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Form **990****Return of Organization Exempt From Income Tax**

OMB No 1545-0047

**2009**Department of the Treasury  
Internal Revenue Service**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)****Open to Public  
Inspection**

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

**A For the 2009 calendar year, or tax year beginning , 2009, and ending , 20**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>Please use IRS label or print or type See Specific Instructions</b>	<b>C Name of organization</b> GRAND BLANC EVERGREEN CEMETERY		<b>D Employer identification number</b>
		Doing Business As		38-6210065
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite		<b>E Telephone number</b>
		231 S LASALLE ST. IL1-231-1		312 537-6714
		City or town, state or country, and ZIP + 4		<b>G Gross receipts \$</b> 694,434
		CHICAGO, IL 60697		<b>H(a) Is this a group return for affiliates?</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
		<b>F Name and address of principal officer</b> BANK OF AMERICA, NA		<b>H(b) Are all affiliates included?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
		CHICAGO, IL 60697		If "No," attach a list (see instructions)
<b>I Tax-exempt status</b> <input checked="" type="checkbox"/> 501(c) ( 13 ) (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c) Group exemption number</b> ▶		
<b>J Website:</b> ▶ N/A				
<b>K Form of organization</b>		<input type="checkbox"/> Corporation	<input checked="" type="checkbox"/> Trust	<input type="checkbox"/> Association
		<input type="checkbox"/> Other ▶		<b>L Year of formation</b> 1971
				<b>M State of legal domicile</b> MI

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities SUPPORT GRAND BLANC EVERGREEN CEMETERY		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	3	1
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	4	1
	<b>5</b> Total number of employees (Part V, line 2a)	5	
	<b>6</b> Total number of volunteers (estimate if necessary)	6	
	<b>7a</b> Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	7b	NONE	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)		
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	20,261	14,186
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	15,009	-46,047
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VII, column (A), line 12)	586	-775
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	35,856	-32,636
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	55,653	55,441
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	29,661	26,688
	<b>16b</b> Total fundraising expenses, Part IX, column (D), line 25		NONE
<b>Expenses</b>	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	16,228	842
	<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	101,542	82,971
	<b>19</b> Revenue less expenses Subtract line 18 from line 12	-65,686	-115,607
	<b>20</b> Total assets (Part X, line 16)	Beginning of Year	End of Year
<b>Net Assets or Fund Balances</b>	<b>21</b> Total liabilities (Part X, line 26)	3,696,166	3,553,957
	<b>22</b> Net assets or fund balances Subtract line 21 from line 20	NONE	NONE
		3,696,166	3,553,957

**Part II Signature Block**

<b>Sign Here</b>	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, this return 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: <i>Sherry Frost</i> Date: _____		
<b>Paid Preparer's Use Only</b>	BANK OF AMERICA, N.A., AS TRUSTEE, SR. VICE PRES.		
	Type or print name and title		
<b>Paid Preparer's Use Only</b>	Preparer's signature: _____	Date: _____	Check if self-employed: <input type="checkbox"/>
	Preparer's identifying number (see instructions)		
	Firm's name (or yours if self-employed), address, and ZIP + 4: _____	EIN: _____	Phone no: _____

May the IRS discuss this return with the preparer shown above? (see instructions) Yes ☐ No ☒

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

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**Part III Statement of Program Service Accomplishments****1** Briefly describe the organization's mission:

SUPPORT GRAND BLANC EVERGREEN CEMETERY

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

**4** Describe the exempt purpose achievements for each of the organization's three largest program services by expenses

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code \_\_\_\_\_) (Expenses \$ 11,517. including grants of \$ 66,958.) (Revenue \$ \_\_\_\_\_)  
GRAND BLANC EVERGREEN CEMETERY

