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Form **990-EZ**

Short Form 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)

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than $200,000 and total assets less than $500,000 at the end of the year may use this form

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

OMB No 1545-1150

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2010 calendar year, or tax year beginning , 2010, and ending , 20

B Check if applicable
- [ ] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Termination
- [ ] Amended return
- [ ] Application pending

C Name of organization
003127 GILBERT FUND FOR INDIGENT PERSONS

Number and street (or P.O box, if mail is not delivered to street address) | Room/suite
109 MAIN STREET

City or town, state or country, and ZIP + 4
GLOUCESTER, MA 01930

D Employer identification number
04-2277209

E Telephone number
(978)283-7079

F Group Exemption Number ▶

G Accounting Method: [X] Cash [ ] Accrual Other (specify) ▶

H Check ▶ [ ] if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I **Website:** ▶

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

K Check ▶ [ ] if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $50,000. A Form 990-EZ or Form 990 return is not required through Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are $200,000 or more, or if total assets (Part II, line 25, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ . . . . . ▶ $ 109,429.

Part I **Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I.)
Check if the organization used Schedule O to respond to any question in this Part I . . . . . [X]

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	
	4	Investment income		4	7,149.
	5a	Gross amount from sale of assets other than inventory	5a 102,280.		
	b	Less cost or other basis and sales expenses	5b 99,174.		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	3,106.
	6	Gaming and fundraising events			
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a		
	b	Gross income from fundraising events (not including $ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceed $15,000)	6b		
	c	Less: direct expenses gaming and fundraising events	6c		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other revenue (describe in Schedule O)		8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶		9	10,255.
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	2,500.
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	
	13	Professional fees and other payments to independent contractors		13	
	14	Occupancy, rent, utilities, and maintenance		14	
	15	Printing, publications, postage, and shipping		15	
	16	Other expenses (describe in Schedule O)		16	19,458.
	17	**Total expenses.** Add lines 10 through 16 ▶		17	21,958.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-11,703.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	306,951.
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶		21	295,248.

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For Paperwork Reduction Act Notice, see the separate instructions. Form **990-EZ** (2010)

Part II Balance Sheets. (see the instructions for Part II.)

Check if the organization used Schedule O to respond to any question in this Part II . . . . . ☐

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	306,951.	22	295,248.
23	Land and buildings		23	
24	Other assets (describe in Schedule O)		24	
25	**Total assets**	306,951.	25	295,248.
26	**Total liabilities** (describe in Schedule O)		26	
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	306,951.	27	295,248.

Part III Statement of Program Service Accomplishments (see the instructions for Part III.)

Check if the organization used Schedule O to respond to any question in this Part III . . . . . ☐

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

What is the organization's primary exempt purpose? SEE STATEMENT 1

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 _____

(Grants $) If this amount includes foreign grants, check here . . . . . ▶ ☐ 28a

29 _____

(Grants $) If this amount includes foreign grants, check here . . . . . ▶ ☐ 29a

30 _____

(Grants $) If this amount includes foreign grants, check here . . . . . ▶ ☐ 30a

31 Other program services (describe on Schedule O) . . . . . .

(Grants $) If this amount includes foreign grants, check here . . . . . ▶ ☐ 31a

32 **Total program service expenses** (add lines 28a through 31a) . . . . . ▶ 32

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV.)

Check if the organization used Schedule O to respond to any question in this Part IV . . . . . ☐

(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 & deferred compensation	(e) Expense account and other allowances
BENJAMIN A. SMITH IV 20 LEONARD ST.; GLOUCESTER, MA 01930	PRESIDENT	NONE	NONE	NONE

Part V **Other Information** (Note the statement requirements in the instructions for Part V.)
Check if the organization used Schedule O to respond to any question in th is Part V ☐

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.			
a	Did the organization have unrelated business gross income of $1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year (see instructions)?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ _____			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed. ▶ _____			
42a	The organization's books are in care of ▶ CAPE ANN SAVINGS BANK Telephone no. ▶ (978)283-7079			
	Located at ▶ 109 MAIN STREET; GLOUCESTER, MA ZIP + 4 ▶ 01930			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
	If "Yes," enter the name of the foreign county: ▶ _____			
	See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
	If "Yes," enter the name of the foreign country: ▶ _____			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** - Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43			

