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JAN 10 2011

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

OMB No 1545-0047

2006

Open to Public Inspection

JAN 04 2011 STATE CLEARED

A For the 2006 calendar year, or tax year beginning , 2006, and ending

B Check if applicable: Address change; Name change; X Initial return; Final return; X Amended return; Application pending

Please use IRS label or print or type See Specific Instructions

C Name of organization: ROSEHILL CM ASSN

Number and street (or P O box if mail is not delivered to street address): 1525 WEST W.T. HARRIS BLVD.

Room/suite

City or town, state or country, and ZIP + 4: CHARLOTTE, NC 28288-1161

D Employer identification number: 62-0582182

E Telephone number: (888)730-4933

F Accounting method: X Cash; Accrual; Other (specify) ▶

- **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

H *and I are not applicable to section 527 organizations*

H(a) Is this a group return for affiliates? Yes X No

H(b) If "Yes," enter number of affiliates ▶

H(c) Are all affiliates included? Yes No (If "No," attach a list See instructions)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes X No

Website: ▶ N/A

Organization type (check only one) ▶ X 501(c) (13) ◀ (insert no) 4947(a)(1) or 527

I Group Exemption Number ▶

K Check here ▶ if the organization is not a 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000 A return is not required, but if the organization chooses to file a return, be sure to file a complete return

M Check ▶ X if the organization is **not** required to attach Sch B (Form 990, 990-EZ, or 990-PF)

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 234,099.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances *(See the instructions)*

1	Contributions, gifts, grants, and similar amounts received			
a	Contributions to donor advised funds	1a		
b	Direct public support (not included on line 1a)	1b		
c	Indirect public support (not included on line 1a)	1c		
d	Government contributions (grants) (not included on line 1a)	1d		
e	Total (add lines 1a through 1d) (cash $ ____ noncash $ ____)		1e	
2	Program service revenue including government fees and contracts (from Part VII, line 93)		2	3,925.
3	Membership dues and assessments		3	
4	Interest on savings and temporary cash investments		4	
5	Dividends and interest from securities STMT 1		5	13,081.
6 a	Gross rents	6a		
b	Less rental expenses	6b		
c	Net rental income or (loss) Subtract line 6b from line 6a		6c	
7	Other investment income (describe ▶)		7	

8 a	Gross amount from sales of assets other than inventory	(A) Securities	8a	(B) Other		
b	Less cost or other basis and sales expenses	217,093.	8b			
c	Gain or (loss) (attach schedule)	191,998.	8c			
d	Net gain or (loss) Combine line 8c, columns (A) and (B)	25,095.			8d	25,095.

9	Special events and activities (attach schedule) If any amount is from **gaming**, check here ▶			
a	Gross revenue (not including $ ____ of contributions reported on line 1b)	9a		
b	Less direct expenses other than fundraising expenses	9b		
c	Net income or (loss) from special events Subtract line 9b from line 9a		9c	
10 a	Gross sales of inventory, less returns and allowances	10a		
b	Less cost of goods sold	10b		
c	Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a		10c	
11	Other revenue (from Part VII, line 103)		11	
12	**Total revenue.** Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11		12	42,101.
13	Program services (from line 44, column (B))		13	
14	Management and general (from line 44, column (C))		14	
15	Fundraising (from line 44, column (D))		15	
16	Payments to affiliates (attach schedule)		16	
17	**Total expenses** Add lines 16 and 44, column (A)		17	15,483.
18	Excess or (deficit) for the year Subtract line 17 from line 12		18	26,618.
19	Net assets or fund balances at beginning of year (from line 73, column (A))		19	292,298.
20	Other changes in net assets or fund balances (attach explanation) STMT 2 STMT 3		20	-722.
21	Net assets or fund balances at end of year Combine lines 18, 19, and 20		21	318,194.

