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

OMB No 1545-0052

2009

Department of the Treasury  
Internal Revenue Service

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

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

G Check all that apply ☐ Initial return ☐ Initial Return of a former public charity ☐ Final return  
☐ Amended return ☐ Address change ☐ Name change

Use the  
IRS label  
Otherwise,  
print  
or type.  
See Specific  
Instructions

ELIZABETH CHURCH CLARKE TEST TRUST  
C/O DAVIDSON TRUST COMPANY  
601 WEST RIVERSIDE, SUITE 1000  
SPOKANE, WA 99201

A Employer identification number

93-6024205

B Telephone number (see the instructions)

509-456-8323

C If exemption application is pending, check here ☐D 1 Foreign organizations, check here ☐2 Foreign organizations meeting the 85% test, check here and attach computation ☐E If private foundation status was terminated under section 507(b)(1)(A), check here ☐F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ☐

H Check type of organization ☒ Section 501(c)(3) exempt private foundation  
☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation

I Fair market value of all assets at end of year  
(from Part II, column (c), line 16)

▶ \$ 1,389,630.

J Accounting method. ☒ Cash ☐ Accrual  
☐ Other (specify) \_\_\_\_\_

(Part I, column (d) must be on cash basis)

## Part I Analysis of Revenue and Expenses

(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see the instructions).)

(a) Revenue and expenses per books

(b) Net investment income

(c) Adjusted net income

(d) Disbursements for charitable purposes (cash basis only)

REVENUE

1 Contributions, gifts, grants, etc., received (att sch)

2 Ck ☒ if the foundn is not req to att Sch B

3 Interest on savings and temporary cash investments

4 Dividends and interest from securities

5a Gross rents

b Net rental income or (loss)

6a Net gain/(loss) from sale of assets not on line 10

b Gross sales price for all assets on line 6a 1,608,874.

7 Capital gain net income (from Part IV, line 2)

8 Net short-term capital gain

9 Income modifications

10a Gross sales less returns and allowances

b Less Cost of goods sold

c Gross profit/(loss) (att sch)

d Other income (attach schedule)

12 Total. Add lines 1 through 11

13 Compensation of officers, directors, trustees, etc

14 Other employee salaries and wages

15 Pension plans, employee benefits

16a Legal fees (attach schedule)

b Accounting fees (attach sch)

c Other prof fees (attach sch) See St 2

17 Interest

18 Taxes (attach schedule) (see instr.) See Stm 3

19 Depreciation (attach sch) and depletion

20 Occupancy

21 Travel, conferences, and meetings

22 Printing and publications

23 Other expenses (attach schedule)

See Statement 4

24 Total operating and administrative expenses. Add lines 13 through 23

25 Contributions, gifts, grants paid Part XV

26 Total expenses and disbursements. Add lines 24 and 25

27 Subtract line 26 from line 12:

a Excess of revenue over expenses and disbursements

b Net investment income (if negative, enter -0-)

c Adjusted net income (if negative, enter -0-)

M P

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of year amounts only (See instructions)		Beginning of year	End of year	
				(a) Book Value	(b) Book Value	(c) Fair Market Value
ASSETS	1	Cash — non-interest-bearing				
	2	Savings and temporary cash investments		51,438.	70,266.	70,266.
	3	Accounts receivable	1,891.			
		Less: allowance for doubtful accounts			1,891.	1,891.
	4	Pledges receivable				
		Less: allowance for doubtful accounts				
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see the instructions)				
	7	Other notes and loans receivable (attach sch)				
		Less: allowance for doubtful accounts				
	8	Inventories for sale or use				
	9	Prepaid expenses and deferred charges				
	10a	Investments — U.S. and state government obligations (attach schedule)				
	b	Investments — corporate stock (attach schedule)			766,577.	794,722.
	c	Investments — corporate bonds (attach schedule)				
	11	Investments — land, buildings, and equipment basis				
	Less: accumulated depreciation (attach schedule)					
12	Investments — mortgage loans					
13	Investments — other (attach schedule)		1,723,465.	523,699.	522,751.	
14	Land, buildings, and equipment, basis					
	Less: accumulated depreciation (attach schedule)					
15	Other assets (describe )					
16	<b>Total assets</b> (to be completed by all filers — see instructions Also, see page 1, item I)		1,774,903.	1,362,433.	1,389,630.	
LIABILITIES	17	Accounts payable and accrued expenses				
	18	Grants payable				
	19	Deferred revenue				
	20	Loans from officers, directors, trustees, & other disqualified persons				
	21	Mortgages and other notes payable (attach schedule)				
	22	Other liabilities (describe )				
	23	<b>Total liabilities</b> (add lines 17 through 22)		0.	0.	
NET ASSETS OR FUND BALANCES	Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. <input type="checkbox"/>					
	24	Unrestricted				
	25	Temporarily restricted				
	26	Permanently restricted				
	Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. <input checked="" type="checkbox"/>					
	27	Capital stock, trust principal, or current funds		1,774,903.	1,362,433.	
	28	Paid-in or capital surplus, or land, building, and equipment fund				
	29	Retained earnings, accumulated income, endowment, or other funds				
	30	<b>Total net assets or fund balances</b> (see the instructions)		1,774,903.	1,362,433.	
	31	<b>Total liabilities and net assets/fund balances</b> (see the instructions)		1,774,903.	1,362,433.	

## Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year — Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	1,774,903.
2	Enter amount from Part I, line 27a	2	-412,470.
3	Other increases not included in line 2 (itemize)	3	
4	Add lines 1, 2, and 3	4	1,362,433.
5	Decreases not included in line 2 (itemize)	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5) — Part II, column (b), line 30	6	1,362,433.

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shares MLC Company)		(b) How acquired P — Purchase D — Donation	(c) Date acquired (month, day, year)	(d) Date sold (month, day, year)
1a SEE ATTACHED CITIGROUP SHORT TERM SALES		P	Various	Various
b SEE ATTACHED CITIGROUP LONG TERM SALES		P	Various	Various
c CITIGROUP LT CAPITAL GAINS DISTRIBUTIONS		P	Various	10/15/09
d SEE ATTACHED DAVIDSON TRUST CO SHORT TERM SALES		P	Various	Various
e SEE ATTACHED DAVIDSON TRUST CO LONG TERM SALES		P	Various	Various

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 759,239.		777,921.	-18,682.
b 825,991.		1,180,788.	-354,797.
c 42.			42.
d 23,602.		18,454.	5,148.
e		2,272.	-2,272.

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(i) Gains (Column (h) gain minus column (k), but not less than -0-) or Losses (from column (h))
(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column (i) over column (j), if any	
a			-18,682.
b			-354,797.
c			42.
d			5,148.
e			-2,272.

2 Capital gain net income or (net capital loss)	<div style="border: 1px solid black; padding: 2px;">           If gain, also enter in Part I, line 7            If (loss), enter -0- in Part I, line 7         </div>		2	-370,561.
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)	<div style="border: 1px solid black; padding: 2px;">           If gain, also enter in Part I, line 8, column (c) (see the instructions) If (loss), enter -0- in Part I, line 8         </div>		3	-13,534.

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes☒ No

If 'Yes,' the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year, see the instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (column (b) divided by column (c))
2008	114,905.	1,697,271.	0.067700
2007	101,777.	2,128,481.	0.047817
2006	114,246.	2,009,368.	0.056857
2005	105,332.	1,945,776.	0.054134
2004	100,778.	1,898,101.	0.053094

2 Total of line 1, column (d)	2	0.279602
3 Average distribution ratio for the 5-year base period — divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	0.055920
4 Enter the net value of noncharitable-use assets for 2009 from Part X, line 5	4	1,255,020.
5 Multiply line 4 by line 3	5	70,181.
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	282.
7 Add lines 5 and 6	7	70,463.
8 Enter qualifying distributions from Part XII, line 4	8	68,260.

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

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**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 — see the instructions)**

1 a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter 'N/A' on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary - see instr.)		1	563.
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b			
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, column (b)			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		2	0.
3 Add lines 1 and 2		3	563.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4	0.
5 <b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0-		5	563.
6 Credits/Payments			
a 2009 estimated tax pmts and 2008 overpayment credited to 2009	6a	1,611.	
b Exempt foreign organizations — tax withheld at source	6b		
c Tax paid with application for extension of time to file (Form 8868)	6c		
d Backup withholding erroneously withheld	6d		
7 Total credits and payments. Add lines 6a through 6d	7	1,611.	
8 Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8		
9 <b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter amount owed	9	0.	
10 <b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	1,048.	
11 Enter the amount of line 10 to be <b>Credited to 2010 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/>	11	484.	

**Part VII-A Statements Regarding Activities**

	Yes	No
1 a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)? <i>If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities</i>		X
c Did the foundation file <b>Form 1120-POL</b> for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation <input type="checkbox"/> \$ 0. (2) On foundation managers <input type="checkbox"/> \$ 0.		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. <input type="checkbox"/> \$ 0.		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If 'Yes,' attach a detailed description of the activities</i>		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If 'Yes,' attach a conformed copy of the changes</i>		X
4 a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?		N/A
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If 'Yes,' attach the statement required by General Instruction T</i>		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?		X
7 Did the foundation have at least \$5,000 in assets at any time during the year? <i>If 'Yes,' complete Part II, column (c), and Part XV</i>	X	
8 a Enter the states to which the foundation reports or with which it is registered (see the instructions). OR		
b If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If 'No,' attach explanation</i>	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? <i>If 'Yes,' complete Part XIV</i>		X
10 Did any persons become substantial contributors during the tax year? <i>If 'Yes,' attach a schedule listing their names and addresses</i>		X

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**Part VII-A Statements Regarding Activities Continued**

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes', attach schedule (see instructions)	11		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address <u>N/A</u>	13	X	
14	The books are in care of <u>DAVIDSON TRUST COMPANY</u> Telephone no <u>509-456-8323</u> Located at <u>601 WEST RIVERSIDE, SUITE 1000 SPOKANE WA</u> ZIP + 4 <u>99201</u>			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — Check here <u>N/A</u> and enter the amount of tax-exempt interest received or accrued during the year <u>15</u>	<u>N/A</u>		

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required**

File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.

	Yes	No
<b>1a</b> During the year did the foundation (either directly or indirectly)		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>b</b> If any answer is 'Yes' to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see the instructions)? Organizations relying on a current notice regarding disaster assistance check here <input type="checkbox"/>	1b	N/A
<b>c</b> Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2009?	1c	X
<b>2</b> Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))		
<b>a</b> At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2009? If 'Yes,' list the years <u>20__ , 20__ , 20__ , 20__</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>b</b> Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer 'No' and attach statement — see the instructions.)	2b	N/A
<b>c</b> If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here <u>20__ , 20__ , 20__ , 20__</u>		
<b>3a</b> Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>b</b> If 'Yes,' did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2009.)	3b	N/A
<b>4a</b> Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	X
<b>b</b> Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?	4b	X

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**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required** (continued)**5a** During the year did the foundation pay or incur any amount to

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?

