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POSIMARKEARE UC ! 1 4 2010

Form **990**

(HTA)

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)

OMB No 1545-0047 Open to Public

		nue Service	▶	The orga	anızatıon may	y have to	use a c	opy of this re	turn to	satisfy s	tate rep	orting r	equirements		Ins	pection	1
A			endar ye	ar, or tax	k year begini	ning		6/1/200	9	,	and e	nding	5/	31/20	10		
В	Check if	applicable	Please	C Name	e of organization	n H	OUCK/	JOHNS HO	PKIN	S 01015	57400	0	D Employe	er iden	tification num	ber	
X	Address	s change	use IRS label or	Doing	Business As			-		,			23-745534	16			
	Name c	hange	print or	Numt	per and street (or PO bo	x if mail is	not delivered t	o street	address)	Ro	om/suite	E Telephor	ne num	ber		
	Initial re	turn	type See	Wells F	argo Bank,	NA -I	PO Box	53456, MA	C S41	01-22G	,		(800) 352-	3705			
	Termina	ated	Specific Instruc-		or town, state or												
	Amende	ed return	tions	Phoenix	x	_		A	Z	85	072		G Gross re	ceipts \$	\$	5,34	47,18 <u>5</u>
	Applica	tion pending	FΛ	lame and	address of p	rincipal c	fficer					H(a) Is	this a group re	turn foi	r affiliates?	Yes	X No
			Wells F	argo Bai	nk N A PO	Box 53	456 PH	HOENIX AZ	8507	72		H(b) Ar	e all affiliates i	ndude	d?	Yes	■ No
_	Tay ay	empt status		01(c) (3) ◄ (in		,,,,	4947(a)(1)	_	527		1 ''	"No," attach a				
				31(C) (3 / 4 (111	sert no)		j 4347 (α)(1) (<u>" </u>			ł		,			
		te: ► N / /			<u> </u>	٦.					T		oup exemption				
		organization		orporation	X Trust	Asso	ciation	Other ►			L Yea	r of forma	ation 197	7	M State of lega	I domicile	<u>co</u>
لجت	Part I		nmary														
201	1	•		-	ınızatıon's m	iission c	or most	significant a	ctivitie	es <u>Th</u>	IE OR	GANIZ	ATION'S M	ISSIC	ON IS TO S	UPPOR	Τ
	,	JOHN H	OPKIN:	SHOSP	ITAL												
7 /															
NED NOW シム																	
.^() ^! 28 80 8 80	2	Check th			f the organi					s or disp	osed	of more	than 25%		1		
2 %	3			-	ers of the go	-					41.5			3			
	4				voting mem			erning body	(Рап	VI, line	10)			4			1
إِليَّا إِلَّا	5				ees (Part V,									5			0
\$₹					ers (estimate			/III	(C) III	10				6			0
₹	7a	_			isiness reve					ne iz				7a	+		<u> </u>
CIENZZYO®	b	Net unit	elated bi	usiness t	axable inco	me non	FOIII	990-1, line					Prior Year	1/1	- 	rrent Year	
Œ	8	Contribu	itione ar	nd arante	s (Part VIII, I	ıne 1h\							FIIOI Teal			Hent rear	0
9				-	e (Part VIII,												0
Seven	10	-	tment income (Part VIII, column (A), lines 3, 4, and 7d)							21 96	52		35,637				
å	11				, column (A)				nd 11e	e)				44,11			891
	12													77,84		46	66,528
	13									· · · · · · ·				51,129			
	14	Benefits paid to or for members (Part IX, column (A), line 4)										1		0			
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)												0			
Fxnenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)											0				
ā	b																
ű	17				, column (A								1	28,68	31	14	49,899
	18	Total ex	penses	Add line	es 13–17 (m	u st equ	al Part	X column ((A) Tin	e 25)			1	28,68	31	1,60	01,028
	19	Revenue	e less e	xpenses	Subtract In	ne 18 fro	on ine	<u>注 V L l</u>	<u>ر</u>	_L				06,52		-1,13	34,500
6	Ses					1 —			15	ارد		Begin	ning of Curre			nd of Year	
sets	20 21 22			art X, line	•	اھا	6 O T	4 0 004				L	18,7	40,77	'3	17,56	68,544
ž A	21	Total lial	•		•	228		1 9 201	u k	9		L			0		0
					ices Subtra	ctline 2	1 from	line 20		<u>~ </u>		<u> </u>	18,7	40,77	'3	17,56	68,544
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			Yokn	1 Sulan	rtie								- 1		10/1/20	10	
	gn		Signature	of officer									L Date			10	
He	ere		•	N SULE	NTIC						VP &	TRUS	T OFFICER				
				nnt name a				·		<u>-</u>	··· •	,		<u></u>			
		Prepa	arer's		200				Date		С	heck if			eparer's identif	ying numbe	er
Pa	id	signa	iture	D	Y/A	~			40	V4 1004 0		elf-	▶ X	- 1	e instructions)		
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		addre	ess, and Z	IP+4	600 GRA	NT STR	EET, P	<u>ITTSBURG</u>	<u>Н, РА</u>	15219-	2777		Phone no	(41	12) 355-600	_	
Ma	ay the	IRS discus	s this re	eturn with	n the prepar	er show	n abov	e? (see inst	ruction	าร)					X	Yes [No
			5							_		α				- 00	





Form	990 (2009) HOUCK/ JOHNS HOPKINS 0101574000	23-7455346	Page 2
Pá	Statement of Program Service Accomplishments		
1	Briefly describe the organization's mission THE ORGANIZATION'S MISSION IS TO SUPPORT JOHN HOPKINS HOSPITAL		
			· · · · · · · · · · · · · · · · · · ·
2	Did the organization undertake any significant program services during the year which were not listed or the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O	Yes	X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
4	If "Yes," describe these changes on Schedule O Describe the exempt purpose achievements for each of the organization's three largest program service Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the ar allocations to others, the total expenses, and revenue, if any, for each program service reported		nd
4a	(Code) (Expenses \$ 1,568,827 including grants of \$ 1,451,129) (Revenue THE ORGANIZATION'S MISSION IS TO SUPPORT JOHN HOPKINS HOSPITAL		0)
4b	(Code) (Expenses \$ 0 including grants of \$ 0) (Revenue	e \$	0)
-		_	
			-
	•••••••••••••••••••••••••••••••••••••••		
4c	(Code) (Expenses \$0 including grants of \$0) (Revenue	e\$	<u>0</u>)
		,	
			-
_			
4d	Other program services (Describe in Schedule O)		
40	(Expenses \$ 0 including grants of \$ 0) (Revenue \$ Total program service expenses ▶ 1 568 827	0)	