			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		X
c	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	44d		

			Yes	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	45		X
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45a		X
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		X

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. N/A

Check if the organization used Schedule O to respond to any question in this part VI ☐

			Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b	If "Yes," was the related organization a section 527 organization?	49b		

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

(a) Name and address of each employee paid more than $100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

f Total number of other employees paid over $100,000 ▶

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

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors receiving over $100,000 ▶

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ▶ ☐ Yes ☐ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

David E Harrison, Jr. — Signature of officer — Date 05/24/2011

DAVID E. HARRISON, TREASURER — Type or print name and title — 6-16-11

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
GORDON POWERS	Gordon Powers	05/24/2011		P00260194

Firm's name ▶ THOMSON REUTERS (TAX & ACCOUNTING) — Firm's EIN ▶ 75-1297386

Firm's address ▶ 35 THOMSON PLACE, 1ST FL, BOSTON, MA 02210 — Phone no 617-856-2811

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☒ Yes ☐ No

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization	Employer identification number
003127 GILBERT FUND FOR INDIGENT PERSONS	04-2277209

NO EXPLANATIONS WERE REQUIRED FOR THIS RETURN

Name of the organization: 003127 GILBERT FUND FOR INDIGENT PERSONS

Employer identification number: 04-2277209

FORM 990-EZ, PART I - OTHER EXPENSE

DESCRIPTION	AMOUNT
Trustee/Executor Fees-Principal (al	1,191.
Trustee/Executor Fees-Income (alloc	510.
Other Non-Allocable Expense - Princ	6.
Tax Preparation Fee (non-allocable)	140.
Charitable Deduction - Current Inco	17,513.
Foreign Taxes on Qualified Foreign	86.
Foreign Taxes on Nonqualified Forei	12.
TOTAL	19,458.

Name of the organization: 003127 GILBERT FUND FOR INDIGENT PERSONS
Employer identification number: 04-2277209

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

DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
CASH	5.	1.
SAVINGS	67,959.	1,501.
INVESTMENTS - PUBLICLY TRADED SECURITIES	238,987.	293,746.
TOTALS	306,951.	295,248.

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

RECEIVING, HOLDING, INVESTING, AND MANAGING ALL SUMS OF MONEY, AND PROPERTY AS MAY BE DEVISED, BEQUEATHED OR OTHERWISE CONTRIBUTED TO THE CORPORATION FOR THE AGED AND INDIGENT PERSONS OF THE CITY OF GLOUCESTER.

SCHEDULE D (Form 1041)

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

▶ Attach to Form 1041, Form 5227, or Form 990-T. See the Instructions for Schedule D (Form 1041) (also for Form 5227 or Form 990-T, if applicable).

OMB No 1545-0092

2010

Name of estate or trust: 003127 GILBERT FUND FOR INDIGENT PERSONS

Employer identification number: 04-2277209

Note: *Form 5227 filers need to complete **only** Parts I and II.*

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

(a) Description of property (Example 100 shares 7% preferred of "Z" Co.)	(b) Date acquired (mo , day, yr.)	(c) Date sold (mo , day, yr)	(d) Sales price	(e) Cost or other basis (see instructions)	(f) Gain or (loss) for the entire year Subtract (e) from (d)
1a					

b	Enter the short-term gain or (loss), if any, from Schedule D-1, line 1b	1b	440.
2	Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824	2	
3	Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts	3	
4	Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2009 Capital Loss Carryover Worksheet	4	( )
5	**Net short-term gain or (loss).** Combine lines 1a through 4 in column (f). Enter here and on line 13, column (3) on the back ▶	5	440.