☐ Yes ☒ No

(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?

☐ Yes ☒ No

(3) Provide a grant to an individual for travel, study, or other similar purposes?

☐ Yes ☒ No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see instructions)

☐ Yes ☒ No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

☐ Yes ☒ No**b** If any answer is 'Yes' to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?

5b N/A

Organizations relying on a current notice regarding disaster assistance check here

☐**c** If the answer is 'Yes' to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?N/A ☐ Yes ☐ No

If 'Yes,' attach the statement required by Regulations section 53.4945-5(d)

**6a** Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?☐ Yes ☒ No**b** Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

6b X

If 'Yes' to 6b, file Form 8870

**7a** At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?☐ Yes ☒ No**b** If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?

7b N/A

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors****1** List all officers, directors, trustees, foundation managers and their compensation (see instructions).

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
DAVIDSON TRUST CO 601 WEST RIVERSIDE, SUITE 1000 SPOKANE, WA 99201	Trustee 5.00	2,973.	0.	0.
CITIBANK N.A. 485 LEXINGTON AVENUE, 10TH FL NEW YORK, NY 10017	Prior Trustee 5.00	11,640.	0.	0.

**2** Compensation of five highest-paid employees (other than those included on line 1— see instructions). If none, enter 'NONE.'

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
None				

Total number of other employees paid over \$50,000

0

**Part VIII** Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

**3** Five highest-paid independent contractors for professional services – (see instructions). If none, enter 'NONE.'

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
None		

Total number of others receiving over \$50,000 for professional services 0

**Part IX-A** Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	Expenses
1 N/A	
2	
3	
4	

**Part IX-B** Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 N/A	
2	
All other program-related investments See instructions	
3	
Total. Add lines 1 through 3	0.

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**Part X** Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities	1a	1,173,575.
b	Average of monthly cash balances	1b	100,557.
c	Fair market value of all other assets (see instructions)	1c	
d	<b>Total</b> (add lines 1a, b, and c)	1d	1,274,132.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	0.
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	1,274,132.
4	Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	19,112.
5	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3 Enter here and on Part V, line 4	5	1,255,020.
6	<b>Minimum investment return.</b> Enter 5% of line 5	6	62,751.

**Part XI** Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6	1	62,751.
2a	Tax on investment income for 2009 from Part VI, line 5	2a	563.
b	Income tax for 2009 (This does not include the tax from Part VI)	2b	
c	Add lines 2a and 2b	2c	563.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	62,188.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	62,188.
6	Deduction from distributable amount (see instructions)	6	
7	<b>Distributable amount</b> as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7	62,188.

**Part XII** Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc. — total from Part I, column (d), line 26	1a	68,260.
b	Program-related investments — total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	<b>Qualifying distributions</b> Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	68,260.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions)	5	
6	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4	6	68,260.

**Note:** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

**Part XIII Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI, line 7				62,188.
2 Undistributed income, if any, as of the end of 2009:				
a Enter amount for 2008 only			0.	
b Total for prior years: 20____, 20____, 20____		0.		
3 Excess distributions carryover, if any, to 2009				
a From 2004	365.			
b From 2005	6,691.			
c From 2006	13,334.			
d From 2007				
e From 2008	33,131.			
f Total of lines 3a through e	53,521.			
4 Qualifying distributions for 2009 from Part XII, line 4 ▶ \$ 68,260.				
a Applied to 2008, but not more than line 2a			0.	
b Applied to undistributed income of prior years (Election required — see instructions)		0.		
c Treated as distributions out of corpus (Election required — see instructions)	0.			
d Applied to 2009 distributable amount				62,188.
e Remaining amount distributed out of corpus	6,072.			
5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	59,593.			
b Prior years' undistributed income Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b Taxable amount — see instructions.		0.		
e Undistributed income for 2008 Subtract line 4a from line 2a Taxable amount — see instructions			0.	
f Undistributed income for 2009 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2010				0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions)	0.			
8 Excess distributions carryover from 2004 not applied on line 5 or line 7 (see instructions)	365.			
9 Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a	59,228.			
10 Analysis of line 9				
a Excess from 2005	6,691.			
b Excess from 2006	13,334.			
c Excess from 2007				
d Excess from 2008	33,131.			
e Excess from 2009	6,072.			

BAA

Form 990-PF (2009)



**Part XV** **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
<i>a Paid during the year</i> ELIGIBLE RESIDENTS OF OREGON STATE SEE ATTACHED LIST OF RECIPIENTS PORTLAND, OR 97205	NONE	N/A	MEDICAL GRANTS	55,873.
<b>Total</b>				<b>3a</b> 55,873.
<i>b Approved for future payment</i>				
<b>Total</b>				<b>3b</b>



Hammon, Misfeldt & Company 81-0397644  
21 Tenth Street South  
Great Falls, Montana 59401 (406) 727-0662

2009

## Federal Statements

Page 1

Client 45295

ELIZABETH CHURCH CLARKE TEST TRUST  
C/O DAVIDSON TRUST COMPANY

93-6024205

5/10/10

11 56AM

Statement 1  
Form 990-PF, Part I, Line 11  
Other Income

	(a) Revenue per Books	(b) Net Investment Income	(c) Adjusted Net Income
06 EXCISE TAX REFUND	\$ 140.		
Total	\$ 140.	\$ 0.	\$ 0.

Statement 2  
Form 990-PF, Part I, Line 16c  
Other Professional Fees

	(a) Expenses per Books	(b) Net Investment Income	(c) Adjusted Net Income	(d) Charitable Purposes
INVESTMENT FEES	\$ 1,443.	\$ 1,443.		
Total	\$ 1,443.	\$ 1,443.	\$ 0.	\$ 0.

Statement 3  
Form 990-PF, Part I, Line 18  
Taxes

	(a) Expenses per Books	(b) Net Investment Income	(c) Adjusted Net Income	(d) Charitable Purposes
EXCISE TAX ESTIMATES - 2009	\$ 708.			
OR PRIVATE FOUNDATION TAX - 2008	252.			
Total	\$ 960.	\$ 0.	\$ 0.	\$ 0.

Statement 4  
Form 990-PF, Part I, Line 23  
Other Expenses

	(a) Expenses per Books	(b) Net Investment Income	(c) Adjusted Net Income	(d) Charitable Purposes
ADMIN EXPENSES	\$ 4,158.			\$ 4,158.
TELEPHONE	1,418.			1,418.
Total	\$ 5,576.	\$ 0.	\$ 0.	\$ 5,576.

2009

Federal Statements

Page 2

Client 45295

ELIZABETH CHURCH CLARKE TEST TRUST  
C/O DAVIDSON TRUST COMPANY

93-6024205

5/10/10

11 56AM

Statement 5  
Form 990-PF, Part XV, Line 2a-d  
Application Submission Information

Name of Grant Program:	GRANTS FOR MEDICAL ASSISTANCE
Name:	SCOTTISH RITE OF FREEMASONRY
Care Of:	CHARLES HOWARD
Street Address:	709 SW 15TH
City, State, Zip Code:	PORTLAND, OR 97205
Telephone:	503-226-7827
Form and Content:	INITIAL APPROACH BY LETTER, DETAILING NEEDS AND COSTS.
Submission Deadlines:	NONE
Restrictions on Awards:	PAYMENTS MAY BE MADE DIRECTLY TO THE INDIVIDUALS OR TO THE PHYSICIANS AND HOSPITALS PROVIDING SERVICES. LIMITED TO RESIDENTS OF OREGON. GRANTS INTENDED FOR TEMPORARY MEDICAL AILMENTS.



ELIZABETH CHURCH CLARKE  
TESTAMENTARY TRUST  
93-6024205

## Account Summary Statement

STATEMENT PERIOD DEC 01, 2009 THROUGH DEC 31, 2009



DAVIDSON TRUST COMPANY  
8 3RD ST N STE 301  
GREAT FALLS, MT 59401

ACCOUNT NAME: ELIZABETH C. CLARKE IRR TRUST 2

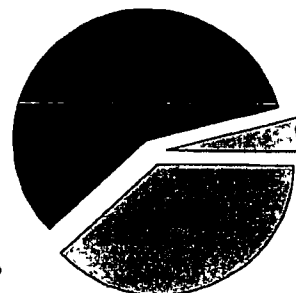
ACCOUNT NUMBER: 3015001870

ADMINISTRATIVE  
OFFICER:

J. TODD EDMONDS  
509-456-8323/800-876-8323  
TEDMONDS@DADCO.COM

### INVESTMENT PORTFOLIO SUMMARY

MARKET VALUE AS OF	FMV 12/31/09	COST 12/31/09
CASH AND CASH EQUIVALENTS	70,265.64	70,265.64
EQUITY / STOCKS	794,721.59	766,577.23
FIXED INCOME - TAXABLE	522,751.30	523,699.26
Total	1,387,738.53	1,360,542.13
	<u>1,890.87</u>	<u>1,890.87</u>
	<u>1,389,629.40</u>	<u>1,362,433.00</u>



### ACCOUNT ACTIVITY SUMMARY

	THIS PERIOD	YEAR TO DATE	REALIZED CAPITAL GAINS / LOSSES	
			THIS PERIOD	YEAR TO DATE
BEGINNING MARKET VALUE	1,361,683.34	0.00		
DIVIDEND INCOME	2,053.29	2,653.73		
TAXABLE INCOME	2,185.64	3,608.14		
CASH DEPOSITS	0.00	1,355,630.50	LONG TERM	20 23
PYMTS TO/FOR BENEFICIARIES	4,045.44	15,139.26	SHORT TERM	1,822 85
DAVIDSON TRUST CO FEES	1,059.38	2,972.77	TOTAL GAINS / LOSSES	1,843.08
TAXES AND OTHER EXPENSES	387.00	387.00		2,875.86
BUYS	5,194.99	1,306,804.12		
SALES	19,403.49	19,403.49		
MISCELLANEOUS	12,955.61	55,992.71		
CHANGE IN MARKET VALUE	11,782.26	1,373,465.60		
ENDING MARKET VALUE	1,373,465.60	1,373,465.60		

