See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490
Form 990-T
Exempt Organization Business Income Tax Return (and proxy tax under section 6033(a))

For calendar year 2009 or other tax year beginning 2009, and ending ___________________.

Name of organization: U D CARSON FAM CHARITABLE TRUST
BANK OF AMERICA, NA

Print or Type

Employer identification number

13-6957038

Unrelated business activity codes

(See instructions for Block E on page 6.)

G Group exemption number (See instructions for Block F on page 9.)

1,910,586.

Check organization type

X 501(c) corporation

Check box if name changed and see instructions

501(c) trust

401(a) trust

Other trust

City or town, state, and ZIP code

PROVIDENCE, RI 02901

Book value of all assets at end of year

1,910,586.

The books are in care of

PRIVATE BANK TAX SERVICES
Telephone number

401 278-6880

Part I Unrelated Trade or Business Income

(A) Income

(B) Expenses

(C) Net

1a Gross receipts or sales

b Less returns and allowances

c Balance

1c

2 Cost of goods sold (Schedule A, line 7)

3 Gross profit. Subtract line 2 from line 1c

4a Capital gain net income (attach Schedule D)

b Net gain (loss) (Form 4797, Part II, line 17I (attach Form 4797)

Net gain (loss) (Form 4924, Part II, line 17I (attach Form 4797)

4b

c Capital loss deduction for trusts

4c

5 Income (loss) from partnerships and S corporations (attach statement)

6 Rent income (Schedule C)

7 Unrelated debt-financed income (Schedule E)

8 Interest, annuities, royalties, and rents from controlled organizations (Schedule F)

9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)

10 Exploited exempt activity income (Schedule I)

11 Advertising income (Schedule J)

12 Other income (See page 10 of the instructions, attach schedule)

13 Total. Combine lines 3 through 12

13

Part II Deductions Not Taken Elsewhere (See page 11 of the instructions for limitations on deductions.)

(Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)

15 Salaries and wages

16 Repairs and maintenance

17 Bad debts

18 Interest (attach schedule)

19 Taxes and licenses

20 Charitable contributions (See page 13 of the instructions for limitation rules.)

21 Depreciation (attach Form 4562)

22 Less depreciation claimed on Schedule A or other return

22a

22b

23 Depletion

24 Contributions to deferred compensation plans

25 Employee benefit programs

26 Excess exempt expenses (Schedule I)

27 Excess readership costs (Schedule J)

28 Other deductions (attach schedule)

29 Total deductions. Add lines 14 through 28

29

30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 31

30

-892.

31 Net operating loss deduction (limited to the amount on line 30)

31

-892.

32 Unrelated business taxable income before specific deductions. Subtract line 31 from line 30

32

1,000.

33 Specific deduction (Generally $1,000, but see line 33 instructions for exceptions.)

33

34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 34

34

32, enter the smaller of zero or line 32

32

0.

0.

0.

0.

0.
Part III  Tax Computation
35 Organizations Taxable as Corporations. See instructions for tax computation on page 15. 
   Controlled group members (sections 1561 and 1563) check here □ See instructions and 
   a Enter your share of the $50,000, $75,000, and $925,000 taxable income brackets (in that order): 
      (1)$ □ $ □ $ (2)$ □ $ □ $ (3)$ □ $ □ $ 
   b Enter organization’s share of (1) Additional 5% tax (not more than $11,750) □ $ □ $ 
      (2) Additional 3% tax (not more than $100,000) □ $ □ $ 
   c Income tax on the amount on line 34 □ 35c 
36 Trusts Taxable at Trust Rates. See instructions for tax computation on page 16 Income tax on 
   the amount on line 34 from. □ Tax rate schedule or □ Schedule D (Form 1041) □ 36 
37 Proxy tax. See page 16 of the instructions □ 37 
38 Alternative minimum tax □ 38 
39 Total. Add lines 37 to 38 to line 35c or 36, whichever applies □ 39 

Part IV  Tax and Payments 
40 a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) □ 40a 
    b Other credits (see page 16 of the instructions) □ 40b 
    c General business credit. Attach Form 3800 □ 40c 
    d Credit for prior year minimum tax (attach Form 8801 or 8827) □ 40d 
    e Total credits. Add lines 40a through 40d □ 40e 
41 Subtract line 40e from line 39 □ 41 
42 Other taxes. Check if from □ Form 4255 □ Form 8611 □ Form 8697 □ Form 8866 □ Other (attach schedule) □ 42 
43 Total tax. Add lines 41 and 42 □ 43 
44 a Payments. A 2008 overpayment credited to 2009 □ 44a 
    b 2009 estimated tax payments □ 44b 
    c Tax deposited with Form 8868 □ 44c 
    d Foreign organizations. Tax paid or withheld at source (see instructions) □ 44d 
    e Backup withholding (see instructions) □ 44e 
    f Other credits and payments □ 44f 
45 Total payments. Add lines 44a through 44f □ 45 
46 Estimated tax penalty (see page 4 of the instructions). Check if Form 2220 is attached □ 46 
47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed □ 47 
48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid □ 48 
49 Enter the amount of line 48 you want □ Refunded □ to 2010 estimated tax □ 49 

