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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

2007

Open to Public Inspection

A For the 2007 calendar year, or tax year beginning , 2007, and ending

B Check if applicable: Address change; Name change; Initial return; Termination; 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) ▶

JAN 04 2011

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

G Website: ▶ N/A

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

I Group Exemption Number ▶

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

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)

Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 122,073.

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

Revenue	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 5,225.
	3	Membership dues and assessments		3
	4	Interest on savings and temporary cash investments		4
	5	Dividends and interest from securities STMT 1		5 12,618.
	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 104,230. 8a	(B) Other 8a
	b	Less cost or other basis and sales expenses	75,762. 8b	8b
	c	Gain or (loss) (attach schedule)	28,468. 8c	8c
	d	Net gain or (loss) Combine line 8c, columns (A) and (B)		8d 28,468.
	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 46,311.
Expenses	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 13,316.
Net Assets	18	Excess or (deficit) for the year Subtract line 17 from line 12		18 32,995.
	19	Net assets or fund balances at beginning of year (from line 73, column (A))		19 318,194.
	20	Other changes in net assets or fund balances (attach explanation) STMT 2		20 -9,813.
	21	Net assets or fund balances at end of year Combine lines 18, 19, and 20		21 341,376.

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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 $ 7,872. noncash $ _____) If this amount includes foreign grants, check here ▶ ☐	22b	7,872.			
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	25a	5,357.			
b Compensation of former officers, directors, key employees, etc listed in Part V-B	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)	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	87.			
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	13,316.			

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 3

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 $ 7,872.) If this amount includes foreign grants, check here ▶ ☐ 7,959.

f Total of Program Service Expenses (should equal line 44, column (B), Program services) . . . . . ▶ 7,959.

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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	318,194.	54a	341,376.
	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	318,194.	59	341,376.
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)	318,194.	73	341,376.
	74 **Total liabilities and net assets/fund balances.** Add lines 66 and 73	318,194.	74	341,376.

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		5,357.	-0-	-0-

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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	
85a	*501(c)(4), (5), or (6)* 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			
88a	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, 2007 (See instructions) 90b			
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					5,225.
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	12,618.	
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	28,468.	
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))				41,086.	5,225.
105 **Total** (add line 104, columns (B), (D), and (E)) ▶					46,311.

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

▶ Signature of officer John N. Sulentic Date 12-27-10

▶ Type or print name and title VP & Trust Officer

Paid Preparer's Use Only

Preparer's signature ▶		Date 12/27/2010	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	

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FORM 990, PART I - DIVIDENDS AND INTEREST FROM SECURITIES

DESCRIPTION	AMOUNT
INTEREST INCOME	258.
DIVIDEND INCOME	12,360.
TOTAL	12,618.

FORM 990, PART I - OTHER DECREASES IN FUND BALANCES

DESCRIPTION	AMOUNT
PY TAXES	7,727.
COST BASIS ADJUSTMENT	2,086.
TOTAL	9,813.

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 IV - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION	ENDING BOOK VALUE
TOTALS	341,376.

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

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK 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	TRUSTEE 4.00	5,357.		
	GRAND TOTALS	5,357.		

FORM 990, PART VII - PROGRAM SERVICE REVENUE

DESCRIPTION	BUSINESS CODE	AMOUNT	EXCLUSION CODE	AMOUNT	RELATED OR EXEMPT FUNCTION INCOME
CEMETERY PERPETUAL CARE & LOT SALES					5,225.
TOTALS					5,225.

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

2007

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 40 of the 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	8,145.
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 2006 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	8,145.

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 40 of the instructions)	(f) Gain or (loss) for the entire year Subtract (e) from (d)
6a LONG-TERM CAPITAL GAIN DIVIDENDS					8,233.

b	Enter the long-term gain or (loss), if any, from Schedule D-1, line 6b	6b	12,046.
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	44.
10	Gain from Form 4797, Part I	10	
11	Long-term capital loss carryover Enter the amount, if any, from line 14 of the 2006 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	20,323.