## Account Summary Statement

PAGE 2

STATEMENT PERIOD: DEC 01, 2009 THROUGH DEC 31, 2009

### PRINCIPAL PORTFOLIO STATEMENT

DESCRIPTION			MARKET VALUE/ TAX COST	MARKET PRICE/ COST PRICE	ESTIMATED ANNUAL INCOME	CURRENT YIELD
<b>CASH AND CASH EQUIVALENTS</b>						
GOLDMAN SACHS PRIME OBLIGATIONS FUND			55,992.71 55,992.71	1.00 1.00	674.15	1.20
PRINCIPAL CASH			4,195.44- 4,195.44-			
<i>Citigroup Trust Cash</i>			14,272.93 14,272.93		674.15	1.30
DESCRIPTION	TICKER	SHARES	MARKET VALUE/ TAX COST	MARKET PRICE/ COST PRICE	ESTIMATED ANNUAL INCOME	CURRENT YIELD
<b>EQUITY / STOCKS</b>						
<b>MISCELLANEOUS</b>						
DTC EQUITY INCOME CTF		16,309.983	118,736.67 112,363.54	7.28 6.89	2,810.38	2.37
DTC LARGE CAP GROWTH CTF		19,637.746	132,162.03 123,161.66	6.73 6.27	1,520.98	1.15
DTC SMALL/MID CTF		12,613.989	93,974.22 89,662.73	7.45 7.11	380.06	0.38
DTC MULTI CAP CORE CTF		11,886.504	158,922.56 157,634.29	13.37 13.26	2,085.73	1.31
TOTAL MISCELLANEOUS		SUB- TOTAL	503,796.48 482,822.22		6,777.15	1.36
<b>MUTUAL FUNDS - EQUITY</b>						
DODGE & COX FUNDS INTERNATIONAL STOCK FUND #1048	DODFX	1,668.399	53,138.51 52,911.47	31.85 31.71	727.42	1.37
ISHARES MSCI EAFE INDEX FUND (ETF)	EFA	959.000	53,013.52 53,007.51	55.28 55.27	1,381.92	2.61
THORNBURG INTERNATIONAL VALUE FUND I	TGVIX	2,106.054	53,430.59 52,123.01	25.37 24.75	646.56	1.21
VANGUARD TOTAL STOCK MARKET INDEX FUND SG	VTSSX	4,956.358	131,343.49 125,713.02	26.50 25.36	2,572.35	1.96
TOTAL MUTUAL FUNDS - EQUITY		SUB- TOTAL	290,926.11 283,765.01		5,328.25	1.83
TOTAL EQUITY / STOCKS			794,721.59 768,577.23		12,105.40	1.52

## Account Summary Statement

PAGE 3

STATEMENT PERIOD DEC 01, 2009 THROUGH DEC 31, 2009

### PRINCIPAL PORTFOLIO STATEMENT ( CONTINUED )

DESCRIPTION	RATING	PAR VALUE	MARKET VALUE/ TAX COST	MARKET PRICE/ COST PRICE	ESTIMATED ANNUAL INCOME	YIELD CURRENT/ MATURITY
<b>FIXED INCOME - TAXABLE</b>						
DTC FIXED INCOME CTF		47,958 835	522,751 30 523,699.26	10 90 10.92	19,982.41	3.82
<b>TOTAL FIXED INCOME - TAXABLE</b>			522,751.30 523,699.26		19,982.41	3.82
<b>TOTAL PRINCIPAL ASSETS</b>			1,369,270.16 1,342,073.76		32,761.96	2.39

### INCOME PORTFOLIO STATEMENT

DESCRIPTION	MARKET VALUE/ TAX COST	MARKET PRICE/ COST PRICE	ESTIMATED ANNUAL INCOME	CURRENT YIELD
<b>CASH AND CASH EQUIVALENTS</b>				
INCOME CASH	4,195 44 4,195.44			
<b>TOTAL CASH AND CASH EQUIVALENTS</b>	4,195.44 4,195.44		0.00	0 00
<b>TOTAL INCOME ASSETS</b>	4,195.44 4,195.44		0.00	0.00

### TRANSACTION STATEMENT

DATE	DESCRIPTION	PRINCIPAL CASH	INCOME CASH	COST	GAIN / LOSS
<b>BEGINNING BALANCE</b>		1,066.25-	1,066.25	1,345,679.01	
<b>DIVIDEND INCOME</b>					
12/09/09	DIVIDEND ON 43,037 1 GOLDMAN SACHS PRIME OBLIGATIONS FUND AT 001 PER SHARE PAYABLE 11/30/2009 EFFECTIVE 11/30/2009		5.23		
12/22/09	DIVIDEND ON 5,128.346 SHS VANGUARD TOTAL STOCK MARKET INDEX FUND SG AT .168 PER SHARE PAYABLE 12/22/2009 EX DATE 12/21/2009 09988704652 0		861.58		
12/23/09	DIVIDEND ON 1,641.148 SHS DODGE & COX FUNDS INTERNATIONAL STOCK FUND #1048 AT .436006 PER SHARE PAYABLE 12/22/2009 EX DATE 12/21/2009 EFFECTIVE 12/22/2009 01480173234 0		715 55		

# 2009 Tax Information Statement

Page 6 of 18  
 Recipient's Name and Address  
 ELIZABETH CHURCH CLARKE TEST.  
 TRUST  
 601 WEST RIVERSIDE, SUITE 1000  
 ATTN: J. TODD EDMONDS  
 SPOKANE, WA 99201

Account Number: 566704739238  
 Recipient's Tax ID number: XX-XX4205  
 Payer's Federal ID number: 20-3848494

☐ Corrected ☐ 2nd TIN notice

Payer's Name and Address  
 CITIGROUP TRUST - DELAWARE, NA  
 C/O CITI TRUST  
 ONE COURT SQUARE, 29TH FLOOR  
 LONG ISLAND CITY, NY 11120

## 2009 Form 1099-B: Proceeds from Broker and Barter Exchange Transactions

OMB No. 1545-0715

Reported to the IRS are Gross Proceeds less commissions and option premiums.

Number of shares (Box 5)	CUSIP (Box 1b)	Description (Box 7)	Date Acquired	Date of Sale (Box 1a)	Stocks, etc. (Box 2)	Cost or other Basis	Net Gain or Loss	Federal Income Tax Withheld (Box 4)
Short Term Sales Reported on 1099-B								
19.0000	464287176	ISHARES BARCLAYS TIPS BOND FUND	05/15/2008	04/17/2009	1,921.42	2,039.46	-118.04	0.00
63.0000	464287598	ISHARES TRUST RUSSELL 1000 VALUE INDEX FUND	05/15/2008	04/17/2009	2,821.69	4,897.61	-2,075.92	0.00
100.0000	464287614	ISHARES TRUST RUSSELL 1000 GROWTH INDEX FUND	05/15/2008	04/17/2009	3,799.63	5,941.29	-2,141.66	0.00
12.0000	921937835	VANGUARD BD IDX FD TOTAL BD MKT ETF	09/24/2008	04/17/2009	925.27	925.20	0.07	0.00
273.0000	922042866	VANGUARD INTL EQTY IDX FD PACIFIC	05/15/2008	04/17/2009	11,170.87	18,591.30	-7,420.43	0.00
305.0000	922042874	VANGUARD EUROPEAN ETF	05/15/2008	04/17/2009	10,625.92	22,247.55	-11,621.63	0.00
152.0000	921937835	VANGUARD BD IDX FD TOTAL BD MKT ETF	09/24/2008	08/21/2009	11,956.01	11,719.20	236.81	0.00
420.0000	464287176	ISHARES BARCLAYS TIPS BOND FUND	VARIOUS	09/02/2009	42,417.23	43,080.30	-663.07	0.00
618.0000	464287473	ISHARES TR RUSSELL MIDCAP VALUE INDEX	VARIOUS	09/02/2009	20,140.72	23,869.30	-3,728.58	0.00
560.0000	464287481	ISHARES TR RUSSELL MIDCAP GROWTH IDX	VARIOUS	09/02/2009	22,119.82	25,332.09	-3,212.27	0.00
2402.0000	464287598	ISHARES TRUST RUSSELL 1000 VALUE INDEX FUND	10/29/2008	09/02/2009	125,359.56	125,000.08	359.48	0.00
3054.0000	464287614	ISHARES TRUST RUSSELL 1000 GROWTH INDEX FUND	VARIOUS	09/02/2009	134,250.39	123,648.70	10,601.69	0.00

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.



# 2009 Tax Information Statement

Page 7 of 18  
 Recipient's Name and Address  
 ELIZABETH CHURCH CLARKE TEST.  
 TRUST  
 601 WEST RIVERSIDE, SUITE 1000  
 ATTN: J. TODD EDMONDS  
 SPOKANE, WA 99201

Account Number: 566704739238  
 Recipient's Tax ID number: XX-XXX4205  
 Payer's Federal ID number: 20-3848494

☐ Corrected ☐ 2nd TIN notice

Payer's Name and Address  
 CITIGROUP TRUST - DELAWARE, NA  
 C/O CITI TRUST  
 ONE COURT SQUARE, 29TH FLOOR  
 LONG ISLAND CITY, NY 11120

93-6024205

Number of shares (Box 5)	CUSIP (Box 1b)	Description (Box 7)	Date Acquired	Date of Sale (Box 1a)	Stocks Bonds, etc. (Box 2)	Cost or other Basis	Net Gain or Loss	Federal Income Tax Withheld (Box 4)
644.0000	464287630	ISHARES TRUST RUSSELL 2000 INDEX FUND	VARIOUS	09/02/2009	33,772.87	37,829.76	-4,056.89	0.00
457.0000	464287648	ISHARES TRUST RUSSELL 2000 GROWTH INDEX FD	VARIOUS	09/02/2009	27,671.32	28,515.11	-843.79	0.00
1373.0000	921937835	VANGUARD BD IDX FD TOTAL BD MKT ETF	09/24/2008	09/02/2009	108,195.79	105,858.30	2,337.49	0.00
2850.0000	922042858	ETF VANGUARD INTL EMERGING MKTS ETF	VARIOUS	09/02/2009	99,492.93	90,353.12	9,139.81	0.00
488.0000	922042866	VANGUARD INTL EOTY IDX FD PACIFIC	08/21/2009	09/02/2009	24,805.52	24,878.24	-72.72	0.00
259.0000	922042874	VANGUARD EUROPEAN ETF	VARIOUS	09/02/2009	11,870.96	13,537.13	-1,666.17	0.00
1787.0000	922908553	ETF VANGUARD REIT ETF	08/21/2009	09/02/2009	65,921.27	69,657.26	-3,735.99	0.00
Total Short Term Sales Reported on 1099-B						777,921.00	-18,681.81	0.00
Long Term 15% Sales Reported on 1099-B								
500.0000	922042858	ETF VANGUARD INTL EMERGING MKTS ETF	05/15/2008	07/20/2009	17,015.01	26,233.38	-9,218.37	0.00
100.0000	922042874	VANGUARD EUROPEAN ETF	05/15/2008	07/20/2009	4,233.09	7,294.28	-3,061.19	0.00
81.0000	464287481	ISHARES TR RUSSELL MIDCAP GROWTH IDX	05/15/2008	08/21/2009	3,272.20	4,606.73	-1,334.53	0.00
1366.0000	464287598	ISHARES TRUST RUSSELL 1000 INDEX FUND	05/15/2008	08/21/2009	72,655.67	106,192.56	-33,536.89	0.00
2788.0000	464287614	ISHARES TRUST RUSSELL 1000 GROWTH INDEX FUND	05/15/2008	08/21/2009	123,505.22	165,643.17	-42,137.95	0.00
220.0000	922042874	VANGUARD EUROPEAN ETF	05/15/2008	08/21/2009	10,269.33	16,047.42	-5,778.09	0.00

