b>	<b>0.00</b>	<b>43,584.30</b>	<b>9,627.10</b>
452308109/ILLINOIS TOOL WORKS INC							
750 00	04/22/09	10/28/09	34,749.39	24,954.97	0.00	24,954.97	9,794.42
250.00	04/16/09	10/29/09	11,644.95	8,314.85	0.00	8,314.85	3,330.10
<b>SECURITY TOTAL:</b>			<b>46,394.34</b>	<b>33,269.82</b>	<b>0.00</b>	<b>33,269.82</b>	<b>13,124.52</b>
458140100/INTEL CORP							
250 00	12/23/08	10/14/09	5,238.67	3,540.63	0.00	3,540.63	1,698.04
10 00	02/18/09	11/03/09	184.36	136.30	0.00	136.30	48.06
1240 00	01/20/09	11/03/09	22,860.43	16,321.87	0.00	16,321.87	6,538.56
1250 00	02/03/09	11/03/09	23,044.78	16,847.50	0.00	16,847.50	6,197.28
2750 00	12/23/08	11/03/09	50,698.52	38,946.87	0.00	38,946.87	11,751.65
510 00	01/20/09	11/04/09	9,515.84	6,713.03	0.00	6,713.03	2,802.81
<b>SECURITY TOTAL:</b>			<b>111,542.60</b>	<b>82,506.20</b>	<b>0.00</b>	<b>82,506.20</b>	<b>29,036.40</b>
478160104/JOHNSON & JOHNSON							
438 00	04/18/08	03/26/09	23,071.12	29,124.81	0.00	29,124.81	(6,053.69)



**2009 Realized Capital Gains/Losses (continued)**

CUSIP/Security Description	Quantity	Date Acquired	Date Sold	Sale Proceeds	Original Cost Basis	Adjustments	Adjusted Cost Basis	Gain/Loss
<b>SHORT TERM GAIN LOSS</b>								
500255104/KOHL'S CORP								
500.00	02/03/09	10/27/09		29,075.10	19,257.05	0.00	19,257.05	9,818.05
500.00	02/03/09	10/28/09		28,732.61	19,257.05	0.00	19,257.05	9,475.56
<b>SECURITY TOTAL:</b>				<b>57,807.71</b>	<b>38,514.10</b>	<b>0.00</b>	<b>38,514.10</b>	<b>19,293.61</b>
577081102/MATTEL INC								
250.00	03/25/08	03/25/09		2,956.98	5,396.33	0.00	5,396.33	(2,439.35)
1876.00	04/18/08	03/25/09		22,189.20	40,996.04	0.00	40,996.04	(18,806.84)
<b>SECURITY TOTAL:</b>				<b>25,146.18</b>	<b>46,392.37</b>	<b>0.00</b>	<b>46,392.37</b>	<b>(21,246.19)</b>
680414109/OLD WESTBURY NON-US LC FD								
2790.70	09/18/08	02/18/09		19,200.00	26,316.28	0.00	26,316.28	(7,116.28)
680414604/OLD WEST GL SM & MD CAP FD								
16620.40	04/18/08	02/18/09		154,237.30	206,591.55	0.00	206,591.55	(52,354.25)
19047.71	10/03/08	02/18/09		176,762.70	196,381.84	0.00	196,381.84	(19,619.14)
<b>SECURITY TOTAL:</b>				<b>331,000.00</b>	<b>402,973.39</b>	<b>0.00</b>	<b>402,973.39</b>	<b>(71,973.39)</b>
680414703/OLD WESTBURY REAL RETRN FD								
2393.27	04/18/08	02/18/09		18,500.00	34,080.21	0.00	34,080.21	(15,580.21)
69331C108/PG & E CORP								
733.00	04/18/08	03/27/09		28,560.60	29,341.92	0.00	29,341.92	(781.32)
760975102/RESEARCH IN MOTION LTD								
300.00	07/29/08	06/03/09		24,060.55	34,759.53	0.00	34,759.53	(10,698.98)
170.00	11/20/08	10/28/09		10,436.44	7,493.21	0.00	7,493.21	2,943.23
112.00	02/18/09	11/02/09		6,336.46	4,875.36	0.00	4,875.36	1,461.10
250.00	12/08/08	11/02/09		14,143.89	10,239.50	0.00	10,239.50	3,904.39
1080.00	11/20/08	11/02/09		61,101.58	47,603.92	0.00	47,603.92	13,497.66
<b>SECURITY TOTAL:</b>				<b>116,078.92</b>	<b>104,971.52</b>	<b>0.00</b>	<b>104,971.52</b>	<b>11,107.40</b>