Part III Summary of Parts I and II
Caution: *Read the instructions **before** completing this part.*

		(1) Beneficiaries' (see page 41)	(2) Estate's or trust's	(3) Total
13 **Net short-term gain or (loss)**	13			8,145.
14 **Net long-term gain or (loss):**				
a Total for year	14a			20,323.
b Unrecaptured section 1250 gain (see line 18 of the wrksht)	14b			44.
c 28% rate gain	14c			
15 **Total net gain or (loss).** Combine lines 13 and 14a ▶	15			28,468.

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 42 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 43 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 43 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 $2,150			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 thru 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 2007 Tax Rate Schedule on page 27 of the instructions				32	
33 Add lines 27, 31, and 32				33	
34 Figure the tax on the amount on line 17 Use the 2007 Tax Rate Schedule on page 27 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 (or line 36 of Form 990-T)				35	

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

2007

Name of estate or trust: ROSEHILL CM ASSN

Employer identification number: 62-0582182

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 (see page 40 of the instructions)	(e) Cost or other basis (see page 40 of the instructions)	(f) Gain or (loss) Subtract (e) from (d)
1a SHORT TERM GAIN					8,145.

1b. Total. Combine the amounts in column (f) Enter here and on Schedule D, line 1b . . . . 8,145.

For Paperwork Reduction Act Notice, see the Instructions for Form 1041. Schedule D-1 (Form 1041) 2007

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Name of estate or trust as shown on Form 1041 Do not enter name and employer identification number if shown on the other side	Employer identification number

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 (see page 40 of the instructions)	(e) Cost or other basis (see page 40 of the instructions)	(f) Gain or (loss) Subtract (e) from (d)
6a LONG TERM GAIN					12,046.

6b. **Total.** Combine the amounts in column (f) Enter here and on Schedule D, line 6b . . . . 12,046.

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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

2007

Name of estate or trust

ROSE HILL TUA - 642I 667-6019000629

Employer identification number

62-0582182

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 (see page 40 of the instructions)	(e) Cost or other basis (see page 40 of the instructions)	(f) Gain or (loss) Subtract (e) from (d)
1a .151 EVERGREEN INTL BOND FUND CL I (FD #460)	12/15/2006	03/15/2007	1.61	1.62	-0.01
3.282 PIMCO FDS PAC INVT MGMT SER HIGH YLD FD INSTL C	12/15/2006	03/15/2007	32.66	32.43	0.23
16.362 TOUCHSTONE MID CAP FUND CL Y	12/15/2006	03/15/2007	273.74	269.15	4.59
2. BARCLAYS BANK PLC IPATH EXCHANGED-TRADED NOTES DUE J	12/15/2006	04/25/2007	102.94	98.64	4.30
206.223 EVERGREEN INTERNATIONAL GROWTH FUND CL	12/15/2006	04/25/2007	2,386.00	2,185.96	200.04
83.296 GOLDEN SMALL CORE VALUE FD INS CL	12/15/2006	04/25/2007	1,117.83	1,001.22	116.61
12.798 MORGAN STANLEY INSTITUTIONAL FUND INC - INT	12/15/2006	04/25/2007	473.41	452.67	20.74
60.401 SSGA EMERGING MARKETS FUND CL S	12/15/2006	04/25/2007	1,545.65	1,379.56	166.09
54.693 TOUCHSTONE MID CAP FUND CL Y	12/15/2006	04/25/2007	982.29	899.70	82.59
5. BARCLAYS BANK PLC IPATH EXCHANGED-TRADED NOTES DUE J	12/15/2006	06/15/2007	261.25	246.60	14.65
41.907 EVERGREEN INTERNATIONAL GROWTH FUND CL	12/15/2006	06/15/2007	493.25	444.21	49.04
28.8 GOLDEN SMALL CORE VALUE FD INS CL	12/15/2006	06/15/2007	396.29	346.18	50.11
43.255 SSGA EMERGING MARKETS FUND CL S	12/15/2006	06/15/2007	1,194.70	987.94	206.76
38.768 TOUCHSTONE MID CAP FUND CL Y	12/15/2006	06/15/2007	718.76	637.73	81.03
1547.658 EVERGREEN INTERNATIONAL GROWTH FUND CL	12/15/2006	07/20/2007	18,773.09	16,405.18	2,367.91
770.682 GOLDEN SMALL CORE VALUE FD INS CL	12/15/2006	07/20/2007	10,558.33	9,263.59	1,294.74
285.571 SSGA EMERGING MARKETS FUND CL S	12/15/2006	07/20/2007	8,675.64	6,522.44	2,153.20
575.444 TOUCHSTONE MID CAP FUND CL Y	12/15/2006	07/20/2007	10,795.33	9,466.06	1,329.27
4. BARCLAYS BANK PLC IPATH EXCHANGED-TRADED NOTES DUE J	12/15/2006	09/17/2007	208.60	197.28	11.32
36.187 EVERGREEN INTL BOND FUND CL I (FD #460)	12/15/2006	09/17/2007	400.23	387.56	12.67
30.27 PIMCO FDS PAC INVT MGMT SER HIGH YLD FD INSTL C	12/15/2006	09/17/2007	288.47	299.07	-10.60
33.946 PIMCO FOREIGN BOND FD U.S. DOLLAR - HEDG	12/15/2006	09/17/2007	342.18	347.27	-5.09
25.066 PIMCO EMERGING MARKETS BOND FD INS CL	12/15/2006	09/17/2007	272.22	277.48	-5.26
1b. Total. Combine the amounts in column (f). Enter here and on Schedule D, line 1b					8,145.00