4b (Code \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

4c (Code \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

**4d** Other program services. (Describe in Schedule O.)

(Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

**4e** Total program service expenses **▶** 11,517.

**Part IV Checklist of Required Schedules**

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

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**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II. . . . .	<b>21</b> X	
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III. . . . .	<b>22</b>	X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J . . . . .	<b>23</b>	X
<b>24 a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If No, go to question 25 . . . . .	<b>24a</b>	X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>	X
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>	X
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>	X
<b>25 a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I . . . . .	<b>25a</b>	
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .	<b>25b</b>	X
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II . . . . .	<b>26</b>	X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III . . . . .	<b>27</b>	X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. . . . .	<b>28a</b>	X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. . . . .	<b>28b</b>	X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . . .	<b>28c</b>	X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . .	<b>29</b>	X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .	<b>31</b>	X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . . . . .	<b>32</b>	X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I . . . . .	<b>33</b>	X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 . . . . .	<b>34</b>	X
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . . .	<b>35</b>	X
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .	<b>36</b>	
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI . . . . .	<b>37</b>	X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. . . . .	<b>38</b>	X

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**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns. Enter -0- if not applicable. . . . .	1a	0
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. . . . .	1b	0
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	1c	X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. . . . .	2a	0
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions). . . . .	2b	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .	3a	X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O. . . . .	3b	
4a	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)? . . . . .	4a	X
4b	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. . . . .		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	5a	X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .	5b	X
5c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? . . . . .	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? . . . . .	6a	X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	6b	
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .	7a	X
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	7b	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	7c	X
7d	If "Yes," indicate the number of Forms 8282 filed during the year. . . . .	7d	
7e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	7e	X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	7f	X
7g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	7g	X
7h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .	7h	X
8	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .	8	X
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
9a	Did the organization make any taxable distributions under section 4966? . . . . .	9a	X
9b	Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .	9b	X
10	<b>Section 501(c)(7) organizations.</b> Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	10a	
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	10b	
11	<b>Section 501(c)(12) organizations.</b> Enter:		
11a	Gross income from members or shareholders . . . . .	11a	
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	11b	
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .	12a	X
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. . . . .	12b	

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**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body . . . . .	<b>1a</b> 1	
<b>b</b> Enter the number of voting members that are independent . . . . .	<b>1b</b> 1	
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	<b>2</b>	X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . .	<b>3</b>	X
<b>4</b> Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . . . . .	<b>4</b>	X
<b>5</b> Did the organization become aware during the year of a material diversion of the organization's assets? . . . . .	<b>5</b>	X
<b>6</b> Does the organization have members or stockholders? . . . . .	<b>6</b>	X
<b>7a</b> Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .	<b>7a</b>	X
<b>b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .	<b>7b</b>	X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body? . . . . .	<b>8a</b> X	
<b>b</b> Each committee with authority to act on behalf of the governing body? . . . . .	<b>8b</b> X	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .	<b>9a</b>	X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
<b>10a</b> Does the organization have local chapters, branches, or affiliates? . . . . .	<b>10a</b>	X
<b>b</b> If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? . . . . .	<b>10b</b>	
<b>11</b> Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? . . . . .	<b>11</b> X	
<b>11A</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990 . . . . .		
<b>12a</b> Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	<b>12a</b> X	
<b>b</b> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	<b>12b</b> X	
<b>c</b> Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .	<b>12c</b> X	
<b>13</b> Does the organization have a written whistleblower policy? . . . . .	<b>13</b> X	
<b>14</b> Does the organization have a written document retention and destruction policy? . . . . .	<b>14</b> X	
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b> The organization's CEO, Executive Director, or top management official . . . . .	<b>15a</b>	X
<b>b</b> Other officers or key employees of the organization . . . . .	<b>15b</b>	X
If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions.) . . . . .		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	<b>16a</b>	X
<b>b</b> If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .	<b>16b</b>	

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed Michigan

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
☐ Own website ☐ Another's website ☒ Upon request

**19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: BANK OF AMERICA, N.A. TEL: (312) 537-6714  
231 S LASALLE ST IL1-231-14-19; CHICAGO, IL 60697

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

## Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers, key employees; highest compensated employees; and former such persons.