**2009 Realized Capital Gains/Losses (continued)**

CUSIP/Security Description Quantity	Date Acquired	Date Sold	Sale Proceeds	Original Cost Basis	Adjustments	Adjusted Cost Basis	Gain/Loss
<b>SHORT TERM GAIN LOSS</b>							
78462F103/S&P 500 DEP RCPTS							
60 00	12/08/08	01/09/09	5,381.71	5,438.41	0.00	5,438.44	(56.73)
100 00	12/08/08	01/09/09	8,969.52	9,064.06	0.00	9,064.06	(94.54)
450 00	12/08/08	01/09/09	40,362.84	40,788.27	0.00	40,788.27	(425.43)
600 00	07/29/08	01/09/09	53,817.12	75,553.44	0.00	75,553.44	(21,736.32)
1150 00	07/29/08	01/09/09	103,149.48	144,810.76	0.00	144,810.76	(41,661.28)
60 00	12/08/08	01/13/09	5,232.26	5,438.43	0.00	5,438.43	(206.17)
70 00	12/08/08	01/15/09	5,913.84	6,344.84	0.00	6,344.84	(431.00)
10 00	12/08/08	01/20/09	832.29	906.41	0.00	906.41	(74.12)
<b>SECURITY TOTAL:</b>			<b>223,659.06</b>	<b>288,344.65</b>	<b>0.00</b>	<b>288,344.65</b>	<b>(64,685.59)</b>
855030102/STAPLES INC							
500 00	08/06/08	06/04/09	10,243.48	12,115.75	0.00	12,115.75	(1,872.27)
1500 00	08/05/08	06/04/09	30,730.46	36,500.10	0.00	36,500.10	(5,769.64)
<b>SECURITY TOTAL:</b>			<b>40,973.94</b>	<b>48,615.85</b>	<b>0.00</b>	<b>48,615.85</b>	<b>(7,641.91)</b>
867914103/SUNTRUST BANKS INC							
600 00	11/05/08	01/20/09	9,901.62	24,696.48	0.00	24,696.48	(14,794.86)
650 00	11/04/08	01/20/09	10,726.76	27,383.46	0.00	27,383.46	(16,656.70)
150 00	11/06/08	01/21/09	2,326.58	5,837.73	0.00	5,837.73	(3,511.15)
250 00	12/09/08	01/21/09	3,877.63	7,915.32	0.00	7,915.32	(4,037.69)
450 00	11/05/08	01/21/09	6,979.73	18,522.36	0.00	18,522.36	(11,542.63)
1000 00	12/08/08	01/21/09	15,510.51	33,071.50	0.00	33,071.50	(17,560.99)
<b>SECURITY TOTAL:</b>			<b>49,322.83</b>	<b>117,426.85</b>	<b>0.00</b>	<b>117,426.85</b>	<b>(68,104.02)</b>
<b>SUBTOTAL SHORT TERM GAIN LOSS</b>			<b>1,881,948.84</b>	<b>2,263,652.09</b>	<b>0.00</b>	<b>2,263,652.09</b>	<b>(381,703.25)</b>
<b>LONG TERM GAIN LOSS</b>							
064058100/BANK NEW YORK MELLON CORP							
112 00	04/18/08	11/17/09	3,015.93	4,775.68	0.00	4,775.68	(1,759.75)

**2009 Realized Capital Gains/Losses (continued)**

CUSIP/Security Description					Original Cost Basis	Adjustments	Adjusted Cost Basis	Gain/Loss
Quantity	Date Acquired	Date Sold	Sale Proceeds					
LONG TERM GAIN LOSS								
064058100/BANK NEW YORK MELLON CORP (CON'T)								
138.00	10/02/06	11/17/09	3,716.05	5,402.82	0.00	5,402.82	(1,686.77)	
250.00	09/20/06	11/17/09	6,731.97	9,836.05	0.00	9,836.05	(3,104.08)	
250.00	09/22/06	11/17/09	6,731.98	9,792.30	0.00	9,792.30	(3,060.32)	
250.00	09/21/06	11/17/09	6,731.98	9,838.20	0.00	9,838.20	(3,106.22)	
500.00	10/03/06	11/17/09	13,463.95	19,702.65	0.00	19,702.65	(6,238.70)	
750.00	12/04/06	11/17/09	20,195.93	31,961.25	0.00	31,961.25	(11,765.32)	
112.00	10/02/06	11/18/09	3,000.20	4,384.90	0.00	4,384.90	(1,384.70)	
150.00	09/16/03	11/18/09	4,018.13	4,668.90	0.00	4,668.90	(650.77)	
250.00	09/28/06	11/18/09	6,696.88	9,763.75	0.00	9,763.75	(3,066.87)	
250.00	09/27/06	11/18/09	6,696.88	9,773.67	0.00	9,773.67	(3,076.79)	
488.00	01/31/05	11/18/09	13,072.30	14,240.91	0.00	14,240.91	(1,168.61)	
500.00	09/25/06	11/18/09	13,393.76	19,470.60	0.00	19,470.60	(6,076.84)	
750.00	09/26/06	11/18/09	20,090.63	29,132.70	0.00	29,132.70	(9,042.07)	
1550.00	01/31/05	11/19/09	41,004.51	45,232.41	0.00	45,232.41	(4,227.90)	
432.00	01/31/05	11/20/09	11,321.22	12,606.71	0.00	12,606.71	(1,285.49)	
SECURITY TOTAL:			179,882.30	240,583.50	0.00	240,583.50	(60,701.20)	
133428105/CAMERON INTL CORP								
5.00	10/12/07	03/30/09	110.32	254.85	0.00	254.85	(144.53)	
95.00	10/12/07	03/31/09	2,112.41	4,842.20	0.00	4,842.20	(2,729.79)	
905.00	02/06/08	03/31/09	20,123.47	35,786.69	0.00	35,786.69	(15,663.22)	
5.00	05/09/07	04/01/09	110.02	167.48	0.00	167.48	(57.46)	
95.00	02/06/08	04/01/09	2,090.42	3,756.61	0.00	3,756.61	(1,666.19)	
900.00	05/04/07	04/01/09	19,803.94	30,535.88	0.00	30,535.88	(10,731.94)	
95.00	05/09/07	04/02/09	2,217.91	3,182.13	0.00	3,182.13	(964.22)	
605.00	05/08/07	04/02/09	14,124.62	20,162.29	0.00	20,162.29	(6,037.67)	
650.00	05/08/07	04/03/09	15,197.23	21,661.97	0.00	21,661.97	(6,464.71)	
145.00	05/08/07	04/06/09	3,266.99	4,832.28	0.00	4,832.28	(1,565.29)	
SECURITY TOTAL:			79,157.33	125,182.38	0.00	125,182.38	(46,025.05)	