Part V  Statements Regarding Certain Activities and Other Information (see instructions on page 17) 
1 At any time during the 2009 calendar year, did the organization have an interest in or a signature or other authority over a financial 
   account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign 
   Bank and Financial Accounts. If YES, enter the name of the foreign country here □ X 
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? □ X 
3 If YES, see page 5 of the instructions for other forms the organization may have to file. □ 
4 Enter the amount of tax-exempt interest received or accrued during the tax year □ $ 

Schedule A - Cost of Goods Sold. Enter method of inventory valuation □ 
1 Inventory at beginning of year □ 1 
2 Purchases □ 2 
3 Cost of labor □ 3 
4 a Additional section 263A costs (attach schedule) □ 4a 
    b Other costs (attach schedule) □ 4b 
5 Total. Add lines 1 through 4b □ 5 
6 Inventory at end of year □ 6 
7 Cost of goods sold. Subtract line □ 7 
8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply □ Yes □ No 

Sign Here □ 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 taxpayer) is based on all information of which preparer has any knowledge 

Preparer’s signature □ 
Preparer’s date □ 
Preparer’s SSN or PTIN □ 
Preparer’s Use Only Firm’s name (or yours if self-employed), address, and ZIP code □ 
Check if self-employed □ 
EIN □ 
Phone no □ 

Form 990-T (2009)
Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)
(see instructions on page 18)

1. Description of property

<p>| | | | |</p>
<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>1</td>
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</table>

2. Rent received or accrued

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)</td>
<td>(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)</td>
<td>(c) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)</td>
</tr>
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<tr>
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<td>(2)</td>
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<td>(4)</td>
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</tbody>
</table>

Total: Total

<table>
<thead>
<tr>
<th></th>
<th>Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)</th>
<th>Total deductions. Enter here and on page 1, Part I, line 6, column (B)</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

Schedule E - Unrelated Debt-Financed Income (see instructions on page 19)

<table>
<thead>
<tr>
<th></th>
<th>Description of debt-financed property</th>
<th>Gross income from or allocable to debt-financed property</th>
<th>Deductions directly connected with or allocable to debt-financed property</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>(a) Straight line depreciation (attach schedule)</td>
<td>(b) Other deductions (attach schedule)</td>
</tr>
<tr>
<td>(1)</td>
<td></td>
<td></td>
<td></td>
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<td>(2)</td>
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</tr>
</tbody>
</table>

4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)

<table>
<thead>
<tr>
<th></th>
<th>Average adjusted basis of or allocable to debt-financed property (attach schedule)</th>
<th>Column 4 divided by column 5</th>
<th>Gross income reportable (column 2 x column 6)</th>
<th>Allocable deductions (column 6 x total of columns 3(a) and 3(b))</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
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<td>(4)</td>
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</tbody>
</table>

Enter here and on page 1, Part I, line 7, column (A).

Enter here and on page 1, Part I, line 7, column (B).

Total dividends-received deductions included in column 8

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions on page 20)

<table>
<thead>
<tr>
<th></th>
<th>Name of controlled organization</th>
<th>Exempt Controlled Organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
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</tr>
</tbody>
</table>

Nonexempt Controlled Organizations

<table>
<thead>
<tr>
<th></th>
<th>Taxable Income</th>
<th>Net unrelated income (loss) (see instructions)</th>
<th>Total of specified payments made</th>
<th>Part of column 9 that is included in the controlling organization's gross income</th>
<th>Deductions directly connected with income in column 10</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
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<tr>
<td>(4)</td>
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</tr>
</tbody>
</table>

Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).

Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).

Totals

Form 990-T (2009)
Applicant for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box. X
- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Part I** Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only. □

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

<table>
<thead>
<tr>
<th>Type or print</th>
<th>Name of Exempt Organization</th>
<th>Employer identification number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>UD CARSON PAM CHARITABLE TRUST</td>
<td>13-6957038</td>
</tr>
<tr>
<td></td>
<td>BANK OF AMERICA N.A. PO BOX 1502</td>
<td>PROVIDENCE, RI 02901-1802</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Check type of return to be filed (file a separate application for each return)

- Form 990
- Form 990-BL
- Form 990-EZ
- Form 990-PF

- The books are in the care of PRIVATE BANK TAX SERVICES

- If the organization does not have an office or place of business in the United States, check this box □
- If this is for a Group Return, enter the organization’s four digit Group Exemption Number (GEN). If this is for the whole group, check this box □. If it is for part of the group, check this box □ and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08/16/2010 to file the exempt organization return for the organization named above. The extension is for the organization’s return for:

- calendar year 2009 or
tax year beginning , , and ending , .