☐ Check this box if the organization did not compensate any current officer, director, or trustee

[illegible]

**Part VII**    **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
<b>1b Total</b>								26,688.	NONE	NONE

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶

**3** Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual . . . . .

**4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual. . . . .

**5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person . . . . .

	Yes	No
3		X
4		X
5		X

## Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►

**Part VIII Statement of Revenue**

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b>				
	<b>b</b>	Membership dues . . . . .	<b>1b</b>				
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>				
	<b>d</b>	Related organizations . . . . .	<b>1d</b>				
	<b>e</b>	Government grants (contributions) . .	<b>1e</b>				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above .	<b>1f</b>				
	<b>g</b>	Noncash contributions included in lines 1a-1f \$					
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .					
<b>Program Service Revenue</b>	<b>2a</b>	<u>CEMETERY PROCEEDS</u>	<b>Business Code</b>	14,186.	14,186.		
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b>	All other program service revenue . . . . .					
	<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . .		14,186.			
	<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . .		87,017.		
<b>4</b>		Income from investment of tax-exempt bond proceeds . . .					
<b>5</b>		Royalties . . . . .					
		(i) Real (ii) Personal					
<b>6a</b>		Gross Rents . . . . .					
<b>b</b>		Less rental expenses . . . . .					
<b>c</b>		Rental income or (loss) . . . . .					
<b>d</b>		Net rental income or (loss) . . . . .					
<b>7a</b>		Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
		594,006					
<b>b</b>		Less cost or other basis and sales expenses . . . . .					
		727,070					
<b>c</b>		Gain or (loss) . . . . .					
		-133,064					
<b>d</b>		Net gain or (loss) . . . . .		-133,064.			-133,064.
<b>8a</b>		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>				
<b>b</b>		Less direct expenses . . . . .	<b>b</b>				
<b>c</b>		Net income or (loss) from fundraising events . . . . .					
<b>9a</b>	Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>					
<b>b</b>	Less direct expenses . . . . .	<b>b</b>					
<b>c</b>	Net income or (loss) from gaming activities . . . . .						
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>					
<b>b</b>	Less cost of goods sold . . . . .	<b>b</b>					
<b>c</b>	Net income or (loss) from sales of inventory . . . . .						
<b>Miscellaneous Revenue</b>			<b>Business Code</b>				
<b>11a</b>	<u>BEGINNING DEFERRED</u>		299.			299.	
<b>b</b>	<u>ENDING DEFERRED</u>		-1,074.			-1,074.	
<b>c</b>							
<b>d</b>	All other revenue . . . . .						
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .		-775.				
<b>12</b>	<b>Total Revenue.</b> See instructions . . . . .		-32,636.	14,186.		-46,822.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . .	55,441			
<b>2</b> Grants and other assistance to individuals in the U.S. See Part IV, line 22 . . . . .				
<b>3</b> Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 . . . . .				
<b>4</b> Benefits paid to or for members . . . . .				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	26,688			
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .				
<b>7</b> Other salaries and wages . . . . .				
<b>8</b> Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . .				
<b>9</b> Other employee benefits . . . . .				
<b>10</b> Payroll taxes . . . . .				
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .				
<b>c</b> Accounting . . . . .				
<b>d</b> Lobbying . . . . .				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees . . . . .				
<b>g</b> Other . . . . .				
<b>12</b> Advertising and promotion . . . . .				
<b>13</b> Office expenses . . . . .				
<b>14</b> Information technology . . . . .				
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .				
<b>17</b> Travel . . . . .				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings . . . .				
<b>20</b> Interest . . . . .				
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . .				
<b>23</b> Insurance . . . . .				
<b>24</b> Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
<b>a</b> -----				
<b>b</b> -----				
<b>c</b> -----				
<b>d</b> -----				
<b>e</b> -----				
<b>f</b> All other expenses -----	842			
<b>25</b> Total functional expenses. Add lines 1 through 24f	82,971			
<b>26</b> Joint Costs. Check here <input type="checkbox"/> If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation . . . . .				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing . . . . .		<b>1</b>	
	<b>2</b> Savings and temporary cash investments . . . . .	26,603.	<b>2</b>	137,879.
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .		<b>4</b>	
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b>		
	<b>b</b> Less accumulated depreciation . . . . .	<b>10b</b>	<b>10c</b>	
	<b>11</b> Investments - publicly traded securities . . . . .	3,669,563.	<b>11</b>	3,416,078.
	<b>12</b> Investments - other securities. See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
<b>15</b> Other assets. See Part IV, line 11 . . . . .		<b>15</b>		
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	3,696,166.	<b>16</b>	3,553,957.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .		<b>17</b>	
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities. Complete Part X of Schedule D . . . . .		<b>25</b>	
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	NONE	<b>26</b>	NONE
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .		<b>27</b>	
	<b>28</b> Temporarily restricted net assets . . . . .		<b>28</b>	
	<b>29</b> Permanently restricted net assets . . . . .		<b>29</b>	
	<b>Organizations that do not follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .	3,696,166.	<b>30</b>	3,553,957.
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
	<b>33</b> <b>Total net assets or fund balances</b> . . . . .	3,696,166.	<b>33</b>	3,553,957.
<b>34</b> <b>Total liabilities and net assets/fund balances</b> . . . . .	3,696,166.	<b>34</b>	3,553,957.	