**2009 Realized Capital Gains/Losses (continued)**

CUSIP/Security Description Quantity	Date Acquired	Date Sold	Sale Proceeds	Original Cost Basis	Adjustments	Adjusted Cost Basis	Gain/Loss
<b>LONG TERM GAIN LOSS</b>							
165167107/CHESAPEAKE ENERGY CORP							
800.00	05/12/08	08/14/09	18,823.20	44,687.92	0.00	44,687.92	(25,864.72)
17275R102/CISCO SYSTEMS INC							
20.00	10/12/07	07/14/09	374.04	659.40	0.00	659.40	(285.36)
409.00	04/18/08	07/14/09	7,649.08	10,041.11	0.00	10,041.11	(2,392.03)
500.00	12/04/06	07/14/09	9,350.96	13,667.50	0.00	13,667.50	(4,316.54)
1071.00	09/04/03	07/14/09	20,029.76	22,199.47	0.00	22,199.47	(2,169.71)
<b>SECURITY TOTAL:</b>			<b>37,403.84</b>	<b>46,567.48</b>	<b>0.00</b>	<b>46,567.48</b>	<b>(9,163.64)</b>
<b>200100/CLASS ACTION SETTLEMENT</b>							
0.00	N/A	02/11/09	0.00	0.00	(18.11)	(18.11)	18.11
0.00	N/A	03/13/09	0.00	0.00	(12,215.68)	(12,215.68)	12,215.68
0.00	N/A	05/05/09	0.00	0.00	(2,645.54)	(2,645.54)	2,645.54
0.00	N/A	07/02/09	0.00	0.00	(89.86)	(89.86)	89.86
0.00	N/A	12/31/09	0.00	0.00	(11,160.24)	(11,160.24)	11,160.24
<b>SECURITY TOTAL:</b>			<b>0.00</b>	<b>0.00</b>	<b>(26,129.43)</b>	<b>(26,129.43)</b>	<b>26,129.43</b>
<b>219350105/CORNING INC</b>							
350.00	08/02/07	03/26/09	4,943.83	8,425.52	0.00	8,425.52	(3,481.69)
2650.00	09/26/06	03/26/09	37,431.83	64,138.75	0.00	64,138.75	(26,706.92)
100.00	10/26/06	03/27/09	1,361.44	2,126.97	0.00	2,126.97	(765.53)
150.00	08/02/07	03/27/09	2,042.16	3,610.93	0.00	3,610.93	(1,568.77)
250.00	05/02/07	03/27/09	3,403.61	5,984.20	0.00	5,984.20	(2,580.59)
1000.00	08/03/07	03/27/09	13,614.42	23,865.50	0.00	23,865.50	(10,251.08)
1000.00	05/01/07	03/27/09	13,614.43	23,449.20	0.00	23,449.20	(9,834.77)
1000.00	10/26/06	03/30/09	12,742.23	21,269.70	0.00	21,269.70	(8,527.47)
650.00	10/26/06	10/28/09	9,563.07	13,825.30	0.00	13,825.30	(4,262.23)
1000.00	12/04/06	10/28/09	14,712.43	20,915.00	0.00	20,915.00	(6,202.57)
<b>SECURITY TOTAL:</b>			<b>113,429.45</b>	<b>187,611.07</b>	<b>0.00</b>	<b>187,611.07</b>	<b>(74,181.62)</b>

## CROWLEY-CARTER FOUNDATION

TAXPAYER ID 75-2262612

2009 FORM 990 ATTACHMENT TO PART VIII LINE 7

Account No: 8G4993

2009 Income Summary Statement

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**2009 Realized Capital Gains/Losses (continued)**

CUSIP/Security Description	Quantity	Date Acquired	Date Sold	Sale Proceeds	Original Cost Basis	Adjustments	Adjusted Cost Basis	Gain/Loss
<b>LONG TERM GAIN LOSS</b>								
254687106/DISNEY (WALT) HOLDING CO	227 00	07/12/05	02/03/09	4,568 46	5,661 80	0 00	5,661 80	(1,093 34)
268648102/EMC CORP	2000.00	08/27/08	09/16/09	33,904 73	31,227 40	0.00	31,227 40	2,677 33
	1500.00	08/27/08	09/17/09	25,411 15	23,420 55	0 00	23,420 55	1,990 60
	3000.00	08/25/08	10/28/09	49,394 03	46,526 70	0 00	46,526 70	2,867 33
SECURITY TOTAL:				108,709.91	101,174.65	0.00	101,174.65	7,535.26
3128X3K85/FED HM LN MTG CP 4 1/8% 11/18/09	200000.00	03/31/06	11/18/09	200,000.00	193,339 00	6,661 00	200,000.00	6 66
31331XE8/FEDERAL FARM CREDIT BANK 4 85% 11/20/09	500000.00	01/17/08	11/20/09	500,000.00	515,793 00	0 00	515,793 00	(15,793.00)
3133M9FC1/FEDERAL HOME LOAN BANK NT 6 1/2% 08/14/09	300000 00	03/31/06	02/18/09	308,121.00	312,348 60	0 00	312,348 60	(4,227.60)
	700000 00	03/31/06	04/08/09	714,651 00	728,813 40	0.00	728,813 40	(14,162.40)
SECURITY TOTAL:				1,022,772.00	1,041,162.00	0.00	1,041,162.00	(18,390.00)
3133XDT84/FEDERAL HOME LOAN BANK 4 3/4% 12/11/09	300000 00	01/17/08	12/11/09	300,000 00	309,507.00	0 00	309,507 00	(9,507 00)
3133XGYT5/FEDERAL HOME LOAN BANK 5% 12/11/09	500000.00	12/15/06	12/11/09	500,000 00	502,700.00	0 00	502,700 00	(2,700 00)
3134A4UW2/FEDERAL HOME LN MTG CORPRF 4% 12/15/09	235000.00	11/03/08	12/15/09	235,000.00	237,399.35	0 00	237,399 35	(2,399 35)
3137EAL3/FED HM LN MTG CP 5% 01/16/09	550000.00	01/16/07	01/16/09	550,000 00	549,758 00	242 00	550,000 00	242 00
								0 00 66