Name of estate or trust as shown on Form 1041 Do not enter name and employer identification number if shown on the other side: ROSE HILL TUA - 642I 667-6019000629

Employer identification number: 62-0582182

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 (see page 40 of the instructions)	(e) Cost or other basis (see page 40 of the instructions)	(f) Gain or (loss) Subtract (e) from (d)
6a 2.872 EVERGREEN CORE BOND FUND CL I (FD #474)	08/13/2004	03/15/2007	30.18	30.90	-0.72
138.154 EVERGREEN LARGE CAP EQUITY FD CL I (FD #716)	11/26/2002	04/25/2007	2,616.63	1,533.22	1,083.41
92.014 EVERGREEN LARGE CAP EQUITY FD CL I (FD #716)	11/26/2002	06/15/2007	1,791.52	1,021.16	770.36
1249.138 EVERGREEN LARGE CAP EQUITY FD CL I (FD #716)	11/26/2002	07/20/2007	24,120.85	13,862.80	10,258.05
404.568 EVERGREEN CORE BOND FUND CL I (FD #474)	08/13/2004	09/17/2007	4,187.28	4,353.15	-165.87
18. BARCLAYS BANK PLC IPATH EXCHANGED-TRADED NOTES	12/15/2006	12/17/2007	986.56	887.76	98.80
80.027 EVERGREEN CORE BOND FUND CL I (FD #474)	08/13/2004	12/17/2007	825.08	861.09	-36.01
14.32 EVERGREEN INTL BOND FUND CL I (FD #460)	12/15/2006	12/17/2007	158.95	153.37	5.58
35.029 PIMCO FDS PAC INVT MGMT SER HIGH YLD FD INSTL C	12/15/2006	12/17/2007	332.78	346.09	-13.31
13.099 PIMCO FOREIGN BOND FD U.S. DOLLAR - HEDG	12/15/2006	12/17/2007	132.17	134.00	-1.83
6.453 SSGA EMERGING MARKETS FUND CL S	12/15/2006	12/17/2007	184.11	147.39	36.72
17.111 TOUCHSTONE MID CAP FUND CL Y	12/15/2006	12/17/2007	292.09	281.48	10.61