Form 990 (2009)

**Part XI Financial Statements and Reporting**

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990 <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .		X
<b>b</b> Were the organization's financial statements audited by an independent accountant? . . . . .		X
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . . . If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
<b>d</b> If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .		X
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Form **990** (2009)





**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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

OMB No 1545-0047

**2009**

**Open to Public  
Inspection**

Name of the organization

GRAND BLANC EVERGREEN CEMETERY

Employer identification number

38-6210065

FORM 990, PAGE 6, PART VI, LINE 11-DESCRIPTION OF PROCESS FOR REVIEW

THE TAX RETURN IS PREPARED AND REVIEWED BY THE BANK AS TRUSTEE

EXPLANATION FOR FORM 990, PAGE 6, PART VI, LINE 12c

ANNUAL STATEMENT BY ALL EMPLOYEES SIGNED AND DOCUMENTED

**Application for Extension of Time To File an  
Exempt Organization Return**

OMB No 1545-1709

► **File a separate application for each return.**

- 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](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*

<b>Type or print</b>  File by the due date for filing your return. See instructions.	Name of Exempt Organization <b>GRAND BLANC EVERGREEN CEMETERY</b>		Employer identification number <b>38-6210065</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>231 S LASALLE ST. IL1-231-14-19</b>		
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>CHICAGO, IL 60697</b>		

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

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

- The books are in the care of ► **BANK OF AMERICA, N.A.**

Telephone No. ► **(312) 537-6714**

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 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

<b>3a</b> 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.	<b>3a</b>	\$
<b>b</b> If 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.	<b>3b</b>	\$
<b>c Balance Due.</b> 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.	<b>3c</b>	\$

**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 ☒ **X**.
- 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).

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization <b>GRAND BLANC EVERGREEN CEMETERY</b>	Employer identification number <b>38-6210065</b>
	Number, street, and room or suite no. If a P.O. box, see instructions <b>231 S LASALLE ST. IL1-231-14-19</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>CHICAGO, IL 60697</b>	

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

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 5227	

**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 **BANK OF AMERICA, N.A.**  
Telephone No. **(312) 537-6714** 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.

- I request an additional 3-month extension of time until **11/15/2010**.
- For calendar year **2009**, or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.
- If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- State in detail why you need the extension **ADDITIONAL TIME IS REQUIRED TO GATHER INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE TAX RETURN.**

<b>8a</b> 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.	<b>8a</b> \$
<b>b</b> 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.	<b>8b</b> \$
<b>c Balance Due.</b> 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.	<b>8c</b> \$

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature **Mary Frost** Title \_\_\_\_\_ Date \_\_\_\_\_

Form **8868** (Rev 4-2009)

**GRAND BLANC EVERGREEN CEMETERY**

**38-6210065**

**BALANCE SHEET**

**December 31, 2009**

<b>Asset Type</b>	<b>Units</b>	<b>Fed Tax Cost</b>	<b>Market Value</b>
<b>CASH/CURRENCY</b>			
<b>CASH EQUIVALENTS</b>			
BANK OF AMERICA MONEY MARKET SAVINGS ACCOUNT	137,879 090	137,879 09	137,879 09
<b>Total CASH EQUIVALENTS</b>		<b>137,879 09</b>	<b>137,879 09</b>
<b>Total CASH/CURRENCY</b>		<b>137,879 09</b>	<b>137,879 09</b>
<b>EQUITIES</b>			
<b>U.S. LARGE CAP</b>			
ABBOTT LABS COM	175 000	9,420 25	9,448 25
ADOBE SYS INC COM	325 000	10,724 75	11,953 50
AMGEN INC COM	250 000	12,635 91	14,142 50
APACHE CORP COM	125 000	8,100 25	12,896 25
AT&T INC COM	825 000	25,304 25	23,124 75
AVON PRODS INC COM	475 000	16,910 00	14,962 50
CHEVRON CORP COM	150 000	11,641 37	11,548 50
COMCAST CORP NEW CL A COM	350 000	4,409 13	5,901 00
CORNING INC COM	450 000	5,574 38	8,689 50
DISNEY WALT CO COM DISNEY	400 000	11,828 00	12,900 00
EMC CORP COM	1,075 000	12,266 24	18,780 25
EOG RES INC COM	50 000	3,077 00	4,865 00
EXELON CORP COM	200 000	18,240 00	9,774 00
EXXON MOBIL CORP COM	500 000	40,655 25	34,095 00
FPL GROUP INC COM	75 000	5,091 75	3,961 50
GENERAL ELEC CO			