**2009 Realized Capital Gains/Losses (continued)**

CUSIP/Security Description		Quantity	Date Acquired	Date Sold	Sale Proceeds	Original Cost Basis	Adjustments	Adjusted Cost Basis	Gain/Loss
<b>LONG TERM GAIN LOSS</b>									
36209FPB9/GOVT NATL MTG ASN #470318X 7% 05/15/29									
	0.00	05/07/02	01/15/09		19.33	20.07	0.00	20.07	(0.74)
	0.00	05/07/02	02/15/09		19.41	20.15	0.00	20.15	(0.74)
	0.00	05/07/02	03/15/09		19.53	20.28	0.00	20.28	(0.75)
	0.00	05/07/02	04/15/09		19.66	20.41	0.00	20.41	(0.75)
	0.00	05/07/02	05/15/09		19.78	20.54	0.00	20.54	(0.76)
	0.00	05/07/02	06/15/09		19.90	20.66	0.00	20.66	(0.76)
	0.00	05/07/02	07/15/09		20.03	20.79	0.00	20.79	(0.76)
	0.00	05/07/02	08/15/09		783.94	813.83	0.00	813.83	(29.89)
	0.00	05/07/02	09/15/09		16.48	17.11	0.00	17.11	(0.63)
	0.00	05/07/02	10/15/09		16.58	17.22	0.00	17.22	(0.64)
	0.00	05/07/02	11/15/09		16.18	16.80	0.00	16.80	(0.62)
	0.00	05/07/02	12/15/09		16.79	17.43	0.00	17.43	(0.64)
	0.00	05/07/02	01/15/10		17.77	18.45	0.00	18.45	(0.68)
SECURITY TOTAL:						1,043.74	0.00	1,043.74	(38.36)
36210NH4/GOVT NATL MTG ASN #496229X 7% 05/15/29									
	0.00	06/04/01	01/15/09		7.24	7.38	0.00	7.38	(0.14)
	0.00	06/04/01	02/15/09		7.28	7.42	0.00	7.42	(0.14)
	0.00	06/04/01	03/15/09		7.33	7.47	0.00	7.47	(0.14)
	0.00	06/04/01	04/15/09		7.38	7.52	0.00	7.52	(0.14)
	0.00	06/04/01	05/15/09		7.42	7.56	0.00	7.56	(0.14)
	0.00	06/04/01	06/15/09		7.47	7.61	0.00	7.61	(0.14)
	0.00	06/04/01	07/15/09		7.52	7.66	0.00	7.66	(0.14)
	0.00	06/04/01	08/15/09		7.56	7.71	0.00	7.71	(0.15)
	0.00	06/04/01	09/15/09		7.61	7.75	0.00	7.75	(0.14)
	0.00	06/04/01	10/15/09		7.66	7.80	0.00	7.80	(0.14)
	0.00	06/04/01	11/15/09		7.71	7.85	0.00	7.85	(0.14)
	0.00	06/04/01	12/15/09		7.75	7.90	0.00	7.90	(0.15)
	0.00	06/04/01	01/15/10		7.80	7.95	0.00	7.95	(0.15)
SECURITY TOTAL:						99.58	0.00	99.58	(1.85)