Expenses

Net Assets

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2006)

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Part II Statement of Functional Expenses All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others *(See the instructions)*

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash $ _____ noncash $ _____) If this amount includes foreign grants, check here ▶ ☐	22a				
22b Other grants and allocations (attach schedule) (cash $ 11,281. noncash $ _____) If this amount includes foreign grants, check here ▶ ☐	22b	11,281.			
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25a Compensation of current officers, directors, key employees, etc listed in Part V-A (attach schedule)	25a	4,197.			
b Compensation of former officers, directors, key employees, etc listed in Part V-B (attach schedule)	25b				
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c				
26 Salaries and wages of employees not included on lines 25a, b, and c	26				
27 Pension plan contributions not included on lines 25a, b, and c	27				
28 Employee benefits not included on lines 25a - 27	28				
29 Payroll taxes	29				
30 Professional fundraising fees	30				
31 Accounting fees	31				
32 Legal fees	32				
33 Supplies	33				
34 Telephone	34				
35 Postage and shipping	35				
36 Occupancy	36				
37 Equipment rental and maintenance	37				
38 Printing and publications	38				
39 Travel	39				
40 Conferences, conventions, and meetings	40				
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule)	42				
43 Other expenses not covered above (itemize)					
a FOREIGN TAX WITHHELD	43a	5.			
b _____	43b				
c _____	43c				
d _____	43d				
e _____	43e				
f _____	43f				
g _____	43g				
44 **Total functional expenses.** Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	15,483.			

Joint Costs. Check ▶ ☐ if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ▶ ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs $ _____, (ii) the amount allocated to Program services $ _____, (iii) the amount allocated to Management and general $ _____, and (iv) the amount allocated to Fundraising $ _____

Part III Statement of Program Service Accomplishments *(See the instructions)*

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization How the public perceives an organization in such cases may be determined by the information presented on its return Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments

What is the organization's primary exempt purpose? ▶SEE STATEMENT 4 All organizations must describe their exempt purpose achievements in a clear and concise manner State the number of clients served, publications issued, etc Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others)	**Program Service Expenses** (Required for 501(c)(3) and (4) orgs , and 4947(a)(1) trusts, but optional for others)
a THE FUND WAS ESTABLISHED FOR THE PURPOSE OF PRESERVING AND MAINTAINING THE ROSEHILL CEMETERY (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
b (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
c (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
d (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
e Other program services (attach schedule) (Grants and allocations $ 11,281.) If this amount includes foreign grants, check here ▶ ☐	11,286.
f Total of Program Service Expenses (should equal line 44, column (B), Program services) . . . . . ▶	11,286.

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Part IV Balance Sheets *(See the instructions)*

Note: *Where required, attached schedules and amounts within the description column should be for end-of-year amounts only*		(A) Beginning of year		(B) End of year
Assets				
45	Cash - non-interest-bearing		45	
46	Savings and temporary cash investments		46	
47a	Accounts receivable 47a			
b	Less allowance for doubtful accounts 47b		47c	
48a	Pledges receivable 48a			
b	Less allowance for doubtful accounts 48b		48c	
49	Grants receivable		49	
50a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a	
b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
51a	Other notes and loans receivable (attach schedule) 51a			
b	Less allowance for doubtful accounts 51b		51c	
52	Inventories for sale or use		52	
53	Prepaid expenses and deferred charges		53	
54a	Investments - publicly-traded securities ▶ [X] Cost [ ] FMV	292,298.	54a	318,194.
b	Investments - other securities (attach schedule) ▶ [ ] Cost [ ] FMV		54b	
55a	Investments - land, buildings, and equipment basis 55a			
b	Less accumulated depreciation (attach schedule) 55b		55c	
56	Investments - other (attach schedule)		56	
57a	Land, buildings, and equipment basis 57a			
b	Less accumulated depreciation (attach schedule) 57b		57c	
58	Other assets, including program-related investments (describe ▶)		58	
59	**Total assets** (must equal line 74) Add lines 45 through 58	292,298.	59	318,194.
Liabilities				
60	Accounts payable and accrued expenses		60	
61	Grants payable		61	
62	Deferred revenue		62	
63	Loans from officers, directors, trustees, and key employees (attach schedule)		63	
64a	Tax-exempt bond liabilities (attach schedule)		64a	
b	Mortgages and other notes payable (attach schedule)		64b	
65	Other liabilities (describe ▶)		65	
66	**Total liabilities.** Add lines 60 through 65		66	
Net Assets or Fund Balances	**Organizations that follow SFAS 117, check here ▶ [ ] and complete lines 67 through 69 and lines 73 and 74**			
67	Unrestricted		67	
68	Temporarily restricted		68	
69	Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here ▶ [X] and complete lines 70 through 74			
70	Capital stock, trust principal, or current funds		70	
71	Paid-in or capital surplus, or land, building, and equipment fund		71	
72	Retained earnings, endowment, accumulated income, or other funds		72	
73	**Total net assets or fund balances** (add lines 67 through 69 **or** lines 70 through 72 (Column (A) **must** equal line 19 and column (B) **must** equal line 21)	292,298.	73	318,194.
74	**Total liabilities and net assets/fund balances.** Add lines 66 and 73	292,298.	74	318,194.