COM	1,150 000	29,058 00	17,399 50
GILEAD SCIENCES INC			
COM	100 000	3,934 00	4,327 00
GOLDMAN SACHS GROUP INC			
COM	150 000	27,784 00	25,326 00
HEINZ H J CO			
COM	175 000	7,404 00	7,483 00
HESS CORP			
COM	175 000	10,606 75	10,587 50
HEWLETT PACKARD CO			
COM	575 000	23,143 75	29,618 25
INTERNATIONAL BUSINESS MACHS			
COM	350 000	38,193 50	45,815 00
J P MORGAN CHASE & CO			
COM	775 000	32,611 75	32,294 25
JANUS GROWTH & INCOME FUND	2,832 861	100,000 00	80,594 90
JOHNSON & JOHNSON			
COM	200 000	9,589 37	12,882 00
KIMBERLY CLARK CORP			
COM	300 000	17,426 00	19,113 00
LOCKHEED MARTIN CORP			
COM	50 000	3,381 50	3,767 50
LOWES COS INC			
COM	500 000	8,459 00	11,695 00
MCKESSON CORP			
COM	100 000	3,506 80	6,250 00
MERCK & CO INC			
NEW COM	375 000	13,785 00	13,702 50
MICROSOFT CORP			
COM	1,325 000	32,896 39	40,386 00
MONSANTO CO			
NEW COM	125 000	10,781 25	10,218 75
NEWS CORP			
CL A	700 000	8,426 50	9,583 00
OCCIDENTAL PETE CORP DEL			
COM	250 000	14,272 98	20,337 50
PARKER HANNIFIN CORP			
COM	250 000	14,045 33	13,470 00
PEPSICO INC			
COM	75 000	5,083 00	4,560 00
PFIZER INC			
COM	1,875 000	32,802 00	34,106 25
PHILIP MORRIS INTL INC			
COM	400 000	15,304 00	19,276 00
PNC FINL SVCS GROUP INC			
COM	150 000	4,061 40	7,918 50
SOUTHWESTERN ENERGY CO			
COM	300 000	7,887 00	14,460 00
SPDR S&P 500 ETF TR			
UNIT SER 1	1,250 000	99,371 50	139,300 00
STAPLES INC			

COM	675 000	12,043 00	16,598 25
TEXAS INSTRS INC			
COM	875 000	26,999 94	22,802 50
THERMO FISHER SCIENTIFIC CORP			
COM	200 000	11,158 00	9,538 00
UNITED TECHNOLOGIES CORP			
COM	400 000	12,879 00	27,764 00
US BANCORP DEL			
COM NEW	500 000	14,648 00	11,255 00
VANGUARD 500 INDEX FUND			
SIGNAL SHS	5,246 302	540,000 00	444,938 87
VERIZON COMMUNICATIONS INC			
COM	200 000	6,910 00	6,626 00
WAL-MART STORES INC			
COM	450 000	25,467 50	24,052 50
WASTE MGMT INC DEL			
COM	350 000	11,779 30	11,833 50
WELLS FARGO & CO			
NEW COM	775 000	22,021 63	20,917 25
YUM BRANDS INC			
COM	300 000	8,884 88	10,491 00
<b>Total U.S. LARGE CAP</b>		<b>1,462,484 55</b>	<b>1,438,330 77</b>