**2009 Realized Capital Gains/Losses (continued)**

CUSIP/Security Description	Quantity	Date Acquired	Date Sold	Sale Proceeds	Original Cost Basis	Adjustments	Adjusted Cost Basis	Gain/Loss
<b>LONG TERM GAIN LOSS</b>								
443683107/HUDSON CITY BANCORP INC								
	360.00	10/09/06	08/21/09	4,842.06	4,845.13	0.00	4,845.12	(3.07)
	890.00	10/12/07	08/21/09	11,970.64	13,795.00	0.00	13,795.00	(1,824.36)
	110.00	10/06/06	08/24/09	1,466.71	1,467.58	0.00	1,467.58	(0.87)
	140.00	10/09/06	08/24/09	1,866.73	1,884.22	0.00	1,884.22	(17.49)
	1250.00	10/19/06	08/24/09	16,667.20	16,715.12	0.00	16,715.12	(47.92)
	890.00	10/06/06	08/25/09	11,404.61	11,874.02	0.00	11,874.02	(469.41)
<b>SECURITY TOTAL:</b>				<b>48,217.95</b>	<b>50,581.07</b>	<b>0.00</b>	<b>50,581.07</b>	<b>(2,363.12)</b>
46016103/INTERNATIONAL PAPER								
	1000.00	09/16/08	10/27/09	22,776.72	30,099.60	0.00	30,099.60	(7,322.88)
	250.00	09/16/08	10/28/09	5,760.30	7,524.90	0.00	7,524.90	(1,764.60)
	750.00	09/12/08	10/28/09	17,280.91	22,395.08	0.00	22,395.08	(5,114.17)
<b>SECURITY TOTAL:</b>				<b>45,817.93</b>	<b>60,019.58</b>	<b>0.00</b>	<b>60,019.58</b>	<b>(14,201.65)</b>
478160104/JOHNSON & JOHNSON								
	812.00	01/03/07	03/26/09	42,771.13	54,187.60	0.00	54,187.60	(11,416.47)
577081102/MATTEL INC								
	250.00	10/02/07	03/25/09	2,956.99	6,041.30	0.00	6,041.30	(3,084.31)
	500.00	10/01/07	03/25/09	5,913.97	11,966.40	0.00	11,966.40	(6,052.43)
	624.00	09/27/07	03/25/09	7,380.63	14,784.62	0.00	14,784.62	(7,403.99)
	500.00	09/25/07	03/26/09	6,207.97	11,717.15	0.00	11,717.15	(5,509.18)
	876.00	09/27/07	03/26/09	10,876.35	20,755.33	0.00	20,755.33	(9,878.98)
	1874.00	09/28/07	03/26/09	23,267.45	43,809.44	0.00	43,809.44	(20,541.99)
	194.00	10/17/07	03/27/09	2,370.20	4,237.31	0.00	4,237.31	(1,867.11)
	376.00	09/28/07	03/27/09	4,593.79	8,789.94	0.00	8,789.94	(4,196.15)
	430.00	10/12/07	03/27/09	5,253.54	9,689.36	0.00	9,689.36	(4,435.82)
	1250.00	10/15/07	03/27/09	15,271.92	27,915.75	0.00	27,915.75	(12,643.83)
	444.00	03/24/08	03/30/09	5,144.87	9,520.83	0.00	9,520.83	(4,375.96)

## CROWLEY-CARTER FOUNDATION

TAXPAYER ID 75-2262612

2009 FORM 990 ATTACHMENT TO PART VIII LINE 7

Account No: 8G4993

2009 Income Summary Statement

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**2009 Realized Capital Gains/Losses (continued)**

CUSIP/Security Description Quantity	Date Acquired	Date Sold	Sale Proceeds	Original Cost Basis	Adjustments	Adjusted Cost Basis	Gain/Loss
<b>LONG TERM GAIN LOSS</b>							
577081102/MATEL INC (Con'L)							
806 00	10/17/07	03/30/09	9,339.55	17,604.49	0.00	17,604.49	(8,264.94)
306.00	03/24/08	03/31/09	3,549.85	6,561.65	0.00	6,561.65	(3,011.80)
394 00	03/20/08	03/31/09	4,570.73	8,236.77	0.00	8,236.77	(3,666.04)
356 00	03/20/08	04/01/09	4,138.52	7,442.36	0.00	7,442.36	(3,303.84)
<b>SECURITY TOTAL:</b>			<b>110,836.33</b>	<b>209,072.70</b>	<b>0.00</b>	<b>209,072.70</b>	<b>(98,236.37)</b>
69331C108/PG & E CORP							
17 00	05/08/06	03/27/09	652.39	680.31	0.00	680.31	(17.92)
250.00	12/04/06	03/27/09	9,740.99	11,686.25	0.00	11,686.25	(1,945.26)
17 00	05/09/06	03/30/09	646.32	675.32	0.00	675.32	(29.00)
483 00	05/08/06	03/30/09	18,363.12	19,328.79	0.00	19,328.79	(965.67)
37.00	09/28/04	04/01/09	1,412.97	1,119.79	0.00	1,119.79	293.18
230 00	11/12/04	04/01/09	8,783.30	7,741.50	0.00	7,741.50	1,041.80
233 00	05/09/06	04/01/09	8,897.87	9,255.88	0.00	9,255.88	(358.01)
37.00	09/21/04	06/15/09	1,380.78	1,102.27	0.00	1,102.27	278.51
213.00	09/28/04	06/15/09	7,948.83	6,446.36	0.00	6,446.36	1,502.47
250.00	09/24/04	06/15/09	9,329.61	7,537.48	0.00	7,537.48	1,792.13
250 00	09/29/04	06/15/09	9,329.61	7,554.80	0.00	7,554.80	1,774.81
37 00	09/22/04	06/16/09	1,379.65	1,102.19	0.00	1,102.19	277.46
213 00	09/21/04	06/16/09	7,942.33	6,345.48	0.00	6,345.48	1,596.85
213.00	09/22/04	07/14/09	8,052.90	6,345.04	0.00	6,345.04	1,707.86
250 00	09/23/04	07/14/09	9,451.76	7,439.77	0.00	7,439.77	2,011.99
587 00	09/15/04	07/14/09	22,192.72	17,422.46	0.00	17,422.46	4,770.26
250 00	09/16/04	07/16/09	9,402.83	7,401.08	0.00	7,401.08	2,001.75
663.00	09/15/04	07/16/09	24,936.31	19,678.17	0.00	19,678.17	5,258.14
<b>SECURITY TOTAL:</b>			<b>159,854.29</b>	<b>138,862.94</b>	<b>0.00</b>	<b>138,862.94</b>	<b>20,991.35</b>
713448108/PEPSICO INC							
150.00	11/10/04	04/22/09	7,288.75	7,679.25	0.00	7,679.25	(390.50)