Form 990 (2009) HOUCK/ JOHNS HOPKINS 0101574000

Part IV Checklist of Required Schedules

23-7455346

Page 3

rai	Checklist of Required Schedules			
	la the escape decade decade de contra COM/2/(2) = 40.47/2/(4) / 4th author a contra formulation (0.45/17/2)		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A		v	
2	·	2	_X_	X
2 3	Is the organization required to complete Schedule B, Schedule of Contributors? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
3	candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C,			
_	Part II	4		_X_
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			.,
9	complete Schedule D, Part III Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part	8		Х
9	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV			~
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or	9		X
	quasi-endowments? If "Yes," complete Schedule D. Part V	10		х
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,	10		^-
• •	VII, VIII, IX, or X as applicable	11		Х
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI			
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		Ì	
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			
•	Did the organization report an amount for other-assets in Part X, line 15 that is 5% or more of its total assets			
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that			
40	addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII			
124		12		X
120	vias the organization included in consolidated, independent audited financial statements for the tax very large very larg			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		_X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	i 1	Ţ	
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	_		
20	If "Yes," complete Schedule G, Part III	19		<u>X</u>
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X

Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations	21	l 🗸 l	
^^	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	121	Х	<u> </u>
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	122		<u> </u>
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			1
	employees? If "Yes," complete Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	<u> </u>		
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			ĺ
	24b through 24d and complete Schedule K If "No," go to line 25	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			ĺ
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			ĺ
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			١
	990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
~~	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		×
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	21		 ^
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		x
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			Ė
	Schedule L, Part IV	28b		x
Ç	An entity-of which a current or former officer, director, trustee, or key employee of the organization (or a			-
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31	_	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	1		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32	<u> </u>	X
JJ	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,	33	\vdash	<u> </u>
•	III, IV, and V, line 1	34		х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete	<u> </u>		
	Schedule R, Part V, line 2	35		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			1
	VI	37	<u> </u>	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	192 Note All Form 990 filers are required to complete Schedule O	30	ΙY	1

Gross income from other sources (Do not net amounts due or paid to other sources

If "Yes," enter the amount of tax-exempt interest received or accrued during the year

Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

against amounts due or received from them)

12a

11b N / A

Р	age 6	
s	No	

Form 990 (2009)

HOUCK/ JOHNS HOPKINS 0101574000

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

	Schedule O See instructions					
Sect	tion A. Governing Body and Management	_				
		1 . 1	1		Yes	No
1a	Enter the number of voting members of the governing body	1a		┨		
þ	Enter the number of voting members that are independent	1b		4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business rela	ationsh	iip with			v
	any other officer, director, trustee, or key employee?			2_		_X
3	Did the organization delegate control over management duties customarily performed by or u			١.		.,
	supervision of officers, directors or trustees, or key employees to a management company or			3		X
4	Oid the organization make any significant changes to its organizational documents since the prior Form 9			4		X
5	Did the organization become aware during the year of a material diversion of the organization	's asse	ets?	5	_	X
6	Does the organization have members or stockholders?			6		_X_
7a	Does the organization have members, stockholders, or other persons who may elect one or n	nore m	embers			
L	of the governing body?			7a 7b		X
ь 8	Are any decisions of the governing body subject to approval by members, stockholders, or otled the organization contemporaneously document the meetings held or written actions under			70		
0	the year by the following	ILANCII	during		ļ .	
а	The governing body?			8a	x	
b	Each committee with authority to act on behalf of the governing body?			8b	x	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot	t he re	ached	- 00	 ^-	
9	at the organization's mailing address? If "Yes," provide the names and addresses in Schedul		acried	9a		Х
Sect	tion B. Policies (This Section B requests information about policies not required by the		rnal	1 04		
	enue Code)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	b				Yes	No
10a	Does the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of	fsuch	chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organizatio		•	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body b	efore f	iling the			
	form?			11	Х	
	 Describe-in Schedule-O the process, if any, used by the organization to review this Form 990 					
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
b	Are officers, directors or trustees, and key employees required to disclose annually interests to	hat co	uld give			
	rise to conflicts?			12b	Х	
С	Does the organization regularly and consistently monitor and enforce compliance with the pol	icy? <i>[[</i>	"Yes,"			
	describe in Schedule O how this is done			12c	Х	
13	Does the organization have a written whistleblower policy?			13	Х	
14	Does the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and a					
	independent persons, comparability data, and contemporaneous substantiation of the deliber	ation a	nd decision?	١		
a	The organization's CEO, Executive Director, or top management official			15a	-	X
O	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			15b		X
16a	Did the organization investin, contribute assets to, or participate in a joint venture or similar a	rrango	mont			
, va	with a taxable entity during the year?	mange	ment	16a	1	х
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization	to eva	luato	104	-	_^_
	its participation in joint venture arrangements under applicable federal tax law, and taken step					
	the organization's exempt status with respect to such arrangements?	/3 (U 36	alegualu	16b		
Sect	tion C. Disclosure			1 100		
17	List the states with which a copy of this Form 990 is required to be filed ► CO				_	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, ar	nd 990	-T (501(c)(3)s o	nly)		
	available for public inspection. Indicate how you make these available. Check all that apply		, ,-,,-,-	• •		
	Own website X Another's website X Upon request					
19	Describe in Schedule O whether (and if so, how), the organization makes its governing docur	nents,	conflict of intere	st		
	policy, and financial statements available to the public					
20	State the name, physical address, and telephone number of the person who possesses the b	ooks a	nd records of th	e		
	organization ► Wells Fargo Bank, N A		(800) 352-3	705		
	PO Box 53456 MAC S4101-22G PHOENIX AZ 85072					

Form 990 (2009)	HOUCK/ JOHNS HOPKINS 01015740	00								23-74553	346	Page 7
	Compensation of Officers, Direct		es, K	ey l	Em	plo	yees	s, F	lighest Comp	ensated		
	Employees, and Independent C											
	Officers, Directors, Trustees, Key E											
	nis table for all persons required to be tax year. Use Schedule J-2 if addition.			nsa	tio	n fo	r the o	cale	endar year endin	ig with or within	the	
	f the organization's current officers, con Enter -0- in columns (D), (E), and (s o	r organizations),	, regardless of a	mount	
List all o	f the organization's current key emple	oyees See ins	tructio	ns f	or c	defi	nition					
	organization's five current highest col											
	reportable compensation (Box 5 of Foundary related organizations	rm W-2 and/or	Box /	01 1	-ori	m 1	099-N	115	(C) of more than	\$100,000 from t	ne	
-	f the organization's former officers, k	ev emplovees	and hi	ahe	et	വേദ	nens	ate	d employees wh	o received more	e than	
	portable compensation from the organ								a ciiipioyooo iiii	10 10001100 111011		
	f the organization's former directors		-		_				ty as a former d	rector or trustee	of the	
organization, n	nore than \$10,000 of reportable comp	ensation from	he org	anı	zat	ıon	and a	ny	related organiza	itions		
	the following order individual trustee	s or directors,	nstituti	ona	al tr	uste	ees, o	ffic	ers, key employ	ees, highest		
 1	employees, and former such persons			_								
Check this	s box if the organization did not compe	ensate any curi	ent off	icer	', d	irec	tor, or	tru	istee			
	(A)	(B)	<u>.</u>	,		C) 			(D)	(E)	(F)	
	Name and Title	Average hours per		,		_	that ap		Reportable compensation	Reportable compensation	Estima amoun	
		week	1 4 4	nstit	Officer	ey e	mple	Former	from the	from related organizations	othe compens	r
			Individual or director	ğ	~	Key employee	st co	4	organization	(W-2/1099-MISC)	from t	he
			Individual trustee or director	Institutional trustee		yee	Жpe		(W-2/1099-MISC)		organiza and rela	ated
			8	stee			Highest compensated employee				organiza	itions
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		1	1	1	1	1	l	1	I	I	I	