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return *(See the instructions)*

a	Total revenue, gains, and other support per audited financial statements			a
b	Amounts included on line a but not on Part I, line 12			
1	Net unrealized gains on investments	b1		
2	Donated services and use of facilities	b2		
3	Recoveries of prior year grants	b3		
4	Other (specify)	b4		
	Add lines b1 through b4			b
c	Subtract line b from line a			c
d	Amounts included on Part I, line 12, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify)	d2		
	Add lines d1 and d2			d
e	**Total revenue** (Part I, line 12) Add lines c and d		▶	e

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements			a
b	Amounts included on line a but not on Part I, line 17			
1	Donated services and use of facilities	b1		
2	Prior year adjustments reported on Part I, line 20	b2		
3	Losses reported on Part I, line 20	b3		
4	Other (specify)	b4		
	Add lines b1 through b4			b
c	Subtract line b from line a			c
d	Amounts included on Part I, line 17, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify)	d2		
	Add lines d1 and d2			d
e	**Total expenses** (Part I, line 17) Add lines c and d		▶	e

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated) *(See the instructions)*

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
SEE STATEMENT 5		4,197.	-0-	-0-

Part V-A Current Officers, Directors, Trustees, and Key Employees *(continued)*

			Yes	No
75a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ▶ 1			
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b		X
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization" ▶	75c		X
	If "Yes," attach a statement that includes the information described in the instructions			
d	Does the organization have a written conflict of interest policy?	75d	X	

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits
(If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column See the instructions)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
	-0-	-0-	-0-	-0-

Part VI Other Information *(See the instructions)*

			Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS?	77		X
	If "Yes," attach a conformed copy of the changes			
78a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	78a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	78b	N/A	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc, to any other exempt or nonexempt organization?	80a		X
b	If "Yes," enter the name of the organization ▶ _____ and check whether it is ☐ exempt or ☐ nonexempt			
81a	Enter direct and indirect political expenditures (See line 81 instructions) 81a			
b	Did the organization file **Form 1120-POL** for this year?	81b		X