**2009 Realized Capital Gains/Losses (continued)**

CUSIP/Security Description Quantity	Date Acquired	Date Sold	Sale Proceeds	Original Cost Basis	Adjustments	Adjusted Cost Basis	Gain/Loss
<b>LONG TERM GAIN LOSS</b>							
713448108/PEPSICO INC (Con't)							
250 00	01/10/05	04/22/09	12,147.91	13,333.83	0.00	13,333.83	(1,185.92)
250 00	12/04/06	04/22/09	12,147.91	15,753.75	0.00	15,753.75	(3,605.81)
420.00	04/18/08	04/22/09	20,408.49	29,624.70	0.00	29,624.70	(9,216.21)
500.00	08/24/05	04/22/09	24,295.82	27,329.65	0.00	27,329.65	(3,033.83)
500 00	01/07/05	04/22/09	24,295.83	26,269.65	0.00	26,269.65	(1,973.82)
680.00	11/04/04	04/22/09	33,042.32	34,689.25	0.00	34,689.25	(1,646.93)
170.00	11/04/04	04/23/09	8,122.88	8,672.31	0.00	8,672.31	(549.43)
300.00	11/09/04	04/23/09	14,334.50	15,265.41	0.00	15,265.41	(930.91)
400 00	11/08/04	04/23/09	19,112.67	20,376.80	0.00	20,376.80	(1,264.13)
<b>SECURITY TOTAL:</b>			<b>175,197.08</b>	<b>198,994.60</b>	<b>0.00</b>	<b>198,994.60</b>	<b>(23,797.52)</b>
750975102/RESEARCH IN MOTION LTD							
200.00	11/26/07	06/03/09	16,040.37	23,199.32	0.00	23,199.32	(7,158.95)
50.00	02/27/08	10/28/09	3,069.54	5,529.07	0.00	5,529.07	(2,459.53)
200.00	02/26/08	10/28/09	12,278.17	21,685.38	0.00	21,685.38	(9,407.21)
330 00	11/26/07	10/28/09	20,258.97	38,278.88	0.00	38,278.88	(18,019.91)
<b>SECURITY TOTAL:</b>			<b>51,647.05</b>	<b>88,692.65</b>	<b>0.00</b>	<b>88,692.65</b>	<b>(37,045.60)</b>
855030102/STAPLES INC							
250.00	04/06/06	12/23/09	6,232.61	6,493.57	0.00	6,493.57	(260.96)
250.00	04/04/06	12/23/09	6,232.62	6,532.50	0.00	6,532.50	(299.88)
1000 00	04/03/06	12/23/09	24,930.46	26,155.50	0.00	26,155.50	(1,225.04)
500 00	04/26/06	12/24/09	12,452.83	12,932.70	0.00	12,932.70	(479.87)
500 00	04/26/06	12/28/09	12,475.98	12,932.70	0.00	12,932.70	(456.72)
<b>SECURITY TOTAL:</b>			<b>62,324.50</b>	<b>65,046.97</b>	<b>0.00</b>	<b>65,046.97</b>	<b>(2,722.47)</b>
881624209/TEVA PHARM INDS LTD ADR							
500 00	08/15/08	12/24/09	28,001.68	24,161.55	0.00	24,161.55	3,840.13
483556102/THERMO FISHER SCIENTIFIC							
50.00	10/12/07	08/21/09	2,295.90	2,942.00	0.00	2,942.00	(646.10)

**2009 Realized Capital Gains/Losses (continued)**

CUSIP/Security Description Quantity	Date Acquired	Date Sold	Sale Proceeds	Original Cost Basis	Adjustments	Adjusted Cost Basis	Gain/Loss
<b>LONG TERM GAIN LOSS</b>							
883556102/THERMO FISHER SCIENTIFIC(Con't)							
176.00	04/18/08	08/21/09	8,081.57	9,957.69	0.00	9,957.69	(1,876.12)
524.00	12/04/06	08/21/09	24,061.05	23,097.40	0.00	23,097.40	963.65
226.00	12/04/06	08/24/09	10,298.92	9,961.85	0.00	9,961.85	337.07
274.00	11/20/06	08/24/09	12,486.30	11,987.97	0.00	11,987.97	498.33
24.00	10/19/06	10/08/09	1,089.60	1,026.93	0.00	1,026.93	62.67
226.00	11/20/05	10/08/09	10,260.43	9,887.88	0.00	9,887.88	372.55
276.00	10/19/06	10/09/09	12,540.13	11,809.74	0.00	11,809.74	730.39
474.00	10/18/06	10/09/09	21,536.30	20,095.99	0.00	20,095.99	1,440.31
74.00	10/20/06	10/12/09	3,341.41	3,133.53	0.00	3,133.53	207.88
176.00	10/18/06	10/12/09	7,947.13	7,461.80	0.00	7,461.80	485.33
50.00	10/23/06	10/13/09	2,270.22	2,105.25	0.00	2,105.25	164.97
100.00	03/18/04	10/13/09	4,540.43	2,607.50	0.00	2,607.50	1,932.93
126.00	10/20/06	10/13/09	5,720.95	5,335.47	0.00	5,335.47	385.48
174.00	01/08/04	10/13/09	7,900.35	3,488.94	0.00	3,488.94	4,411.41
250.00	10/16/06	10/13/09	11,351.08	10,249.47	0.00	10,249.47	1,101.61
300.00	10/17/06	10/13/09	13,621.30	12,365.76	0.00	12,365.76	1,255.54
<b>SECURITY TOTAL:</b>			<b>159,343.07</b>	<b>147,515.17</b>	<b>0.00</b>	<b>147,515.17</b>	<b>11,827.90</b>
931142103/WAL-MART STORES INC							
250.00	03/22/07	01/08/09	12,832.96	12,018.23	0.00	12,018.23	814.73
473.00	03/22/07	03/25/09	24,164.72	22,738.48	0.00	22,738.48	1,426.24
527.00	02/04/07	03/25/09	26,923.49	25,153.60	0.00	25,153.60	1,769.89
<b>SECURITY TOTAL:</b>			<b>63,921.17</b>	<b>59,910.31</b>	<b>0.00</b>	<b>59,910.31</b>	<b>4,010.86</b>
H27013103/WEATHERFORD INTL LTD							
220.00	10/12/07	06/03/09	4,320.14	7,313.90	0.00	7,313.90	(2,993.76)
292.00	03/13/07	06/03/09	5,734.00	6,417.69	0.00	6,417.69	(683.69)
988.00	04/18/08	06/03/09	19,401.35	42,229.59	0.00	42,229.59	(22,828.24)
708.00	03/13/07	10/12/09	13,926.78	15,560.71	0.00	15,560.71	(1,633.93)