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

# 2009 Tax Information Statement

Page 8 of 18  
Ref: 39

Account Number: 566704739238  
 Recipient's Tax ID number: XX-XXX4205  
 Payer's Federal ID number: 20-3848494

☐ Corrected ☐ 2nd TIN notice

Payer's Name and Address  
 CITIGROUP TRUST - DELAWARE, NA  
 C/O CITI TRUST  
 ONE COURT SQUARE, 29TH FLOOR  
 LONG ISLAND CITY, NY 11120

Recipient's Name and Address  
 ELIZABETH CHURCH CLARKE TEST.  
 TRUST  
 601 WEST RIVERSIDE, SUITE 1000  
 ATTN: J. TODD EDMONDS  
 SPOKANE, WA 99201

93-0024205

Number of shares (Box 5)	CUSIP (Box 1b)	Description (Box 7)	Date Acquired	Date of Sale (Box 1a)	Stocks, Bonds, etc. (Box 2)	Cost or other Basis	Net Gain or Loss	Federal Income Tax Withheld (Box 4)
240.0000	464287176	ISHARES BARCLAYS TIPS BOND FUND	05/15/2008	09/02/2009	24,238.41	25,761.60	-1,523.19	0.00
2249.0000	464287473	ISHARES TR RUSSELL MIDCAP VALUE INDX	05/15/2008	09/02/2009	73,295.27	106,610.63	-33,315.36	0.00
1809.0000	464287481	ISHARES TR RUSSELL MIDCAP GROWTH INDX	05/15/2008	09/02/2009	71,454.93	102,883.52	-31,428.59	0.00
1182.0000	464287598	ISHARES TRUST RUSSELL 1000 VALUE INDEX FUND	05/15/2008	09/02/2009	61,888.17	91,888.44	-30,200.27	0.00
908.0000	464287614	ISHARES TRUST RUSSELL 1000 GROWTH INDEX FUND	05/15/2008	09/02/2009	39,914.65	53,946.91	-14,032.26	0.00
870.0000	464287630	ISHARES TRUST RUSSELL 2000 VALUE INDEX FUND	05/15/2008	09/02/2009	45,624.84	60,802.21	-15,177.37	0.00
864.0000	464287648	ISHARES TRUST RUSSELL 2000 GROWTH INDEX FD	05/15/2008	09/02/2009	52,315.15	68,757.04	-16,441.89	0.00
2892.0000	922042858	ETF VANGUARD INTL EMERGING MKTS ETF	05/15/2008	09/02/2009	100,959.15	151,733.84	-50,774.69	0.00
580.0000	922042866	VANGUARD INTL EQTY IDX FD PACIFIC	05/15/2008	09/02/2009	29,481.98	39,498.00	-10,016.02	0.00
2096.0000	922042874	VANGUARD EUROPEAN ETF	05/15/2008	09/02/2009	96,067.69	152,888.11	-56,820.42	0.00
Total Long Term 15% Sales Reported on 1099-B						825,990.76	-354,797.08	0.00

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

TAX ID 93-0024205  
FROM 01/01/2009  
TO 12/31/2009  
FISCAL YEAR: 12/31

WEALTH MGMT PROCESSING CENTER  
Gain and Loss Report  
ELIZABETH C. CLARKE IRR TRUST 2

PAGE 1  
AS OF 01/26/2010  
RUN JAN 26 2010

GAIN AND LOSS DETAIL				
CUSIP #/ PROPERTY DESCRIPTION	DATE SOLD/ ACQUIRED	PROCEEDS OF SALE	COST	GAIN OR LOSS
-----	-----	-----	---	-----
SHORT TERM CAPITAL GAIN (LOSS)				
-----				
171.988 SHARES OF VANGUARD TOTAL STOCK MARKET INDEX FUND SG	12/23/2009 09/16/2009	4,581.77	4,404.61	177.16
				30
767.8098 UNITS OF DTC EQUITY INCOME CTF	12/23/2009 09/16/2009	5,612.69	5,314.94	297.75
				0
967.3615 UNITS OF DTC LARGE CAP GROWTH CTF	12/23/2009 09/16/2009	6,529.69	6,082.39	447.30
				0
78.6836 UNITS OF DTC SMALL/MID CTF	12/23/2009 09/16/2009	589.34	565.23	24.11
				0
155.6217 UNITS OF DTC MULTI CAP CORE CTF	12/23/2009 09/16/2009	2,090.00	2,086.78	3.22
				0
TOTAL GAIN FROM PARTNERSHIPS, S CORPORATIONS, OR OTHER FIDUCIARIES		4,198.81	0.00	4,198.81
TOTAL SHORT TERM CAPITAL GAIN (LOSS)		23,602.30	18,453.95	5,148.35

GAIN AND LOSS DETAIL				
CUSIP #/ PROPERTY DESCRIPTION -----	DATE SOLD/ ACQUIRED -----	PROCEEDS OF SALE -----	COST -----	GAIN OR LOSS -----
				REG ---
LONG TERM CAPITAL GAIN (LOSS) -----				
TOTAL LOSS FROM PARTNERSHIPS, S CORPORATIONS, OR OTHER FIDUCIARIES		(2,272.49)	0.00	(2,272.49)
TOTAL LONG TERM CAPITAL GAIN (LOSS)		(2,272.49)	0.00	(2,272.49)



TAX ID 93-6024205  
FROM 01/01/2009  
TO 12/31/2009  
FISCAL YEAR: 12/31

WEALTH MGMT PROCESSING CENTER  
Gain and Loss Report  
ELIZABETH C. CLARKE IRR TRUST 2

PAGE 3  
AS OF 01/26/2010  
RUN JAN 26 2010

SUMMARY OF CAPITAL GAINS AND LOSSES

TOTAL SHORT TERM CAPITAL GAIN (LOSS)	5,148.35	
TOTAL SHORT TERM CAPITAL GAINS DIVIDENDS	0.00	
NET SHORT TERM CAPITAL GAIN (LOSS)	<u>5,148.35</u>	5,148.35
TOTAL LONG TERM CAPITAL GAIN (LOSS)	(2,272.49)	
TOTAL LONG TERM CAPITAL GAINS DIVIDENDS	0.00	
TOTAL 28% RATE CAPITAL GAINS DIVIDENDS	0.00	
TOTAL SEC 1250 CAPITAL GAINS DIVIDENDS	0.00	
TOTAL SEC 1202 CAPITAL GAINS DIVIDENDS	0.00	
NET LONG TERM CAPITAL GAIN (LOSS)	<u>(2,272.49)</u>	(2,272.49)
NET CAPITAL GAIN (LOSS)		<u>2,875.86</u>
TOTAL GAIN/LOSS FROM SALES WITH UNKNOWN COST/ACQUISITION DATE	0.00	

ACCT 5880 566704739238  
PREP:39 ADMN 406 INV:65

CITIGROUP TRUST - DELAWARE, NA  
TAX TRANSACTION DETAIL

ELIZABETH CHURCH CLARKE  
TESTAMENTARY TRUST  
93-6024205

149 BENEFICIARY DISTRIBUTIONS  
ELIZABETH CHURCH CLARKE TEST. TRUST - 93-6024205  
-----

ELIZABETH CHURCH CLARKE  
TESTAMENTARY TRUST  
93-6024205

LAWARE, NA  
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CODE/DATE TRANSACTIONS	TAXABLE	INCOME	PRINCIPAL	EDIT NUMBER
149 BENEFICIARY DISTRIBUTIONS (CONTINUED) ELIZABETH CHURCH CLARKE TEST TRUST - 93-6024205 (CONTINUED)				
01/22/09 CASH DISBURSEMENT PRINCIPAL DISTRIBUTION 4 REBEKAH ADAMS FOR SPEECH GENERATING DEVICE FOR: 93-6024205 PAID TO: AUGCOM SOLUTIONS P.O. BOX 585 SHERIDAN, MT 59749 TR TRAN#=ES000349000015 TR CD=051 REG=0 PORT=PRIN	-561.20		-561.20	090100021
01/22/09 CASH DISBURSEMENT PRINCIPAL DISTRIBUTION 4 REIMB OF MEDICAL AND PRESCRIPTION EXPENSES FOR: 93-6024205 PAID TO: ROBERT KILLION 90971 HIGHWAY 101 #13 WARRENTON, OR 97146 TR TRAN#=ES000349000016 TR CD=051 REG=0 PORT=PRIN	-2500.00		-2500.00	090100022
01/22/09 CASH DISBURSEMENT PRINCIPAL DISTRIBUTION 4 CATHIE KILLION, DENTAL EXPENSES FOR: 93-6024205 PAID TO: DR. DAVID CARNEIRO, DMD 1775 EXCHANGE STREET ASTORIA, OR 97103-35998 TR TRAN#=ES000349000017 TR CD=051 REG=0 PORT=PRIN	-1720.00		-1720.00	090100023
01/22/09 CASH DISBURSEMENT PRINCIPAL DISTRIBUTION 4 REIMB FOR DENTAL WORK BY BENJAMIN WANG, DMD FOR: 93-6024205 PAID TO: SALLY SPOHN 559 NE BRIDGETON RD. \$2 PORTLAND, OR 97211 TR TRAN#=ES000349000018 TR CD=051 REG=0 PORT=PRIN	-358.80		-358.80	090100024
01/22/09 CASH DISBURSEMENT PRINCIPAL DISTRIBUTION 4 JOSHUA J. SIATIS EMERGENCY ROOM #C03229241 FOR: 93-6024205 PAID TO: PROVIDENCE HEALTH SERVICE P O. BOX 3397 PORTLAND, OR 97208-3397 TR TRAN#=ES000349000019 TR CD=051 REG=0 PORT=PRIN	-247.34		-247.34	090100025
01/22/09 CASH DISBURSEMENT PRINCIPAL DISTRIBUTION 4 B. J. FINLEY BRANCH, EYEGLASSES FOR: 93-6024205 PAID TO: EYES ON BROADWAY 220 N. SUMNER ST. #8A PORTLAND, OR 97232 TR TRAN#=ES000349000020 TR CD=051 REG=0 PORT=PRIN	-323.00		-323.00	090100026
02/24/09 CASH DISBURSEMENT PRINCIPAL DISTRIBUTION 4 KYLBIGH ROGERS (JESSICA) MED CARE C/O RADIOLOGY FOR: 93-6024205 PAID TO:	-302.17		-302.17	090200008