Part VI Other Information *(continued)*

			Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		X
b	If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III) 82b N/A			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to *quid pro quo* contributions?	83b	N/A	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A	
85	*501(c)(4), (5), or (6) organizations* a Were substantially all dues nondeductible by members?	85a	N/A	
b	Did the organization make only in-house lobbying expenditures of $2,000 or less?	85b	N/A	
	If "Yes" was answered to either 85a or 85b, **do not** complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year			
c	Dues, assessments, and similar amounts from members 85c N/A			
d	Section 162(e) lobbying and political expenditures 85d N/A			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A	
86	*501(c)(7) orgs* Enter a Initiation fees and capital contributions included on line 12 86a N/A			
b	Gross receipts, included on line 12, for public use of club facilities 86b N/A			
87	*501(c)(12) orgs* Enter a Gross income from members or shareholders 87a N/A			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 87b N/A			
88b	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Part IX	88a		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI ▶	88b		X
89a	*501(c)(3) organizations* Enter Amount of tax imposed on the organization during the year under section 4911 ▶ N/A, section 4912 ▶ N/A, section 4955 ▶ N/A			
b	*501(c)(3) and 501(c)(4) orgs* Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	N/A	
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ N/A			
d	Enter Amount of tax on line 89c, above, reimbursed by the organization ▶ N/A			
e	*All organizations* At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e		X
f	*All organizations* Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		X
g	*For supporting organizations and sponsoring organizations maintaining donor advised funds* Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g		X
90a	List the states with which a copy of this return is filed ▶ TN,			
b	Number of employees employed in the pay period that includes March 12, 2006 (See instructions)	90b	0	
91a	The books are in care of ▶ WELLS FARGO BANK, N.A. Telephone no ▶ 888-730-4933 Located at ▶ 1525 WEST W.T. HARRIS BLVD CHARLOTTE, NC ZIP + 4 ▶ 28288-1161			
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)? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1,** Report of Foreign Bank and Financial Accounts	91b		X

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Part VI Other Information *(continued)*

		Yes	No
c	At any time during the calendar year, did the organization maintain an office outside of the United States? 91c		X
	If "Yes," enter the name of the foreign country ▶		
92	*Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of* ***Form 1041*** - Check here . . . . . ▶ ☐		
	and enter the amount of tax-exempt interest received or accrued during the tax year . . . . ▶ 92 N/A		

Part VII Analysis of Income-Producing Activities *(See the instructions)*

Note: *Enter gross amounts unless otherwise indicated*	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a STMT 6				3,925.	
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies .					
94 Membership dues and assessments . . .					
95 Interest on savings and temporary cash investments .					
96 Dividends and interest from securities . .			14	13,081.	
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property . .					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	25,095.	
101 Net income or (loss) from special events .					
102 Gross profit or (loss) from sales of inventory . .					
103 Other revenue a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E)) . .				38,176.	3,925.
105 **Total** (add line 104, columns (B), (D), and (E)) . . . . . ▶					42,101.

Note: *Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I*

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes *(See the instructions)*

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities *(See the instructions)*

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts *(See the instructions)*

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	☐ Yes	X	No
(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	☐ Yes	X	No

Note: *If "Yes" to* ***(b)****, file Form 8870* ***and*** *Form 4720 (see instructions)*

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Part XI Information Regarding Transfers To and From Controlled Entities. *Complete only if the organization is a controlling organization as defined in section 512(b)(13).*

		Yes	No
106	Did the reporting organization **make** any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity		X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
	Totals			

		Yes	No
107	Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.		X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
	Totals			

		Yes	No
108	Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?		X

Please 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 officer) is based on all information of which preparer has any knowledge

John N. Sulentic 12/3/10

Signature of officer — Date

John N. Sulentic, Vice-President & Trust Officer

Type or print name and title

Paid Preparer's Use Only

Preparer's signature		Date 12/03/2010	Check if self-employed X	Preparer's SSN or PTIN (See Gen Inst. X) P00364310
Firm's name (or yours if self-employed), address, and ZIP + 4	PRICEWATERHOUSECOOPERS LLP 600 GRANT STREET PITTSBURGH, PA 15219-2777		EIN	13-4008324
			Phone no.	412-355-6000

Form **990** (2006)

JSA

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FORM 990, PART I - DIVIDENDS AND INTEREST FROM SECURITIES

DESCRIPTION	AMOUNT
INTEREST INCOME	2,936.
DIVIDEND INCOME	10,145.
TOTAL	13,081.