**2009 Realized Capital Gains/Losses (continued)**

CUSIP/Security Description	Quantity	Date Acquired	Date Sold	Sale Proceeds	Original Cost Basis	Adjustments	Adjusted Cost Basis	Gain/Loss
LONG TERM GAIN LOSS								
H27013103/WEATHERFORD INTL LTD (Con't)								
792 00	03/12/07	10/12/09		15,579.11	17,197.37	0.00	17,197.37	(1,618.26)
1250.00	03/12/07	10/13/09		24,007.51	27,142.31	0.00	27,142.31	(3,134.80)
SECURITY TOTAL:				82,968.89	115,861.57	0.00	115,861.57	(32,892.68)
SUBTOTAL LONG TERM GAIN LOSS				4,881,750.67	5,315,177.18	(19,226.43)	5,295,950.75	(414,200.08)
GRAND TOTAL GAIN/LOSS				6,763,699.51	7,578,829.27	(19,226.43)	7,559,602.84	(795,903.33)

**CROWLEY-CARTER FOUNDATION**  
**TAX ID 75-2262612**  
**ATTACHMENT TO 2009 FORM 990**  
**PART VIII, LINE 7**

**REALIZED CAPITAL GAIN LOSS SCHEDULE**

<b>DESCRIPTION</b>	<b>GROSS SALES PRICE</b>	<b>COST OR OTHER BASIS</b>	<b>NET GAIN OR (LOSS)</b>
BESSEMER #8G4993 (SEE ATTACHED)	6,763,700	7,559,603	(795,903)
SEC SPECIALIST SETTLEMENT	5	-	5
TO FORM 990, PART VIII, LINE 7	<u>6,763,705</u>	<u>7,559,603</u>	<u>(795,898)</u>

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

► Attach to Form 990.

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Name of the organization

**CROWLEY-CARTER FOUNDATION**

Employer identification number

**75-2262612**

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

☒ Yes ☐ No

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BAYLOR HEALTH CARE SYSTEM FOUNDATION - 2001 BRYAN STREET - DALLAS, TX 75201	75-1605705	501(C)(3)	87,500.	0.			CAPITAL CAMPAIGN FOR PALLIATIVE CARE WAITING ROOM AT BAYLOR MEDICAL CENTER
CAMP JOHN MARC 2824 SWISS AVE DALLAS, TX 75204	20-2349855	501(C)(3)	20,000.	0.			CAMP JOHN MARC SUMMER CAMP PROGRAM FOR CHILDREN WITH SPINA BIFIDA
DALLAS BAPTIST UNIVERSITY 3000 MOUNTAIN CREEK PARKWAY DALLAS, TX 75211	75-6001300	501(C)(3)	40,000.	0.			CAPITAL CAMPAIGN TO CONSTRUCT MULTI-PURPOSE FACILITY
LOVERS LANE UNITED METHODIST CHURCH - 9200 INWOOD RD - DALLAS, TX 75220	75-1717845	501(C)(3)	25,000.	0.			YOUTH MINISTRY SUPPORT
MARY CROWLEY CANCER RESEARCH CENTER - 1700 PACIFIC AVE, STE 1100 - DALLAS, TX 75201	75-2727375	501(C)(3)	25,000.	0.			CANCER RESEARCH PROGRAM
SALVATION ARMY 8787 N STEMMONS, STE 800 DALLAS, TX 75247	75-0800678	501(C)(3)	15,000.	0.			PROJECT TOMORROW OR GENERAL SUPPORT

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

11.

**3** Enter total number of other organizations

0.

