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Part III Statement of Program Service Accomplishments (See the instructions for Part III)		Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)	
What is the organization's primary exempt purpose? ENDOWMENT CARE OF GRAVESITES FOR MOBILE MEMORIAL GARDENS, INC ,			
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title			
28 MAINTENANCE AND ENDOWMENT CARE OF GRAVESITES FOR MOBILE MEMORIAL GARDENS, INC (Grants \$ 3,138) If this amount includes foreign grants, check here . . . ☐		28a	5,173
29			
(Grants \$) If this amount includes foreign grants, check here . . . ☐		29a	
30			
(Grants \$) If this amount includes foreign grants, check here . . . ☐		30a	
31 Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here . . . ☐		31a	
32 Total program service expenses (add lines 28a through 31a)		32	5,173

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

Part V Other Information (Note the statement requirements in the instructions for Part V.)		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	No
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	No
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033 (e) notice, reporting, and proxy tax requirements?	35a	No
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶	37a	
b	Did the organization file Form 1120-POL for this year?	37b	No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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	40b	
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	No
41	List the states with which a copy of this return is filed ▶ _____		
42a	The organization's books are in care of ▶ <u>MOBILE MEMORIAL GARDENS INC</u> Telephone no ▶ <u>(251) 661-1333</u> 6100 THREE NOTCH RD Located at ▶ <u>MOBILE, AL</u> ZIP + 4 ▶ <u>366191726</u>		
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 .	42b	No
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country ▶ _____	42c	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 _____		
44	Did the organization maintain any donor advised funds? <i>If "Yes", Form 990 must be completed instead of Form 990-EZ.</i>	44	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? <i>If "Yes", Form 990 must be completed instead of Form 990-EZ.</i>	45	No

Part VI

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.
All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

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

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

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

50(f) Total number of other employees paid over \$100,000 ▶

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

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

51(d) Total number of other independent contractors each receiving over \$100,000 ▶

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 *****		Date 2010-05-04	
Paid Preparer's Use Only	Type or print name and title TIMOTHY J CLAIBORNE, PRESIDENT			
	Preparer's signature J CHARLES BROWN	Date 2010-05-04	Check if self-employed ☒	Preparer's identifying number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 GRAHAM BROWN & DUTTON PC 6000 GRELOT RD 2A MOBILE, AL 36609			EIN ▶
				Phone no ▶ (251) 340-7345
May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No				

Additional Data

Software ID:
Software Version:
EIN: 42-6628102
Name: MOBILE MEMORIAL GARDENS INC
CEMETERY AUTH ENDOWMENT CARE TRUST

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
ROBERT P DENNISTON MOBILE MEMORIAL GARDENS PO BOX 16818 PO BOX 16818 MOBILE,AL 36616	TRUSTEE 0	0		
RICHARD M PENNINGTON JR MOBILE MEMORIAL GARDENS 1629 NORWICH COURT 1629 NORWICH COURT MOBILE,AL 36695	TURSTEE 0	0		
MICHAEL DENNISTON MOBILE MEMORIAL GARDENS 6100 THREE NOTCH ROAD 6100 THREE NOTCH ROAD MOBILE,AL 36619	TRUSTEE 0	0		
ROBERT MONTIEL MOBILE MEMORIAL GARDENS 6100 THREE NOTCH ROAD 6100 THREE NOTCH ROAD MOBILE,AL 36619	TRUSTEE 0	0		

TY 2009 Compensation Explanation

Name: MOBILE MEMORIAL GARDENS INC
CEMETERY AUTH ENDOWMENT CARE TRUST
EIN: 42-6628102

Person Name	Explanation
ROBERT P DENNISTON MOBILE MEMORIAL GARDENS	
RICHARD M PENNINGTON JR MOBILE MEMORIAL GARDENS	
MICHAEL DENNISTON MOBILE MEMORIAL GARDENS	
ROBERT MONTIEL MOBILE MEMORIAL GARDENS	

TY 2009 Other Assets Schedule

Name: MOBILE MEMORIAL GARDENS INC

CEMETERY AUTH ENDOWMENT CARE TRUST

EIN: 42-6628102

Description	Beginning of Year Amount	End of Year Amount
ACCOUNTS RECEIVABLE	4,431	3,731
ACCRUED INTEREST		103
	4,431	3,834

TY 2009 Other Expenses Schedule

Name: MOBILE MEMORIAL GARDENS INC

CEMETERY AUTH ENDOWMENT CARE TRUST

EIN: 42-6628102

Description	Amount
EXPENSES	
FEES	1,500
OTHER EXPENSES	535

TY 2009 Other Liabilities Schedule

Name: MOBILE MEMORIAL GARDENS INC
CEMETERY AUTH ENDOWMENT CARE TRUST
EIN: 42-6628102

Description	Beginning of Year Amount	End of Year Amount
ACCOUNTS PAYABLE AND ACCRUED EXPENSES		1,942
		1,942