FORM 990, PART I - OTHER INCREASES IN FUND BALANCES

DESCRIPTION	AMOUNT
FEDERAL INCOME TAX REFUND	1,389.
TOTAL	1,389.

FORM 990, PART I - OTHER DECREASES IN FUND BALANCES

DESCRIPTION	AMOUNT
PY TAXES	1,716.
COST BASIS ADJUSTMENT	395.
TOTAL	2,111.

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

THE FUND WAS ESTABLISHED FOR THE PURPOSE OF PRESERVING AND MAINTAINING THE ROSEHILL CEMETERY

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
WELLS FARGO BANK, N.A. TRUSTEE 1525 WEST W.T. HARRIS BLVD CHARLOTTE, NC 28288-1161	4.00	4,197.		
GRAND TOTALS		4,197.		

FORM 990, PART VII - PROGRAM SERVICE REVENUE

DESCRIPTION	BUSINESS CODE	AMOUNT	EXCLUSION CODE	AMOUNT	RELATED OR EXEMPT FUNCTION INCOME
CEMETERY PERPETUAL CARE & LOT SALES				3,925.	
TOTALS				3,925.	

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 separate instructions for Form 1041 (also for Form 5227 or Form 990-T, if applicable).

OMB No 1545-0092

2006

Name of estate or trust

ROSEHILL CM ASSN

Employer identification number

62-0582182

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 page 35)	(f) Gain or (Loss) for the entire year (col (d) less col (e))
1						

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 2005 Capital Loss Carryover Worksheet	4	( )
5	**Net short-term gain or (loss).** Combine lines 1 through 4 in column (f) Enter here and on line 13, column (3) below ▶	5	

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 page 35)	(f) Gain or (Loss) for the entire year (col (d) less col (e))
6	LONG-TERM CAPITAL GAIN DIVIDENDS					4,610.
	SEE STATEMENT 1			212,483.	191,998.	20,485.

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 2005 Capital Loss Carryover Worksheet	11	( )
12	**Net long-term gain or (loss).** Combine lines 6 through 11 in column (f) Enter here and on line 14a, column (3) below ▶	12	25,095.

Part III Summary of Parts I and II

Caution: *Read the instructions **before** completing this part.*

			(1) Beneficiaries' (see page 36)	(2) Estate's or trust's	(3) Total
13	**Net short-term gain or (loss)**	13			
14	**Net long-term gain or (loss):**				
a	Total for year	14a			25,095.
b	Unrecaptured section 1250 gain (see line 18 of the worksheet on page 36)	14b			
c	28% rate gain	14c			
15	**Total net gain or (loss).** Combine lines 13 and 14a ▶	15			25,095.

Note: *If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 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, the **smaller** of
a The loss on line 15, column (3) **or**
b $3,000 . . . . . 16 ( )

*If the loss on line 15, column (3), is more than $3,000, **or** if Form 1041, page 1, line 22, is a loss, complete the **Capital Loss Carryover Worksheet** on page 39 of the instructions to determine your capital loss carryover*

Part V Tax Computation Using Maximum Capital Gains Rates

(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)

Note: *If line 14b, column (2) or line 14c, column (2) is more than zero, complete the worksheet on page 38 of the instructions and skip Part V Otherwise, go to line 17*

17 Enter taxable income from Form 1041, line 22 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) 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 $2,050 24

25 Is the amount on line 23 equal to or more than the amount on line 24?
☐ **Yes.** Skip lines 25 through 27, go to line 28 and check the "No" box
☐ **No.** Enter the amount from line 23 25

26 Subtract line 25 from line 24 26

27 Multiply line 26 by 5% (05) 27

28 Are the amounts on lines 22 and 26 the same?
☐ **Yes.** Skip lines 28 through 31, go to line 32
☐ **No.** Enter the **smaller** of line 17 or line 22 28