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

Schedule I (Form 990) 2009

**CROWLEY-CARTER FOUNDATION**

75-2262612

**Part III****Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Use Part IV and Schedule I-1 (Form 990) if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

**Part IV****Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information**GRANTS AWARDED BY THE CROWLEY-CARTER FOUNDATION ARE MONITORED AND****MANAGED BY ITS BOARD OF DIRECTORS.**

**SCHEDULE I-1**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)**

▶ **Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.**

OMB No. 1545-0047

**2009**

**Open to Public Inspection**

Name of the organization

**CROWLEY-CARTER FOUNDATION**

Employer identification number

**75-2262612**

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TEXAS SCOTTISH RITE HOSPITAL FOR CHILDREN - 2222 WELBORN ST - DALLAS, TX 75219	75-0818178	501(C)(3)	50,000.	0.			CARE OF TSRHC PATIENTS WITH HPE & CMD
WEST DALLAS COMMUNITY SCHOOL 2300 CANADA DR DALLAS, TX 75212	75-2576975	501(C)(3)	45,000.	0.			SPONSOR A STUDENT PROGRAM
ST. MARK'S SCHOOL OF TEXAS 10600 PRESTON RD DALLAS, TX 75230	75-0827460	501(C)(3)	20,000.	0.			THE ST. MARK'S FUND FOR GENERAL SUPPORT
DALLAS CENTER FOR THE PERFORMING ARTS DBA AT&T PERFORMING ARTS CENTER - 2100 ROSS AVENUE, SUITE 650 - DALLAS, TX 75201	75-2890923	501(C)(3)	25,000.	0.			CURRENT AND FUTURE EDUCATIONAL PROGRAMS CAPITAL CAMPAIGN
THE COOPER INSTITUTE 12330 PRESTON ROAD DALLAS, TX 75230	23-7075529	501(C)(3)	10,000.	0.			UNDERWRITE 40TH ANNIVERSARY LUNCHEON

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

Schedule I-1 (Form 990) 2009

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

CROWLEY-CARTER FOUNDATION

Employer identification number

75-2262612

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS

EDUCATION, RESEARCH AND COMMUNITY SERVICE.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS

PROGRAM ACCOMPLISHMENTS: SPONSOR-A-STUDENT PROGRAM. A GRANT OF \$45,000  
TO FULLY SPONSOR FIVE STUDENTS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

FINANCIAL SUPPORT OF ORGANIZATIONS THAT POSITIVELY AFFECT THE  
SPIRITUAL, PHYSICAL AND EMOTIONAL WELL-BEING OF MEN, WOMEN AND  
CHILDREN.

EXPENSES \$ 181000. INCLUDING GRANTS OF \$ 181000. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 2: CHRISTINA CARTER URSCHER AND RONALD  
L. CARTER = "FAMILY RELATIONSHIP"

FORM 990, PART VI, SECTION B, LINE 11: A DRAFT COPY OF FORM 990 WAS  
APPROVED BY THE EXECUTIVE COMMITTEE AND THE FINAL COPY WAS ULTIMATELY  
EXECUTED BY THE PRESIDENT.

FORM 990, PART VI, SECTION B, LINE 12C: TO ENSURE THE ORGANIZATION  
OPERATES IN A MANNER CONSISTENT WITH CHARITABLE PURPOSES AND DOES NOT  
ENGAGE IN ACTIVITIES THAT COULD JEOPARDIZE ITS TAX-EXEMPT STATUS, PERIODIC  
REVIEWS SHALL BE CONDUCTED BY THE EXECUTIVE COMMITTEE.

FORM 990, PART VI, SECTION C, LINE 19: THE FOUNDATION MAKES THESE



**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

CROWLEY-CARTER FOUNDATION

Employer identification number

75-2262612

**DOCUMENTS AVAILABLE TO THE PUBLIC:**

1. GOVERNING DOCUMENTS

2. ARTICLES OF INCORPORATION AND BYLAWS

3. FINANCIAL STATEMENTS

THESE DOCUMENTS ARE MADE AVAILABLE BY CONTACTING THE FOUNDATION OFFICE.

**PART XI, LINE 2C:**

THE INDEPENDENT MEMBERS OF THE BOARD ASSUME RESPONSIBILITY FOR  
OVERSIGHT OF THE COMPILATION OF ITS FINANCIAL STATEMENTS AND SELECTION  
OF AN INDEPENDENT ACCOUNTANT.

Form **4562**Department of the Treasury  
Internal Revenue Service (99)**Depreciation and Amortization** 990  
(Including Information on Listed Property)

OMB No. 1545-0172

**2009**Attachment  
Sequence No. 67

▶ See separate instructions.

▶ Attach to your tax return.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

**CROWLEY-CARTER FOUNDATION****FORM 990 PAGE 10****75-2262612****Part I Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	250,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	800,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)****Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2009	17	356.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

**Section B - Assets Placed in Service During 2009 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

**Section C - Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year	/		40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr	22	356.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

**Part V****Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.**Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)****24a** Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No **24b** If "Yes," is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
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**25** Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use**25****26** Property used more than 50% in a qualified business use:

		%						
		%						
		%						

**27** Property used 50% or less in a qualified business use:

		%			S/L			
		%			S/L			
		%			S/L			

**28** Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1**28****29** Add amounts in column (i), line 26. Enter here and on line 7, page 1**29****Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person.

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle	(b) Vehicle	(c) Vehicle	(d) Vehicle	(e) Vehicle	(f) Vehicle
<b>30</b> Total business/investment miles driven during the year ( <b>do not</b> include commuting miles)						
<b>31</b> Total commuting miles driven during the year						
<b>32</b> Total other personal (noncommuting) miles driven						
<b>33</b> Total miles driven during the year Add lines 30 through 32						
<b>34</b> Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No
<b>35</b> Was the vehicle used primarily by a more than 5% owner or related person?						
<b>36</b> Is another vehicle available for personal use?						

**Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

	Yes	No
<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
<b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
<b>39</b> Do you treat all use of vehicles by employees as personal use?		
<b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use?		

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
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**42** Amortization of costs that begins during your 2009 tax year


**43** Amortization of costs that began before your 2009 tax year**43****44** Total. Add amounts in column (f). See the instructions for where to report**44**