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr)	(c) Date sold (mo., day, yr)	(d) Sales price	(e) Cost or other basis (see instructions)	(f) Gain or (loss) for the entire year Subtract (e) from (d)
6a LONG-TERM CAPITAL GAIN DIVIDENDS		STMT 1			238.

b	Enter the long-term gain or (loss), if any, from Schedule D-1, line 6b	6b	2,428.
7	Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824	7	
8	Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts	8	
9	Capital gain distributions	9	
10	Gain from Form 4797, Part I	10	
11	Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2009 Capital Loss Carryover Worksheet	11	( )
12	**Net long-term gain or (loss).** Combine lines 6a through 11 in column (f). Enter here and on line 14a, column (3) on the back ▶	12	2,666.

Part III Summary of Parts I and II Caution: *Read the instructions **before** completing this part.*		(1) Beneficiaries' (see instr.)	(2) Estate's or trust's	(3) Total
13 **Net short-term gain or (loss)**	13			440.
14 **Net long-term gain or (loss):**				
a Total for year	14a			2,666.
b Unrecaptured section 1250 gain (see line 18 of the wrksht.)	14b			
c 28% rate gain	14c			
15 **Total net gain or (loss).** Combine lines 13 and 14a ▶	15			3,106.

Note: *If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 990-T, Part I, line 4a). If lines 14a and 15, column (2), are net gains, go to Part V, and **do not** complete Part IV. If line 15, column (3), is a net loss, complete Part IV and the **Capital Loss Carryover Worksheet**, as necessary.*

Part IV Capital Loss Limitation

16 Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, line 4c, if a trust), the **smaller** of:
a The loss on line 15, column (3) **or** b $3,000 . . . . . 16 ( )

Note: *If the loss on line 15, column (3), is more than $3,000, **or** if Form 1041, page 1, line 22 (or Form 990-T, line 34), is a loss, complete the **Capital Loss Carryover Worksheet** on page 7 of the instructions to figure your capital loss carryover.*

Part V Tax Computation Using Maximum Capital Gains Rates

Form 1041 filers. Complete this part **only** if both lines 14a and 15 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), **and** Form 1041, line 22, is more than zero.

Caution: *Skip this part and complete the worksheet on page 8 of the instructions if:*

- *Either line 14b, col. (2) or line 14c, col. (2) is more than zero, or*
- *Both Form 1041, line 2b(1), and Form 4952, line 4g are more than zero.*

Form 990-T trusts. Complete this part **only** if both lines 14a and 15 are gains, or qualified dividends are included in income in Part I of Form 990-T, **and** Form 990-T, line 34, is more than zero. Skip this part and complete the worksheet on page 8 of the instructions if either line 14b, col. (2) or line 14c, col. (2) is more than zero.

17	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34)			17	
18	Enter the **smaller** of line 14a or 15 in column (2) but not less than zero	18			
19	Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2) (or enter the qualified dividends included in income in Part I of Form 990-T)	19			
20	Add lines 18 and 19	20			
21	If the estate or trust is filing Form 4952, enter the amount from line 4g; otherwise, enter -0- ▶	21			
22	Subtract line 21 from line 20. If zero or less, enter -0-			22	
23	Subtract line 22 from line 17. If zero or less, enter -0-			23	
24	Enter the **smaller** of the amount on line 17 or $2,300			24	
25	Is the amount on line 23 equal to or more than the amount on line 24? ☐ **Yes.** Skip lines 25 and 26; go to line 27 and check the "No" box. ☐ **No.** Enter the amount from line 23			25	
26	Subtract line 25 from line 24			26	
27	Are the amounts on lines 22 and 26 the same? ☐ **Yes.** Skip lines 27 thru 30, go to line 31 ☐ **No.** Enter the smaller of line 17 or line 22			27	
28	Enter the amount from line 26 (If line 26 is blank, enter -0-)			28	
29	Subtract line 28 from line 27			29	
30	Multiply line 29 by 15% (.15)				30
31	Figure the tax on the amount on line 23. Use the 2010 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041)				31
32	Add lines 30 and 31				32
33	Figure the tax on the amount on line 17. Use the 2010 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041)				33
34	**Tax on all taxable income.** Enter the **smaller** of line 32 or line 33 here and on Form 1041, Schedule G, line 1a (or Form 990-T, line 36)				34

SCHEDULE D-1
(Form 1041)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule D (Form 1041)

▶ See instructions for Schedule D (Form 1041).
▶ Attach to Schedule D to list additional transactions for lines 1a and 6a.