HOUCK/ JOHNS HOPKINS 0101574000

Form 990 (2009)

UE	rt VII Section A. Officers, Directors, Tru (A)	(B)	.p.c,	ccs,		C)	11103		(D)	(E)	1	(F)	
	Name and title	Average	Po	sition	(chec	k all ti	hat ap		Reportable	Reportable	,	Estima	
		hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensati from relate organizatior (W-2/1099-MI	d ns	amour othe compens from t organize and relation	er sation he ation ated
											\top		
											1		
							<u> </u>						
<u>1b</u>	Total							<u> </u>	122,908		0		0
2	Total number of individuals (including but no reportable compensation from the organizat		e list	ed a	bove 0	e) wh	o rec	ceive	ed more than \$10	00,000 in			
												Yes	No
3	Did the organization list any former officer, employee on line 1a? <i>If "Yes," complete Schools</i>					yee,	or h	ghes	st compensated		3		х
4	For any individual listed on line 1a, is the suithe organization and related organizations gundividual										4		×
5	Did any person listed on line 1a receive or a services rendered to the organization? If "Yo								ganization for		5		x
Sec	tion B. Independent Contractors											•	
1	Complete this table for your five highest con compensation from the organization	npensated indep	pend	ent c	ontra	actor	rs tha	at rec	ceived more than	100,000 (of	<u> </u>	
	(A) Name and business a	ddress							(B) Description of sen	vices	Corr	(C) pensation	
	NONE												0
								├-					0
								-	-				0
								-					0 0
2	Total number of independent contractors (in more than \$100,000 in compensation from t			d to	thos	e lis	ted a		e) who received			· · · · · · · · ·	

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Page 8

Form 99	90 (2009	9) HOUCK/ JOHNS HOPKINS 010	1574000					23-7455	346 Page 9
Pari	: 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
nts	1a	Federated campaigns		1 <u>a</u>	0				
gra	b	Membership dues	ļ	1b	0				
ar ts,	С	Fundraising events		<u>1c</u>	<u> </u>				
iai	d	Related organizations	ļ	<u>1d</u>	0				
ıns,	е	Government grants (contributions)		1e	0				
er s	f	All other contributions, gifts, grants,							
e i		similar amounts not included above		1f	<u> </u>				
Contributions, gifts, grants and other similar amounts	9	Noncash contributions included in I	ines 1a-1f \$		0				
<u>0 </u>	h	Total. Add lines 1a-1f		0					
E E					Business Code				
9.6	2a					0			
Program Service Revenue	b					0			
	C					0			
	d				1	0			
	e r	All other program applies revenue				0			
ĵo.		All other program service revenue Total. Add lines 2a–2f				0			<u> </u>
	9								
	3	Investment income (including divide	enas, interest	, an	ا _ ا	665.040			CCE 040
		other similar amounts)				665,940			665,940
	4	Income from investment of tax-exer	npt bond pro	cee	us 💆	0			
	5	Royalties	() Real		(v) Personal				
		Caraca Danta	(i) Real		(II) Personal				
	6a	Gross Rents			\vdash				
	b	Less rental expenses Rental income or (loss)	· · · · -	0					
	d	Net rental income or (loss)	L			0		ĺ	
	_7a	Gross amount from sales of	(i) Securities	•	(II) Other			 	
	- 1 a	assets other than inventory	4,680,						_
	b	Less cost or other basis	4,000,	554					
		and sales expenses	4,880,	657	ا				
	c	Gain or (loss)	-200,		1				
	d	Net gain or (loss)	200,	-	•	-200,303		1	-200,303
	8a	Gross income from fundraising				200,000			200,000
une	••	events (not including \$	0						
/en		of contributions reported on line 1c			[
Re		See Part IV, line 18	•	а	l ol				
ē	b	Less direct expenses		b	0				
Other Reve	С	Net income or (loss) from fundraisii	ng events		•	o			1
•	9a	Gross income from gaming activities	es .						
		See Part IV, line 19		а	0				
	ь	Less direct expenses		b	0				<u> </u>
	С	Net income or (loss) from gaming a	ictivities		•	0			
	10a	Gross sales of inventory, less							
		returns and allowances		а	0				
	b	Less cost of goods sold		b	0				
	С	Net income or (loss) from sales of i	nventory		•	0		ļ	
		Miscellaneous Revenue			Business Code				
	11a	PARTNERSHIP INCOME			900099	24		<u> </u>	24
	b	FEE REBATE INCOME			900099	809			809
	С	MISC REAL ESTATE RECEIPTS			900099	58			58
	d	All other revenue			L	0			
	e	Total. Add lines 11a-11d			•	891		1	
	12	Total revenue. See instructions			▶	466 528	(ol o	466 528

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Page 10

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).										
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses						
1	Grants and other assistance to governments and										
	organizations in the U.S. See Part IV, line 21	1,451,129	1,451,129								
2	Grants and other assistance to individuals in										
	the U.S. See Part IV, line 22	. 0									
3	Grants and other assistance to governments,										
	organizations, and individuals outside the										
	U S See Part IV, lines 15 and 16	0									
4	Benefits paid to or for members	0									
5	Compensation of current officers, directors,										
	trustees, and key employees										
6	Compensation not included above, to disqualified										
	persons (as defined under section 4958(f)(1)) and										
	persons described in section 4958(c)(3)(B)	0									
7	Other salaries and wages	0									
8	Pension plan contributions (include section 401(k)										
	and section 403(b) employer contributions)	0									
9	Other employee benefits	0									
10	Payroll taxes	0									
11	Fees for services (non-employees)										
а	Management	0									
b	Legal	1,965	491	1,474							
C	Accounting	1,387	1,387								
d	Lobbying	0									
е	Professional fundraising services See Part IV, line 17	0									
f	Investment management fees	0									
g	Other	0									
12	Advertising and promotion	0									
13	Office expenses	0		-							
14	Information technology	0									
15	Royalties	0									
16	Occupancy	. 0									
17	Travel	0									
18	Payments of travel or entertainment expenses										
	for any federal, state, or local public officials	0									
19	Conferences, conventions, and meetings	0									
20	Interest	0									
21	Payments to affiliates	0									
22	Depreciation, depletion, and amortization	0	0	0	0						
23	Insurance	0									
24	Other expenses Itemize expenses not			· · · · · · · · · · · · · · · · · · ·							
	covered above (Expenses grouped together]									
	and labeled miscellaneous may not exceed			İ							
	5% of total expenses shown on line 25 below)										
а	FOREIGN TAX WITHHELD	4,317	4,317								
b	WELLS FARGO FEES AS AGENT	122,908	92,181	30,727							
С	ADR FEES	18	18								
d	ENDOWMENT FUND PARTNERSHIP EXPENSES	1,712	1,712								
е	RENTAL EXPENSES	17,592	17,592								
f	All other expenses	0									
25	Total functional expenses. Add lines 1 through 24f	1,601,028	1,568,827	32,201	0						
26	Joint costs. Check here ▶ If following										
	SOP 98-2 Complete this line only if the organization]									
	reported in column (B) joint costs from a combined		İ								
	educational campaign and fundraising		Ì								
	solicitation										
					Form 990 (2009)						