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149	BENEFICIARY DISTRIBUTIONS (CONTINUED) ELIZABETH CHURCH CLARKE TEST TRUST - 93-6024205 (CONTINUED)				
	CASCADE CREDIT CONSULTING, INC. 2330 NE DIVISION ST. SUITE 8 BEND, OR 97701 TR TRAN#-ES000416000003 TR CD=051 REG=0 PORT=PRIN				
02/24/09	CASH DISBURSEMENT PRINCIPAL DISTRIBUTION 4 KYLEIGH M. ROGERS/JESSICA (PARENT) #0815700149; #0815700537; #0815800452 FOR: 93-6024205 PAID TO: ST. CHARLES MEDICAL CENTER PO BOX 5849 BEND, OR 97701 TR TRAN#-ES000416000004 TR CD=051 REG=0 PORT=PRIN	-951.74		-951.74	090200009
02/24/09	CASH DISBURSEMENT PRINCIPAL DISTRIBUTION 4 GAYLE SANETEL #13705; DENTAL WORK FOR: 93-6024205 PAID TO: ANNA KNECHT 5308 52ND AVE PORTLAND, OR 97206 TR TRAN#-ES000416000006 TR CD=051 REG=0 PORT=PRIN	-500.00		-500.00	090200010
02/24/09	CASH DISBURSEMENT PRINCIPAL DISTRIBUTION 4 JACOB JORDAN/ PHARMACY FOR: 93-6024205 PAID TO: COMMUNITY PHARMACY 2500 NE NEFF RD. BEND, OR 97701 TR TRAN#-ES000416000008 TR CD=051 REG=0 PORT=PRIN	-60.43		-60.43	090200012
02/24/09	CASH DISBURSEMENT PRINCIPAL DISTRIBUTION 4 JACOB JORDAN ACCT # 136233; MEDICAL EXPENSES FOR: 93-6024205 PAID TO: THE CENTER 2200 NE NEFF ROAD SUITE 200 BEND, OR 97701 TR TRAN#-ES000416000009 TR CD=051 REG=0 PORT=PRIN	-168.15		-168.15	090200013
02/24/09	CASH DISBURSEMENT PRINCIPAL DISTRIBUTION 4 JACOB F. JORDAN #90403A1487, MEDICAL EXPENSES FOR: 93-6024205 PAID TO: THERAPEUTIC ASSOC. 11481 HALL BLVD. #201 PORTLAND, OR 97223 TR TRAN#-ES000416000010 TR CD=051 REG=0 PORT=PRIN	-493.00		-493.00	090200014
02/24/09	CASH DISBURSEMENT PRINCIPAL DISTRIBUTION 4 MARY CHAPIN; TILT 'N SPACE SHOWER CHAIR FOR: 93-6024205 PAID TO: ATG REHAB 4211 SE INTERNATIONAL WAY 7, STE C MILWAUKIE, OR 97222 TR TRAN#-ES000416000012 TR CD=051 REG=0 PORT=PRIN	-1590.00		-1590.00	090200016
02/24/09	CASH DISBURSEMENT PRINCIPAL DISTRIBUTION 4 MARK DAVIS #1639796; MEDICAL EXPENSES FOR: 93-6024205 PAID TO: OHSU MEDICAL GROUP PO BOX 3899 PORTLAND, OR 972083899 TR TRAN#-ES000416000013 TR CD=051 REG=0 PORT=PRIN	-652.38		-652.38	090200017
02/24/09	CASH DISBURSEMENT	-139.03		-139.03	090200018

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149 BENEFICIARY DISTRIBUTIONS (CONTINUED)				
ELIZABETH CHURCH CLARKE TEST. TRUST - 93-6024205 (CONTINUED)				
PRINCIPAL DISTRIBUTION				
4 MARK DAVIS #1237941052; INFUSION SERVICES				
FOR: 93-6024205				
PAID TO:				
CORAM INC.				
PO BOX 8907				
JACKSONVILLE, FL 32239				
TR TRAN#	ES000416000014	TR CD=051	REG=0	PORT=PRIN
02/24/09	CASH DISBURSEMENT	-46.56	-46.56	090200019
PRINCIPAL DISTRIBUTION				
4 MARK DAVIS #061050038A24; ANESTHESIOLOGY SERVICE				
FOR: 93-6024205				
PAID TO:				
UNIVERSITY ANESTHESIOLOGY ASSOC.				
UNIT 65 PO BOX 5000				
PORTLAND, OR 97208				
TR TRAN#	ES000416000015	TR CD=051	REG=0	PORT=PRIN
02/24/09	CASH DISBURSEMENT	-500.00	-500.00	090200015
PRINCIPAL DISTRIBUTION				
4 JACOB JORDAN #204JOR000790; MEDICAL EXPENSES				
FOR: 93-6024205				
PAID TO:				
BEND ANESTHESIOLOGY				
PO BOX 4007				
BEND, OR 97208-4008				
TR TRAN#	ES000416000011	TR CD=051	REG=0	PORT=PRIN
02/24/09	CASH DISBURSEMENT	-414.60	-414.60	090200021
PRINCIPAL DISTRIBUTION				
4 ELIZABETH KEENE/DENTAL WORK				
FOR: 93-6024205				
PAID TO:				
KATHY A. SPRICK, DDS				
21 S. FRONT STREET				
CENTRAL POINT, OR 97502-2242				
TR TRAN#	ES000416000017	TR CD=051	REG=0	PORT=PRIN
02/24/09	CASH DISBURSEMENT	-874.72	-874.72	090200022
PRINCIPAL DISTRIBUTION				
4 KYLBIGH M. ROGERS/JESSICA (PARENT) #38476				
FOR: 93-6024205				
PAID TO:				
NEUROLOGY OF BEND				
2421 NE DOCTORS DRIVE				
BEND, OR 97701				
TR TRAN#	ES000416000026	TR CD=051	REG=0	PORT=PRIN
02/24/09	CASH RECEIPT	12.90	12.90	090200024
DEPOSITS				
RETURNED CHECK OVERPAYMENT OF \$12.90 - AUGCOM				
FOR: 93-6024205				
TR TRAN#	CS000140000014	TR CD=035	REG=0	PORT=PRIN
02/24/09	CASH DISBURSEMENT	-640.00	-640.00	090200020
PRINCIPAL DISTRIBUTION				
4 VIRGINIA SATER FOR DENTURES				
FOR: 93-6024205				
PAID TO:				
CHRIS VAN DORAN, DMD				
1107 BAIN ST. SE				
ALBANY, OR 97322-5248				
TR TRAN#	ES000416000016	TR CD=051	REG=0	PORT=PRIN
02/25/09	CASH DISBURSEMENT	-409.61	-409.61	090200025
PRINCIPAL DISTRIBUTION				
4 DOUGLAS G. CARLSON #C00671694; MEDICAL EXPENSES				
FOR: 93-6024205				
PAID TO:				
PROVIDENCE HEALTH SERVICES				
PO BOX 3396				
PORTLAND, OR 97208-3396				
TR TRAN#	ES000448000006	TR CD=051	REG=0	PORT=PRIN
03/16/09	CASH DISBURSEMENT	-1771.75	-1771.75	090300008
PRINCIPAL DISTRIBUTION				
4 JACOB T. JORDAN #136233 FOR HOSPITAL EXPENSES				

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149	BENEFICIARY DISTRIBUTIONS (CONTINUED) ELIZABETH CHURCH CLARKE TEST TRUST - 93-6024205 (CONTINUED)				
	FOR: 93-6024205 PAID TO: THE CENTER 2200 NE NEFF ROAD SUITE 200 BEND, OR 97701 TR TRAN#-ES000288000017 TR CD=051 REG=0 PORT=PRIN				
03/16/09	CASH DISBURSEMENT PRINCIPAL DISTRIBUTION 4 SHIRLEY WIES FOR DENTAL EXTRACTIONS FOR: 93-6024205 PAID TO: CHINOOK FALLS DENTAL CLINIC, PC 36848 SE INDUSTRIAL WAY SANDY, OR 97055 TR TRAN#-ES000288000018 TR CD=051 REG=0 PORT=PRIN	-281.00		-281.00	090300009
03/16/09	CASH DISBURSEMENT PRINCIPAL DISTRIBUTION 4 SHIRLEY WIES FOR ACRYLIC PARTIAL FOR: 93-6024205 PAID TO: CHINOOK FALLS DENTAL CLINIC, PC 36848 SE INDUSTRIAL WAY SANDY, OR 97055 TR TRAN#-ES000288000019 TR CD=051 REG=0 PORT=PRIN	-300.00		-300.00	090300010
03/16/09	CASH DISBURSEMENT PRINCIPAL DISTRIBUTION 4 REIMBURSEMENTS FOR PRESCRIPTIONS OR DENTAL FOR: 93-6024205 PAID TO: GRACE ARMSTRONG 13640 HWY 212 SP #83 CLACKAMAS, OR 97015 TR TRAN#-ES000288000020 TR CD=051 REG=0 PORT=PRIN	-100.00		-100.00	090300011
03/16/09	CASH DISBURSEMENT PRINCIPAL DISTRIBUTION 4 LAURA BOYER #02682114, HOSPITAL EXPENSES FOR: 93-6024205 PAID TO: SAMARITAN NORTH LINCOLN HOSPITAL PO BOX 7548 EUGENE, OR 97401-0039 TR TRAN#-ES000288000021 TR CD=051 REG=0 PORT=PRIN	-2000.00		-2000.00	090300012
05/04/09	CASH DISBURSEMENT PRINCIPAL DISTRIBUTION 4 STEVEN A. WALLACE V0812902062 HOSPITAL SERVICE FOR: 93-6024205 PAID TO: PROVIDENCE ST. VINCENT MED CENTER PO BOX 3396 PORTLAND, OR 97208-3396 TR TRAN#-ES000040000018 TR CD=051 REG=0 PORT=PRIN	-648.96		-648.96	090500008
05/04/09	CASH DISBURSEMENT PRINCIPAL DISTRIBUTION 4 STEVEN A. WALLACE #18387 MEDICAL TREATMENT FOR: 93-6024205 PAID TO: LEGACY HEALTH SYSTEM PO BOX 5135 PORTLAND, OR 97208-5135 TR TRAN#-ES000040000019 TR CD=051 REG=0 PORT=PRIN	-310.08		-310.08	090500009