29 Enter the amount from line 26 (If line 26 is blank, enter -0-) 29

30 Subtract line 29 from line 28 30

31 Multiply line 30 by 15% (15) 31

32 Figure the tax on the amount on line 23 Use the 2006 Tax Rate Schedule on page 23 of the instructions 32

33 Add lines 27, 31, and 32 33

34 Figure the tax on the amount on line 17 Use the 2006 Tax Rate Schedule on page 23 of the instructions 34

35 **Tax on all taxable income.** Enter the **smaller** of line 33 or line 34 here and on line 1a of Schedule G, Form 1041 35

ROSEHILL CM ASSN 62-0582182

Schedule D Detail of Long-term Capital Gains and Losses

Description	Date Acquired	Date Sold	Gross Sales Price	Cost or Other Basis	Long-term Gain/Loss
CAPITAL GAINS (LOSSES) FROM SECURITIES					
SEE ATTACHED			212,483.	191,998.	20,485.
TOTAL CAPITAL GAINS (LOSSES) FROM SECURITIES			212,483.	191,998.	20,485.
Totals			212,483.	191,998.	20,485.

JSA
6F0970 2 000

TAX PREPARER: 667
TRUST ADMINISTRATOR: 6551
INVESTMENT OFFICER: 9844

LEGEND: F - FEDERAL S - STATE I - INHERITED
B - EXEMPT FROM STATE U - ACQ COST UNKNOWN

PROPERTY DESCRIPTION	SHARES	DATE	SALES PRICE	COST BASIS	GAIN/LOSS	TERM
30000.0000 UNITED STATES TREAS NT DTD 05/15/2001 4.625% 05/15/2006 - 9128276X5 - MINOR = 30						
SOLD		05/15/2006	30000.00			
ACQ	30000 0000	09/10/2001	30000.00	30438.28	-438.28	LT15
25000 0000 UNITED STATES TREAS NTS DTD 10/15/96 6.5% 10/15/2006 - 912827Z62 - MINOR = 30						
SOLD		10/15/2006	25000.00			
ACQ	25000.0000	01/16/1997	25000.00	25000.00	0.00	LT15
9079.9380 EVERGREEN CORE BOND FUND CL I (FD #474) - 299908103 - MINOR = 73						
SOLD		12/15/2006	95066.95			
ACQ	3673.0946	02/24/2004	38457.30	40000.00	-1542.70	LT15
	1899.3352	05/18/2004	19886.04	20000.00	-113 96	LT15
	3507.5082	08/13/2004	36723 61	37740.79	-1017.18	LT15
3497.8430 EVERGREEN LARGE CAP EQUITY FD CL I (FD #716) - 30023C657 - MINOR = 78						
SOLD		12/15/2006	62366.54			
ACQ	3497.8430	11/26/2002	62366.54	38818.71	23547 83	LT15
		TOTALS	212433.49	191997.78		

SUMMARY OF CAPITAL GAINS/LOSSES

FEDERAL	SHORT TERM	LONG TERM 28%	LONG TERM 15%	ST WASH SALE	LT WASH SALE
SUBTOTAL FROM ABOVE	0.00	0.00	20435.71	0.00	0.00
COMMON TRUST FUND	0.00	0 00	0.00		
CAPITAL GAIN DIVIDENDS	0.00	0 00	4609.56		
	0.00	0.00	25045.27	0 00	0.00
STATE					
SUBTOTAL FROM ABOVE	0.00	0 00	20435.71	0.00	0.00
COMMON TRUST FUND	0.00	0.00	0.00		
CAPITAL GAIN DIVIDENDS	0 00	0.00	4609.56		
	0.00	0.00	25045.27	0 00	0 00

CAPITAL LOSS CARRYOVER

FEDERAL	0.00	461.00
TENNESSEE	N/A	N/A

Statement 1

PRICEWATERHOUSECOOPERS

- Not posted there.

This return is being amended since previously the taxpayer had filed Form 990 under Tax ID 27-2586742 for the 2006 tax year. It has since been determined that the organization should be filing Form 990 for the 2006 tax year, under Tax ID 62-0582182.