Form 990 (2009)

HOUCK/ JOHNS HOPKINS 0101574000

23-7455346

Page **11**

	990 (20)			23-7455346 Page 11
Pa	irt X	Balance Sheet		· · · · · · · · · · · · · · · · · · ·	_	T
				(A)		(B)
		- <u>-</u>		Beginning of year		End of year
	1	Cashnon-interest-bearing		4 577 077		0 20 400
	2	Savings and temporary cash investments		1,577,077	2	20,490
	3	Pledges and grants receivable, net		0	3_	0
	4	Accounts receivable, net		0	4	0
	5	Receivables from current and former officers,				
		employees, and highest compensated employ	ees Complete Part II of		_	1
	•	Schedule L			5	
	6	Receivables from other disqualified persons (a				
		4958(f)(1)) and persons described in section 4	1958(c)(3)(B) Complete		_	
S	-	Part II of Schedule L			6	
set	7	Notes and loans receivable, net		0	_7_	0
Assets	8	Inventories for sale or use			8	0
-	9	Prepaid expenses and deferred charges	ا معا		9	- U
	Tua	Land, buildings, and equipment cost or	10a 0			
	h	other basis Complete Part VI of Schedule D Less accumulated depreciation	10b 0	o	100	0
	b 11	•	1 0b 0	17,163,696	10c 11	17,548,054
	12	Investments—publicly traded securities Investments—other securities See Part IV, Iir	00.11	0.000	12	17,546,034
	13	Investments—program-related See Part IV, in		0	13	0
	14	Intangible assets	0	14	0	
	15	Other assets See Part IV, line 11		0	15	0
	16	Total assets. Add lines 1 through 15 (must ed	rual line 34)	18,740,773	16	17,568,544
	17	Accounts payable and accrued expenses	dar iirie 04)	10,740,770	17	0
	18	Grants payable		18	† · · · · · · · ·	
	19	Deferred revenue			19	0
	20	Tax-exempt bond liabilities			20	1
S	21	Escrow or custodial account liability Complete	e Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, direct				1
abil		employees, highest compensated employees,		-		_
Ë		persons Complete Part II of Schedule L	•		22	
	23	Secured mortgages and notes payable to unre	elated third parties	0	23	0
	24	Unsecured notes and loans payable to unrela		0	24	0
	25	Other liabilities Complete Part X of Schedule	D	0	25	0
	26	Total liabilities. Add lines 17 through 25		0	26	0
		Organizations that follow SFAS 117, check	here ▶ and			
es		complete lines 27 through 29, and lines 33				
anc	27	Unrestricted net assets			27	
3al	28	Temporarily restricted net assets			28	
<u> </u>	29	Permanently restricted net assets			29	<u> </u>
. <u>5</u>		Organizations that do not follow SFAS 117	shock boro			
-i		and complete lines 30 through 34.	, check here			
Net Assets or Fund Balanc	30		•	40 740 770	20	47 500 544
SSe	30 31	Capital stock or trust principal, or current fund		18,740,773	30	17,568,544
¥	32	Paid-in or capital surplus, or land, building, or Retained earnings, endowment, accumulated	• •		31 32	
Net	33	Total net assets or fund balances	income, or other lunus	18,740,773	33	17,568,544
_	34	Total liabilities and net assets/fund balances		18,740,773		17,568,544
	J- 1	Total nabilities and het assets/fully balances		10,740,773	34	17,000,044

Form **990** (2009)

Form:	1990 (2009) HOUCK JOHNS HOPKINS 0101574000	23-7400040	P	age IZ
Par	XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other	_	1	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Х
b	Were the organization's financial statements audited by an independent accountant?	_2b		Х
С	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?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in		٠.'	
	Schedule O		- 4:	
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		- 7.	
	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?	_3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		
		Fo	rm 99 ((2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

Department of the Treasury

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Open to Public Inspection

Employer identification number

► Attach to Form 990 or Form 990-EZ. See separate instructions. Internal Revenue Service Name of the organization

HOUCK/ JOHNS HOPKINS 0101574000 23-7455346 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) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 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). 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). 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) 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 X 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 b Type II c | Type III-Functionally integrated e X 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 Since August 17, 2006, has the organization accepted any gift or contribution from any of the a A person who directly or indirectly controls, either alone or together with persons described in (ii) (i) Yes No and (III) below, the governing body of the supported organization? 11g(i) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s) h (iii) Type of organization (iv) Is the organization (v) Did you notify (vi) Is the (vii) Amount of (ii) EIN (i) Name of supported (described on lines 1-9 in col (i) listed in your the organization in organization in col support organization above or IRC section governing document? col (i) of your (i) organized in the (see instructions)) US? Yes No Yes No Yes No JOHN HOPKINS HOS# 52-0591656 3 Х Х Х 1,451,129 0

Total

0

0

0

1.451.129

Sched	ule A (Form 990 or 990-EZ) 2009 HOUCK/ JOHN	IS HOPKINS 0	101574000			23-745534	6 Page 2
Par					1)(A)(iv) and	170(b)(1)(A)	
	(Complete only if you checked	the box on line	<u>e 5, 7, or 8 of</u>	Part I)			
	ion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not						
_	include any "unusual grants ")						0
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
4	Total. Add lines 1 through 3	0	0	0	- 0	0	0
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)		S	J	J	3	
6	Public support. Subtract line 5 from line 4						0
Sect	ion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	О	0	0	0	0	0
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
9	Net income from unrelated business activities, whether or not the business is						
10	regularly carried on Other income Do not include gain or loss from the sale of capital assets						0
11	(Explain in Part-IV)						0
12	Gross receipts from related activities, etc. (s	an instructional				40	0
		·			. ,	12	
13	First five years. If the Form 990 is for the or organization, check this box and stop here		st, second, thir	d, fourth, or fift	h tax year as a	section 501(c)	(3)
	ion C. Computation of Public Support						
14	Public support percentage for 2009 (line 6, c	· , ,		olumn (f))		14	0 00%
15	Public support percentage from 2008 Sched					15	0 00%
16a		tion did not che	ck the box on	line 13, and line	e 14 is 33 1/3%	6 or more, chec	k this box
b	and stop here. The organization qualifies as 33 1/3% support test-2008. If the organization	tion did not che	ck a box on lin	e 13 or 16a, ar	nd line 15 is 33	1/3% or more,	check this
17a b	box and stop here. The organization qualified 10%-facts-and-circumstances test-2009. Or more, and if the organization meets the "facts-and-circum 10%-facts-and-circumstances test-2008. Or more, and if the organization meets the "facts-and-circum the organization meets the "facts-and-circum the organization meets the "facts-and-circum the organization meets the "facts-and-circum the organization meets the "facts-and-circum the organization meets the "facts-and-circum the organization meets the "facts-and-circum the organization	If the organizat acts-and-circum nstances" test If the organizat acts-and-circum	ion did not che instances" test, The organization ion did not che instances" test,	ck a box on lin check this box on qualifies as ck a box on lin check this box	and stop her a publicly supp e 13, 16a, 16b and stop her	e. Explain in Pa ported organizat , or 17a, and lir e. Explain in P	art IV how tion ► ne 15 is 10% Part IV how
18	Private foundation. If the organization did not ch					-	►□