6b. Total. Combine the amounts in column (f). Enter here and on Schedule D, line 6b 12,046.00

Schedule D-1 (Form 1041) 2007

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SCHEDULE OF PRINCIPAL ASSETS
AS OF DECEMBER 31, 2007

		BOOK VALUE	MARKET VALUE	EST INCOME	YIELD
COMMON TRUST FUND - STIF					
	WACHOVIA SHORT-TERM INVESTMENT FUND	3,713.21	3,713.21	171.51	4.6
	TOTAL	3,713.21	3,713.21	171.51	4.6
CLOSED-END FUND - OTHER					
243	BARCLAYS BANK PLC IPATH EXCHANGED-TRADED NOTES DUE JUNE 12, 2036 LINKED TO THE DOW JONES - AIG COMMODITY INDEX TOTAL RETURN	11,990.38	13,664.62		
	TOTAL	11,990.38	13,664.62		
MUTUAL FUNDS - FIXED TAXABLE					
12,679.013	815EVERGREEN CORE BOND FD INST CL (FD #474)	132,790.08	132,115.32	6,491.66	4.9
902.416	EVERGREEN INTERNATIONAL BOND FD CL I (FD #460)	9,727.71	10,161.20	413.31	4.1
3,166.102	PIMCO HIGH YIELD FD INSTL CL	30,981.18	30,204.61	2,228.94	7.4
994.655	PIMCO FOREIGN BOND FD U.S. DOLLAR - HEDGED INST CL	10,086.35	10,165.37	353.10	3.5
1,891.696	PIMCO EMERGING MARKETS BOND FD INS CL	20,853.51	20,203.31	1,218.25	6.0
	TOTAL	204,438.83	202,849.81	10,705.26	5.3
MUTUAL FUNDS - OTHER					
1,176.889	ROWE T PRICE REAL ESTATE FD FD	29,423.94	22,572.73	847.36	3.8

SCHEDULE OF PRINCIPAL ASSETS
AS OF DECEMBER 31, 2007

		BOOK VALUE	MARKET VALUE	EST INCOME	YIELD
MUTUAL FUNDS - OTHER					
	TOTAL	29,423.94	22,572.73	847.36	3.8
MUTUAL FUNDS - EQUITY					
2,018.484	116EVERGREEN ENHANCED S&P 500 FD CL I (FD #716)	25,104.78	33,304.99	357.27	1.1
596.269	GOLDEN SMALL CORE VALUE FD INS CL	7,124.12	6,761.69		
768.854	TOUCHSTONE MID CAP FUND CL Y	12,687.91	13,354.99	96.88	0.7
	TOTAL	44,916.81	53,421.67	454.15	0.9
MUTUAL FUNDS - INTERNATIONAL EQUITY					
1,873.419	EVERGREEN INTERNATIONAL EQUITY FD CL I (FD #252)	19,890.54	20,270.39	558.28	2.8
481.946	MORGAN STANLEY INSTITUTIONAL FUND INC - INTERNATIONAL REAL ESTATE CL I (FD #1)	16,489.40	12,270.35	854.01	7.0
337.901	SSGA EMERGING MARKETS FUND CL S	7,725.71	10,167.44	340.94	3.4
	TOTAL	44,105.65	42,708.18	1,753.23	4.1
PRINCIPAL ASSETS		338,588.82	338,930.22	13,931.51	4.1
PRINCIPAL CASH					
TOTAL		338,588.82	338,930.22		

SCHEDULE OF INCOME ASSETS
AS OF DECEMBER 31, 2007

		BOOK VALUE	MARKET VALUE	EST INCOME	YIELD
COMMON TRUST FUND - STIF					
	WACHOVIA SHORT-TERM INVESTMENT FUND	2,787.36	2,787.36	128.75	4.6
	TOTAL	2,787.36	2,787.36	128.75	4.6
INCOME ASSETS		2,787.36	2,787.36	128.75	4.6
INCOME CASH					
TOTAL		2,787.36	2,787.36		