SCHEDULE OF PRINCIPAL ASSETS
AS OF DECEMBER 31, 2006

		BOOK VALUE	MARKET VALUE	EST INCOME	YIELD
COMMON TRUST FUND - STIF					
	WACHOVIA SHORT-TERM INVESTMENT FUND	5,033.59	5,033.59	251.13	5.0
	TOTAL	5,033.59	5,033.59	251.13	5 0
CLOSED-END FUND - OTHER					
267	BARCLAYS BANK PLC IPATH DOW JONES-AIG COMMODITY INDEX TOTAL RETURN ETN	13,168.41	13,066.98		
	TOTAL	13,168.41	13,066.98		
MUTUAL FUNDS - FIXED TAXABLE					
8,198.414815	EVERGREEN CORE BOND FD INST CL (FD #474)	86,831.77	85,427.48	3,968.03	4.6
616.515	EVERGREEN INTERNATIONAL BOND FD CL I (FD #460)	6,602.88	6,609.04	197.28	3.0
2,004.922	PIMCO HIGH YIELD FD INSTL CL	19,808.63	19,828.68	1,415.47	7.1
645.443	PIMCO FOREIGN BOND FD U.S. DOLLAR - HEDGED INST CL	6,602.88	6,570.61	215.58	3.3
1,191.173	PIMCO EMERGING MARKETS BOND FD INS CL	13,186.29	13,162.46	752.82	5.7
	TOTAL	133,032.45	131,598.27	6,549.18	5.0
MUTUAL FUNDS - OTHER					
375.227	MORGAN STANLEY INSTITUTIONAL FUND INC - INTERNATIONAL REAL ESTATE PORTFOLIO CL A	13,271.78	13,065.40	25.52	0.2
892.762	ROWE T PRICE REAL ESTATE FD FD	23,176.10	22,613.66	553.51	2.4

SCHEDULE OF PRINCIPAL ASSETS
AS OF DECEMBER 31, 2006

		BOOK VALUE	MARKET VALUE	EST INCOME	YIELD
MUTUAL FUNDS - OTHER					
	TOTAL	36,447.88	35,679.06	579.03	1.6
MUTUAL FUNDS - EQUITY					
3,144.051	116EVERGREEN LARGE CAP EQUITY FD CL I (FD #716)	36,449.23	55,649.70	786.01	1.4
1,367.818	GOLDEN SMALL CORE VALUE FD INS CL	16,441.17	16,181.29		
1,408.881	TOUCHSTONE MID CAP FUND CL Y	23,176.10	22,697.07		
	TOTAL	76,066.50	94,528.06	786.01	0.8
MUTUAL FUNDS - INTERNATIONAL EQUITY					
3,419.792	EVERGREEN INTERNATIONAL EQUITY FD CL I (FD #252)	36,249.80	36,489.18	1,166.15	3.2
719.841	SSGA FDS EMERGING MARKETS FUND-S	16,441.17	16,865.87	272.10	1.6
	TOTAL	52,690.97	53,355.05	1,438.25	2.7
PRINCIPAL ASSETS		316,439.80	333,261.01	9,603.60	2.9
PRINCIPAL CASH					
TOTAL		316,439.80	333,261.01		

WACHOVIA BANK, N A.

ACCOUNT NUMBER 6019000629

SCHEDULE OF INCOME ASSETS
AS OF DECEMBER 31, 2006

		BOOK VALUE	MARKET VALUE	EST INCOME	YIELD
COMMON TRUST FUND - STIF					
	WACHOVIA SHORT-TERM INVESTMENT FUND	1,753.76	1,753.76	87.50	5.0
	TOTAL	1,753.76	1,753.76	87.50	5.0
INCOME ASSETS		1,753.76	1,753.76	87.50	5.0
INCOME CASH					
TOTAL		1,753.76	1,753.76		