Schedule A (Form 990 or 990-EZ) 2009 HOUCK/ JOHNS HOPKINS 0101574000 23-7455346 Page 3 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 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 0 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 0 organization's tax-exempt purpose Gross receipts from activities that are not an 0 unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on 0 its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 0 Total. Add lines 1 through 5 0 0 0 0 0 7a Amounts included on lines 1, 2, and 3 0 received from disqualified persons **b** Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the 0 amount on line 13 for the year 0 0 0 Add lines 7a and 7b 0 0 Public support (Subtract line 7c from line 6) 0 Section B. Total Support (a) 2005 (c) 2007 (e) 2009 Calendar year (or fiscal year beginning in) (b) 2006 (d) 2008 (f) Total Amounts from line 6 0 Gross income from interest, dividends, -10a payments received on securities loans, rents, royalties and income from similar sources 0 Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 0 Add lines 10a and 10b 0 n 0 0 0 0 Net income from unrelated business activities not included in line 10b. whether or not the business is regularly carried on 0 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 0 13 Total support. (Add lines 9, 10c, 11, and 12) 0 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 0 00% 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 Public support percentage from 2008 Schedule A, Part III, line 15 16 16 0 00% Section D. Computation of Investment Income Percentage Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 0 00% 17 18 Investment income percentage from 2008 Schedule A, Part III, line 17 18 0 00% 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 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions 20

Schedule A (Form	990 or 990-EZ) 2009	HOUCK/ JOHNS HOPKINS 0101574000	23-7455346	Page 4
Part IV	Supplemental	Information. Complete this part to provide the explanations required	oy Part II, line 10	0,
	Part II line 17a	or 17b, and Part III, line 12 Provide any other additional information	See instructions	· }
-	T ditti, iiiic 17d	or 17 b, and 1 are m, line 12 1 Tovide any other additional information	<u> </u>	
				 -
		•••••••••••••••••••••••••••••••••••••••		 -
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10/1/2010 2 59 20 PM - 0101574000 - 570 - WFP - HOUCK, FRANK M T-U-A

SCHEDULE 1 (Form 990) Department of the Treasury Name of the organization Internal Revenue Service

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

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

▶ Attach to Form 990.

2009	Open to Public

OMB No 1545-0047

Inspection Employer identification number

X Yes No 23-7455346 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and General Information on Grants and Assistance the selection criteria used to award the grants or assistance? HOUCK/ JOHNS HOPKINS 0101574000 Partl

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 Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 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
JOHN HOPKINS HOSPITAL 601 N BROADWAY BALTIMORE	52-0591656	501(c)(3)	1,451,129	0			SUPPORT
			0 '	0			
			0	0			
			0 .	0			
			0	0			
			0	0			
			0	0			
			0	0			
			0	0			
			0 ,	0			
			0	0			
				0			
2 Enter total number of section 501(c)(3) and government 3 Enter total number of other organizations	organizations	government organ	organizations			A A	1
ı	2000						

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

Schedule I (Form 990) 2009

23-7455346

HOUCK/ JOHNS HOPKINS 0101574000

Schedule I (Form 990) 2009

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

(f) Description of non-cash assistance Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information (e) Method of valuation (book, FMV, appraisal, other) 0 (d) Amount of non-cash assistance Use Part IV and Schedule I-1 (Form 990) if additional space is needed Part I Line 2 ORGANIZATION CONTRIBUTES TO PRESELECTED ORGANIZATIONS (c) Amount of cash grant 0 (b) Number of recipients (a) Type of grant or assistance Part IV

Schedule I (Form 990) 2009

SCHEDULE O (Form 990)

Supplemental Information to Form 990

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

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990.

Employer identification number HOUCK/ JOHNS HOPKINS 0101574000 23-7455346 Form 990 Part VI Section B Line 11A SOLE TRUSTEE RECEIVES AND REVIEWS FORM 990 Form 990 Part VI Section B Line 12C ORGANIZATION COMPLIES WITH THE SAME POLICY AND ENFORCEMENT PROCEDURES AS ITS TRUSTEE Form 990 Part VI Section C Line 19 NO DOCUMENTS AVAILABLE TO THE PUBLIC



Account Statement For: HOUCK, FRANK M. T/U/A

Period Covered June 1, 2009 - May 31, 2010

Account Number 0101574000

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ASSET DESCRIPTION	QUANTITY	PRICE	MARKET VALUE AS OF 05/31/10	Cost Basis	Unrealized Gain/Loss	CURRENT YIELD	Accrued Income
Cash & Equivalents MONEY MARKET WELLS FARGO ADVANTAGE CASH	02967		\$10,20967	\$12.709.67	000\$	0.18%	\$5058
INVESTMENT FUND INSTITUTIONAL CLASS - #451 Asset held in invested income Portfolio				<u> </u>	,		
WELLS FARGO ADVANTAGE CASH INVESTMENT FUND	7,780 360		7,780 36	7,78036	000	0 18	2 44
INSTITUTIONAL CLASS - #451 Total Money Market			\$20,490.03	\$20,490.03	\$0.00	0.18%	\$53.02
Total Cash & Equivalents		_	\$20,490.03	\$20,490.03	\$0.00	0.18%	\$53.02
		-					
Asset Description	PAR VALUE	PRICE	MARKET VALUE AS OF 05/31/10	Cost Basis	UNREALIZED YIELD TO GAIN/LOSS MATURITY	YIELD TO MATURITY	ACCRUED
Fixed Income							
GOVERNMENT OBLIGATIONS FED NATL MTG ASSN DTD 03/26/01 5 500 03/15/2011	200,000,000	\$103 906	\$519,53000	\$539,462 50	- \$19,93250	0 58%	\$5,805 56
CUSIP 31359MHK2 MOODY'S RATING AAA STANDARD & POOR'S RATING AAA		-*					
FED NATL MTG ASSN DTD 11/23/05 4 750 12/15/2010	500,000,000	102 438	512,190 00	501,09850	11,091 50	0 29	10,951 39
CUSIP 31359MZL0 MOODY'S RATING AAA STANDARD & POOR'S RATING AAA							
Total Government Obligations		_	\$1,031,720.00	\$1,040,561.00	- \$8,841.00		\$16,756.95

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Account Statement For: HOUCK, FRANK M. T/U/A	ASSET DETAIL (continued)	Asset Description
WELLS	ASSET DE	Asser Description

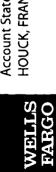
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Period Covered June 1, 2009 - May 31, 2010