2 If this tax year is for less than 12 months, check reason Initial return □ Final return □ Change in accounting period □

3a This application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. $ NONE

b This application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. $ NONE

c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. $ NONE

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.
Form 8868 (Rev. 4-2009)

If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box. Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

**Part II**

Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

<table>
<thead>
<tr>
<th>Type or print</th>
<th>Name of Exempt Organization</th>
<th>Employer identification number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>UD CARSON FAM CHARITABLE TRUST</td>
<td>13-6957038</td>
</tr>
<tr>
<td></td>
<td>Number, street, and room or suite no. (if a P.O. box, see instructions.)</td>
<td>For IRS use only</td>
</tr>
<tr>
<td></td>
<td>BANK OF AMERICA N.A. PO BOX 1902</td>
<td>PROVIDENCE, RI 02901-1802</td>
</tr>
</tbody>
</table>

Check type of return to be filed (File a separate application for each return)

- Form 990
- Form 990-BL
- Form 990-T (sec. 401(a) or 408(a) trust)
- Form 990-EZ
- Form 990-T (trust other than above)

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of PRIVATE BANK TAX SERVICES
  - Telephone No. (401) 278-6880
  - FAX No.  
- If the organization does not have an office or place of business in the United States, check this box. 
- If this is for a Group Return, enter the organization’s four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . . . . If it is for part of the group, check this box . . . and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until 11/15/2010.
5 For calendar year 2009, or other tax year beginning 
6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
7 State in detail why you need the extension ADDITIONAL TIME REQUESTED TO FILE A COMPLETE AND ACCURATE RETURN

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. $ NONE
8b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. $ NONE
8c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. $ NONE

Signature  

Signature Date

Form 8868 (Rev 4-2009)
FORM 990T - LINE 5 - INCOME (LOSS) FROM PARTNERSHIPS

LANDMARK SECONDARY PARTNERS IX, LP
ACCOLADE PARTNERS, L.P.

INCOME (LOSS) FROM PARTNERSHIPS

64.
-956.
-892.
ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY.

PARTNERSHIP INCOME
<table>
<thead>
<tr>
<th>Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions on page 20)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Description of income</td>
</tr>
<tr>
<td>(1)</td>
</tr>
<tr>
<td>(2)</td>
</tr>
<tr>
<td>(3)</td>
</tr>
<tr>
<td>(4)</td>
</tr>
</tbody>
</table>

Enter here and on page 1, Part I, line 9, column (A).

Enter here and on page 1, Part I, line 9, column (B).

<table>
<thead>
<tr>
<th>Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions on page 21)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Description of exploited activity</td>
</tr>
<tr>
<td>(1)</td>
</tr>
<tr>
<td>(2)</td>
</tr>
<tr>
<td>(3)</td>
</tr>
<tr>
<td>(4)</td>
</tr>
</tbody>
</table>

Enter here and on page 1, Part I, line 19, col. (A).
Enter here and on page 1, Part I, line 10, col. (B).
Enter here and on page 1, Part II, line 26.

<table>
<thead>
<tr>
<th>Schedule J - Advertising Income (see instructions on page 21)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Part I Income From Periodicals Reported on a Consolidated Basis</td>
</tr>
<tr>
<td>1. Name of periodical</td>
</tr>
<tr>
<td>(1)</td>
</tr>
<tr>
<td>(2)</td>
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<tr>
<td>(3)</td>
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<tr>
<td>(4)</td>
</tr>
</tbody>
</table>

Enter here and on page 1, Part I, line 11, col. (A).
Enter here and on page 1, Part I, line 11, col. (B).
Enter here and on page 1, Part II, line 27.

<table>
<thead>
<tr>
<th>Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Name of periodical</td>
</tr>
<tr>
<td>(1)</td>
</tr>
<tr>
<td>(2)</td>
</tr>
<tr>
<td>(3)</td>
</tr>
<tr>
<td>(4)</td>
</tr>
</tbody>
</table>

Enter here and on page 1, Part I, line 11, col. (A).
Enter here and on page 1, Part I, line 11, col. (B).
Enter here and on page 1, Part II, line 27.

<table>
<thead>
<tr>
<th>Schedule K - Compensation of Officers, Directors, and Trustees (see instructions on page 21)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Name</td>
</tr>
<tr>
<td></td>
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</tbody>
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Enter here and on page 1, Part II, line 14.