OMB No. 1545-0092

2010

Name of estate or trust: 003127 GILBERT FUND FOR INDIGENT PERSONS

Employer identification number: 04-2277209

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

(a) Description of property (Example 100 sh 7% preferred of "Z" Co)	(b) Date acquired (mo., day, yr)	(c) Date sold (mo., day, yr.)	(d) Sales price	(e) Cost or other basis (see instructions)	(f) Gain or (loss) Subtract (e) from (d)
1a 2.955 FIDELITY DIVERSIFIED INTL FD R #325	12/07/2009	08/09/2010	81.00	83.00	-2.00
479.599 FIDELITY ADVISOR DIVERSIFIED INTL FUND # 734	02/04/2010	08/09/2010	7,088.00	6,700.00	388.00
.522 GATEWAY FUND	09/23/2010	11/10/2010	13.00	13.00	
.463 GATEWAY FUND	12/22/2009	11/10/2010	12.00	12.00	
.444 GATEWAY FUND	03/26/2010	11/10/2010	11.00	11.00	
2.137 GATEWAY FUND	08/09/2010	11/10/2010	55.00	54.00	1.00
.518 GATEWAY FUND	06/26/2010	11/10/2010	13.00	13.00	
12.314 TEMPLETON GLOBAL BOND FUND CLASS A	10/01/2009	09/20/2010	167.00	154.00	13.00
51.972 VANGUARD INF PROTECTED SEC FD #119	10/01/2009	08/09/2010	678.00	654.00	24.00
21.692 VANGUARD INF PROTECTED SEC FD #119	12/24/2009	08/09/2010	283.00	272.00	11.00
5.029 VANGUARD INF PROTECTED SEC FD #119	06/29/2010	08/09/2010	66.00	65.00	1.00
6.903 VANGUARD INF PROTECTED SEC FD #119	03/30/2010	08/09/2010	90.00	86.00	4.00

1b Total. Combine the amounts in column (f). Enter here and on Schedule D, line 1b 440.00

Name of estate or trust as shown on Form 1041 Do not enter name and employer identification number if shown on the other side: 003127 GILBERT FUND FOR INDIGENT PERSONS