Account Number 0101574000

ASSET DETAIL (continued)		-					
Asset Description	PARVALUE	PRICE	MARKET VALUE AS OF 05/31/10	Cost Basis	UNREALIZED YIELD TO GAIN/LOSS MATURITY	YIELD TO IATURITY	Accrued Income
FIXEG INCOME (continued) CORPORATE OBLIGATIONS							
ASTRAZENECA PLC DTD 09/12/2007 5 400 09/15/2012 CUSIP 046353AC2 MOODY'S RATING A1 STANDARD & POOR'S RATING AA-	500,000,000	\$109148	\$545,740 00	\$502,230 00	\$43,510 00	1 34%	\$5,700 00
BANK OF NEW YORK MELLON MED TERM NOTE DTD 03/27/08 4 500 04/01/2013 CUSIP 06406HBJ7 MOODY'S RATING AA2 STANDARD & POOR'S RATING AA-	250,000 000	106 831	267,077 50	256,175 00	10,902 50	201	1,875 00
BB&T CORPORATION MED TERM NOTE DTD 07/27/09 3 850 07/27/2012 CUSIP 05531FAC7 MOODY'S RATING A1 STANDARD & POOR'S RATING A	65,000 000	103 317	67,156.05	64,974 65	2,18140	227	861 97
BHP BILLITON FIN USA LTD DTD 04/17/03 4 800 04/15/2013 CUSIP 055451A46 MOODY'S RATING A1 STANDARD & POOR'S RATING A+	100,000 000	107 765	107,765 00	99,386 00	8,379 00	201	613 33
GOLDMAN SACHS GROUP INC DTD 01/17/06 5 000 01/15/2011 CUSIP: 38141GEF7 MOODY'S RATING A1 STANDARD & POOR'S RATING A	200,000,000	101 722	508,610.00	508,630 00	- 2000	2 23	9,444 44
HEWLETT-PACKARD CO DTD 02/26/09 4 750 06/02/2014 CUSIP 428236AV5 MOODY'S RATING A2 STANDARD & POOR'S RATING A	1 00,000 000	109 426	109,426 00	101,475.00	7,951 00	2 28	2,361 81

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Account Statement For: HOUCK, FRANK M. T/U/A

Period Covered June 1, 2009 - May 31, 2010

Account Number 0101574000

ASSET DETAIL (continued)

Asset Description Fixed Income (continued)	PAR VALUE	PRICE	MARKET VALUE AS OF 05/31/10	Cost Basis	UNREALIZED YIELD TO GAIN/LOSS MATURITY	YIELD TO AATURITY	ACCRUED INCOME
CORPORATE OBLIGATIONS (continued) IBM CORP DTD 11/06/09 2 100 05/06/2013 COSIP 459200GR6	250,000 000	101 282	253,205 00	250,475 00	2,73000	1 65	364 58
STANDARD & POOR'S RATING A+ JPMORGAN CHASE & CO DTD 09/18/09 3 700 01/20/2015 CUSIP. 46625HHP8	250,000 000	100 945	252,362 50	253,600 00	- 1,237 50	3 48	3,365 97
MOODY'S RATING AA3 STANDARD & POOR'S RATING A+ Total Corporate Obligations			\$2,111,342.05	\$2,036,945.65	\$74,396.40		\$24,587.10
Asset Description Fixed Income	QUANTITY	PRICE	MARKET VALUE AS OF 05/31/10	Cost Basis	UNREALIZED GAIN/LOSS	CURRENT YIELD	Accrued
COMMON TRUST FUNDS TAXABLE INTERMEDIATE TERM BOND FUND DIF	244,777 298	9870	\$2,415,95193	\$2,251,63075	\$164,32118	3 42%	\$1,60532
CUSIP 999708902 TAXABLE TOTAL RETURN BOND FUND DIF	281,048509	7 360	2,068,517 03	1,919,49489	149,022 14	3 75	1,50871
CUSIP. 991283912 Total Common Trust Funds			\$4,484,468.96	\$4,171,125.64	\$313,343.32	3.57%	\$3,114.03
Total Fixed Income			\$7,627,531.01	\$7,248,632.29	\$378,898.72		\$44,458.08

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			CURRENT			1 60%	2.79	3 29	1 49	1 22	1 25	0.83	1 05	1.78%			
31, 2010			UNREALIZED GAIN/LOSS			\$64,260 98	13,280 00	122,832 00	6,04896	5,81400	120,036 44	15,261 20	- 3,863 92	\$343,669.66			
Period Covered June 1, 2009 - May 31, 2010	r 0101574000		Cost Basis			\$125,53902	54,440 00	77,778 00	51,855 04	46,586 00	70,81856	52,498 80	170,963 92	\$650,479.34			
Period Covered	Account Number 0101574000		MARKET VALUE AS OF 05/31/10			\$189,800 00	67,720 00	200,610,00	57,904 00	52,400 00	190,855 00	00 092′29	167,100 00	\$994,149.00			
) 			PRICE			\$47 450	. 33 860	66870	72 380	. 52 400	54 530	67 760	33 420				-
			QUANTITY			4,000 000	2,000 000	3,000 000	800 000	1,000 000	3,500 000	1,000 000	5,000 000				
Account Statement For:	WEIGHS HOUCK, FRANK M. T/U/A	ASSET DETAIL (continued)	ASSET DESCRIPTION	Equities	CONSUMER DISCRETIONARY	FORTUNE BRANDS INC SYMBOL FO CUSIP 349631101	HOME DEPOT INC SYMBOL, HD CUSIP 437076102	MCDONALDS CORP SYMBOL MCD CUSIP. 580135101	NIKE INC CL B SYMBOL NKE CUSIP 654106103	ROSS STORES INC SYMBOL ROST CUSIP 778296103	TARGET CORP SYMBOL TGT CUSIP 87612E106	TRACTOR SUPPLY CO COM SYMBOL TSCO CUSIP 892356106	WALT DISNEY CO SYMBOL DIS CUSIP 254687106	Total Consumer Discretionary			

ACCRUED INCOME 000

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595 00

14000

\$3,145.00

\$76000

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Account Statement For: HOUCK, FRANK M. T/U/A

Period Covered June 1, 2009 - May 31, 2010

Account Number 0101574000

ASSET DETAIL (continued)