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149 BENEFICIARY DISTRIBUTIONS (CONTINUED) ELIZABETH CHURCH CLARKE TEST TRUST - 93-6024205 (CONTINUED)				
05/04/09 CASH DISBURSEMENT PRINCIPAL DISTRIBUTION 4 ISABELLE KURTZ; FM HEARING SYSTEM FOR: 93-6024205 PAID TO: PORTLAND PUBLIC SCHOOLS COLUMBIA REGIONAL AUDIOLOGY 833 NE 74TH PORTLAND, OR 97213 TR TRAN#=ES000040000014 TR CD=051 REG=0 PORT=PRIN	-351.00		-351.00	090500006
05/04/09 CASH DISBURSEMENT PRINCIPAL DISTRIBUTION 4 DARIEN BAIER 1020612186 HOSPITAL SERVICES FOR: 93-6024205 PAID TO: SALEM HOSPITAL 665 WINTER STREET ST SALEM, OR 97301-5014 TR TRAN#=ES000040000020 TR CD=051 REG=0 PORT=PRIN	-500.00		-500.00	090500010
05/04/09 CASH DISBURSEMENT PRINCIPAL DISTRIBUTION 4 KYLEIGH ROGERS (JESSICA-MOTHER) MEDICAL CARE FOR: 93-6024205 PAID TO: PROFESSIONAL CREDIT SERVICES PO BOX 5849 BEND, OR 97708 TR TRAN#=ES000040000021 TR CD=051 REG=0 PORT=PRIN	-681.09		-681.09	090500011
05/04/09 CASH DISBURSEMENT PRINCIPAL DISTRIBUTION 4 SARAH FREEDMAN #207839435;207417196;207534686 MEDICAL EXPENSES FOR: 93-6024205 PAID TO: EMANUEL HOSPITAL PO BOX 4037 PORTLAND, OR 97208-4037 TR TRAN#=ES000040000022 TR CD=051 REG=0 PORT=PRIN	-333.00		-333.00	090500012
05/04/09 CASH DISBURSEMENT PRINCIPAL DISTRIBUTION 4 SARAH FREEDMAN, #1052465 MEDICAL EXPENSES MEDICAL EXPENSES FOR: 93-6024205 PAID TO: LEGACY LABORATORY SERVICES P O. BOX 2829 PORTLAND, OR 97208-2829 TR TRAN#=ES000040000024 TR CD=051 REG=0 PORT=PRIN	-116.90		-116.90	090500013
05/05/09 CASH DISBURSEMENT PRINCIPAL DISTRIBUTION 4 REIMBURSEMENT OF WHEELCHAIR REPAIR COSTS FOR: 93-6024205 PAID TO: STEVE PENMAN 4631 GRANITE AVE NE MILLERSBURG, OR 97321 TR TRAN#=ES000078000024 TR CD=051 REG=0 PORT=PRIN	-469.00		-469.00	090500014
05/18/09 CASH DISBURSEMENT PRINCIPAL DISTRIBUTION 4 REIMBURSEMENT FOR COMPRESSION HOSE FOR: 93-6024205 PAID TO:	-105.40		-105.40	090500003

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149 BENEFICIARY DISTRIBUTIONS (CONTINUED) ELIZABETH CHURCH CLARKE TEST. TRUST - 93-6024205 (CONTINUED)				
SALLY A SPOHN 559 NE BRIDGETON RD #2 PORTLAND, OR 97211 TR TRAN# ES000369000018 TR CD=051 REG=0 PORT=PRIN				
05/18/09 CASH DISBURSEMENT PRINCIPAL DISTRIBUTION 4 JOSEPH LANUS #LANJO000 FOR THERAPY FOR: 93-6024205 PAID TO: GENTLE STEPS PO BOX 1271 SHERWOOD, OR 97140 TR TRAN# ES000369000019 TR CD=051 REG=0 PORT=PRIN	-1694.33		-1694.33	0905000004
05/18/09 CASH DISBURSEMENT PRINCIPAL DISTRIBUTION 4 GRETCHEN PIETZOLD #MH 207438869;207474538; 207973969 FOR: 93-6024205 PAID TO: MT. HOOD MEDICAL CENTER PO BOX 4037 PORTLAND, OR 97208 TR TRAN# ES000369000020 TR CD=051 REG=0 PORT=PRIN	-187.34		-187.34	0905000005
05/18/09 CASH DISBURSEMENT PRINCIPAL DISTRIBUTION 4 GRETCHEN R. PIETZOLD #207474538 207973969 FOR: 93-6024205 PAID TO: NORTHWEST ACUTE CARE SPE. PC PO BOX 11810 WESTMINSTER, CA 92685-1810 TR TRAN# ES000369000022 TR CD=051 REG=0 PORT=PRIN	-100.50		-100.50	0905000006
05/18/09 CASH DISBURSEMENT PRINCIPAL DISTRIBUTION 4 GRETCHEN R PIETZOLD #300053629 207973969 FOR: 93-6024205 PAID TO: EAST COUNTY CLINIC 600 NE 8TH ST RM #210 GRESHAM, OR 97030 TR TRAN# ES000369000026 TR CD=051 REG=0 PORT=PRIN	-103.86		-103.86	0905000008
05/18/09 CASH DISBURSEMENT PRINCIPAL DISTRIBUTION 4 REBECCA LOPRINZI/ETPS TENS UNIT 207973969 FOR: 93-6024205 PAID TO: ACUMED MEDICAL LTD. 3679 LAKE SHORE BLVD. W. TORONTO, ONTARIO M8W 1P7 TR TRAN# ES000369000028 TR CD=051 REG=0 PORT=PRIN	-454.00		-454.00	0905000009
05/18/09 CASH DISBURSEMENT PRINCIPAL DISTRIBUTION 4 REIMBURSEMENT OF DENTAL EXPENSES 207973969 FOR: 93-6024205 PAID TO: LINDA G. ROGERS 65000 E. HWY 26 BOX 7 WELCHES, OR 97067 TR TRAN# ES000369000030 TR CD=051 REG=0 PORT=PRIN	-317.00		-317.00	0905000010
05/18/09 CASH DISBURSEMENT PRINCIPAL DISTRIBUTION 4 GRETCHEN R. PIETZOLD #13655 207973969 FOR: 93-6024205 PAID TO: DAVID H. ANDERSON, DMD 16740 SE STARK ST.	-110.00		-110.00	0905000007



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149 BENEFICIARY DISTRIBUTIONS (CONTINUED)				
ELIZABETH CHURCH CLARKE TEST. TRUST - 93-6024205 (CONTINUED)				
PORTLAND, OR 97233				
TR TRAN#=ES000369000024 TR CD=051 REG=0 PORT=PRIN				
05/18/09 CASH DISBURSEMENT	-1000 00		-1000 00	0905000011
PRINCIPAL DISTRIBUTION				
4 JOANN GUENTHER DONATION FOR SPECIAL NEEDS CHAIR				
207973969				
FOR: 93-6024205				
PAID TO:				
UNITED SEATING & MOBILITY				
9150 SW PIONEER CT				
SUITE C				
WILSONVILLE, OR 97070				
TR TRAN#=ES000369000032 TR CD=051 REG=0 PORT=PRIN				
05/18/09 CASH DISBURSEMENT	-407.21		-407 21	0905000012
PRINCIPAL DISTRIBUTION				
4 REBEKAH ADAMS #239*144325046				
207973969				
FOR: 93-6024205				
PAID TO:				
OREGON ANESTHESIOLOGY GROUP				
PO BOX 2040				
PORTLAND, OR 97208-2040				
TR TRAN#=ES000369000034 TR CD=051 REG=0 PORT=PRIN				
05/18/09 CASH DISBURSEMENT	-101.75		-101.75	0905000013
PRINCIPAL DISTRIBUTION				
4 REBEKAH ADAMS #26832				
207973969				
FOR: 93-6024205				
PAID TO:				
RADIOLOGY CONSULTANTS, INC.				
PO BOX 10768				
PORTLAND, OR 97296				
TR TRAN#=ES000369000036 TR CD=051 REG=0 PORT=PRIN				
05/18/09 CASH DISBURSEMENT	-102.45		-102.45	0905000014
PRINCIPAL DISTRIBUTION				
4 REBEKAH ADAMS #121401				
207973969				
FOR: 93-6024205				
PAID TO:				
PEDIATRIC CARDIOLOGY CENTER				
PO BOX 821350				
VANCOUVER, WA 98682				
TR TRAN#=ES000369000038 TR CD=051 REG=0 PORT=PRIN				
05/18/09 CASH DISBURSEMENT	-400.00		-400.00	0905000015
PRINCIPAL DISTRIBUTION				
4 REBEKAH ADAMS #EH 207906786;207907184;144325046				
207973969				
FOR: 93-6024205				
PAID TO:				
EMANUEL HOSPITAL & HEALTH CTR.				
PO BOX 4037				
PORTLAND, OR 97208-4037				
TR TRAN#=ES000369000040 TR CD=051 REG=0 PORT=PRIN				
06/15/09 CASH DISBURSEMENT	-1919.00		-1919.00	0906000009
PRINCIPAL DISTRIBUTION				
4 DENTAL TREATMENT FOR DAE DOUGLAS				
FOR: 93-6024205				
PAID TO:				
KAISER DENTAL CLINIC				
10102 NE GLISAN AVE				
PORTLAND, OR 97220				
TR TRAN#=ES000318000009 TR CD=051 REG=0 PORT=PRIN				