Employer identification number: 04-2277209

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

(a) Description of property (Example 100 sh. 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr)	(c) Date sold (mo., day, yr.)	(d) Sales price	(e) Cost or other basis (see instructions)	(f) Gain or (loss) Subtract (e) from (d)
6a 17.3229 BARON GROWTH FUND	03/17/2008	08/09/2010	756.00	748.00	8.00
227.574 FIDELITY DIVERSIFIED INTL FD R #325	03/17/2008	08/09/2010	6,249.00	7,906.00	-1,657.00
10.975 FIDELITY DIVERSIFIED INTL FD R #325	12/08/2008	08/09/2010	301.00	209.00	92.00
.868 FIDELITY DIVERSIFIED INTL FD R #325	03/19/2008	08/09/2010	24.00	30.00	-6.00
123.595 GATEWAY FUND	03/17/2008	11/10/2010	3,195.00	3,358.00	-163.00
.631 GATEWAY FUND	03/27/2008	11/10/2010	16.00	17.00	-1.00
.536 GATEWAY FUND	06/26/2008	11/10/2010	14.00	15.00	-1.00
.555 GATEWAY FUND	09/26/2008	11/10/2010	14.00	15.00	-1.00
.924 GATEWAY FUND	03/27/2009	11/10/2010	24.00	21.00	3.00
.542 GATEWAY FUND	09/25/2009	11/10/2010	14.00	13.00	1.00
4.98 GATEWAY FUND	10/01/2009	11/10/2010	129.00	121.00	8.00
.667 GATEWAY FUND	06/26/2009	11/10/2010	17.00	16.00	1.00
.834 GATEWAY FUND	12/31/2008	11/10/2010	22.00	20.00	2.00
258.987 THE GROWTH FUND OF AMERICA CLASS F	12/31/2008	02/04/2010	6,700.00	5,299.00	1,401.00
71.773 PIMCO HIGH YIELD CLASS D # 4306	05/29/2008	08/09/2010	655.00	673.00	-18.00
102.737 PIMCO COMMODITY REAL RETURN	03/17/2008	08/09/2010	816.00	1,931.00	-1,115.00
52.198 RAINIER INV. MANAGEMENT MID CAP EQUITY	07/01/2009	08/09/2010	1,762.00	1,334.00	428.00
27.188 T ROWE PRICE EMERGING MKTS STOCK FD	07/01/2009	08/09/2010	857.00	633.00	224.00
18.2288 ROYCE VALUE FUND K CLASS	12/31/2008	08/09/2010	157.00	108.00	49.00
35000. SBC COMMUNICATIONS 5.3% 11/15/10	02/05/2009	11/15/2010	35,000.00	35,000.00	
281.69 SELECTED AMERICAN SHARES INC. CLASS D	12/31/2008	02/04/2010	10,000.00	8,028.00	1,972.00
14.715 TEMPLETON GLOBAL BOND FUND CLASS A	03/17/2008	08/09/2010	198.00	179.00	19.00
651.96 TEMPLETON GLOBAL BOND FUND CLASS A	03/17/2008	09/20/2010	8,854.00	7,941.00	913.00
4.478 TEMPLETON GLOBAL BOND FUND CLASS A	03/24/2008	09/20/2010	61.00	54.00	7.00
98.925 TEMPLETON GLOBAL BOND FUND CLASS A	05/29/2008	09/20/2010	1,343.00	1,152.00	191.00

6b Total. Combine the amounts in column (f). Enter here and on Schedule D, line 6b . . . . . .

Name of estate or trust as shown on Form 1041. Do not enter name and employer identification number if shown on the other side: 003127 GILBERT FUND FOR INDIGENT PERSONS

Employer identification number: 04-2277209

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

(a) Description of property (Example 100 sh. 7% preferred of "Z" Co.)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price	(e) Cost or other basis (see instructions)	(f) Gain or (loss) Subtract (e) from (d)
6a 54.02 VANGUARD INF PROTECTED SEC FD #119	07/01/2009	08/09/2010	705.00	656.00	49.00
.491 VANGUARD INF PROTECTED SEC FD #119	03/27/2009	08/09/2010	6.00	6.00	
1.421 VANGUARD INF PROTECTED SEC FD #119	12/19/2008	08/09/2010	19.00	17.00	2.00
19.33 VANGUARD INF PROTECTED SEC FD #119	09/26/2008	08/09/2010	252.00	235.00	17.00
21.916 VANGUARD INF PROTECTED SEC FD #119	06/27/2008	08/09/2010	286.00	277.00	9.00
13.162 VANGUARD INF PROTECTED SEC FD #119	03/27/2008	08/09/2010	172.00	169.00	3.00
84.661 VANGUARD INF PROTECTED SEC FD #119	05/29/2008	08/09/2010	1,105.00	1,072.00	33.00
2.992 VANGUARD INF PROTECTED SEC FD #119	03/19/2008	08/09/2010	39.00	39.00	
1051.582 VANGUARD INF PROTECTED SEC FD #119	03/17/2008	08/09/2010	13,723.00	13,765.00	-42.00

6b Total. Combine the amounts in column (f). Enter here and on Schedule D, line 6b 2,428.00

FEDERAL CAPITAL GAIN DIVIDENDS

LONG-TERM CAPITAL GAIN DIVIDENDS

15% RATE CAPITAL GAIN DIVIDENDS

HARBOR BOND FUND INSTI CL	238.00	
TOTAL 15% RATE CAPITAL GAIN DIVIDENDS		238.00
TOTAL LONG-TERM CAPITAL GAIN DIVIDENDS		238.00