Asser Description Equities (continued)	QUANTITY	PRICE	MARKET VALUE AS OF 05/31/10	Cost Basis	UNREALIZED C GAIN/LOSS	CURRENT YIELD	Accrued
CONSUMER STAPLES ARCHER DANIELS MIDLAND CO	1,500 000	\$25 270	\$37,905 00	\$48,53805	- \$10,633 05	237%	\$225 00
SIMBOL: ADM COSIN SOCIATION COLGATE PALMOLIVE CO SYMBOL: CL CUSIP 194162103	1,500 000	78 090	117,13500	78,744 00	38,391 00	271	000
GENERAL MILLS INC SYMBOL GIS CUSIP. 370334104	750 000	71 230	53,422 50	50,377 50	3,045 00	275	000
KELLOGG CO SYMBOL: K CUSIP 487836108	1,000 000	53 430	53,43000	52,672 00	75800	281	375 00
KRAFT FOODS INC CL A SYMBOL. KFT CUSIP 50075N104	2,000 000	28 600	57,200 00	53,940 00	3,260 00	4 06	000
PEPSICO INC SYMBOL PEP CUSIP 713448108	3,000 000	62 890	188,670 00	111,209 25	77,46075	3 05	000
PROCTER & GAMBLE CO SYMBOL PG CUSIP: 742718109	3,600 000	61 090	219,924 00	114,07135	105,852 65	3 15	000
WAL MART STORES INC SYMBOL. WMT CUSIP: 931142103	2,000 000	50 560	252,800 00	221,913 42	30,88658	239	1,512 50
Total Consumer Staples			\$980,486.50	\$731,465.57	\$249,020.93	2.87%	\$2,112.50
ENERGY							
CHEVRON CORP SYMBOL, CVX CUSIP 166764100	3,500 000	\$73 870 '	\$258,545 00	\$113,210 00	\$145,33500	3 90%	\$2,520 00
CONOCOPHILLIPS SYMBOL COP CUSIP. 20825C104	2,000 000	51 860	259,300 00	172,511 00	86,78900	4 24	2,75000
EXXON MOBIL CORPORATION SYMBOL XOM CUSIP: 30231G102	3,000 000	60 460	181,380 00	45,290 29	136,08971	291	1,320 00
OCCIDENTAL PETE CORP SYMBOL OXY CUSIP 674599105	650 000	82 510	53,631.50	53,474 50	157 00	184	000
Total Energy		-	\$752,856 50	5384,485.79	\$368,370.71	3.63%	\$6,590.00

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Account Statement For. HOUCK, FRANK M T/U/A

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Period Covered June 1, 2009 - May 31, 2010

Account Number 0101574000

ASSET DETAIL (continued)							
Asset Description	QUANTITY	Price	MARKET VALUE AS OF 05/31/10	Cost Basis	UNREALIZED C GAIN/LOSS	CURRENT YIELD	ACCRUED INCOME
Equities (continued)		-					
AFLAC INC SYMBOL: AFL CLISID: 001055102	2,500 000	\$44 300	\$110,75000	\$55,600 00	\$55,15000	2 53%	\$700 00
BERKSHIRE HATHAWAY INC SYMBOL BRK B CUSIP: 084670702	2,000 000	70550	352,75000	214,14267	138,607 33	000	000
ISHARES DJ US FINANCIAL SECT INDEX FUND SYMBOL IYF CUSIP 464287788	2,000 000	52910	105,820 00	89,062 40	16,757 60	1 30	000
JPMORGAN CHASE & CO SYMBOL. JPM CUSIP 46625H100	3,000 000	39 580	118,740 00	109,051 20	9,688 80	0 50	000
STATE STREET CORP SYMBOL. STT CUSIP 857477103	1,000 000	38170	38,17000	42,261 00	- 4,091 00	010	000
TRAVELERS COMPANIES, INC SYMBOL TRV CUSIP 89417E109	5,000 000	49470	247,350 00	191,331 60	56,01840	291	000
Total Financials		-	\$973,580.00	\$701,448.87	\$272,131.13	1.23%	\$700.00
HEALTH CARE						,	;
BAXTER INTL INC SYMBOL BAX CUSIP 071813109	1,000 000	\$42 230	\$42,230 00	\$57,047 00	- \$14,817 00	275%	\$000
BRISTOL MYERS SQUIBB CO SYMBOL BMY CUSIP 110122108	1,000 000	23 210	23,210 00	23,300 00	0006 -	551	000
GILEAD SCIENCES INC SYMBOL GILD CUSIP 375558103	2,000 000	35 920	71,840 00	84,23800	- 12,398 00	000	000
JOHNSON & JOHNSON SYMBOL JNJ CUSIP 478160104	5,500 000	58 300	320,65000	254,461 25	66,188 75	3.70	2,970 00
MCKESSON CORP SYMBOL, MCK CUSIP 58155Q103	1,000 000	. 70 000	70,000 00	63,818 00	6,182.00	1 03	000
THERMO FISHER SCIENTIFIC INC SYMBOL TMO CUSIP, 883556102	1,500 000	52 060	78,090 00	81,630 00	- 3,540 00	000	000
Total Health Care			\$606,020.00	\$564,494.25	\$41,525.75	2.48% \$	\$2,970.00

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PRIVATE CLIENT SERVICES

Account Statement For HOUCK, FRANK M. T/U/A

Period Covered June 1, 2009 - May 31, 2010

Account Number 0101574000

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Asset Description Equities (continued)	QUANTITY	PRICE	MARKET VALUE AS OF 05/31/10	Cost Basis	UNREALIZED (GAIN/LOSS	CURRENT YIELD	ACCRUED INCOME
INDUSTRIALS FLOWSERVE CORP COM SYMBOL ELS CLISIP 34354P105	200 000	\$95 100	\$47,550 00	\$51,812 00	- \$4,262 00	1 22%	\$0.00
GENERAL ELECTRIC CO SYMBOL: GE CUSIP: 369604103	7,500 000	16350	122,625 00	73,062 50	49,562 50	2 45	000
UNITED TECHNOLOGIES CORP SYMBOL UTX CUSIP 913017109	4,000 000	67 380	269,520 00	126,635 00	142,885 00	2 52	1,700 00
Total Industrials			\$439,695.00	\$251,509.50	\$188,185.50	7.36%	\$1,700.00
INFORMATION TECHNOLOGY		-					
APPLE INC SYMBOL: AAPL CUSIP 037833100	1,366 000	\$256 880	\$350,898 08	\$166,716 17	\$184,18191	%000	\$000
CITRIX SYS INC COM SYMBOL. CTXS CUSIP. 177376100	3,000 000	43 610	130,83000	126,14940	4,680 60	000	000
FISERV INC SYMBOL FISV CUSIP 337738108	3,045 000	47 550	144,78975	108,809 61	35,980 14	000	000
HEWLETT PACKARD CO SYMBOL. HPQ CUSIP 428236103	2,000 000	46010	322,070 00	183,12630	138,943 70	0 7 0	000
INTERNATIONAL BUSINESS MACHS CORP COM SYMBOL IRM CLISIP 459200101	2,000 000	125 260	250,520 00	173,842 40	76,677 60	2 08	1,300 00
MICROSOFT CORP SYMBOL: MSFT CUSIP 594918104	000 006'6	25 800	255,420 00	213,127.05	42,29295	2 0 2	1,287 00
VISA INC-CLASS A SHRS SYMBOL: V CUSIP 92826C839	1,230 000	7,2 460	89,12580	06 256 99	22,167 90	690	153 75
Total Information Technology			\$1,543,653.63	\$1,038,728.83	\$504,924.80	%98.0	\$2,740.75