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149	BENEFICIARY DISTRIBUTIONS (CONTINUED) ELIZABETH CHURCH CLARKE TEST. TRUST - 93-6024205 (CONTINUED)				
06/15/09	CASH DISBURSEMENT PRINCIPAL DISTRIBUTION 4 DENTAL TREATMENT FOR ELISE STOREY HR #52260617 FOR 93-6024205 PAID TO: KAISER DENTAL CLINIC 10102 NE GLISAN AVE PORTLAND, OR 97220 TR TRAN#=ES000318000010 TR CD=051 REG=0 PORT=PRIN	-399.00		-399.00	0906000010
06/15/09	CASH DISBURSEMENT PRINCIPAL DISTRIBUTION 4 SHIRLEY TAYLOR - DENTAL EXAM FOR: 93-6024205 PAID TO: ANNA KNECHT, DMD PC 5308 SE 52ND AVE. PORTLAND, OR 97206 TR TRAN#=ES000318000011 TR CD=051 REG=0 PORT=PRIN	-337.00		-337.00	0906000011
06/15/09	CASH DISBURSEMENT PRINCIPAL DISTRIBUTION 4 AMY CHRISTINE JACKSON #813500139 HOSPITAL SVCS FOR: 93-6024205 PAID TO: MCKENZIE WILLIAMETTE EBO FILE # 74460 P O. BOX 60000 SAN FRANCISCO, CA 94160 TR TRAN#=ES000318000012 TR CD=051 REG=0 PORT=PRIN	-1080.00		-1080.00	0906000012
06/15/09	CASH DISBURSEMENT PRINCIPAL DISTRIBUTION 4 AMY CHRISTINE JACKSON FOR OREGON ANESTHESIOLOGY & OREGON LEGACY LAB FOR: 93-6024205 PAID TO: ASSET RECOVERY GROUP, INC. 4520 SE BELMONT #280 PORTLAND, OR 97293 TR TRAN#=ES000324000001 TR CD=051 REG=0 PORT=PRIN	-255.00		-255.00	0906000013
07/31/09	CASH DISBURSEMENT PRINCIPAL DISTRIBUTION 4 KERRY D. SEARLES # 34445855 ANESTHESIA SERVICES FOR: 93-6024205 PAID TO: TIM SCHOENFELDER, MD PO BOX 4008 PORTLAND, OR 97208-4008 TR TRAN#=ES000718000003 TR CD=051 REG=0 PORT=PRIN	-430.00		-430.00	0907000020
07/31/09	CASH DISBURSEMENT PRINCIPAL DISTRIBUTION 4 SHIRLEY TAYLOR - DENTAL TREATMENT FOR: 93-6024205 PAID TO: ANNA KNECHT, DMD PC 5308 SE 52ND AVE. PORTLAND, OR 97206 TR TRAN#=ES000718000006 TR CD=051 REG=0 PORT=PRIN	-845.00		-845.00	0907000022
07/31/09	CASH DISBURSEMENT PRINCIPAL DISTRIBUTION 4 SHIRLEY TAYLOR FOR DENTAL TREATMENT FOR: 93-6024205 PAID TO:	-260.00		-260.00	0907000023

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149	BENEFICIARY DISTRIBUTIONS (CONTINUED) ELIZABETH CHURCH CLARKE TEST. TRUST - 93-6024205 (CONTINUED)				
	DR. RANDY OTTESON 5312 SE 52ND AVE PORTLAND, OR 97206 TR TRAN#-ES000718000007 TR CD=051 REG=0 PORT=PRIN				
07/31/09	CASH DISBURSEMENT PRINCIPAL DISTRIBUTION 4 REIMB/VISA CHARGES- HEARING AIDS-SHIRLEY TAYLOR FOR: 93-6024205 PAID TO: JAMES J. TAYLOR 10678 SE HAPPY VALLEY DR. HAPPY VALLEY, OR 97086 TR TRAN#-ES000718000008 TR CD=051 REG=0 PORT=PRIN	-400.00		-400.00	0907000024
07/31/09	CASH DISBURSEMENT PRINCIPAL DISTRIBUTION 4 AMY C. JACKSON #193187 (OREGON MED GROUP) FOR: 93-6024205 PAID TO: PACIFIC COAST CREDIT PO BOX 40580 EUGENE, OR 97404 TR TRAN#-ES000718000009 TR CD=051 REG=0 PORT=PRIN	-200.00		-200.00	0907000025
07/31/09	CASH DISBURSEMENT PRINCIPAL DISTRIBUTION 4 HOLLY HULL # 32995 FOR: 93-6024205 PAID TO: EASTERN OREGON RADIOLOGY PO BOX 849 LAGRANDE, OR 97850 TR TRAN#-ES000718000010 TR CD=051 REG=0 PORT=PRIN	-119.00		-119.00	0907000026
07/31/09	CASH DISBURSEMENT PRINCIPAL DISTRIBUTION 4 HOLLY N. HULL # 20201 FOR: 93-6024205 PAID TO: LYNN R. HARRIS, DMD 1809 3RD ST. LAGRANDE, OR 97850-1906 TR TRAN#-ES000718000011 TR CD=051 REG=0 PORT=PRIN	-482.91		-482.91	0907000027
07/31/09	CASH DISBURSEMENT PRINCIPAL DISTRIBUTION 4 ALIDA L. WALLACE # 3110363 FOR: 93-6024205 PAID TO: COLUMBIA MEMORIAL HOSPITAL 2111 EXCHANGE ST ASTORIA, OR 97103-3329 TR TRAN#-ES000718000012 TR CD=051 REG=0 PORT=PRIN	-150.00		-150.00	0907000028
07/31/09	CASH DISBURSEMENT PRINCIPAL DISTRIBUTION 4 DAVID WALLACE # 17926 FOR: 93-6024205 PAID TO: TYACK DENTAL GROUP PO BOX 749 CLATSKANIE, OR 97016-0749 TR TRAN#-ES000718000013 TR CD=051 REG=0 PORT=PRIN	-1200.00		-1200.00	0907000029
07/31/09	CASH DISBURSEMENT PRINCIPAL DISTRIBUTION 4 KERRY D. SEARLES # 13026 MEDICAL CO-PAYS (PATIENT RESPONSIBILITY) FOR: 93-6024205 PAID TO: WILLIAM PETTIE, MD 1404 GEKELER LANE LAGRANDE, OR 97850 TR TRAN#-ES000718000004 TR CD=051 REG=0 PORT=PRIN	-463.22		-463.22	0907000021
08/05/09	CASH DISBURSEMENT PRINCIPAL DISTRIBUTION 4 JAKE T. JORDAN #136233 FINAL BAL FOR PYMT IN FULL FOR: 93-6024205 PAID TO: THE CENTER- ORTHOPEDIC & NEUROLOGICAL CARE & RESEARCH TR TRAN#-ES000084000001 TR CD=051 REG=0 PORT=PRIN	-1771.75		-1771.75	0908000004 **CHANGED** 09/11/09 CXG

## TESTAMENTARY TRUST

93-6024205

CODE/DATE	TRANSACTIONS	TAXABLE	INCOME	PRINCIPAL	EDIT NUMBER
149	BENEFICIARY DISTRIBUTIONS (CONTINUED) ELIZABETH CHURCH CLARKE TEST. TRUST - 93-6024205 (CONTINUED)				
08/24/09	CASH DISBURSEMENT PRINCIPAL DISTRIBUTION 4 ALIDA L. WALLACE #50087120 FOR HOSPITAL SERVICES FOR: 93-6024205 PAID TO: KAISER PERMANENTE PO BOX 34295 SEATTLE, WA 98124-1295 TR TRAN#=ES000465000003 TR CD=051 REG=0 PORT=PRIN	-850.00		-850.00	0908000010
08/24/09	CASH DISBURSEMENT PRINCIPAL DISTRIBUTION 4 JANELLE SHAW FOR CASCADE CYTOLOGY LAB WORK FOR: 93-6024205 PAID TO: VALLEY CREDIT PO BOX 2046 SALEM, OR 97308 TR TRAN#=ES000465000004 TR CD=051 REG=0 PORT=PRIN	-15.98		-15.98	0908000011
08/24/09	CASH DISBURSEMENT PRINCIPAL DISTRIBUTION 4 JANELLE SHAW FOR OREGON MEDICAL GROUP AND PATHOLOGY CONSULTANTS FOR: 93-6024205 PAID TO: PACIFIC COAST CREDIT PO BOX 40580 EUGENE, OR 97404 TR TRAN#=ES000465000005 TR CD=051 REG=0 PORT=PRIN	-685.86		-685.86	0908000012
08/24/09	CASH DISBURSEMENT PRINCIPAL DISTRIBUTION 4 JANELLE SHAW #1203874 FOR LAB WORK FOR: 93-6024205 PAID TO: LEGACY LABORATORY SERVICES P.O. BOX 2829 PORTLAND, OR 97208-2829 TR TRAN#=ES000465000007 TR CD=051 REG=0 PORT=PRIN	-36.37		-36.37	0908000013
08/24/09	CASH DISBURSEMENT PRINCIPAL DISTRIBUTION 4 REIMBURSE FOR VISA CHARGES FOR HEARING AIDS FOR SHIRLEY TAYLOR FOR: 93-6024205 PAID TO: JAMES J. TAYLOR 10678 SE HAPPY VALLEY DR. HAPPY VALLEY, OR 97086 TR TRAN#=ES000465000009 TR CD=051 REG=0 PORT=PRIN	-1000.00		-1000.00	0908000015
08/24/09	CASH DISBURSEMENT PRINCIPAL DISTRIBUTION 4 RENEE BARTH FOR FOOT CARE CHART #6506 FOR: 93-6024205 PAID TO: MEDFORD FOOT AND ANKLE CLINIC 713 GOLF VIEW DR. MEDFORD, OR 97504 TR TRAN#=ES000465000011 TR CD=051 REG=0 PORT=PRIN	-272.05		-272.05	0908000016
08/24/09	CASH DISBURSEMENT PRINCIPAL DISTRIBUTION 4 RENEE OR ROCKY BARTH #400 3270 FOR: 93-6024205 PAID TO: VALLEY FAMILY PRACTICE 2900 DOCTORS PARK DRIVE MEDFORD, OR 97504 TR TRAN#=ES000465000012 TR CD=051 REG=0 PORT=PRIN	-501.13		-501.13	0908000017