#### U.S. MID CAP

APOLLO GROUP INC			
CL A	50 000	3,076 79	3,029 00
AUTODESK INC			
COM	275 000	6,383 75	6,987 75
AXIS CAP HLDGS LTD			
COM			
BERMUDA	100 000	2,359 80	2,841 00
DEAN FOODS CO			
NEW COM	625 000	11,984 90	11,275 00
GOLDMAN SACHS MID CAP VALUE FUND			
INSTL SHS	5,263 486	140,380 10	153,535 89
LABORATORY CORP AMER HLDGS			
NEW COM	125 000	8,570 00	9,355 00
NORDSTROM INC			
COM	500 000	14,578 55	18,790 00
PACKAGING CORP AMER			
COM	125 000	1,530 00	2,876 25
POWERSHARES WATER RESOURCES			
PORT	850 000	13,395 92	14,331 00
ROWE PRICE T MIDCAP GROWTH FD	3,957 450	148,536 53	187,939 30
S & P MIDCAP 400 DEP RECPTS			
SER 1	650 000	56,658 09	85,631 00
<b>Total U.S. MID CAP</b>		<b>407,454 43</b>	<b>496,591 19</b>

#### U.S. SMALL CAP

GOLDMAN SACHS SMALL CAP VALUE			
FUND CL INSTL	5,129 982	200,892 31	168,981 61

ISHARES RUSSELL 2000 INDEX FUND	1,330 000	60,275 60	83,045 20
VANGUARD EXPLORER FD INC INVESTOR SHS	1,414 735	98,657 44	81,064 32
<b>Total U.S. SMALL CAP</b>		359,825 35	333,091 13

# INTERNATIONAL DEVELOPED

FIDELITY INVT TR			
DIVERSIFIED INTL FD	2,688 335	73,381 90	75,273 38
HARBOR INTERNATIONAL FUND			
INSTL CL	2,401 238	96,324 59	131,755 93
ISHARES MSCI EAFE INDEX FUND	3,100 000	121,372 77	171,368 00
NOBLE CORP COM			
ISIN CH0033347318 SWITZERLAND	325 000	10,182 25	13,227 50
VANGUARD INTERNATIONAL GROWTH FUND INVESTOR SHARES	2,751 301	50,503 96	46,744 60
<b>Total INTERNATIONAL DEVELOPED</b>		351,765 47	438,369 41

# EMERGING MARKETS

ISHARES MSCI EMERGING MKTS INDEX FUND	1,600 000	59,752 00	66,400 00
<b>Total EMERGING MARKETS</b>		59,752 00	66,400 00

<b>Total EQUITIES</b>		2,641,281 80	2,772,782 50
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# FIXED INCOME

## INVESTMENT GRADE TAXABLE

FEDERAL HOME LN BK GLOBAL BD			
DTD 05/27/04 5 250% DUE 06/18/14	150,000 000	153,760.50	166,641 00
FEDERAL HOME LN BKS CONS BD			
DTD 07/21/06 5 375% DUE 08/19/11	60,000 000	60,904 20	64,050 00
FEDERAL HOME LN BKS CONS BD CALL 5/25/10 @100			
DTD 05/25/07 5 250% DUE 05/25/12	100,000 000	100,000 00	101,875 00
FEDERAL HOME LN MTG CORP REFERENCE NT			
DTD 04/05/07 5 000% DUE 04/18/17	150,000 000	145,945 50	162,891 00
FEDERAL NATL MTG ASSN NT			
DTD 02/07/08 3 250% DUE 04/09/13	125,000 000	123,222 50	129,726 25
UNITED STATES TREAS NT			
DTD 05/15/06 5 125% DUE 05/15/16	135,000 000	135,234 00	150,566 85
UNITED STATES TREAS NT			
DTD 05/17/04 4 750% DUE 05/15/14	40,000 000	41,456 24	44,012 40
<b>Total INVESTMENT GRADE TAXABLE</b>		760,522 94	819,762 50

<b>Total FIXED INCOME</b>		760,522 94	819,762 50
<b>TANGIBLE ASSETS</b>			
<b>COMMODITIES</b>			
POWERSHARES DB AGRIC FUND			
CL F	525 000	14,273 45	13,881 00
<b>TOTAL ASSETS</b>		3,553,957 28	3,744,305 09
<b>NET TOTAL</b>		3,553,957 28	3,744,305 09