Account Statement For:)	Period Covered	Period Covered June 1, 2009 - May 31, 2010	31, 2010	,	`
WELLS HOUCK, FRANK M 1/U/A 194RGO			Account Number 0101574000	r 0101574000			
ASSET DETAIL (continued)			;				
ASSET DESCRIPTION	QUANTITY	PRCE	MARKET VALUE AS OF 05/31/10	Cost Basis	UNREALIZED	CURRENT YIELD	ACCRUED
Equities (continued)							
MATERIALS							
PRAXAIR INC COM SYMBOL PX CUSIP 74005P104	200 000	\$77 600	\$54,320 00	00 662'25\$	- \$3,479 00	232%	\$000
SEALED AIR CORP COM SYMBOL SEE CUSIP 81211K100	2,500 000	, 20840	52,10000	55,273 75	- 3,173 75	2 30	000
Total Materials		_	\$106,420.00	\$113,072.75	- \$6,652.75	2.31%	\$0.00
TELECOMMUNICATION SERVICES		_					
CENTURYTEL INC	3,000 000	\$34 330	\$102,99000	\$103,61490	- \$624 90	8 45%	\$0.00
SYMBOL, CTL CUSIP 156700106		-					
Total Telecommunication Services		_	\$102,990.00	\$103,614.90	- \$624.90	8.45%	\$0.00
UTILITIES		_					
FPL GROUP INC SYMBOL FPL CUSIP 302571104	2,000 000	\$49 930	\$99,860 00	\$102,860 00	- \$3,000 00	4 0 1 %	\$0.00
UGI CORP NEW COM SYMBOL UGI CUSIP 902681105	6,000 000	26 140	156,840 00	126,395 66	30,444 34	3 83	000
Total Utilities		-	\$256,700.00	\$229,255.66	\$27,444.34	3.90%	\$0.00
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ASSET DETAIL (continued)

Asset Description Equities (continued)	QUANTITY	PRICE	MARKET VALUE AS OF 05/31/10	Cost Basis	UNREALIZED GAIN/LOSS	CURRENT YIELD	ACCRUED INCOME
INTERNATIONAL EQUITIES NESTLE SA REGISTERED SHARES - ADR SPONSORED ADR	2,500 000	\$45 140	\$112,850 00	\$111,107 00	\$1,743 00	1 99%	\$000
NOBLE CORPORATION CUSIP: H5833N103	1,250 000	29070	36,337 50	54,395 00	- 18,057 50	080	000
NOVARTIS AG - ADR SPONSORED ADR CUSIP 66987V109	1,500 000	45010	67,515 00	79,785 00	- 12,27000	367	000
PETROLEO BRASILEIRO S A - COMM - ADR SPONSORED ADR CUSIP: 71654V408	4,000 000	35 620	142,480 00	138,404 80	4,075 20	1 00	753 92
SCHLUMBERGER LTD CUSIP: 806857108	2,000 000	56 150	112,300 00	108,791 30	3,508 70	150	420 00
TEVA PHARMACEUTICAL INDUSTRIES - ADR SPONSORED ADR CUSIP 881624209	2,408 000	54820	132,006 56	109,247 31	22,75925	1 05	392 87
Total International Equities			\$603,489.06	\$601,730.41	\$1,758.65	1.58% \$1	\$1,566.79
DOMESTIC MUTUAL FUNDS	, i				,	307	ç
KEELEY SMALL CAP VALUE FUND CLASS I #2251 SYMBOL KSCIX CUSIP. 487300808	25,906 736	520 560	\$532,642 49	S500,000 00	532,64249	64046	\$0.00 \$
OPPENHEIMER DEVELOPING MARKET FUND CLASS A EXMEDI ODMAY CIRID 603037100	5,856 003	27 730	162,386 96	225,000 00	- 62,613.04	0 4 2	00 0
SPDR S&P MIDCAP 400 ETF TRUST SYMBOL: MDY CUSIP 78467Y107	3,950 000	138610	547,509 50	502,232 63	45,27687	1 20	000
Total Domestic Mutual Funds		-	\$1,242,538.95	\$1,227,232.63	\$15,306.32	0.76%	\$0.00

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Account Statement For	For	-	Period Covered	Period Covered June 1, 2009 - May 31, 2010	y 31, 2010		
WELLS HOUCK, FRANK M. 1/U/A FARGO	VO/1		Account Numb	Account Number 0101574000			
ASSET DETAIL (continued)							
Asset Description	QUANTITY	PRICE	MARKET VALUE AS OF 05/31/10	Cost Basis	UNREALIZED GAIN/LOSS	CURRENT YIELD	ACCRUED INCOME
Equities (continued)							
INTERNATIONAL MUTUAL FUNDS ISHARES MSCI EAFE	17,500 000	\$48320	\$845,600 00	\$1,058,95080	- \$213,35080	2 98%	\$0.00
ISHARES TR MSCI EMERGING MARKETS	10,400 000	38 100	396,240 00	411,99600	- 15,756 00	1.53	000
SYMBÖL: EEM CUSIP 464287234					00 301 0003	200	9
i otai international mutual Funds			\$1,241,840.00	51,470,946.80	- >229,106.80	7.52%	\$0.00
Total Equities			59,844,418.64	\$8,068,465.30	\$1,775,953.34	1.98%	\$21,525.04
Asset Description	QUANTITY	PRICE	MARKET VALUE AS OF 05/31/10	CostBasis	UNREALIZED GAIN/LOSS	CURRENT	ACCRUED
Complementary Strategies OTHER							
GATEWAY FUND CLASS A #1984 SYMBOL GATEX CUSIP 367829207	13,966 480	\$24670	\$344,55306	\$350,000 00	- \$5,446 94	161%	\$000
HUSSMAN STRATEGIC GROWTH FUND #601 SYMBOL HSGFX CUSIP 448108100	27,674 981	13 220	365,863 25	356,440 01	9,423 24	0 13	000
THE ENDOWMENT TEI FUND LP	3,270 000	55 163	180,382 03	200,000 00	- 19,617 97	000	000
lotal Other			\$890,798.34	\$906,440.01	- \$15,641.67	0.68%	₹0.00
Total Complementary Strategies			\$890,798.34	\$906,440.01	-\$15,641.67	0.68%	\$0.00
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PRIVATE CLIENT SERVICES

ASSET DETAIL (continued)

Asser Description Real Assets	QUANTITY	PRICE	MARKET VALUE AS OF 05/31/10	Cost Basis	UNREALIZED GAIN/LOSS	CURRENT YIELD	Accrued
REAL ASSET FUNDS		-					
CB RICHARD ELLIS REALTY TRUST	54,347 826	\$10,000	\$543,478.26	\$500,000 00	\$43,47826	5 75%	\$0.00
IPATH DOW JONES-UBS COMMODITY INDEX TOTAL RETURN ETN DUE JUNE 12, 2036 SYMBOL: DJP CUSIP 06738C778	5,084 000	37 750	191,921 00	197,300 16	- 5,37916	000	000
ISHARES TR DOW JONES U S REAL ESTATE INDEX FD SYMBOL. IYR CUSIP. 464287739	13,982 000	49 950	698,400 90	627,216.25	71,18465	3 70	000
Total Real Asset Funds			\$1,433,800.16	\$1,324,516.41	\$109,283.75	3.98%	\$0.00
Total Real Assets			\$1,433,800.16	\$1,324,516.41	\$109,283.75	3.98%	\$0.00
		-	ACCOUNT VALUE AS OF 05/31/10	Cost Basis	UNREALIZED GAIN/LOSS		ACCRUED INCOME
TOTAL ASSETS			\$19,817,038.18	\$17,568,544.04	\$2,248,494.14	•	\$66,036.14

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