ELIZABETH CHURCH CLARKE  
TESTAMENTARY TRUST  
93-6024205

CLAWARE, NA  
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CODE/DATE	TRANSACTIONS	TAXABLE	INCOME	PRINCIPAL	EDIT NUMBER
149	BENEFICIARY DISTRIBUTIONS (CONTINUED) ELIZABETH CHURCH CLARKE TEST TRUST - 93-6024205 (CONTINUED)				
08/24/09	CASH DISBURSEMENT PRINCIPAL DISTRIBUTION 4 JANELLE SHAW #249993 MEDICAL SERVICES FOR: 93-6024205 PAID TO: OREGON MEDICAL GROUP FILE 30787 PO BOX 60000 SAN FRANCISCO, CA 94160 TR TRAN#=ES000465000008 TR CD=051 REG=0 PORT=PRIN	-50.00		-50.00	0908000014
08/24/09	CASH DISBURSEMENT PRINCIPAL DISTRIBUTION 4 ROCKY J. BARTH # 07-6255 FOR: 93-6024205 PAID TO: MERCY FLIGHTS 2020 MILLIGAN WAY MEDFORD, OR 97504 TR TRAN#=ES000465000013 TR CD=051 REG=0 PORT=PRIN	-450.91		-450.91	0908000018
09/16/09	CASH DISBURSEMENT PRINCIPAL DISTRIBUTION 4 JOSHUA J. SIATISIS #114391 FOR: 93-6024205 PAID TO: NORTHWEST PRIMARY CARE PO BOX 22075 PORTLAND, OR 97269 TR TRAN#=ES000318000016 TR CD=051 REG=0 PORT=PRIN	-1201.49		-1201.49	0909000014
09/16/09	CASH DISBURSEMENT PRINCIPAL DISTRIBUTION 4 JOSH JOHND AHL ID #22841 EXTRACTIONS FOR: 93-6024205 PAID TO: LEE C. LONG, DDS 1503 THIRD ST. TILLAMOOK, OR 97141 TR TRAN#=ES000318000019 TR CD=051 REG=0 PORT=PRIN	-450.00		-450.00	0909000016
09/16/09	CASH DISBURSEMENT PRINCIPAL DISTRIBUTION 4 DEAN DRAPER/LIFT CHAIR FOR: 93-6024205 PAID TO: FLORENCE MEDICAL EQUIPMENT 320 9TH STREET FLORENCE, OR 97439 TR TRAN#=ES000318000017 TR CD=051 REG=0 PORT=PRIN	-500.00		-500.00	0909000015

ELIZABETH CHURCH CLARKE  
TESTAMENTARY TRUST  
93-6024205

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NUMBER  
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02/24/09 CASH RECEIPT  
DEPOSITS

50.00

50.00 090200023  
\*\*CHANGED\*\* 12/09/09 CXG

RETURNED CHECK ON BEHALF OF J. TRULLINGER  
TR TRAN#-CS000140000013 TR CD=035 REG=0 PORT=PRIN

*Citi bank distrib*

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42,662.12 0.00  
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**Elizabeth C. Clarke Test Trust**  
**EIN 93-6024205**  
**Distributions**

<b>Date Paid</b>	<b>Payable to</b>	<b>Address</b>	<b>Amt.</b>	<b>For the benefit of:</b>
11/12/2009	Avada Hearing Centers	8625 SW Cascade Ave. Ste. 103 Beaverton, OR 97008	\$ 1,200.00	Dottie Inman Hearing Aids
11/12/2009	Emanuel Hospital	PO Box 4037 Portland, OR 97008-4037	\$ 632.18	Nicole Garrison #EH208138474
11/12/2009	Providence Health & Services	Bus. Office PO Box 3299 Portland, OR 97208	\$ 439.73	Nicole Garrison #CO2095713
11/12/2009	Gary E. McClellan, M.A.	1508 Division St. #115 Oregon City, OR 97045	\$ 500.00	Elizabeth Burdick Hearing Aid
11/12/2009	Gentle Steps Children's Therapy	PO Box 1271 Sherwood, OR 97140	\$ 1,000.00	Hannah Hettman physical therapy
11/12/2009	Diagnostic Radiologists PC	PO Box 2097 Portland, OR 97208-2097	\$ 112.48	Deborah L. Cormode
11/12/2009	Portland Adventist Medical Center	PO Box 16800 Portland, OR 97292-0800	\$ 422.50	Deborah L. Cormode
11/12/2009	Gentle Steps Children's Therapy	PO Box 1271 Sherwood, OR 97140	\$ 575.00	William Cody physical therapy
11/12/2009	Professional Credit Service	PO Box 7548 Eugene, OR 97401	\$ 571.46	Michael E. Morris Jr. for Albany General Hosp (\$222.44 & \$133.88) & Samaritan Health Services (\$215.14)
11/24/2009	Kelly Blodgett, DMD	522 SE Belmont Portland, OR 97214	\$ 500.00	Joan Edlund
11/27/2009	Physician's Emergency Dept CEP	PO Box 2065 Seattle, WA 98111-2065	\$ 339.15	Brody L. Standley
11/27/2009	Mercy Medical Center	PO Box 31001-1236 Pasadena, CA 91110-1236	\$ 256.91	Brody L. Standley
11/27/2009	Portland Public Schools	833 NE 74th Ave. Portland, OR 97213	\$ 1,122.00	Aurora Smith for Hearing Aids

**Elizabeth C. Clarke Test Trust**  
**EIN 93-6024205**  
**Distributions**

11/27/2009	Souther Oregon Dental LLC	11160 Highway 62 Eagle Point, OR 97524	\$ 1,000.00	Nicci Phariss, dental assistance
11/27/2009	Dr. Carolyn Muckerheide, DDS	2380 NW Amberbrook Dr. Aloha, OR 97006	\$ 415.00	Joseph Lanus Dental Treatment #3121
11/27/2009	Dennis P. Clark, DMD	9430 SW Coral St. #200 Tigard, OR 97223	\$ 855.00	Dennis Hiedeman dental work #6416
12/15/2009	Anna Knecht DMD	5308 SE 52nd Ave. Portland, 97206	\$ 700.00	Barbara Collins-assist with dentures
12/15/2009	Dentures Direct	2743 River Rd Eugene, OR 97404	\$ 250.00	Denture repair for Elicia Baker
12/15/2009	Charles Karando, DMD	1705 22nd St. Florence, OR 97439	\$ 350.00	Extractions for Donna Digiacinto
12/15/2009	Southern Oregon Dental	11160 Highway 62 Eagle Point OR 97524	\$ 500.00	Dental work for Nicci R. Phariss
12/15/2009	American Express	PO Box 650448 Dallas, TX 75265-0448	\$ 300.00	Dental expenses charged to AMEX .....1004
12/15/2009	CMRE Financial Services, Inc.	3075 E. Imperial Hwy #200 Brea, CA 92821	\$ 575.00	Medical bills for Gretchen Pietzhold #002366144; #006462814; 007474440; 007474467; 00603671; 007818869; 0012065223; 001024850
12/15/2009	James J. Taylor	10678 SE Happy Valley Dr. Happy Valley, OR 97086-6079	\$ 500.00	Hearing aids for Shirley Taylor
12/15/2009	Northwest Human Services, Inc.	1233 Edgewater St. NW Salem, OR 97304-4049	\$ 94.50	Dental Care for Josh Jondahl



Elizabeth C. Clarke Test Trust  
 EIN 93-6024205  
 Distributions

		TOTAL DAVIDSON TRUST CO DISTRIBUTIONS	\$ 13,210.91
		PLUS CITIBANK DISTRIBUTIONS	\$ 42,662.12
		TOTAL DISTRIBUTIONS	\$ 55,873.03

## Notice Concerning Fiduciary Relationship

OMB No. 1545-0013

(Internal Revenue Code sections 6036 and 6903)

### Part I Identification

Name of person for whom you are acting (as shown on the tax return)	Identifying number	Decedent's social security no.
<b>ELIZABETH CHURCH CLARKE TESTAMENTARY TRUST</b>	<b>93-6024205</b>	
Address of person for whom you are acting (number, street, and room or suite no.)		
<b>601 WEST RIVERSIDE, SUITE 1000</b>		
City or town, state, and ZIP code (If a foreign address, see instructions)		
<b>SPOKANE, WA 99201</b>		
Fiduciary's name		
<b>DAVIDSON TRUST COMPANY</b>		
Address of fiduciary (number, street, and room or suite no.)		
<b>601 WEST RIVERSIDE, SUITE 1000</b>		
City or town, state, and ZIP code	Telephone number (optional)	
<b>SPOKANE, WA 99201</b>	<b>( 509 ) 456-8323</b>	

### Part II Authority

- 1 Authority for fiduciary relationship. Check applicable box.
- a(1) ☒ Will and codicils or court order appointing fiduciary . . . . . (2) Date of death **4/16/1960**
- b(1) ☐ Court order appointing fiduciary . . . . . (2) Date (see instructions)
- c ☐ Valid trust instrument and amendments
- d ☐ Other Describe ►

### Part III Nature of Liability and Tax Notices

- 2 Type of tax (estate, gift, generation-skipping transfer, income, excise, etc.) ► **NONPROFIT**
- 3 Federal tax form number (706, 1040, 1041, 1120, etc.) ► **990-PF**
- 4 Year(s) or period(s) (if estate tax, date of death) ► **ALL**
- 5 If the fiduciary listed in Part I is the person to whom notices and other written communications should be sent for **all** items described on lines 2, 3, and 4, check here ☒
- 6 If the fiduciary listed in Part I is the person to whom notices and other written communications should be sent for **some** (but not all) of the items described on lines 2, 3, and 4, check here ☐ and list the applicable federal tax form number and the year(s) or period(s) applicable

### Part IV Revocation or Termination of Notice

#### Section A—Total Revocation or Termination

- 7 Check this box if you are revoking or terminating all prior notices concerning fiduciary relationships on file with the Internal Revenue Service for the same tax matters and years or periods covered by this notice concerning fiduciary relationship. ► ☐
- Reason for termination of fiduciary relationship. Check applicable box.
- a ☐ Court order revoking fiduciary authority
- b ☐ Certificate of dissolution or termination of a business entity
- c ☐ Other Describe ►

#### Section B—Partial Revocation

- 8a Check this box if you are revoking earlier notices concerning fiduciary relationships on file with the Internal Revenue Service for the same tax matters and years or periods covered by this notice concerning fiduciary relationship. ► ☐
- b Specify to whom granted, date, and address, including ZIP code
- 


#### Section C—Substitute Fiduciary

- 9 Check this box if a new fiduciary or fiduciaries have been or will be substituted for the revoking or terminating fiduciary and specify the name(s) and address(es), including ZIP code(s), of the new fiduciary(ies). ► ☐
-

**Part V Court and Administrative Proceedings**

Name of court (if other than a court proceeding, identify the type of proceeding and name of agency)		Date proceeding initiated	
Address of court		Docket number of proceeding	
City or town, state, and ZIP code	Date	Time	a m p m Place of other proceedings

**Part VI Signature**

Please Sign Here	I certify that I have the authority to execute this notice concerning fiduciary relationship on behalf of the taxpayer		
	<b>DAVIDSON TRUST CO.</b> By  Fiduciary's signature <b>Vice President &amp; Trust Officer</b>	Title, if applicable	Date <b>5/17/2010</b>